

## Medicaid Certification Application Requirements

Following is a list and links to the forms necessary to apply for nursing facility Medicaid certification. Please complete listed forms and return all materials to DHS OLRO NF Licensing.

- Application for Medicare/Medicaid (CMS 671)** - 1 copy with original signature

<https://www.cms.gov/cmsforms/downloads/CMS671.pdf>

- Assurance of Compliance (HHS 690)** - 4 copies with original signature on each copy

<http://www.hhs.gov/forms/HHS690.pdf>

- A letter of intent, requesting Medicaid Certification. Please include the date you wish to have certification begin.
- Statement of ownership and control – form [0466D](#)
- Nursing Facility Licensing Application – form [0466](#)
- Contract Contact Information – form [0466A](#)
- Facility Floor Plan
- Nursing Facility MMIS Enrollment - OHA 3972, 3974, 3975 & DMAP 3117
- Proof of Insurance