



Long-Term Care Regulation Provider Letter

Number: PL 2023-04 (replaces PL 2014-28)
Title: HCSSA Medicare Relocation Questionnaire
Provider Types: Home and Community Support Services Agencies (HCSSA)
Date Issued: January 17, 2023

1.0 Subject and Purpose

The purpose of this letter is to inform HCSSAs that are also certified by the Centers for Medicare and Medicaid Services (CMS) that they must fill out Form 6325, HCSSA Medicare Relocation Questionnaire for agency relocations.

2.0 Policy Details & Provider Responsibilities

When a certified HCSSA relocates, they are relocating both the license and the certification.

An agency must not transfer a license from one location to another without prior notification to the Health and Human Services Commission (HHSC)¹. This notification is completed by submitting a relocation application in the Texas Unified Licensure Information Portal (TULIP). HHSC must review any change in physical location for a Medicare-certified agency.

CMS describes the steps an agency must make when making an administrative change such as relocating certification in [Admin Inf memo 22-02-ALL](#).

Certified HCSSA agencies must complete Form 6325 when relocating. The questionnaire is required when the agency submits:

¹ See 26 Texas Administrative Code (TAC), §558.213.

- A relocation application,
- A renewal application when the agency is also relocating, and
- A change of ownership application when the agency is relocating and the incoming owner does not reject assignment of the Medicare provider agreement.

The agency must complete and upload the questionnaire in the relocation application in TULIP. HHSC uses the questionnaire to determine whether to recommend approval or recommend denial of the relocation of the certification. HHSC will recommend denial of the agency's certification relocation request, if the agency answers 'no' to any of the first three questions on Form 6325.

HCSSAs may access the Medicare Enrollment Application to report all changes in a timely manner at the following website: <https://pecos.cms.hhs.gov/pecos/login.do>. The Medicare Administrative Committee (MAC), Palmetto GBA, may be contacted directly at (855) 696-0705.

Potential adverse effects the agency may experience for not notifying the Medicare Administrative Committee (MAC) include:

- The MAC may revoke billing privileges for a period of time or permanently based on an on-site visit by the MAC at an incorrect address; or
- Possible termination from Medicare for cessation of business.

3.0 Resources

[Form 6325, HCSSA Medicare Certified Agency Relocation Questionnaire](#)

[26 TAC §558.213, Conditions of a License](#)

4.0 Contact Information

If you have any questions about this letter, please contact Policy and Rules by email at LTCRPolicy@hhs.texas.gov or call (512) 438-3161.