Virginia Healthcare and Congregate Care Facility Licensing and Regulatory Crosswalk

The Virginia Healthcare Facility Licensing and Regulatory Crosswalk describes the licensing/regulatory bodies and Centers for Medicare & Medicaid Services (CMS) relationship to various healthcare facility types within the Commonwealth. This document outlines the regulations and standards that apply to facilities and the corresponding bodies that provide oversight; links to current state and federal infection control regulations are included.The crosswalk document will be reviewed and updated annually. It is important to note that not all licensed healthcare facilities have a relationship with CMS. For questions, please contact the Virginia Department of Health Healthcare-Associated Infections and Antimicrobial Resistance Program at hai@vdh.virginia.gov.

Key Information About Licensure and Regulation by Facility Type, Virginia

Long-Term Care or Congregate Care

Facility Type	Description of Facility Type	Number of Facilities in Virginia	Licensing / Regulatory Body	Notes About General Licensing and Regulations	Regulated by CMS	Notes About Relationship with CMS	Relevant IPC Regulations
Adult Day Care Centers (ADCC)	Adult day care centers are regulated, non-residential facilities that provide a variety of health, social and related support services in a protective setting during part of the day to four or more aged, infirm or disabled adults who reside elsewhere.	69	Department of Social Services	https://www.dss.virginia.gov/files/division/licensing/adcc/intro_page/code_regulations/regulations/final_gp_reg.pdf	No	ADCCs are **not** eligible for Medicare or Medicaid certification	State IPC regulations found at: https://law.lis.virginia.gov/admincode/title22/agency40/chapter61/section290/
Assisted Living Facilities (ALF)	Assisted living facilities (ALFs) are non-medical residential settings that provide or coordinate personal and health care services, 24-hour supervision, and assistance	571	Department of Social Services	https://www.dss.virginia.gov/files/division/licensing/adcc/intro_page/code_regulations/regulations/final_gp_reg.pdf	No	ALFs are **not** eligible for Medicare or Medicaid certification	State IPC regulations found at: https://law.lis.virginia.gov/admincode/title22/agency

	for the care of four or more adults who are aged, infirm or disabled. This care may be provided in one or more locations.						40/chapter73/section100/
Children's Residential Facilities	"Children's residential facility" means any facility, child-caring institution, or group home that is maintained for the purpose of receiving children separated from their parents or guardians for full-time care, maintenance, protection and guidance, or for the purpose of providing independent living services to persons between 18 and 21 years of age who are in the process of transitioning out of foster care.	21 programs currently licensed	Department of Social Services	There are 2 types of Licensed Residential Facilities for Children: Children's Residential Facilities (CRF): These provide 24-hour care, guidance and protection to children placed through local family assessment and planning teams under the Comprehensive Services Act or private placement by parents or legal guardians. Child Caring Institutions (CCI): These are licensed under minimum standards for licensed child caring institutions. By law, they are not permitted to accept public funds. Payment for care is provided by parents or legal guardians.	No	No relationship with CMS	https://www.dss.virginia.gov/files/division/licensing/crf/intro_page/code_regulations/regulations/final_crf_reg.pdf
Nursing Homes (NH), Certified Nursing Facilities (CNF)	Nursing homes and certified nursing facilities are state terms defined by the Code of Virginia. Per Va. Code § 32.1-123, a nursing home is a medical care facility providing long term care that is licensed by the State Health Commissioner; a certified nursing facility is a medical care facility providing long term care that is certified to participate in Medicare, Medicaid, or both. Most--but not all--nursing homes are certified nursing facilities. When discussing state-level matters, nursing home and certified nursing facility are the correct terms to use.	287 NHs 279 CNFs	Licensed through VDH Office of Licensure and Certification as a nursing home Surveyed by VDH Office of Licensure and Certification on behalf of CMS	Nursing homes are inspected every 2 years under state licensure and certified nursing facilities are surveyed on an average of every 12 months under Medicare/Medicaid certification.	Yes	Skilled nursing facilities (SNFs) and nursing facilities (NFs) are required to be in compliance with the requirements in 42 CFR Part 483, Subpart B, to receive payment under the Medicare or Medicaid programs. To certify a SNF or NF, a state surveyor completes at least a Life Safety Code (LSC) survey and a Standard Survey. The CMS regional office determines a facility's eligibility to participate in the Medicare program based on the State's certification of compliance and a facility's compliance with civil rights requirements. Conditions of Participation (COPs): https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483#sp42.5.483.b CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/NHs State Operations Manual:	State IPC regulations found at: https://law.lis.virginia.gov/admincode/title12/agency5/chapter371/section180/ Federal IPC regulation found at https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.80

