New Provider Enrollment Process for Congregate Living Health Facilities (CLHF)

Department of Health Care Services
Long-Term Care Division
In Home Operations (IHO) Branch
Monday, November 21st 2016
Agenda

• Overview of the Final Rule
• New Enrollment Process
  – Initial application
  – Provider Attestation
  – Review and Approval
  – On-Site Visits
  – Medi-Cal Applications
• Questions and Answers
Overview

• On March 17, 2014, new federal Home and Community Based Services (HCBS) final rules became effective in the Federal Register for 1115, 1915(c) waivers, 1915(i) and 1915(k) community first choice state plan services.

• As these rules pertain to 1915(c) waivers, there are requirements for all HCBS settings which include: private residences, provider-owned / controlled settings both residential and non-residential, and person-centered planning.
Overview

• The Centers for Medicare & Medicaid Services (CMS) is allowing five years (until March 17, 2019) for states and existing providers to comply with the final rule.

• CMS has instructed states that all new providers and settings under development must already be in compliance with the final rule prior to enrollment into any HCBS waiver.
The New Congregate Living Health Facility (CLHF) Provider Enrollment Process Includes:

- Initial Application
  - Provider Attestation that includes the 10 HCB Settings Characteristics
- On-Site Review Performed by DHCS
- Medi-Cal Provider Application
Initial Enrollment for CLHF Providers

New CLHF Provider Enrollment Process

• Initial application includes Waiver’s Standards of Participation (SOP) and HCB Settings provider attestation
  – If denied for licensing, provider has one year to correct
  – If denied for non-compliance with HCB Settings, provider has 6 months to correct the issue(s)
Initial Application

Date: _____

Facility Legal Name: _____, doing business as: _____.

Facility Street Address: _____

City, Zip Code: _____

County: _____

Facility Telephone: _____  FAX: _____

Facility Website: _____

Facility Number (required): _____  Facility Capacity: _____

Number of participant beds requested: _____

National Provider Identification (NPI) number (required): _____

How many staff members are awake at night, including weekends? _____
Initial Application

Contact Information
(Information provided will be used to communicate with the applicant regarding the status of this submission.)

Name: ____

Title: ____

Telephone number: ____

Email Address: ____
Please provide detailed responses to the following questions. Inadequate responses will result in delay and/or denial of application.

This electronic document will expand to accommodate your responses.

1. Explain the availability of RN or LVN staffing for your facility. Is the RN or LVN a staff member or are they contracted with the facility?
   - If they are contracted, provide the name and contact information for that group or person and work schedule ________
   - If the RN/LVN is an employee, provide the RN/LVN’s name, license number, and work schedule. ________

2. Are the RNs available on-call to the HCBCCF? ______Yes ___No
   - If yes, what is the response time in minutes? ________________minutes

3. Continuous Nursing and Supportive Services (CNSS) are a collection of services included in a per diem rate based on the waiver participant’s level of care. Are there at a minimum a Certified Nurse Assistant (CNA) and Licensed Vocational Nurse (LVN) awake, alert, and on duty at all times to provide for the residents of the Home and Community-Based Continuous Care Facility (HCBCCF)? _________Yes ___________no

4. Does the RN visit each waiver participant for a minimum of two hours, twice a week, or longer as necessary to meet the participant’s care needs? ____yes ___No

5. Is there an LVN in the HCBCCF and “on duty” at any time that an RN is not onsite? _____Yes ______No
Initial Application

6. Is there an CNA or persons with similar training and experience available in the HCBCCF to assist the RN and LVN to meet the requirement of at least two staff members awake, alert, and on duty?  ___Yes  ____No

7. What are your policies regarding in-service training? _____
   • What training do you require of your staff? _____
   • How frequent is the training? _____
   • What method is used to keep record of all training? _____

8. Facilities are required to have an emergency response system that enables an individual to secure immediate assistance from his/her caregiver.

