

Office of Licensing

DSPD Certification Application - Certified Day Support

PLEASE USE A SEPARATE APPLICATION FOR EACH SITE REQUESTED

Indicate if this application is for:

Certified Day Support (number of clients in program: _____)

Community Based Day Support (no physical site; not serving groups of 4 or more)

PROGRAM SITE INFORMATION

PARENT ADMINISTRATIVE PROGRAM

Site Name – Name to Appear on Certification

Parent Program Name

Site Street Address of Certification

Administrative Mailing Address

Site City, State, Zip

City, State, Zip

Site Telephone Number

Administrative Telephone Number

Site Contact name

Administrative Contact Name

Site Email Address

Administrative Email Address

Program/Site Website(s): _____

Program contact for DACS access (name and email): _____

Initial applications only - please check all boxes once completed

All providers must complete all steps prior to submitting an application

- Review the requirements and obtain a DHHS contract here: <https://dhhs.utah.gov/dhhs purchasing/dhs90743/>
- Register for and complete a Pre-Solicitation meeting here: OSRprovider@utah.gov
- Complete a Settings Leadership Interview with the Office of Service Review (OSR)
- Review the DSPD Requirements here: <https://dlbc.utah.gov/human-services/licensing-rules/>
- Providers shall NOT provide facility based day supports in a residential home where ANY person(s) are residing, with the exception of supports being provided to the individual(s) that are actively residing at that residence

Please submit this complete application (including the attached Non-Residential Attestation form and Provider Self-Assessment Survey (pages 2-10)) to licenseapps@utah.gov

Renewal applications only - please follow the steps below

To renew a current certification, submit a Renewal Request through your Office of Licensing Portal (located at ccl.utah.gov) 60 - 90 days prior to the expiration of the certificate

1. Log into your portal
2. Click the "Renewal Request" tab on the left hand side of the page
3. Complete the form and click submit
4. Click the "Submit Documentation" tab on the left hand side of the page and upload the Non-Residential Attestation form (pages 2-3 below)

Note: submitting a renewal application via email may lead to a delay; please follow the above steps

More information regarding the HCBS Waiver can be found on the Department of Health and Human Services website here: <https://medicaid.utah.gov/ltc-2/hcbstransition/>

HCBS Settings Rule: Attestation Tool for Non-Residential Settings

Attest to the setting's compliance with the following characteristics by checking "Yes" or "No." The setting under this contract must be fully compliant with Characteristics 1-12 in order to provide Medicaid HCBS services.

Characteristic 1: The setting is integrated in and supports full access of individuals receiving Medicaid HCBS 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. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)

Yes No

Indicators

The setting is not in a public or privately-owned facility that provides inpatient treatment; is not on the grounds of, or immediately adjacent to, a public institution; is not located in a gated or secured community for people with disabilities; is in a location that facilitates integration with the greater community; is physically accessible.

The setting allows the freedom to move about inside and outside of the setting; provides HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS; affords opportunities for individual schedules; does not restrict individuals from having knowledge of or access to information regarding age-appropriate activities outside of the setting, including transportation, and providers in the setting facilitate and support access to these activities; has activities to pursue work as an option (if applicable); welcomes and encourages visitors.

The individual(s) can come and go at any time; can have visitors at any time; are informed that they are not required to sign over their paychecks to the provider.

Employment Settings: The setting provides the opportunity for individuals to participate in negotiating work schedules, break or lunch times, and benefits with the employer to the same extent as individuals not receiving Medicaid funded HCBS.

Where Personal Budget Assistance is Provided: The Setting facilitates the opportunity for the individual(s) to have a checking or savings account or other means to access and control personal funds (where PBA is part of services).

Characteristic 2: The setting is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)

Yes No

Indicators

The setting reflects individual needs and preferences and does not restrict access to non-disability-specific settings.