						https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	
Distinct Part SNF/NF, Long-term care (LTC) unit in hospital	Distinct part SNF/NFs are long-term care units in hospitals that provide varying degrees of long-term care, depending on whether they are certified as a NF, a SNF, or both.	9	Facility (not unit) licensed through VDH Office of Licensure and Certification as a general hospital Surveyed by VDH Office of Licensure and Certification on behalf of CMS	Hospitals are inspected every 2 years under state licensure and certified nursing facilities are surveyed on an average of every 12 months under Medicare / Medicaid certification.	Yes	Skilled nursing facilities (SNFs) and nursing facilities (NFs) are required to be in compliance with the requirements in 42 CFR Part 483, Subpart B, to receive payment under the Medicare or Medicaid programs. To certify a SNF or NF, a state surveyor completes at least a Life Safety Code (LSC) survey and a Standard Survey. The CMS regional office determines a facility's eligibility to participate in the Medicare program based on the State's certification of compliance and a facility's compliance with civil rights requirements. CoPs: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483#sp42.5.483.b CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/NHs State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	State IPC regulations found at: https://law.lis.virginia.gov/admincode/title12/agency5/chapter410/section490/ Federal IPC regulation found at https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.80
Independent Living Facilities (ILF)	Independent living facilities aim to make their residents' day-to-day lives easier, thus enabling them to live on their own for as long as possible. The services ILFs provide are aimed at minimizing seniors' daily responsibilities, not assisting with activities of daily living.		Lack state oversight	Independent Living portions are not regulated by DSS, DBHDS, or VDH OLC	No	ILFs are **not** eligible for Medicare or Medicaid certification	
Programs for All-Inclusive Care for the Elderly (PACE) Organizations	The Program of All-inclusive Care for the Elderly (PACE) was established to help adults ages 55+ who are living with chronic healthcare needs and/or		Department of Medical Assistance Services	The PACE program agreement is a three-way agreement between the PACE organization, CMS and the State Administering Agency. Monitoring and auditing are the responsibility of CMS and the	Yes	PACE provides comprehensive medical and social services to certain frail, elderly people (participants) still living in the community. Most of the participants who are in PACE are dually eligible for both Medicare and Medicaid.	

	disabilities receive community-based healthcare services and support.			State Administering Agency (VDH OLC).		CMS Website: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/PACE/PACE	

Acute Care / Inpatient

Facility Type	Description of Facility Type	Number of Facilities in Virginia	Licensing / Regulatory Body	Notes About General Licensing and Regulations	Regulated by CMS	Notes About Relationship with CMS	Relevant IPC Regulations
Hospitals	A hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short term illness or condition). "Hospital" is a provider type for CMS; these facilities are licensed as general hospitals in Virginia. Within the hospital provider type are long term care hospitals (LTCHs) that specialize in the treatment of patients with serious medical conditions that require care on an ongoing basis, but no longer require intensive or extensive diagnostic care or extensive diagnostic procedures. These patients are typically discharged from the intensive care units and require more care than they can receive in a rehabilitation center, skilled nursing facility, or at home.		Licensed through VDH Office of Licensure and Certification as a general hospital Surveyed by VDH Office of Licensure and Certification on behalf of CMS	The Division of Acute Care Services is responsible for the licensing and monitoring of provider compliance within state licensing laws and regulations through conducting regular, on-site inspections. The division also conducts surveys to determine provider compliance with Medicare and Medicaid requirements, as well as investigates state and federal complaints.	Yes	A hospital accredited by a CMS-approved accreditation program may substitute accreditation under that program for survey by the State Survey Agency (VDH OLC). Surveyors assess the hospital's compliance with the Medicare Conditions of Participation (CoP) for all services, areas and locations covered by the hospital's provider agreement under its CMS Certification Number (CCN). LTCHs are required to meet federal hospital conditions of participation and have an average length of stay greater than 25 days for its Medicare patients. CoPs: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482 CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Hospitals State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	State IPC regulations found at: https://law.lis.virginia.gov/admincode/title12/agency5/chapter410/section490/ Federal IPC regulations found at https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482/subpart-C/section-482.42
Critical Access Hospitals (CAH)	A small facility that gives limited outpatient and inpatient hospital services to		Licensed through VDH Office of	The Division of Acute Care Services is responsible for the licensing and monitoring of	Yes	CAHs represent a separate provider type with their own Medicare Conditions of Participation (CoP) as well as a separate payment method. The CoPs for	State IPC regulations found at:

