



CALIFORNIA DEPARTMENT OF AGING (CDA)

FAX COVER SHEET

TO: All ADHC Providers

FROM: Adult Day Health Care Branch

DATE: October 25, 2011

SUBJECT: How to Become a Home and Community- Based Waiver Service Provider

This fax is being sent on behalf of the Department of Health Care Services (DHCS) to inform ADHC providers of the process for applying to become a Home and Community-Based Waiver service provider.

Additional information and updates may be obtained on the following websites:

- DHCS ADHC Transition website at <http://DHCS.ca.gov/ADHCtransition>
- CDA ADHC website at www.aging.ca.gov/programs/adhc

Number of pages (including this page): 4

If you do not receive all specified pages or if you have any questions regarding this transmission, please call (916) 419-7545.



In-Home Operations Branch
Long-Term Care Division
1501 Capitol Avenue, MS 4502
P.O. Box 997437
Sacramento, CA 95899-7437



Edmund G. Brown Jr.
Governor

ALL ADULT DAY HEALTH CARE CENTERS

You are invited to apply to the Department of Health Care Services (DHCS) to become a Home and Community-Based Services Waiver provider.

Background:

The Medi-Cal ADHC optional benefit will be formally eliminated on December 1, 2011. DHCS is currently seeking amendment of the In-Home Operations (IHO) Waiver and the Nursing Facility/Acute Hospital (NF/AH) Waiver. As part of that amendment process, DHCS is requesting the Centers for Medicare and Medicaid Services (CMS) to approve the addition of Adult Day Health Care (ADHC) centers as a new Home and Community-Based Services (HCBS) waiver provider type. ADHC centers that would like to provide IHO Waiver services as "Community-Based Adult Services" (CBAS) centers beginning December 1, 2011, are encouraged to apply. The current draft Standards of Participation for CBAS centers have been submitted to CMS for approval.

Upon the elimination of the Medi-Cal ADHC optional benefit, participants who meet the Nursing Facility B (NF-B) level of care will be eligible to receive IHO Waiver services. ADHC centers that choose to apply for HCBS waiver provider status may deliver authorized CBAS services to those IHO Waiver participants who choose these services. In addition, these ADHC centers may provide waiver services to participants in the NF/AH Waiver who choose to receive outpatient waiver services in a community setting.

CBAS Application Process:

Go to: <http://www.dhcs.ca.gov/services/medi-cal/Pages/ADHC/ADHC.aspx> and review the draft Standards of Participation (SOPs) that have been developed for CBAS centers and determine if you can meet them. Then scroll down to: **CBAS Application**.

For Additional Information:

Questions about the IHO Waiver may be directed to the Long-Term Care Division, In-Home Operations Branch at (916) 552-9105, or IHOWAIVER@dhcs.ca.gov.



California Department of
HealthCare Services

Toby Douglas
Director

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Application - Community-Based Adult Services Center

An existing Adult Day Health Care (ADHC) center with an active unencumbered license may apply to the Department of Health Care Services (DHCS), Long-Term Care Division, In-Home Operation (IHO) Branch to become a Home and Community-Based Services (HCBS) Waiver provider. Upon meeting the criteria for enrollment, the licensed ADHC center will be designated as a "Community-Based Adult Services (CBAS) center." This specific HCBS provider designation will afford CBAS centers the opportunity to deliver outpatient waiver services to participants of the IHO Waiver and the Nursing Facility/Acute Hospital (NF/AH) Waiver that choose to receive outpatient waiver services in a community setting. The CBAS designation will become active upon the elimination of the ADHC benefit.

Please provide the following information:

NPI NUMBER:

ADHC COMPANY DESIGNATION: (PLACE "YES" IN THE APPROPRIATE BOX)

- NON-PROFIT ORGANIZATION:
- FOR-PROFIT ORGANIZATION:
- FQHC/RHC:

ADHC COMPANY NAME:

BUSINESS ADDRESS:

BUSINESS PHONE #:

REQUESTOR'S NAME:

REQUESTOR'S TITLE:

In addition to completing the information requested above, please submit the following documents:

- COPY OF CURRENT ADHC FACILITY LICENSE (ISSUED BY CALIFORNIA DEPARTMENT OF PUBLIC HEALTH)
- COPY OF CURRENT GENERAL LIABILITY INSURANCE
- COPY OF CURRENT WORKER'S COMPENSATION INSURANCE
- SIGNED HCBS PROVIDER AGREEMENT

Please fax all the above mentioned documents including a completed copy of this form to (916) 552 -9151, or mail to the address on top of page.

**MEDI-CAL IN-HOME OPERATIONS BRANCH
HOME- AND COMMUNITY-BASED SERVICES (HCBS)
WAIVER SERVICE PROVIDER AGREEMENT FORM**

Name of ADHC/CBAS Center : <i>(Please type or print)</i>	
Address:	
Telephone:	Applicant NPI Number:

The Long-Term Care Division (LTCDD), In-Home Operations (IHO) Branch, is responsible for several Home- and Community-Based Services (HCBS) waivers under Medi-Cal. This statewide responsibility includes oversight of implementation of the HCBS waiver program and providing technical assistance to the identified providers who choose to render the HCBS waiver services. The technical assistance includes defining the HCBS waiver services, identifying the available services under the applicable waiver, explaining provider enrollment activities, accessing the services for authorization, documentation requirements for authorization of services, answering general billing issues, providing eligibility information, record maintenance requirements and outcomes of Quality Assurance activities that may impact the delivery of services.

The HCBS waiver service provider agrees, under penalty of perjury, that all claims for services provided to an HCBS waiver participant have been rendered as prescribed by the attending physician. The services are to be provided in accordance with the waiver participant's written Plan of Treatment as authorized under the Menu of HCBS Waiver Services document. The provider shall also ensure that all information submitted to the IHO program is accurate and complete as it relates to the authorization of the requested service. The HCBS waiver service provider understands that payment of claims for services rendered via the HCBS waiver will be from federal and/or state funds. Therefore, the provider will be required to adhere to all federal Medicaid requirements pertaining to the provision of said HCBS waiver services and/or applicable Medicaid services. **Any falsification or concealment of a material fact by the HCBS waiver service provider may result in the provider being prosecuted under federal and/or state laws.** The HCBS waiver service provider agrees to keep for a minimum period of three years from the date of service, a printed, legible representation of all records that are necessary to disclose fully the extent of services furnished to the waiver participant. The HCBS waiver service provider agrees to furnish these records and any information regarding payments claimed for rendering the services, on request, within the State of California, to: the California Department of Health Care Services, the Medi-Cal Fraud Unit; the California Department of Justice; the Office of the State Controller; the U. S. Department of Health and Human Services, or any duly authorized representatives. The HCBS waiver service provider also agrees that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

THIS AGREEMENT MUST BE SIGNED, DATED, AND RETURNED TO IHO BEFORE HCBS WAIVER SERVICES CAN BE AUTHORIZED.

The undersigned provider has been determined to meet all applicable rules and/or regulations as A PARTICIPATING provider of the Medi-Cal Home- and Community-Based Services Waiver program. SUBMISSION OF THIS AGREEMENT TO LONG-TERM CARE DIVISION, IN-HOME OPERATIONS BRANCH, indicates willingness of compliance to all requirements outlined in this agreement and pursuant to the California Code of Regulations, Title 22, Division 3, and the Welfare and Institutions Code, Division 9, Part 3.

Printed Name and <u>Signature</u> of ADHC/CBAS Center Representative:	Date:
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