

**Instructions for Completing the Approved Program Capacity (APC) and Noncontiguous Clearance Form**

**PURPOSE**

The Approved Program Capacity (APC) & Noncontiguous Clearance Form, attachment #1, hereafter referred to as “APC and Noncontiguous Form,” is to be used to comply with requirements contained in 55 Pa. Code Chapter 6100 and the Consolidated, Person/Family Directed Support, and Community Living waivers.

**SECTION 1: FORM PREPARATION**

The section, “SECTION 1: FORM PREPARATION,” is designed to guide each provider type (Unlicensed or Licensed Residential Service providers and Licensed Community Participation Support providers) on filling out the required sections and when to begin the process of filling out the APC and Noncontiguous Form.

**For all providers:**

- This form is completed by the provider who is responsible for the service being rendered at the requested service location.
- The provider can only make one request per service location per form.
  - If a provider needs to make two or more requests, each request must be submitted to the Regional Waiver Capacity Manager on a separate form with all required information completed.
- Once the APC and Noncontiguous Form is approved by ODP, the provider is encouraged to keep this form and resubmit when requesting to establish Approved Program Capacity (APC).

## COMMUNITY PARTICIPATION SUPPORT FACILITIES

### Noncontiguous Clearance:

The following steps apply to Noncontiguous Clearance requests:

1. The provider must fill out the APC and Noncontiguous Form and apply for Noncontiguous Clearance, **Section A & B** (See *Form Instructions* below for details on how to fill out these sections).
2. The provider must email the form to their Regional Waiver Capacity Manager (see *Regional Waiver Capacity Manager Contact Information, Attachment #3*).
3. The Regional Waiver Capacity Manager will determine if the Community Participation Support facility is noncontiguous by documenting the determination on the APC and Noncontiguous Form and then will email the form back to the provider.
4. When the provider receives the form back and Noncontiguous Clearance was approved, the provider must go through licensing to receive the location's license.

### Closing a Community Participation Support Facility

If a provider is requesting to close a service location, the following steps must be completed after each participant has transitioned out of the service location and no one is receiving services in the facility:

1. The provider must fill out the APC and Noncontiguous Form request to close the service location, **Section A & B** (See *Form Instructions* below for details on how to fill out these sections).
  - a. Providers who are closing a Community Participation Supports Facility must notify licensing of the service location's closure and also must complete the "[PROMISE Provider Service Location Change Request](#)" form.

2. The provider must email the APC and Noncontiguous form to their Regional Waiver Capacity Manager (*see Regional Waiver Capacity Manager Contact Information, Attachment #3*).
3. The Regional Waiver Capacity Manager makes a determination on the APC and Noncontiguous form and emails the form back to the provider.

### **RESIDENTIAL SERVICE LOCATIONS**

#### **Noncontiguous Clearance:**

When the provider is requesting to open a new Residential Service location, including relocation of an existing Residential Service location, the provider must request Noncontiguous Clearance.

1. The provider must fill out the APC and Noncontiguous Form and apply for Noncontiguous Clearance, **Section A & B** (*See Form Instructions* below for details on how to fill out these sections).
2. The provider must email the form to their Regional Waiver Capacity Manager (*see Regional Waiver Capacity Manager Contact Information, Attachment #3*).
3. The Regional Waiver Capacity Manager will determine if the Residential Service location is noncontiguous by documenting the determination on the APC and Noncontiguous Form and then will email the form back to the provider.
4. When the provider receives the form back and Noncontiguous Clearance was approved, the provider must go through licensing to receive the location's licensed capacity.



## **Establishing APC:**

The following steps apply to establish APC, including APC requests for revalidation purposes when the provider does not have records of the original APC approval:

- 1 The provider must fill out the APC and Noncontiguous Form and request to establish APC, **Sections A, B, & C.**
  - a. If the provider is only requesting revalidation of the service location, the provider must only fill out **Sections A & B.**
- 2 The provider must email the form to their Regional Waiver Capacity Manager (*see Regional Waiver Capacity Manager Contact Information, Attachment #3*).
  - a. When submitting the form, the current Licensing Certificate of Compliance must be attached verifying that the requested service location is licensed and **copy of the Provider DP1059 (ODP Provider Qualification Form)**.
  - b. If the provider is requesting to establish APC for a one-person home, the provider must also attach a letter or email with the Administrative Entity/County approval of the request when submitting the APC Form.
- 3 The Regional Waiver Capacity Manager will determine the APC for the Residential service location by documenting the determination on the APC and Noncontiguous Form and then will email the form back to the provider.

## **Change of APC:**

The following steps apply when changing the service location's current APC:

1. The provider must fill out the APC and Noncontiguous Form and request to change the service location's current APC, **Sections A, B, & D** (See *Form Instructions* below for details on how to fill out these sections).

2. Upon publication of the 6100 regulations, as stated in 55 Pa. Code Chapter §6100.441(d), the provider shall provide the written request to the affected individuals, and persons designated by the individuals, prior to the submission to the Department. The provider must communicate the request in the individual's preferred communication method. When providing the written request, the provider may choose to:
  - a. Provide the APC and Noncontiguous Form with identifying information of other individuals redacted from the form,
  - b. Develop documentation regarding the change of APC request and provide it to the affected individuals or to the persons designated by the individuals.
3. The provider must email the APC and Noncontiguous form to their Regional Waiver Capacity Manager, along with any specified additional documentation (*see Regional Waiver Capacity Manager Contact Information, Attachment #3*). This includes:
  - a. A letter/email with the Administrative Entity/County approval of increase or decrease of the previous approved program capacity, and
  - b. The current Licensing Certificate of Compliance must be attached verifying that the requested service location is licensed.
4. The Regional Waiver Capacity Manager will determine the APC for the Residential service location by documenting the determination on the APC and Noncontiguous Form and then will email the form back to the provider.
5. After the provider has received a determination from ODP and upon publication of the 6100 regulations, as stated in 55 Pa. Code Chapter §6100.441(e), the response to the written request shall be provided to the affected individuals, and persons designated by the individuals within 7 days following the receipt of the Department's response. Develop documentation regarding the response/determination of the change of APC request and provide it to the affected individuals or to the persons designated by the individuals.

