Thank you for your interest in becoming a New York State Home and Community Based Services (HCBS) provider. The purpose of this guide is to provide agencies with information regarding the completion of the [HCBS application](#) in order to be designated as an HCBS provider. As you are completing this application please ensure that you save your progress on your local system so you can return to the application from your locally saved copy at a later time. When you are ready to submit the application to the state, press the submit button and your application will be automatically submitted. You should print your submitted version and save it to your local system for your records.

**Becoming an HCBS Provider**

HCBS provider designation confirms that your agency has attested to provide HCBS within the agency’s scope of practice and consistent with the criteria articulated in the manual. Your agency will only be designated to provide the HCBS that are included within your application and approved by the state. HCBS provider designation does not guarantee that your agency will gain business for these services, nor does it mandate your agency must provide the designated services.

**About the HCBS Attestation and Application Process**

The provider *Attestation* is an executive declaration that the organization meets the requirements to provide HCBS. Only one attestation form is necessary per applicant, regardless of the number of services you are applying to provide.

You must complete an individual application form for each service you intend to provide. *The application* is designed for providers to demonstrate that they have the organizational capacity and culture to provide one or more of the HCBS. Applications will be reviewed based on an Agency’s staff qualifications, experience, and ability to meet HCBS criteria. Applications will be submitted to the State once the submit button at the end of the application is pressed. The
New York State Home and Community Based Services Application Guide

Application deadline for New York City providers is **Friday, December 5, 2014**. Applications for the rest of the state may be submitted at this time, however official provider designation for areas outside of the New York City service area will not be made at this time.

**Completing the HCBS Application**

**Agency Information Section:**

**Agency Name:** Identify the name of the agency applying for HCBS designation.

**NYS Funding Agency:** Identify the source(s) of your agency’s state funding.

**Agency Code:** This refers to the agency consolidated fiscal report (CFR) code. If your agency does not have one, leave this field blank.

**Agency Address:** Enter the address of the agency’s administrative offices.

**Federal Employer ID Number:** Enter your Federal Employer ID number.

**Contact Person:** Enter the contact person for questions on the HCBS application.

**Contact Person Phone Number:** Enter the phone number for the contact person above.

**HCBS Application**

**HCBS Site Location:** For each individual site enter location where the HCBS will be provided. Include the anticipated volume of the HCBS at each site after 6 months.

**HCBS Service Application**

**Staff Title:** The title of the position that will be providing or supervising the delivery of the specific HCBS.

**Staffing Qualifications:**
Include certifications, licenses and degrees for each position. Please follow staffing guidelines for each individual service as outlined in HCBS manual.

**Anticipated FTE:** Please indicate staff title and what the anticipated percentage of time for each Full Time Equivalent (FTE) staff AFTER 6 MONTHS per each site location.

**Percentage of Hours at Site:** Identify the anticipated percentage of the FTE time that will be spent at each site after 6 months.

**Information for HCBS Designation:**

The written statements are crucial to the HCBS application as it provides evaluators with specific information regarding your agency’s organizational capacity for providing the specific service. The application asks for 2 written statements:

1) Provide a brief written statement regarding *your agency’s ability to meet HCBS criteria* for a given service. The statement should include components outlined in the HCBS manual. A complete statement would include:
   - A brief description of how your service delivery aligns with the service definition
   - The intended service modality and setting
   - Adherence to provider credential requirements
   - The anticipated staffing ratio and case load
   - Acknowledgement of any other relevant requirement that is specific to the desired service

2) Provide a brief written statement regarding *agency experience.* This should include the agency’s ability to meet HCBS criteria and ensure that the agency mission aligns with the HCBS values/core principles.
** Please be advised that the service definitions described in the HCBS Manual are subject to change based on the Centers for Medicare and Medicaid Services (CMS) approval of the 1115 waiver. All designations are contingent upon this approval.