	people in rural areas. "Critical Access Hospital" is a provider type for CMS; these facilities are licensed as general hospitals in Virginia.		Licensure and Certification as a general hospital Surveyed by VDH Office of Licensure and Certification on behalf of CMS	provider compliance within state licensing laws and regulations through conducting regular, on-site inspections.		CAHs are listed in the "Code of Federal Regulations" at 42 CFR 485 subpart F. CoPs: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-485/subpart-F CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/CAHs State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	https://law.lis.virginia.gov/admincode/title12/agency5/chapter410/section490/ Federal regulations found at: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-485/subpart-F/section-485.640
Inpatient Rehabilitation Facilities (IRF)	IRFs are freestanding rehabilitation hospitals and rehabilitation units in hospitals. They provide an intensive rehabilitation program and patients who are admitted must be able to tolerate three hours of intense rehabilitation services per day.		For rehab units in a hospital, the facility (not unit) licensed through VDH Office of Licensure and Certification For freestanding rehab hospitals, licensed through VDH Office of Licensure and Certification as a general hospital Surveyed by VDH Office of Licensure and Certification on behalf of CMS	The IRF survey is conducted in accordance with the appropriate protocols and substantive requirements in the statute and regulations to determine whether a citation of non-compliance is appropriate. Deficiencies are based on a violation of the statute or regulations, which, in turn, is to be based on observations of the IRF's performance or practices.	Yes	Surveyors assess the IRF's compliance with the Medicare Conditions of Participation (CoP) for all services, areas and locations covered by the IRF's provider agreement under its CMS Certification Number (CCN). CoPs: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482 CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/InpatientRehab State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	State IPC regulations found at: https://law.lis.virginia.gov/admincode/title12/agency5/chapter410/section490/ Federal IPC regulations found at https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482/subpart-C/section-482.42
Inpatient Hospice Facilities	An inpatient hospice admits patients in their last phase of life, when treatment in a		Licensed through VDH Office of	Inpatient hospice facilities and hospice agencies are collectively regulated under a single licensure	Yes	CoPs: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418	State IPC regulations found at

	hospital is not necessary and care at home or in a nursing home is not possible.		Licensure and Certification as a hospice facility Surveyed by VDH Office of Licensure and Certification on behalf of CMS	program of “hospice”		State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	https://law.lis.virginia.gov/admincode/title12/agency5/chapter391/section270/ Federal IPC regulations found at https://www.ecfr.gov/current/title-42/section-418.60

