

# HCBS NON-RESIDENTIAL PROVIDER APPLICATION

The completion of this application is required to provide for **provisional approval** to provide HCBS services.

**The purpose of the provisional approval application is to ensure that the settings in which new or existing providers wish to provide services to HCBS participants are not institutional, isolating or restrictive in nature. Provisional approval allows PIHPs to contract with new providers who do not have a current HCBS participant receiving services in their setting and for whom an HCBS assessment has not yet been conducted by the PIHP.**

**This survey is required for providers /settings who are not currently providing services to HCBS participants or for existing providers within the PIHP or who are opening new settings or wish to add services to their array.**

**Provisional approval is required before the provision of services to an HCBS participant to ensure HCBS funding will be accessible.**

***An onsite review of every setting requiring provisional approval is required.*** PIHP leads may utilize reciprocity as defined by the MDHHS HCBS behavioral health team.

**PIHP HCBS leads will ensure that the initial HCBS comprehensive setting assessment is conducted *within 90 days* of an individual's IPOS in order to maintain the ability to provide HCBS services. PIHP leads will ensure an annual physical assessment has been conducted with the setting within one year (reciprocity allowed see below) and will conduct the physical review when there is no current review on record.**

**Failure to complete the provisional approval process or the ongoing assessment process *will* result in the suspension of the provider's ability to provide Medicaid funded HCBS services.**

PIHPs must complete this initial application with *all providers* who meet the criteria identified above. The individual provider application must be available upon request of MDHHS. Providers who do not meet the initial standards, including the updated HS review standards outlined *are not* eligible to provide HCBS services to Medicaid recipients. **Settings that are identified as restrictive following the completion of this application are not eligible for provisional approval by the PIHP and will require a provisional consultation with MDHHS HCBS staff.** The PIHP may reassess the provider if remediations have been made that result in the provider becoming compliant.

Expected respondent: The PIHP lead will complete this application through an interview with the setting. **When a setting is part of a larger entity the PIHP lead must ensure that accurate information relative to the daily operations of the specific setting identified is being provided.** The PIHP lead should interview the setting manager and or staff who has direct knowledge of the settings day-to-day supports and/or the operational and administrative activities and policies of the provider agency. PIHP leads do not provide this document to the setting to complete.

# HCBS NON-RESIDENTIAL PROVIDER APPLICATION

**How to complete and submit this document** the PIHP lead, or heir designees conduct a review of the setting including any additional evidence identified. If the PIHP lead determines based upon the information provided that the setting is not restrictive in nature and will not require an HS review provisional approval may be granted and the form will be maintained in the PIHP's records but does not need to be submitted to MDHHS.

If upon review the setting is a secured setting, then an HCBS Provisional consultation must occur, and the setting must be approved by MDHHS before the setting can receive HCBS funding. Secured or restrictive settings require a provisional consultation for every individual who wishes to receive services in the setting.

If there are features of a setting that may require an HS review and those features are different than those identified as a secured setting, such as settings on the ground of a psychiatric hospital, you must contact the HCBS specialist directly to consult on the case and receive guidance for next steps.

All the above steps must be completed without exception order to access Medicaid funding.

Provide the contact information of the setting representative interviewed for further questions

Name:

Position/Title:

Contact Phone Number:

Contact Email Address:

Instructions: The PIHP lead will provide a response to each question, respond based upon the policies, procedures, and physical environment of the setting. Responses to this survey and supporting information may be verified at a later date with an on-site visit.

Name of the Setting or Location:

Provider:

Address:

City, State, Zip Code:

Contact Phone Number (if different than the person identified above):

NPI Number

# HCBS NON-RESIDENTIAL PROVIDER APPLICATION

## Section 1: Provider Background

Type of setting (see definitions below)

**Out of home non-vocational:** Assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills; and the support services, including transportation to and from, incidental to the provision of that assistance that takes place in a non-residential setting, separate from the home or facility in which the beneficiary resides.

**Skill Building:** This service will help an individual gain, keep, or improve skills in self-help, socializing, or everyday skills. It might include help with mobility, transferring, and personal care from a direct support staff. It can include preparing for work (paid or unpaid) to individuals who might have difficulty in the general workforce or who are unable to participate in a transitional sheltered workshop. .

**Prevocational Services:** Involve the provision of learning and work experiences where a beneficiary can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings.

