

HCBS NEW RESIDENTIAL PROVIDER SURVEY

This survey is intended to provide for initial and provisional approval to provide HCBS services.

The purpose of the provisional approval survey is to ensure that the settings in which new providers wish to provide services to HCBS participants are not institutional or isolating in nature. Provisional approval allows PIHPs to contract with new providers who do not have a current HCBS participant receiving services in their setting. Provisional approval is required before the provision of services to an HCBS participant.

This survey is for providers who are not currently providing services to HCBS participants or for existing providers within the PIHP who are opening new settings or adding services to their array.

Providers and Individuals will receive the comprehensive HCBS survey *within 90 days* of an individual's IPOS. The provider *must* complete this survey in order to maintain the ability to provide HCBS services. Failure to complete the provisional approval process or the ongoing approval process *will* result in the suspension of the provider's ability to provide HCBS services.

PIHPs must ensure all new providers have completed this initial survey. The individual provider survey must be available upon request of MDHHS. Providers who do not meet the initial standards, including the updated HS review standards outlined *are not* eligible to provide HCBS services to Medicaid recipients. The PIHP may reassess the provider if the PIHP determines changes have been made that result in the provider becoming compliant.

Expected respondent: The provider who has direct knowledge of the settings day-to-day supports and/or the operational and administrative activities and policies of the provider agency.

Provide the respondent's contact information for further questions

Name: _____

Position/Title: _____

Contact Phone Number: _____

Contact Email Address: _____

Instructions: Provide a response to each question, respond based upon the policies, procedures and physical environment of your setting. Responses to this survey and supporting information may be verified at a later date with an on-site visit.

Name of the Setting or Location: _____

Provider: _____

Address: _____

City, State, Zip Code: _____

Contact Phone Number: _____

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Michigan Department of Human Services, Bureau of Children and Adult Licensing (BCAL) License Number* (if applicable): _____

* If BCAL number is not available, enter National Provider Identification (NPI) number

Section 1: Provider Background

Type of Residence (see definitions below) _____

Specialized residential home: "Specialized program" means a program of services or treatment provided in an adult foster care facility licensed under this act that is designed to meet the unique programmatic needs of the residents of that home as set forth in the assessment plan for each resident and for which the facility receives special compensation." (Adult Foster Care Facility Licensing Act 218 of 1979 as Amended, Section 400.707)

Living in a private residence: that is **owned or controlled** by the Prepaid Inpatient Health Plan (PIHP), Community Mental Health Service Program (CMHSP), alone or with spouse or non-relative

Adult Foster Care home: "Adult foster care facility" means a governmental or nongovernmental establishment that provides foster care to adults. Subject to section 26a(1), adult foster care facility includes facilities and foster care family homes for adults who are aged, mentally ill, developmentally disabled, or physically disabled who require supervision (2) on an ongoing basis but who do not require continuous nursing care." (Adult Foster Care Facility Licensing Act 218 of 1979 as Amended, Section 400.703)

Definitions:

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID): An institution for individuals with intellectual disabilities or other related conditions, according to Federal regulations at 42 CFR 435.1009, is defined as an institution (or distinct part of an institution) that: (a) is primarily for the diagnosis, treatment, or rehabilitation for individuals with intellectual disabilities; and (b) Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration for health or rehabilitative services to help individuals function at their greatest ability. [Source: CMS, "Backgrounds and Milestones: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)"]

Institution for Mental Disease (IMD): The term "institution for mental diseases" means a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. [Source: Social Security Act, Sec. 1905. [42 U.S.C. 1396d]

Child Caring Institution (CCI): Child caring institution' means a child care facility which is organized for the purpose of receiving minor children for care, maintenance, and supervision, usually on a 24-hour basis, in buildings maintained by the institution for that purpose, and operates throughout the year. An educational program may be provided, but the educational program shall not be the primary purpose of the facility. Child caring institution also includes institutions for intellectually and/or developmentally delayed or emotionally disturbed minor children. Child caring organization does not include a hospital, nursing home, or home for the aged.

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Section 2: Physical Location and Operations of Service Providers

A. Is the setting separate from, outside of the building, and off the grounds of a hospital, nursing home, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or Institute for Mental Disease (IMD)? See definitions below.

- Yes
- No

During the Public Health Emergency this requirement can be met using mapping software such as google maps to verify the setting is not on the grounds of an institution. This must be documented with the documentation available for review on request.

B. Will residents receive services and supports within the community rather than bringing these services and supports to the setting?

- Yes
- No

During the Public Health Emergency this requirement can be met using mapping software such as google maps to verify the setting is not on the grounds of an institution. This must be documented with the documentation available for review on request.

C. Is the residence located outside of a building and off the campus of an education program, school or child caring institution?

- Yes
- No

During the Public Health Emergency this requirement can be met using mapping software such as google maps to verify the setting is not on the grounds of an institution. This must be documented with the documentation available for review on request.

Note: If the response to any of the above questions is “No” you must continue to the next section of this document. Please review additional information below and complete the section identified for HS provisional documentation requirements.

Heightened Scrutiny Provisional Approval Documentation

If, when reviewing a setting for provisional approval it is determined that the setting is on the grounds of an institution, additional information must be gathered to assess whether the settings is likely to be able to successfully navigate the HS process.