Behavioral Health / Developmental Services

Facility Type	Description of Facility Type	Number of Facilities in Virginia	Licensing / Regulatory Body	Notes About General Licensing and Regulations	Regulated by CMS	Notes About Relationship with CMS	Relevant IPC Regulations
Psychiatric Units in Hospitals	A distinct unit of a hospital that provides acute or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems on the basis of physicians orders and approved nursing care plans.	48 for adults 15 for children	Unit licensed by Department of Behavioral Health and Developmental Services Surveyed by VDH Office of Licensure and Certification on behalf of CMS	Psychiatric units within hospitals are licensed by the DBHDS Office of Licensing and shall conform to the applicable licensing regulations pursuant to 12VAC35-105: https://law.lis.virginia.gov/admincode/title12/agency35/chapter105/	Yes	Psychiatric units within Acute Care Hospitals are eligible for CMS certification CoPs: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482 CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/PsychHospitals State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	State IPC regulations found at: https://law.lis.virginia.gov/admincode/title12/agency5/chapter410/section490/ Federal IPC regulations found at https://www.ecfr.gov/current/title-42/section-418.60
Psychiatric (Mental Health) Hospitals	A facility for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision	There are **9 state** operated mental health	Operated by Department of Behavioral Health and	Private psychiatric hospitals are licensed by the DBHDS Office of Licensing and shall conform to the Licensing Regulations pursuant to	Yes	Psychiatric hospitals participating in Medicare and accredited by American Osteopathic Association (AOA) or The Joint Commission under their hospital accreditation programs or under The Joint	State IPC regulations found at: https://law.lis

	of a physician.	hospitals (8 serving adults, 1 serving youth).	Developmental Services Surveyed by VDH Office of Licensure and Certification on behalf of CMS	12VAC35-105: https://law.lis.virginia.gov/admincode/title12/agency35/chapter105/ DBHDS does not license the state run facilities that they operate. Therefore, the state operated psychiatric hospitals are not subject to the Licensing Regulations.		Commission's consolidated standards for adult psychiatric facilities are deemed to meet the Medicare requirements for hospitals, with the exception of the special medical record and staffing requirements. Consequently, for a newly applying accredited psychiatric hospital, the effective date can be no sooner than the date established by CMS under 42 CFR 489.13(c)(2). CoPs: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482 CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/PsychHospitals State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	.virginia.gov/admincode/title12/agency35/chapter105/section520/
Psychiatric Residential Treatment Facilities (PRTFs)	A facility or distinct part of a facility for psychiatric care that provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.	33 locations	Licensed by Department of Behavioral Health and Developmental Services Surveyed by VDH Office of Licensure and Certification on behalf of CMS	Children's Psychiatric Residential Treatment facilities are licensed by the DBHDS Office of Licensing and shall comply with the applicable Licensing Regulations pursuant to 12VAC35-46. https://law.lis.virginia.gov/admincode/title12/agency35/chapter46/ The VDH Office of Licensure and Certification conducts federal surveys of PRTFs, but does not license these facilities under state law.	Yes	OBRA 90 provided authority for CMS to specify inpatient settings in addition to the psychiatric hospital setting for the psych under 21 benefit without continuing to require that providers obtain accreditation from The Joint Commission. Thus, CMS established the PRTF as a separate type of inpatient setting. CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/PRTFs COPs: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-G	State IPC regulations found at: https://law.lis.virginia.gov/admincode/title12/agency35/chapter105/section520/
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/IID) is an optional Medicaid benefit that enables states to provide comprehensive and individualized health care and rehabilitation services to individuals to promote	66 for adults 2 for children	Licensed by Department of Behavioral Health and Developmental Services Surveyed and Certified by VDH Office of	ICFs are licensed by the DBHDS Office of Licensing and shall comply with the applicable Licensing Regulations pursuant to 12VAC35-105. https://law.lis.virginia.gov/admincode/title12/agency35/chapter105/ Annual inspections are conducted	Yes	The ICF/IID benefit is an optional Medicaid benefit. The Social Security Act created this benefit to fund "institutions" (4 or more beds) for individuals with intellectual disabilities, and specified that these institutions must provide "active treatment," as defined by the Secretary. Currently, all 50 States have at least one ICF/IID facility. All must qualify for Medicaid assistance financially. CoPs:	State IPC regulations found at: https://law.lis.virginia.gov/admincode/title12/agency35/chapter105/section520/