Characteristic 3: The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)

Yes No

Indicators

The setting assures staff interact and communicate with the individual(s) respectfully and in a manner in which they would like to be addressed; keeps all information about the individual(s) private, and provides this assistance in private, as appropriate; ensures that individual supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting (if applicable); ensures that individual supports and plans to address behavioral needs are not restrictive to the rights of every individual receiving support within the setting (if applicable); requires that individual(s) and/or their representative grant informed consent prior to use of restraints and/or restrictive interventions and documents these interventions in the PCSP; offers a secure place for the individual(s) to store personal belongings; ensures information about filing a complaint is made readily available and informs the individual(s) of how to make a complaint; communicates (written and oral) in a language that the individual(s) understand.

Characteristic 4: The setting optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

42 CFR 441.301(c)(4)(iv)/441.710(a)(1)(iv)/441.530(a)(1)(iv)

Yes No

Indicators

The setting has no barriers preventing entrance to or exit from certain areas of the setting; if modifying the HCBS Settings qualities and conditions, supports this modification with an assessed need justified in the PCSP prior to implementation; documents positive interventions and supports used prior to plan modifications; documents less intrusive methods to meet needs used prior to plan modifications; posts or provides information on individual rights; allows the individual(s) to engage in legal activities in a manner consistent with individuals who are not receiving Medicaid funded services and supports.

The setting affords opportunities for activities matched to individual skills, abilities, and desires; affords opportunities for the individual(s) to choose with whom to do activities, either in the setting or outside the setting, and assures participation is voluntary; affords full access to a dining area, comfortable seating, opportunity to converse with others during break/meal times, and dignity to diners; provides for alternative meals and/or private dining if requested (if applicable); provides access to food at any time consistent with individuals not receiving Medicaid HCBS; supports a variety of individual goals and needs (indoor/outdoor gathering spaces; large group activities and solitary activities; stimulating and calming activities).

Characteristic 5: The setting facilitates individual choice regarding services and supports, and who provides them.

42 CFR 441.301(c)(4)(v)/441.710(a)(1)(v)/441.530(a)(1)(v)

Yes No

Indicators

The setting does not restrict the services, providers, or supports available to the individual(s); affords the opportunity to update/change individual preferences at any time; provides information to the individual(s) about changes or increases to HCBS; ensures individual(s) receive support to develop plans supporting their needs and preferences; staff is knowledgeable about interests, preferences, and needs of the individual(s); ensures the individual(s) are supported to make decisions and exercise autonomy to the greatest extent possible.

Characteristic 6: The setting enforces the Home and Community-Based Settings Regulation requirements.

42 CFR 441.301(c)(4)/441.710(a)(1)/441.530(a)(1)

Yes No

Indicators

Staff receive new hire training and continuing education related to the rights of the individual(s) and member experience as outlined in HCBS Settings rules. Policies on participant rights and experiences are made available when requested. Policies on HCBS Settings rules are regularly reassessed for compliance and effectiveness.

By signing this form, I attest that the setting indicated below will comply with the characteristics described and all Federal regulations they pertain to as soon as services begin at this location. I understand that Medicaid home and community-based services provided in a setting which does not abide by these requirements are not eligible for Medicaid payment. Claims that I submit while my site has not been deemed compliant by the State and/or is not in compliance with these regulations may be subject to recoupment.

Provider/Setting Name	Setting Address
Name of Authorized Representative (Printed or Typed)	Title
Signature/Date	
Telephone Number	Email

**HCBS Settings Transition Provider Self-Assessment Tool
Non-Residential: Setting Specific**

One of these forms must be completed for each new setting to determine compliance with the HCBS Settings Rule.

Section A: Provider and Setting Information

Provider Name:		Date Completed:	
Site Name:		Phone:	
Address:		City/Zip Code:	
Names and Roles of those Completing this Assessment:		Email Address:	
# of Medicaid HCBS Individuals Served at this Location:		# of Total Individuals Served at this location:	
HCBS Non-Residential Provider Type:	<input type="checkbox"/> <i>Adult Day Care</i> <input type="checkbox"/> <i>Day Support Services</i> <input type="checkbox"/> <i>Supported Employment</i>	Waiver(s) Served:	<input type="checkbox"/> <i>Acquired Brain Injury</i> <input type="checkbox"/> <i>Community Supports Waiver (CSW)</i> <input type="checkbox"/> <i>Community Transition Waiver (CTW)</i> <input type="checkbox"/> <i>New Choice Waiver (NCW)</i> <input type="checkbox"/> <i>Aging Waiver (AW)</i>
Non-residential Services Provided at this Location:			

