HCBS Setting Rule Provider Survey

The intent of this survey is to ensure provider facilities meet regulations promulgated by the Centers for Medicare & Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid home and community-based services (HCBS). The purpose of these regulations is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS. The regulations also aim to ensure that individuals have free choice of where they live and who provides services to them, as well as ensuring that individual rights are not restricted.

The survey should be completed as part of initial credentialing, annually thereafter, and at recredentialing for CSoC Waiver Service Providers. Survey can be completed as part of credentialing packet or verbally by Network staff if you are being credentialed/recredentialed for any of the following services: Parent Support & Training; Youth Support & Training; Short-term Respite; Independent Living Skills and Skills Building; and Crisis Stabilization. Magellan will monitor compliance annually as part of onsite visits.

**Demographic Information**

<table>
<thead>
<tr>
<th>Provider Information</th>
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<tbody>
<tr>
<td>Provider Name</td>
<td>MIS Number</td>
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Provider Physical Address:

<table>
<thead>
<tr>
<th>Completed By</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Printed Name:</td>
<td>Title:</td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Question Number</td>
<td>Question</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Provider service setting is located among other residential buildings,</td>
</tr>
<tr>
<td></td>
<td>private businesses, retail businesses, restaurants, doctor’s office, etc. that facilities participant integration within the greater community.</td>
</tr>
<tr>
<td>2</td>
<td>The provider service setting is NOT located in a building that also</td>
</tr>
<tr>
<td></td>
<td>provides inpatient institutional treatment (such as a nursing facility/</td>
</tr>
<tr>
<td></td>
<td>nursing home Institute for Mental Disease (IMD), Intermediate Care</td>
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<tr>
<td></td>
<td>Facilities for Individuals with Intellectual Disabilities (ICF/IID), or</td>
</tr>
<tr>
<td></td>
<td>a hospital).</td>
</tr>
<tr>
<td>3</td>
<td>Provider service setting is NOT located in a building on the grounds of</td>
</tr>
<tr>
<td></td>
<td>or immediately adjacent to a public institution.</td>
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<tr>
<td>Question Number</td>
<td>Question</td>
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<td>-----------------</td>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>4</td>
<td>Provider service setting is physically accessible.</td>
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</table>
| 5               | Member information is kept private.                                      | Magellan expectations for privacy include:  
  • Comply with applicable state and federal laws and regulations that address member privacy and confidentiality of PHI;  
  • Utilize HIPAA-compliant authorization forms and consent for treatment forms that comply with applicable state and federal laws;  
  • Use only secure email (secure messaging) when requesting member PHI;  
  • Establish office procedures regarding communication with members (e.g., telephone and cell phone use, and written, fax and Internet communication); and  
  • Establish a process that allows members access to their records in a confidential manner.  
Please see the Magellan National Provider | If this question is scored NOT MET, please include corrective action plan of how this will be addressed, responsible party, and anticipated date of completion. Credentialing application will not be processed until documentation of compliance is submitted. |
<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
<th>Scoring Guidance</th>
<th>Met/Not Met</th>
<th>Follow-up Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Provider has policy requirements that assure staff do not talk to other staff about an individual in the presence of other persons or in the presence of the individual as if s/he were not present.</td>
<td>Handbook for more details available at <a href="http://www.magellanprovider.com">www.magellanprovider.com</a>.</td>
<td>If this question is scored NOT MET, please include corrective action plan of how this will be addressed, responsible party, and anticipated date of completion. Credentialing application will not be processed until documentation of compliance is submitted.</td>
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