**Community Living Supports (CLS):** This service supports an individual's independence, productivity, and promotes inclusion and participation. The supports can be provided in an individual's home (licensed facility, family home, own home or apartment) or in community settings. Community Living Supports are: Assisting, prompting, reminding, cueing, observing, guiding and/or training the beneficiary with meal preparation, laundry, household care and maintenance. Assisting with money management, non-medical care, socialization and relationship building, transportation from the individual's home to and from community activities including participation in regular community activities, attendance at medical appointments, and shopping for non-medical services

## **Section 2: Physical Location and Operations of Service Providers**

Will the individual's services (Skill Building, Community Living Supports Prevocational, and Out of Home Non Vocational) be delivered in a setting that is separate from a hospital, nursing home, intermediate care facility, or institute for mental health treatment?

Yes

No

# HCBS NON-RESIDENTIAL PROVIDER APPLICATION

Will the individual's services (Skill Building, Community Living Supports, Prevocational, and Out of Home Non Vocational) be delivered in a setting that is separate from a residential school or child caring institution?

Yes

No

Definitions:

**Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID):** An institution for individuals with intellectual disabilities or other related conditions, according to Federal regulations at 42 CFR 435.1009, is defined as an institution (or distinct part of an institution) that: (a) is primarily for the diagnosis, treatment, or rehabilitation for individuals with intellectual disabilities; and (b) Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration for health or rehabilitative services to help individuals function at their greatest ability. [Source: CMS, "Backgrounds and Milestones: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)"]

**Institution for Mental Disease (IMD):** The term "institution for mental diseases" means a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. [Source: Social Security Act, Sec. 1905. [42 U.S.C. 1396d]

**Child Caring Institution (CCI):** A child care facility which is organized for the purpose of receiving minor children for care, maintenance, and supervision, usually on a 24-hour basis, in buildings maintained by the institution for that purpose, and operates throughout the year

B. Will individuals receive services and supports (Skill Building, Community Living Supports, Prevocational, and Out of Home Non Vocational) within their community?

Yes

No

**Note: If the response to any of these questions is "No" the setting may require Heightened Scrutiny and is *not eligible* for provisional approval.**

## **Heightened Scrutiny Provisional Approval Documentation**

If, when reviewing a setting for provisional approval it is determined that the setting is on the grounds of an institution, additional information must be gathered to assess whether the settings is likely to be able to successfully navigate the HS process.

# HCBS NON-RESIDENTIAL PROVIDER APPLICATION

In order to overcome its HS status settings must be able to show:

- That they are not isolating and instead support and encourage access to the greater community
- Waiver participants are not expected/required to receive their services and supports within the setting and that the setting assists participants in accessing their services in the community to the extent and in the manner, they prefer
- The setting is not on the grounds of an institution including a private mental health treatment center or hospital

Because the provisional assessment occurs before waiver participants from your region are in the setting you may have to rely upon written policies and procedures, video tours of the setting and/or information related to participants from other regions who receive services in the setting for guidance.

***Evidence gathered in these situations must be documented and available for review upon request. If, based upon evidence gathered the lead believes the setting will require an HS review the PIHP lead must request a consultation with MDHHS BHDDA HCBS team staff prior to approving the setting.***

## **Section for PIHP representative:**

**The Centers for Medicare and Medicaid have identified that the following settings are considered not to be Home and Community Based:**

- Nursing facilities,
- Institution for Mental Disease
- Intermediate Care Facilities
- Hospitals
- Other locations that have the qualities of an institutional setting as determined by the Secretary of HHS

**Date of review** \_\_\_\_\_

**Name of person who conducted the review** \_\_\_\_\_

**Has the PIHP or CMHSP reviewed the physical location of the setting?**

Yes

No

**Does the PIHP/ CMHSP attest that the setting is not institutional in nature and does not appear to be isolating consistent with the requirements outlined above?**

Yes

# HCBS NON-RESIDENTIAL PROVIDER APPLICATION

No

Note: If the PIHP representative believes the setting may be isolating or has the qualities of an institution provisional approval should not be granted and a comprehensive assessment should be conducted.

**Additional Heightened Scrutiny Documentation:** (complete the section below by checking the box corresponding to the type of evidence you have reviewed).

Please identify the evidence received and reviewed to support that the setting is not institutional or isolating and submit this document together with a consultation request prior to granting provisional approval. You do not need to submit the supporting evidence to MDHHS at this time.

Polices/procedures that confirm the individuals have the following freedoms

- Ability of waiver participants to come and go as they choose with or without support
- Ability to move freely within the setting without barriers to access public areas of the home including the kitchen
- Freedom to choose which services they will receive and where those services are provided
- Accessible transportation to assist individuals who wish to receive their services/supports within the community to the extent and in the manner preferred by the individual

By signing this document, you attest that the information provided is accurate.

X

\_\_\_\_\_  
PIHP lead or designee

\_\_\_\_\_  
Date