

**Home Health
Pre-designated Alternate Administrator**

Agency Name	
Name of Current Administrator	
CCN (Medicare Billing #)	
Pre-designated Alternate Administrator Name	

In order to consider the approval of the newly appointed pre-designated alternate administrator as of January 13, 2018, **information must be submitted to our office with this notice by close of business, Monday, January 15, 2018 to:**
Patty.Perkins@health.mo.gov.

Please place an X next to the documentation provided:

- ☐ **A copy of the current Missouri license as a physician or registered nurse**
- ☐ **Documentation confirming the individual holds an undergraduate degree**
- ☐ **Documentation confirming experience in healthcare administration**
- ☐ **Documentation confirming at least 1 year of supervisory or administrative experience in home health care**
- ☐ **A copy of the board meeting minutes to confirm board appointment**
- ☐ **A copy of the written approval by the home health agency administrator**