



HCBS NEW RESIDENTIAL PROVIDER PROVISIONAL APPROVAL APPLICATION

This survey is intended to provide provisional approval to residential Home and Community Based Services (HCBS).

The purpose of the Provisional Approval Application 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 Pre-Paid Inpatient Health Plans (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.

A new provider is one who does not have a contractual agreement to provide services to the PIHP region prior to October 1, 2017.

Providers and Individual(s)/Consumers will receive the HCBS Survey (comprehensive survey) within 90 days of implementation of an Individuals' Individual Plan of Service (IPOS). The Provider must complete the HCBS 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, as defined in the Provider Requirements document, have completed this initial Provisional Approval Application. The Provisional Approval Application must be available upon request by Michigan Department of Health and Human Services (MDHHS). Providers who do not meet the initial standards outlined in the Provisional Approval Application *are not* eligible to provide HCBS services to Medicaid recipients. The PIHP may reassess the HCBS provider if the PIHP determines changes have been made that result in the provider becoming compliant.

Provide the respondent's contact information for further questions

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.

Full Name: _____

Position/Title: _____

Contact Phone Number: _____

Contact Email Address: _____

County in which Service(s) Will Be Provided: _____

CMHSP Associated with County Above: _____

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.



HCBS NEW RESIDENTIAL PROVIDER PROVISIONAL APPROVAL APPLICATION

Name of the Setting or Location: _____

Provider: _____

Physical Address of Home or Setting: _____

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)

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



HCBS NEW RESIDENTIAL PROVIDER PROVISIONAL APPROVAL APPLICATION

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)

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.

****This document is intended to assist new providers (those not currently providing services to HCBS participants) who have received *provisional* approval in an initial 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



HCBS NEW RESIDENTIAL PROVIDER PROVISIONAL APPROVAL APPLICATION

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:

- Yes
- No

The residence allows friends and family to visit without rules on hours or times:

- Yes
- No

SECTION 2: Individual Rights within Residential Setting

Each individual will have a lease or residential care agreement for the residential setting:

- Yes
- No

The lease will explain how a discharge happens and what to do:

- Yes
- No

Individuals are provided with information on how to request new housing:

- Yes
- No

Information about filing a complaint is posted in a way individuals can understand and use:

- Yes
- No

Individuals will receive information regarding who to call to file an anonymous complaint:

- Yes
- No

Policies in place require that the staff talk about individuals' personal issues in private only

- Yes
- No

Policies are in place to ensure individuals have access to their personal funds

- Yes
- No

Policies are in place to ensure individuals have control over their personal funds

- Yes



HCBS NEW RESIDENTIAL PROVIDER PROVISIONAL APPROVAL APPLICATION

No

Individuals have a place to store and secure their belongings away from others

Yes

No

Do individuals pick the agency who provides their residential services and supports?

Yes

No

Do individuals pick the direct support workers (direct care workers) who provide their services and supports?

Yes

No

Individuals can change their services and supports as they wish

Yes

No

Individuals are allowed to participate in legal activities, i.e. voting etc.

Yes

No

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

Individuals have the option of having their own bedroom if consistent with their resources

Yes

No

Individual can pick their roommate(s)?

Yes

No

Individuals can close and lock their bedroom door?

Yes

No

Individuals can close and lock their bathroom door?

Yes

No

Policies are in place to ensure staff ask before entering individuals' living areas (bedroom, bathroom):



HCBS NEW RESIDENTIAL PROVIDER PROVISIONAL APPROVAL APPLICATION

- Yes
- No

Policies are in place to ensure individuals choose what they eat:

- Yes
- No

Policies are in place to ensure individuals choose to eat alone or with others:

- Yes
- No

Policies are in place to ensure individuals have access to food at any time:

- Yes
- No

Policies are in place to ensure individuals can choose what clothes to wear:

- Yes
- No

Policies are in place to ensure individuals have access to a communication device:

- Yes
- No

Policies are in place to ensure individuals use the communication device in a private place:

- Yes
- No

The inside of the residence is free from cameras, visual monitors, or audio monitors:

- Yes
- No

Policies ensure if an individual needs help with personal care, the individual receives this support in privacy:

- Yes
- No

Policies ensure individuals (with or without support) arrange and control their personal schedule of daily appointments and activities (e.g. personal care, events, etc.):

- Yes



HCBS NEW RESIDENTIAL PROVIDER PROVISIONAL APPROVAL APPLICATION

No

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

Policies are in place to ensure individuals have full access to the kitchen:

Yes

No

Policies are in place to ensure individuals access the kitchen at any time:

Yes

No

Policies are in place to ensure individuals have full access to the dining area:

Yes

No

Policies are in place to ensure individuals have access the dining area at any time:

Yes

No

Policies are in place to ensure individuals have full access to the laundry area:

Yes

No

Policies are in place to ensure individuals have full access to the comfortable seating area:

Yes

No

Policies are in place to ensure individuals have access to the comfortable seating area at any time:

Yes

No

Policies are in place to ensure individuals have full access to the bathroom:

Yes

No

Individuals can access the bathroom at any time:

Yes

No



HCBS NEW RESIDENTIAL PROVIDER PROVISIONAL APPROVAL APPLICATION

Policies are in place ensure there is space within the home for individuals to meet with visitors and have private conversations:

- Yes
- No

Policies are in place ensure individuals choose to come and go from the home when they want:

- Yes
- No

Policies are in place ensure individuals move inside and outside the home when they want:

- Yes
- No

The home is physically accessible to all individuals:

- Yes
- No

Policies are in place ensure individuals can reach and use the home's appliances as they need:

- Yes
- No

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:

- Yes
- No

Accessible transportation is available for individuals to make trips to the community:

- Yes
- No

Individuals have a way to access the community where public transit is limited or unavailable:

- Yes
- No