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In order to overcome its HS status settings must be able to show:

- That they are not isolating and instead support and encourage access to the greater community
- That individuals will have full access to the setting and can move about freely
- Waiver participants have the freedom to come and go from the setting as they choose
- Waiver participants are not expected/required to receive their services and supports within the setting and that the setting assists participants in accessing their services in the community to the extent and in the manner, they prefer

Because the provisional assessment occurs before waiver participants from your region are in the setting you may have to rely upon written policies and procedures, video tours of the setting and/or information related to participants from other regions who receive services in the setting for guidance.

Evidence gathered in these situations must be documented and available for review upon request. Leads must request a consultation with MDHHS BHDDA HCBS team staff prior to approving a setting that will require an HS review.

Section for PIHP representative:

The Centers for Medicare and Medicaid have identified that the following settings are considered not to be Home and Community Based:

- Nursing facilities,
- Institution for Mental Disease
- Intermediate Care Facilities
- Hospitals,
- Other locations that have the qualities of an institutional setting as determined by the Secretary of HHS

Date of review _____

Has the PIHP or CMHSP reviewed the physical location of the setting?

- Yes
- No

During the Public Health Emergency this requirement can be met using mapping software such as google maps to verify the setting is not on the grounds of an institution. This would need to be documented with the documentation available for review on request.

Does the PIHP/ CMHSP attest that the setting is not institutional in nature and does not appear to be isolating

- Yes
- No

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Note: If the PIHP representative believes the setting may be isolating or has the qualities of an institution provisional approval should not be granted and a comprehensive survey should be administered.

Additional Heightened Scrutiny Documentation: (complete the section below by checking the box corresponding to the type of evidence you have reviewed).

Please identify the evidence received and reviewed to support that the setting is not institutional or isolating and submit this document together with a consultation request prior to granting provisional approval. You do not need to submit the supporting evidence to MDHHS at this time.

Policies/procedures that confirm the individuals have the following freedoms

- Ability of waiver participants to come and go as they choose with or without support
- Ability to move freely within the setting without barriers to access public areas of the home including the kitchen
- Freedom to choose which services they will receive and where those services are provided
- Accessible transportation to assist individuals who wish to receive their services/supports within the community to the extent and in the manner preferred by the individual

By signing this document, you attest that the information provided is accurate.

X

PIHP lead or designee

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This document is intended to assist new providers (those not currently providing services to HCBS participants) who have received *provisional* approval in assessment of their level of compliance with the HCBS rule. If you do not have policies and procedures as identified below you are advised that they are *required* in order to receive your first annual approval to provide HCBS services. Providers and participants will be surveyed 90 days from the individuals IPOS, and the surveys will fully assess compliance at that time.

Section 1: Community Integration of Residential Setting

- Individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services
- The residence allows friends and family to visit without rules on hours or times

Section 2: Individual Rights within Residential Setting

- Each individual will have a lease or residential care agreement for the residential setting
- The lease will explain how a discharge happens and what to do
- Individuals are provided with information on how to request new housing
- Information about filing a complaint is posted in a way individuals can understand and use
- Individuals will receive information regarding who to call to file an anonymous complaint
- Policies in place* require that the staff talk about individuals' personal issues in private only
- Policies are in place* to ensure individuals have access to their personal funds
- Policies are in place* to ensure individuals have control over their personal funds
- Individuals have a place to store and secure their belongings away from others
- Do individuals pick the agency who provides their residential services and supports?
- Do individuals pick the direct support workers (direct care workers) who provide their services and supports?
- Individuals can change their services and supports as they wish

Section 3: Individual Experience within Residential Setting (Part A)

- Individuals have the option of having their own bedroom if consistent with their resources
- Individual can pick their roommate(s)
- Individuals can close and lock their bedroom door
- Individuals can close and lock their bathroom door
- Policies are in place* to ensure staff ask before entering individuals' living areas (bedroom, bathroom)
- Policies are in place* to ensure individuals choose what they eat
- Policies are in place* to ensure individuals choose to eat alone or with others
- Policies are in place* to ensure individuals have access to food at any time
- Policies are in place* to ensure individuals can choose what clothes to wear
- Policies are in place* to ensure individuals have access to a communication device
- Policies are in place* to ensure individuals use the communication device in a private place
- The inside of the residence is free from cameras, visual monitors, or audio monitors

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- Policies ensure if an individual needs help with personal care, the individual receives this support in privacy
- Policies ensure individuals (with or without support) arrange and control their personal schedule of daily appointments and activities (e.g. personal care, events, etc.)

Section 4: Individual Experience within Residential Setting (Part B)

- Policies are in place* to ensure individuals have full access to the Kitchen
- Policies are in place* to ensure individuals access the kitchen at any time
- Policies are in place* to ensure individuals have full access to the dining area
- Policies are in place* to ensure individuals have access the dining area at any time
- Policies are in place* to ensure individuals have full access to the laundry area
- Policies are in place* to ensure individuals have full access to the comfortable seating area
- Policies are in place* to ensure individuals have access to the comfortable seating area at any time
- Policies are in place* to ensure individuals have full access to the bathroom
- Individuals can access the bathroom at any time
- Policies are in place* ensure there is space within the home for individuals to meet with visitors and have private conversations
- Policies are in place* ensure individuals choose to come and go from the home when they want
- Policies are in place* ensure individuals move inside and outside the home when they want?
- The home is physically accessible to all individuals
- Policies are in place* ensure individuals can reach and use the home's appliances as they need?
- Policies are in place* to ensure the home is free of gates, locked doors, or other ways to block individuals from entering or exiting certain areas of their home?
- Accessible transportation is available for individuals to make trips to the community
- Individuals have a way to access the community where public transit is limited or unavailable