



Toby Douglas
Director

In-Home Operations Branch
Long-Term Care Division
1501 Capitol Avenue, MS 4502
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Sacramento, CA 95899-7437



Edmund G. Brown Jr.
Governor

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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