

# HCBS Residential Provider Provisional Approval Application

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

Providers and Individuals will receive the comprehensive HCBS survey *within 90 days* of an individual's IPOS. The provider *must* complete the comprehensive survey in order to maintain approval 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 or existing providers with new settings 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.

If the new provider is approved by the PIHP provisionally the provider does not have to be provisionally approved for subsequent HCB participants.

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): \_\_\_\_\_

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

## Section 1: Provider Background

Type of Residence (see definitions below) \_\_\_\_\_

### Definitions:

**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)

**Provider Owned:** 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)

**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 institution 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 above).

Yes

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No

B. Will residents receive services and supports within the community rather than bringing these services and supports into 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

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Applicant signature

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Date

## **Section for PIHP representative:**

**Note: If the providers response to any of the above questions is “No” the setting is *not eligible* for provisional approval.**

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

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PIHP Representative Signature

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Date