### **Closing a Residential Service Location:**

If a provider is requesting to close a service location, the following steps must be completed after each participant has transitioned out of the service location and no one is receiving services at the Residential setting:

The following steps apply when closing a service location:

1. The provider must fill out the APC and Noncontiguous Form request to close the service location, **Sections A & B** (See *Form Instructions* below for details on how to fill out these sections).
  - a. Providers who are closing a Residential Service location must notify licensing of the service location's closure and also must complete the "PROMISE Provider Service Location Change Request" form.
2. The provider must email the form to their Regional Waiver Capacity Manager (see *Regional Waiver Capacity Manager Contact Information, Attachment #3*).
3. The Regional Waiver Capacity Manager will make a determination on the form and will email the form back to the provider.

## SECTION 2: FORM INSTRUCTIONS

“SECTION 2: FORM INSTRUCTIONS,” contains detailed instructions relating to the specific sections on the form. It is advised to have the APC and Noncontiguous Form displayed while reading over this document.

### Section A

*This section pertains to all Residential Service locations and Community Participation Support facilities.*

To complete this section, the provider must:

- Check the box that corresponds to the type of request.

### Section B

*The following instructions pertain to all Residential Service locations and Community Participation Support facilities.*

To complete this section, the provider must:

- Enter the legal entity’s name as listed on Internal Revenue Service (IRS) documentation.
- Enter the address of the service location that is requesting APC, Reserved Capacity, or Noncontiguous Clearance for the service location.
- Enter the contact’s name, phone number, and email of the person who is filling out the APC and Noncontiguous Form.
- Enter the waiver provider’s 9-digit Master Provider Index (MPI) number and the 4-digit service location code.
- Check the box that describes the type of service location that is requesting APC, Reserved Capacity, or Noncontiguous Clearance, and



- If the provider's request type is to close a Residential service location or a Community Participation Support facility, enter the date of closure in the last box. If this does not apply to the provider's request, leave this box blank.

### **Section C**

*The following instructions pertain to providers requesting to establish APC when opening a new Licensed or Unlicensed Residential service location, including relocation of an existing Residential service location.*

#### **To complete this section, the provider must:**

- Enter the effective date of licensing,
- Enter the licensed capacity,
- Enter the requested APC,
- Type in a response in the textbox that asks, "Describe how the needs of the individual(s) to be served require and/or meet the level of support requested," and
- Check the box next to "Submitted licensing certificate of compliance (with this form) verifying the requested service location is licensed."
  - When submitting the form:
    - The current Licensing Certificate of Compliance must be attached verifying that the requested service location is licensed. This application will not be approved by the Regional Waiver Capacity Manager without documentation of the license.
    - A letter or email with the Administrative Entity/County approval must be attached to this form if the provider is requesting to establish APC for a one-person home. This application will not be approved by the Regional Waiver Capacity Manager without this documentation.

- **Copy of the Provider DP1059 (ODP Provider Qualification Form) to verify that the agency is qualified to provide Residential Habilitation.**

## **Section D**

*The following instructions pertain to all providers requesting to change the Licensed or Unlicensed Residential service location's current APC. This section also pertains to providers who are requesting Change in Approved Program Capacity (APC).*

To complete this section, the provider must:

- Enter the current APC,
- Enter the requested change in the APC,
- Enter the end date of the current APC,
- Enter the effective date of the new APC,
- Fill out the Individual's 9-digit MCI number, the date Reserved Capacity starts, and the date Reserved Capacity ends (this pertains only to requests for Reserved Capacity). If this does not apply to the provider's request, leave this box blank,
- Date Capacity Change starts: this date must be the thirty-first<sup>t</sup> calendar day after the person's leave began.
- Date Capacity Ends: this is only to be completed when the person is returning to the home and an increase in APC is required. This date must reflect the date the person returns to the home and cannot be more than 150 calendar days from the change in capacity start date.
- Type in a response in the textbox that asks, "Describe the circumstances surrounding the change in APC.
- Type in a response in the textbox that asks, "Describe how the change will meet the need, service location size, staffing patterns, assessed needs, and outcomes for the individual(s) in

the home” (*this is not required if the provider is filling this section out to request Reserved Capacity*), and

- Check the box next to the type of additional documentation submitted with the APC and Noncontiguous Form.
- The letter or email with the Administrative Entity/County approval of the requested APC must be submitted for all request pertaining to changing the service location’s APC, including for Change in Approved Program Capacity (APC).
- The current Licensing Certificate of Compliance must be submitted for requests pertaining to changing the service location’s APC.

*(The Regional Waiver Capacity Manager will change the APC in the Provider HCSIS screen according to their determination. This is visible via the following path: PROVIDER>PROGRAM CAPACITY.)*

### **COMPLETION OF FORM**

Upon completion of the APC and Noncontiguous Form, send the form to the Regional Waiver Capacity Manager, along with any further questions regarding the APC, Change of Approved Program Capacity, and Noncontiguous Clearance process. After the Regional Waiver Capacity Manager verifies the information and makes a determination, the form will be sent back to the provider along with the individual’s Administrative Entities who were impacted.

### **RELATED ATTACHMENTS**

- Attachment #1: Request for Approved Program Capacity & Noncontiguous Clearance Form
- Attachment #3: Regional Waiver Capacity Managers Contact Information