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 on­site 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 non­relative

**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, 24­hour 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
* No

This requirement can be met through the use of 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.

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

* Yes
* No

This requirement can be met through the submission of the settings policy  to support and encourage individuals  rights to choose providers in the greater community. This would need to 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

**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

Residents are allowed access on demand 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)

Orientation, interview activities prior to moving in and protocols regarding how individuals choose their setting and roommates.

* **Individuals can close and lock their bedroom door**

Locks will be placed on each bedroom and bathroom door and only staff and roommates shall have keys to the room. Residents may use the bathroom at any time.

* **Individuals can close and lock their bathroom door**

Locks will be placed on each bedroom and bathroom door and only staff and roommates shall have keys to the room. Residents may use the bathroom at any time.

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

Staff shall knock before entering the room to assure maximum privacy for the Resident. Residents may use the bathroom at any time.

* Polices are in place to ensure individuals are aware of how to make a complaint Individuals shall always have the right to make formal complaints about how their supports and services were delivered or about any of the people who might have provided them.
* **Policies are in place for individuals to choose who delivers direct care worker supports**

The Individual will be able to choose, from available sources, the supports and services to be delivered, and help decide who will do what, when, and how. The individual will be able to change their services and support as they wish.

* *Policies are in place* to ensure individuals choose what they eat Food is available 24 hours a day.

Individuals have the opportunity to provide input in helping pick the meal selections. We may participate as safety permits, in helping to prepare meals. We understand that there are requirements by the state regarding amounts of food and dietary needs and we will help support those, so there may be additional food items locked, to fulfill this licensing obligation. We also know we may be on a special diet recommended by our physician, and we will do our best to follow that as well.

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

*All Residents have the right to eat alone or with others unless there is a restriction in the Treatment Plan.*

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

Food is available 24 hours a day Unless restrictions are in the Treatment Plan. Residents have the opportunity to provide input in helping pick the meal selections. If Residents are on a special diet by our physician, we will do our best to follow that as well.

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

We may choose what clothes we wear. However, we will encourage Residents to wear clothing appropriate for certain weather conditions.

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

There is access to a communication device. Residents agree to limit calls to ten minutes if someone else is clearly waiting for the phone.

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

There is access to a communication device which residents may use in private. We agree to limit our calls to ten minutes if someone else is clearly waiting for the phone. This should provide enough privacy but if we require even more privacy, the staff phone can be made available.

* 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.)
* Policies ensure individuals can decorate their bedrooms however they want

When a Resident is admitted to a residential home, the staff will offer encouragement and assistance to the Resident in his/her desire to personalize his/her (bedroom) by adding pictures of family, posters, artwork, school work, etc. The AFC Home maintains the continuous right to prohibit a Resident from displaying items of threatening or illegal content (i.e., guns or child pornography).

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

* *Policies are in place* to ensure individuals have full access to the Kitchen

Residents are allowed to have full access to the kitchen unless there is a restriction in the IPOS.

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

Residents are allowed to have access to the kitchen at any time unless there is a restriction in the IPOS.

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

Residents are allowed to have full access to the dining areas at any time unless there is a restriction in the IPOS.

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

Residents are allowed to have access to the dining area at any time unless there is a restriction in the IPOS.

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

Residents are allowed to have access to the laundry area at any time unless there is a restriction in the IPOS.

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

Comfortable seating areas are accessible to residents at any time.

* Does the residence offer a continuum of care?

Evidence of what services are actually being billed by provider or in the home, evidence that other services are being provided in the community. Attending church, salon, etc in community.

* Individuals can access the bathroom at any time

Residents may use the bathroom at any time.

* *Policies are in place* to ensure individuals can have visitors at any time and have space within the home for individuals to meet with visitors and have private conversations

Name of AFC Home does not have specific visitation hours and does not limit visits or visitors. Community visitations are encouraged so long as they are within the community access guidelines approved for each person in their plan(s).

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

Individuals can choose to come and go from the home when they want as well as move inside and outside of the home. If there is a behavior plan limiting these freedoms, the behavior plan is followed, behaviors are monitored for improvement and unrestricted movements are returned as soon as safely possible.

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

Individuals can choose to come and go from the home when they want as well as move inside and outside of the home. If there is a behavior plan limiting these freedoms, the behavior plan is followed, behaviors are monitored for improvement and unrestricted movements are returned as soon as safely possible.

* The home is physically accessible to all individuals

Individuals will have access to grab bars in the showers and have wheel chair ramps is applicable

* *Policies are in place* to ensure the home is free of gates, locked doors, or other ways to block

This includes having gates, locked doors, fencing or any means preventing individuals from accessing the community. This does not occur without a behavior plan justifying its need, approved by the individual’s county Behavior Treatment Committee and only occurring as long as its need continues to be justified

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

All public transportation options are posted in the home. If the resident has independent community access, they are encouraged to utilize these for their independent outings.

If they do not have access to public transportation or have a behavior plan that does not allow them

to access the community independently, staff will work with them to take them out to their preferred destinations.

**Searching a member’s bedroom**

representative unless such a search is authorized in the Resident’s Plan of Service or there is reasonable cause to believe that the Resident is in possession of contraband or property that is excluded from the Resident’s possession by the written policies, procedures, or rules the Organization. Additionally, if the Resident is believed to be a danger to self or others, the clinician may have items in the room which could be used in pursuit of this harm to self or others seized and the room may be searched to assure that it is a safe place. The following conditions apply to all searches:

* 1. A search of the Resident’s living area or property shall occur in the presence of a witness. The Resident shall also be present unless he or she declines to be present.
  2. The circumstances surrounding the search shall be entered into the Resident’s record, and shall include all the following:
     1. The reason for initiating the search.
     2. The names of the individuals performing and witnessing the search.
     3. The results of the search, including a description of the property seized.