	their functional status and independence.		Licensure and Certification on behalf of CMS	by the DBHDS Office of Licensing to confirm regulatory compliance. The VDH Office of Licensure and Certification conducts federal surveys Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), but does not license these facilities under state law.		https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483#subpart-I CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/ICFIID	Federal IPC regulations found at: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-I#p-483.470(l)
Adult Group Homes	The DBHDS licensing regulations define a group home as: “a congregate service providing 24-hour supervision in a community-based home having eight or fewer residents. Services include supervision, support, counseling, and training in activities of daily living for individuals whose individualized services plan identifies the need for the specific types of services available in this setting.”	1630 [Includes Developmental Disabilities (DD), Mental Health (MH), and Brain Injury (BI) for adults]	Department of Behavioral Health and Developmental Services	Adult group homes are licensed by the DBHDS Office of Licensing and shall comply with the applicable Licensing Regulations pursuant to 12VAC35-105.	No	No relationship with CMS	State IPC regulations found at: https://law.lis.virginia.gov/admincode/title12/agency35/chapter105/section520/
Pediatric Group Homes	The DBHDS Children’s Residential Regulations define a group home as: “a children's residential facility that is a community-based, homelike single dwelling, or its acceptable equivalent, other than the private home of the operator, and serves up to 12.	90 locations for children; includes DD and MH	Department of Behavioral Health and Developmental Services	Providers of the group home residential service for children (up to the child's 18th birthday) shall be licensed by DBHDS Office of Licensing and shall comply with the applicable Children‘s Residential Regulations pursuant to 12VAC35-46.	No	No relationship with CMS	State IPC regulations found at: https://law.lis.virginia.gov/admincode/title12/agency35/chapter105/section520/
Community Services Boards (CSB)	In Virginia, Community Services Boards (CSBs) are the points of entry for publicly funded mental health, substance use	All 40 CSBs have licensed services.	Department of Behavioral Health and Developmental Services	Community Services Boards are licensed by the DBHDS Office of Licensing and shall conform to the applicable Licensing Regulations pursuant to 12VAC35-105.	No	No relationship with CMS	

	disorder, and developmental services for intellectual disabilities (ID) and/or developmental disabilities (DD).			In addition, as required by section 37.2-508 of the Code of Virginia a performance contract must be established between local community services boards (CSB) and the Virginia Department of Behavioral Health and Developmental Services on a biennial basis. This contract delineates the responsibilities of the state, responsibilities of the local CSB and the conditions that must be met for the receipt of state-controlled funds.			

Ambulatory / Outpatient Care / Other

Facility Type	Description of Facility Type	Number of Facilities in Virginia	Licensing / Regulatory Body	Notes About General Licensing and Regulations	Regulated by CMS	Notes About Relationship with CMS	Relevant IPC Regulations
End-Stage Renal Disease (ESRD) facilities	A unit (hospital based or freestanding) which is approved to furnish dialysis services directly to ESRD patients.	212 freestanding facilities (per CMS Care Compare)	For units in a hospital, the facility (not unit) licensed through VDH Office of Licensure and Certification Surveyed by VDH Office of Licensure and Certification on behalf of CMS	Freestanding ESRDs have no state licensure program.	Yes	The Survey and Certification Program certifies ESRD facilities for inclusion in the Medicare Program by validating that the care and services of each facility meet specified safety and quality standards, called "Conditions for Coverage." The Survey and Certification Program provides initial certification of each dialysis facility and ongoing monitoring to ensure that these facilities continue to meet these basic requirements. COPs: https://www.ecfr.gov/current/title-42/part-494 CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Dialysis State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	State IPC regulations for units in hospitals found at: https://law.lis.virginia.gov/admincode/title12/agency5/chapter410/section490/ Federal IPC regulations for all ESRDs found at: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494/subp

