

No Services in a Provider Operated Setting



_____ (Provider) has chosen **not** to provide Developmental Disabilities Medicaid Home and Community-Based (HCBS) Waiver services in a home or facility that is owned, leased, operated, or controlled (Provider Operated Setting) by Provider.

Provider hereby agrees that no service provision or reimbursement for service provision for any HCB Waiver services conducted in a Provider Operated Setting, as established in Chapter 45, Section 13 of the Department of Health's Medicaid Rules, will occur. Although not providing services in a Provider Operated Setting, Provider understands that they:

- Are responsible for providing services in environments that promote the health and safety of participants.
- Have the sole responsibility of providing supervision to the participant during the provision of services.
- Must follow the individual plan of care (IPC) as written, and document services as directed.
- Are responsible for communicating to the participant, parent or legally authorized representative, team, and case manager that services will not occur in a Provider Operated Setting.

Provider is aware that, in order to deliver services in a Provider Operated Setting, additional standards and requirements must be met **prior** to the provision of services, including:

- A 30 day notice to the Division;
- An inspection of the home or facility completed by an authorized entity, which results in a report that describes the items inspected and recommendations to address areas of deficiency, is reviewed by the Division, and includes verification that areas of deficiency have been remediated;
- An inspection of the home or facility completed by the provider, which results in a report that is reviewed by the Division and includes verification that identified areas of deficiency have been remediated;
- Background checks of other adults working or residing in the Provider Operated Setting;
- An on-site visit by Division of Healthcare Financing (Division) staff; and
- Written policies and evidence required by the Centers for Medicare and Medicaid Services (CMS) and 42 C.F.R. § 441.301(c)(4)-(5) for the following services: Adult Day Services, Child Habilitation Training, Community Support Services, Individual Habilitation Training, Community Living Services, Host Home, and Special Family Habilitation Home.

Provider understands that failure to meet all standards and requirements for a Provider Operated Setting prior to the provision of services is a violation of Chapter 45 of the Department of Health's Medicaid Rules, and may result in certification suspension or revocation. This may include referral to the Medicaid Fraud Control Unit for possible prosecution for Medicaid fraud, and recovery of funds by the Office of Medicaid.

Provider's Name (please print)

Physical address, City, State, and Zip Code

Provider's Signature

Date