



Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

New York State Home and Community Based Services Application Guide

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.

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 HCBS 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 agency, regardless of the number of services you are applying to provide or the number of programs within your agency that would like to provide HCBS. You must complete the site location, staffing, and written statement sections 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. Please be as thorough and accurate as possible in your HCBS application. Applications that are incomplete or do not follow the guidance provided in this document may be subject to delay.

The initial deadlines for applications included December 2014 for New York City and September 2015 for the rest of State. Applications received after December 2015 will be reviewed by NYS OMH and OASAS periodically for designation of intended services.

Service-specific Application Considerations

- Providers interested in providing **Psychosocial Rehabilitation (PSR) or Habilitation** are encouraged to apply for both of these services. Programs without a joint designation will not be allowed to serve individuals having both PSR and Habilitation goals on their Plan of Care.
- **Mobile Crisis Intervention** has been transformed into Crisis Intervention and is included in the Medicaid mainstream benefit package as well as the HARP benefit package. Include Crisis Intervention in this application if you would like to be designated to provide the service under both mainstream and HARP benefit packages. Additional information will be available in the near future.
- Agencies interested in providing **Non-medical Transportation** must be a current Medicaid transportation provider.

Completing the HCBS Application

Utilizing the online HCBS Application:

Logging in: Go to <https://my.omh.ny.gov/hcbs/default.aspx> and enter your OMH user ID and use your token or password. You may have to provide answers to security questions that you have chosen.

Saving your application: On each of the application's tabs (except this one), when you finish entering your information, click the "Save Changes" button. You can discard all changes you made on a given tab since you last saved by clicking the "Discard Changes" button.



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Submitting your application: When you are sure that everything you have entered is correct and complete, click the check box on the “Attestation Statement” tab that says “Check this box if you have completed the survey and this is your final submission”. This will lock down the survey, and you will not be able to make changes after that.

Printing your application: Once you have submitted the application, you can print it. To do so, click the “Print Entire Survey” button that is located on the “Attestation Statement” tab.

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 Provider Identifier (NPI): The Centers for Medicare and Medicaid Services (CMS) requires that all health care providers obtain an NPI. All health care providers and organizations are eligible to receive NPIs. If your organization does not have an NPI number, you may apply for one here: <https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvdentStand/apply.html>

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.

Contact Person E-mail Address: Enter the email address for the contact person above.

HCBS Application

HCBS Site Location: For each individual site enter the location where the HCBS will be provided. Include the anticipated volume of the HCBS at each site after 6 months. For each location listed, check that the site meets the HCBS Settings Rules (see attached guidance). By checking that each site listed meets the HCBS Settings Rules, you are attesting that each setting is compliant. This is subject to audit. OASAS funded/licensed program space may be used for HCBS as long as the space is appropriately allocated between services and the HCBS is delivered as a discrete service from other funded/licensed services.

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.

Existing or New Staff: Is the FTE an existing FTE that currently works at your agency, or do you anticipate hiring a new FTE for this position? Staff of existing agency programs may be shared with HCBS; the FTE must be allocated with a clear delineation of time between the two services.

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.

Overview of the Non-Residential Home and Community-Based Settings

Requirements ***Disclaimer*. Please be aware that the overview in this document is for reference purposes ONLY. Each agency must review the CMS Home and Community Based Services (HCBS) Final Rule and supplementary guidance in order to assess the settings which they are proposing to provide HCBS and to insure compliance with the Final Rule.

The CMS Final Rule (§441.301(c)(4) and §441.710) defines the qualities that all home and community-based settings must possess in order to be in compliance with the rule. In the final rule, CMS also clarifies which settings do NOT qualify as home and community based settings. **Please note that the CMS Settings Final Rule applies to the specific site locations your agency intends on directly providing HCBS in.** Below is a summary of key elements of the final rule related to HCBS setting.

The final rule requires that all home and community-based settings meet particular regulatory requirements. These include that the setting:

- Is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them

According to CMS, settings that **do not meet** the definition of being home and community based are:

- A nursing facility;
- An institution for mental diseases;
- An intermediate care facility for individuals with intellectual disabilities;
- A hospital; or
- Any other locations that have qualities of an institutional setting, as determined by the Secretary.

Please refer to Federal links below to determine if the settings you intend to provide HCBS in align with the CMS Final Rule:

The CMS Final Rule in its entirety may be found here:


<https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>



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CMS has created a **Settings Requirements Compliance Toolkit** that may be found here: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html> 

Additionally, there are **exploratory questions to assist in the assessment of non-residential settings**, found here: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-non-residential.pdf> 