

# HCBS Non-Residential Provider Provisional Approval Application

This survey is intended to provide for initial and provisional approval to provide nonresidential HCBS services.

This survey is for providers who are not currently providing services to HCBS participants or for existing providers within the PIHP who are opening new settings or adding additional services.

Providers and Individuals will receive the HCBS Survey (comprehensive survey) *within 90 days* of an individual's IPOS. The provider *must* complete the comprehensive survey in order to maintain the ability to provide HCBS services. Failure to complete the provisional approval process or the ongoing approval process *will* result in the suspension of the provider's ability to provide HCBS services.

PIHPs must ensure all new providers or existing providers with new settings have completed this initial survey. The individual provider survey must be available upon request of MDHHS. Providers who do not meet the initial standards outlined *are not* eligible to provide HCBS services to Medicaid recipients. The PIHP may reassess the provider if the PIHP determines changes have been made that result in the provider becoming compliant.

If the new provider is approved by the PIHP provisionally the provider does not have to be provisionally approved for subsequent HCB participants.

Expected respondent: The provider who has direct knowledge of the settings day-to-day supports and/or the operational and administrative activities and policies of the provider agency.

Provide the respondent's contact information for further questions

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Instructions: Provide a response to each question, respond based upon the policies, procedures and physical environment of your 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: \_\_\_\_\_

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City, State, Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

NPI number): \_\_\_\_\_

## Section 1: Provider Background

Type of service being provided (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.

**Supported Employment:** This service is both ongoing support services and paid employment that enables the individual to work in the community. It is community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities. This service can include supervision and training, a job coach, an employment specialist, a personal assistance, or support for a consumer-run businesses.

**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

## 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

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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): Child caring institution' means 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. An educational program may be provided, but the educational program shall not be the primary purpose of the facility. Child caring institution also includes institutions for intellectually and/or developmentally delayed or emotionally disturbed minor children. Child caring organization does not include a hospital, nursing home, or home for the aged.

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

A. A. Will the individual's services (Skill Building, Supported Employment, 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? (See definitions above).

Yes

No

B. Will the individual's services (Skill Building, Supported Employment, 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

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

Yes

No

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Applicant signature

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Date

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## Section for PIHP representative:

**Note: If the providers response to any of the above questions is “No” the setting is *not eligible* for provisional approval.**

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

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

- Yes
- No

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PIHP Representative Signature

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Date