RESPONSES TO THIS SELF-ASSESSMENT TOOL MUST NOT CONTAIN ANY CONFIDENTIAL OR PROTECTED HEALTH INFORMATION PERTAINING TO CLIENTS. THIS INCLUDES IDENTIFIABLE DEMOGRAPHIC DATA, INFORMATION ABOUT THE PHYSICAL OR MENTAL HEALTH CONDITION(S) OF AN INDIVIDUAL, OR ANY INFORMATION REGARDING TREATMENT REGIMENS OR PAYMENT HISTORY FOR HEALTHCARE SERVICES PROVIDED TO AN INDIVIDUAL.

EXAMPLES OF EVIDENCE AND ANALYSIS ARE POLICIES, PROCEDURES, HANDBOOKS, TRAINING CURRICULUM AND MATERIALS, COMMUNICATION MATERIALS, ETC.

Section B: CMS HCBS Settings Rule: Self-Assessment and Planning Tool for Residential Settings

Characteristic 1: The setting is integrated in and supports full access of individuals receiving Medicaid HCBS 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. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)

Indicator	Yes or No	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
<p>1. Is the setting in a public or privately-owned facility that provides inpatient treatment? <i>Inpatient institutional treatment means that services under the supervision of a physician are provided 24 hours/7 days a week. Services under the supervision of a physician can include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.</i> -If yes, please provide the name and type of facility. -If no, no evidence and analysis required.</p>		
<p>2. Is the setting on the grounds of, or immediately adjacent to a public or private institution? -If yes, please provide the name and type of public or private institution, how the setting is situated (on the grounds of, attached to, etc.), any overlap of staff, administration, or services, and any association with the institution. -If no, no evidence and analysis required.</p>		
<p>3. Is the setting located among other residential buildings, private businesses, retail businesses, restaurants, etc. that facilitates integration with the greater community? -If yes or no, please describe the setting's location including what community resources are available within walking distance. -If no, in addition to above, describe how the setting is able to provide the same opportunities to individuals to facilitate community integration as those that are located within the greater community.</p>		

Indicator	Yes or No	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
<p>4. Is the setting gated/secured or located in a gated/secured residential area for individuals served? -If yes, please provide the description of the residential area/setting and how individuals are able to come and go from the residential area/setting. -If no, no evidence and analysis required.</p>		
<p>5. Does the setting provide individual HCBS in a manner that is fully integrated with individuals not receiving Medicaid HCBS? <i>Fully integrated means how the individual is given opportunities to experience their community and be integrated into their community to the same degree as others that are not at the facility they reside in. Individuals not receiving Medicaid HCBS refers to those individuals that are in the greater community (the community in which the individual lives, works, and plays in). Community does not refer to the residential setting itself.</i> <i>Reverse integration involves bringing people and activities from the broader community into the setting, instead of supporting people in the setting to access the broader community. Reverse integration activities are not sufficient to be compliant with the settings rule. Visits by community members have value and are not discouraged, but cannot replace community access for individuals.</i> -If yes, please provide evidence how the setting facilitates integration for individuals. -If no, what limitations exist and why?</p>		
<p>6. Does the setting allow the individual(s) the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? <i>Restricted areas that are acceptable include those required by licensing (click on links below) and areas containing PHI.</i> NCW Licensing and Settings DSPD Licensing and Settings</p>		