   For privacy consideration, the use of baby monitors will not be accepted.
   • Fully explain the individualized response system in your facility. _____
   • How do participants alert staff for assistance? _____
   • Where are call buttons or pull cords located? _____

9. What actions are taken by facility staff in the event of an emergency involving a participant? _____
   • Explain the procedures used in the event of a natural disaster. _____
   How are residents advised and prepared for emergency action? _____
10. What process do you use to obtain feedback from participants and their families?
    • Are records kept of the requests and the follow-up action? _____

11. How do you track participant critical incidents (example: an injury, death, any form of abuse) and/or complaints? _____
    • How are they recorded? _______
    • How is the information used? _______
    • Give an example of the facility’s method of resolving issues of these types. ____

12. With regard to a “person-centered service plan”, please explain how the participant is included in assessments that are done and care plans are developed to ensure the participant’s goals, preferences and needs are addressed.
    a. What is the facility’s policy on the documentation of participant’s inclusion with assessments and reassessments? _______
13. Please include the following documents with this initial application:

- Copy of the CMS/National Plan and Provider Enumeration System (NPPES) confirmation
- A facility floor plan with designated purpose (i.e. bathrooms (full or half), bedrooms (including private unit), kitchen, dining, etc.)
- Copies of the last two facility Licensing Reports
- A sample monthly meal plan, including snacks
- A sample activity schedule
- A sample of community activities – these are activities made available and located outside of the facility
- A list of course topics used in staff training
- Evacuation Plan
- Copy of Facility License

- For more information see IHO Provider Enrollment Web page
HCB Settings Characteristics – Provider Attestation

1. The setting is integrated in and supporting full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

   – Explain how you would comply.
HCB Settings Characteristics – Provider Attestation

2. The setting is selected by the member from among various setting options, including non-disability specific settings, and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on member’s needs, preferences, and, for residential settings, resources.

– Identify a private unit option.

– Explain the person-centered planning process and process for inclusion.
3. The setting ensures individuals’ rights of privacy, dignity and respect, and freedom from coercion and restraint.
   – Explain your policy and process.
HCB Settings Characteristics – Provider Attestation

4. The setting optimizes autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.
   
   – Explain the process for offering daily activities and encouraging resident interaction.
   
   – Explain the process or policy for allowing resident’s preferred meal location.
5. The setting facilitates individual choice regarding services and supports, and who provides them.

- Explain the policy and process for residents to select caregivers of their choosing.
HCB Settings Characteristics – Provider Attestation

For Medicaid/Medi-Cal provider-owned or controlled HCB residential settings:

6. The setting provides for a legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent or occupy the residence and provides protection against eviction.

   – Provide proof of a sample lease agreement.
   – Explain this policy and process.
HCB Settings Characteristics – Provider Attestation

7. The setting provides for privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate the sleeping or living unit within the lease or other agreement.

– Explain the policy and processes for residential choice of a private or shared unit.

– Explain the policy and process for residents choice of roommate.
HCB Settings Characteristics – Provider Attestation

8. The setting provides for options for individuals to control their own schedules including access to food at any time.
   – Explain the policy and process.
9. The setting provides residents the freedom to have visitors at any time.
   – Explain the policy and process.

10. The setting is physically accessible.
    – Explain the home’s physical accessibility.
Initial Enrollment for CLHF Providers

New CLHF Provider Enrollment Process

• Review and approval of initial application
  – If declined for licensing, provider has one year to correct
  – If denied for non-compliance with STP, provider has six month to correct

• On-site visit to validate information provided in the initial application.
Medi-Cal Enrollment

After state approval of initial application, provider attestation, and on-site visit; applicant completes and submits the following three application documents to DHCS IHO Provider Enrollment:

- Medi-Cal Provider Application (DHCS 6204) [http://files.medicall.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/12enrollment_DHCS6204.pdf](http://files.medicall.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/12enrollment_DHCS6204.pdf)
- Medi-Cal Disclosure Statement (DHCS 6207) [http://files.medicall.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/03enrollment_DHCS6207.pdf](http://files.medicall.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/03enrollment_DHCS6207.pdf)
- Medi-Cal Provider Agreement (DHCS 6208) [http://files.medicall.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/02enrollment_DHCS6208.pdf](http://files.medicall.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/02enrollment_DHCS6208.pdf)

- If there is a deficiency, provider has one year to correct it. If not corrected in one year, the provider enrollment process starts over.