							art-B/section-494.30
Ambulatory Surgical Centers (ASC)	A place other than a certified hospital that does outpatient surgery. At an ambulatory (in and out) surgery center, you may stay for only a few hours or for one night.		If it's an outpatient surgical hospital, it is licensed by VDH Office of Licensure and Certification Surveyed by VDH Office of Licensure and Certification on behalf of CMS	All **hospital** outpatient (ambulatory care) services shall conform to all applicable rules and regulations herein, since such services are an integral part of the hospital and covered by its licensure. **Freestanding** outpatient surgical hospitals shall comply with the provisions found at: https://law.lis.virginia.gov/admincodefull/title12/agency5/chapter410/partIV/ and https://law.lis.virginia.gov/admincodefull/title12/agency5/chapter410/partV/	Yes	An ASC must be certified and approved to enter into a written agreement with CMS. Participation as an ASC is limited to any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. An unanticipated medical circumstance may arise that would require an ASC patient to stay in the ASC longer than 24 hours, but such situations should be rare. COPs: https://www.ecfr.gov/current/title-42/part-416 CMS Website: https://www.cms.gov/Center/Provider-Type/Ambulatory-Surgical-Centers-ASC-Center State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS120198	Federal IPC regulations found at: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-416/subpart-C/section-416.51 State IPC regulations found at:https://law.lis.virginia.gov/admincode/title12/agency5/chapter410/section11770/
Home Health Agencies (HHA)	An organization that gives home care services, like skilled nursing care, physical therapy, occupational therapy, speech therapy, and personal care by home health aides.		Surveyed by VDH Office of Licensure and Certification on behalf of CMS	To be eligible for certification as an HHA, an entity must first become licensed as a Home Care Organization (HCO). Upon becoming certified, the entity is exempt from ongoing licensure as an HCO. The majority of HHAs allow their HCO to lapse.	Yes	COPs: https://www.ecfr.gov/current/title-42/part-484 CMS Website: https://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-484/subpart-B/section-484.70
Abortion Clinics	An abortion clinic is a medical facility that provides first trimester abortions. Such clinics may be public medical centers, private medical practices or nonprofit organizations such as Planned Parenthood.		Facilities offering only first trimester abortions are not subject to state licensure; Department of Health Professions has oversight for practitioners	Previously regulated by VDH July 1, 2011 to June 30, 2020; authority to regulate has been repealed by Chapters 898 and 899 (2020 Acts of Assembly	No	No relationship with CMS	

			at facility				
Hospice	Hospice is a special way of caring for people who are terminally ill, and for their family. This care includes physical care and counseling. Hospice care is covered under Medicare Part A (Hospital Insurance).		Licensed through VDH Office of Licensure and Certification Surveyed by VDH Office of Licensure and Certification on behalf of CMS	The Division of Acute Care Services is responsible for the state licensure and inspection of hospice programs. The division also conducts the federal certification surveys for Medicare and Medicaid, and investigates any complaints received against these providers. A separate license shall be required for hospice programs maintained at separate locations, even though they are owned or are operated under the same management.	Yes	Although some hospices are located as a part of a hospital, nursing home, and home health agency, hospices must meet specific Federal requirements and be separately certified and approved for Medicare participation. CoPs: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418 CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Hospices State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	State IPC regulations found at: https://law.lis.virginia.gov/admincode/title12/agency5/chapter391/section270/ Federal IPC regulations found at https://www.ecfr.gov/current/title-42/section-418.60
Home Care	Limited part-time or intermittent skilled nursing care and home health aide services, physical therapy, occupational therapy, speech-language therapy, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services.		Licensed through VDH Office of Licensure and Certification	The Division of Acute Care Services is responsible for the state licensure and inspection of Home Care Organizations. The division investigates any complaints received against these providers. The Commissioner may issue a license to a home care organization authorizing the licensee to provide services at one or more branch offices serving portions of the total geographic area served by the licensee, provided each branch office operates under the supervision and administrative control of the licensee. The address of each branch office at which services are provided by the licensee shall be included on any license issued to the licensee.	No		State IPC regulations found at: https://law.lis.virginia.gov/admincode/title12/agency5/chapter381/section260/
Federally	A facility located in a		Surveyed by		Yes	COPs: https://www.ecfr.gov/current/title-42/part-491	Federal IPC