Indicator	Yes or No	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
<p>7. Is the setting physical accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions?</p> <p>-If yes, please provide evidence. -If no, what limitations exist and why?</p>		
<p>8. For employment settings, does the setting provide the individual(s) with the opportunity to participate in negotiating their work schedule, break/lunch times, and leave and medical benefits with the employer to the same extent as individuals not receiving Medicaid funded HCBS?</p> <p>If yes, please provide evidence. If no, what limitations exist and why? N/A only if this is not an employment setting</p>		
<p>9. For employment settings that do not provide Competitive Integrated Employment (CIE), does the setting provide a path for individual(s) to follow to gain CIE if desired?</p> <p>If yes, please provide evidence. If no, what limitations exist and why? N/A only if this is not an employment setting</p>		
<p>Characteristic 2: The setting is selected by the individual from among setting options, including nondisability specific settings and an option for a private unit in a residential setting. The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)</p>		

Indicator	Yes or No	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
<i>All indicators for this characteristic are addressed on the Provider Self Assessment</i>	N/A	N/A
Characteristic 3: The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)		
Indicator	Yes, No, N/A	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
<p>10. Do setting requirements assure that staff do not talk to other staff about the individual(s) served in the presence of others or in the presence of an individual as if he/she were not present? -If yes, please provide evidence. -If no, what limitations exist and why?</p>		
<p>11. Does the setting assure that staff interact and communicate with the individual(s) served respectfully and in a manner in which they would like to be addressed? -If yes, please provide evidence. -If no, what limitations exist and why?</p>		
<p>12. Does the setting offer a secure place for the individual(s) to store personal belongings? -If yes, please provide evidence. -If no, what limitations exist and why?</p>		
<p>13. In settings with more than one individual, does the setting ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting? Add restrictions flyer link here Add restrictions examples flyer link here</p>		

<p>-If yes, please provide evidence. For restrictions that may affect others, is there a way for individuals without the restriction to circumvent their roommates restriction?</p> <p>-If no, what limitations exist and why?</p> <p>-N/A for settings that do not support more than one individual in the setting</p>		
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Characteristic 4: The setting optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/441.710(a)(1)(iv)/441.530(a)(1)(iv)

Indicator	Yes or No	Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance
<p>14. Does the physical environment support a variety of individual goals and needs (e.g., does the setting provide indoor and outdoor spaces; space for group activities as well as solitary activities; space for stimulating as well as calming activities)?</p> <p>-If yes, please provide a description of the setting.</p> <p>-If no, what limitations exist and why?</p>		
<p>15. Can the individual(s) sit in any seat in a dining area? <i>Providers cannot establish or enforce assigned seating. If individuals choose to sit in the same place everyday, that is their choice to make. Individuals must have the option to choose to sit somewhere different each day.</i></p> <p>-If yes, please provide evidence.</p> <p>-If no, what limitations exist and why?</p>		
<p>16. In settings where meals are provided, does the setting provide for an alternative meal and/or private dining if requested by the individual?</p> <p>-If yes, please provide a description of what options are offered.</p> <p>-If no, what limitations exist and why?</p> <p>N/A only if meals are not provided</p>		

<p>17. Do individuals have access to food at any time consistent with individuals who are not receiving Medicaid-funded services and supports? -If yes, please provide evidence including when individuals are able to access food. -If no, what limitations exist and why?</p>		
<p style="text-align: center;">Indicator</p>	<p>N/A</p>	<p>Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance</p>
<p>18. Does the setting ensure there are no gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting? -If yes, no evidence or analysis is required. -If no, what limitations exist and why?</p>		
<p>Characteristic 5: The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v)/441.710(a)(1)(v)/441.530(a)(1)(v)</p>		
<p style="text-align: center;">Indicator</p>	<p>N/A</p>	<p>Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance</p>
<p><i>All indicators for this characteristic are addressed on the Provider Self Assessment</i></p>	<p>N/A</p>	<p>N/A</p>
<p>Characteristic 6: The setting enforces the Home and Community-Based Settings Regulation requirements. 42 CFR 441.301(c)(4)/441.710(a)(1)/441.530(a)(1)</p>		
<p style="text-align: center;">Indicator</p>	<p>N/A</p>	<p>Evidence and Analysis to Demonstrate why the Setting is in Compliance or Not in Compliance</p>
<p><i>All indicators for this characteristic are addressed on the Provider Self Assessment</i></p>	<p>N/A</p>	<p>N/A</p>