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

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 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: _____________________________________________________

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 of Residential Living Supports

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 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 (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.

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

☐ Yes
☐ No

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

☐ Yes
☐ No

Note: If the response to any of these questions is “No” your setting may require Heightened Scrutiny and is not eligible for provisional approval.

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

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

☐ Yes
☐ No

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

☐ Yes
☐ No

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.
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
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 access the dining area at any time
- 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