Qualified Health Centers (FQHC)	medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general supervision of a physician.		VDH Office of Licensure and Certification on behalf of CMS for complaints only			CMS Website: https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	regulations found at: https://www.ecfr.gov/current/title-42/part-491#p-491.8(d)(3)(iii)
Urgent Care Centers	An urgent care center is a walk-in clinic focused on the delivery of medical care for minor illnesses and injuries in an ambulatory medical facility outside of a traditional hospital-based or freestanding emergency department (ED).			There is no state licensure program for urgent care.	No*	*May be subject to federal oversight but only to the extent that the urgent care center has a laboratory or otherwise performs diagnostic testing on human specimens, for which a CLIA Certificate of Waiver is required.	
Rural Health Clinics	An outpatient facility that is primarily engaged in furnishing physicians' and other medical and health services and that meets other requirements designated to ensure the health and safety of individuals served by the clinic. The clinic must be located in a medically under-served area that is not urbanized as defined by the U.S. Bureau of Census.		Surveyed by VDH Office of Licensure and Certification on behalf of CMS	The State Survey Agency (VDH OLC) reviews and evaluates the information on the Request to Establish Eligibility, Form CMS-29 and documents submitted with the request, and consults with the CMS Regional Office (RO) to obtain a determination whether the basic requirements are met.	Yes	COPs: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-491 CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/RHCs State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	Federal IPC regulations found at: https://www.ecfr.gov/current/title-42/part-491#p-491.8(d)(3)(iii)
Comprehensive Outpatient Rehabilitation Facilities (CORF)	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.		Surveyed by VDH Office of Licensure and Certification on behalf of CMS		Yes	CORFs must provide coordinated outpatient diagnostic, therapeutic, and restorative services, at a single fixed location, to outpatients for the rehabilitation of injured, disabled or sick individuals. COPs: https://www.ecfr.gov/current/title-42/part-485/subpart-B CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/CORFs	Federal IPC regulations found at: https://www.ecfr.gov/current/title-42/part-485/subpart-B#p-485.62(b)

						State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	
Outpatient Rehabilitation Providers			Surveyed by VDH Office of Licensure and Certification on behalf of CMS	During the course of the State survey, it verifies that the services that the provider proposes to offer are actually being provided. The State Agency (VDH OLC) evaluates the cumulative records of services actually provided. Work schedules of personnel providing services will show utilization data for various services.	Yes	In order for clinics, rehabilitation agencies, and public health agencies to be eligible to participate as providers of outpatient physical therapy/outpatient speech therapy services, they must be in compliance with all applicable Medicare requirements, except the following: 42 CFR 485.709, Administrative Management, is not applicable to public health agencies, and 42 CFR 485.717, Rehabilitation Program, is not applicable to clinics or public health agencies. COPs: https://www.ecfr.gov/current/title-42/part-485/subpart-H CMS Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/OutpatientRehab State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984	Federal IPC regulations found at: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-485/subpart-H/section-485.725
Dental offices	A dental office is a business establishment owned and/or run by a dental professional. It has several components and handles not only dental services and treatments, but also clerical and financial concerns.		Facilities are not subject to state licensure Virginia Department of Health Professions (DHP) - Board of Dentistry regulates dentists	Link to Code of Virginia: Dentistry - https://www.dhp.virginia.gov/media/dhpweb/docs/dentistry/leg/Chapter27_Dentistry.pdf	No*	*May be subject to federal oversight but only to the extent that the dental clinic has a laboratory or otherwise performs diagnostic testing on human specimens, for which a CLIA Certificate of Waiver is required.	

Mobile Dental Clinics	A mobile dental van may include dental working space; X-ray facilities; a sterilization system; and computer for processing claims, updating medical records, and scheduling appointments. Mobile dental programs may also transport dental equipment to head start centers, schools, and nursing facilities to enable providers to provide care on site.		Virginia Department of Health Professions (DHP) - Board of Dentistry	Link to Code of Virginia: Regulation of mobile health clinics https://law.lis.virginia.gov/vacode/title54.1/chapter27/section54.1-2708.3/ The Board shall promulgate regulations for mobile dental clinics and other portable dental operations to ensure that patient safety is protected, appropriate dental services are rendered, and needed follow-up care is provided. Such regulations shall include, but not be limited to, requirements for the registration of mobile dental clinics, locations where services may be provided, requirements for reporting by providers, and other requirements necessary to provide accountability for services rendered.	No*	*May be subject to federal oversight but only to the extent that the dental clinic has a laboratory or otherwise performs diagnostic testing on human specimens, for which a CLIA Certificate of Waiver is required.	