

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 4	Care and Treatment Services		
Section: 12	Residential Services		
Topic: 4	Community Mental Health Specialized Residential Programs		
Page: 1 of 11	Supersedes Date:	Approval Date:	
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			<i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that requirements for BABHA Residential contracts be established.

Purpose

This policy and procedure was developed to describe the general requirements of all BABHA specialized residential contracts.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: All Clinical Staff and Clinical Management
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Specialized Residential Providers
 Policy Only Policy and Procedure
- Other:

Definitions

24-hour Staffing: Twenty-four-hour staffing means that staff are present and available to assist individuals under care on a continuous but as needed basis throughout a 24-hour day. This does *not* mean in constant contact or “eyes on” at all times, which requires a modification of the person-centered Individual Plan of Service (or in some cases a behavior plan), which shall so specify if that is the level of staffing required.

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Procedure

Specialized Residential Programs

Residential services are organized and carried out to meet specific individualized goals established with the treatment team through the Person Centered Planning process consistent with Michigan Department of Health and Human Services (MDHHS) guidelines. It is the intent of BABHA to maintain full compliance with Home and Community Based Service Rules (HCBS) with community integrated settings. BABHA is committed to the principles of individual choice and the rights of all persons to participate as much as possible in the life of their communities.

General Requirements for All Residential Programs

The following requirements apply to all residential programs:

- A. The MDHHS and HCBS must certify all specialized residential settings
- B. Reimbursement: The rules regarding reimbursement for specialized residential services will be spelled out in the contract between the provider and BABHA.
- C. Food Stamps: No provider may require persons served to apply for nor surrender DHHS food benefits as a condition for receiving services.
- D. Personal Allowance Fund: The provider must have a policy regarding accounting for and monitoring personal allowance funds, which accomplishes the following goals:
 - 1. Persons receiving service should assume responsibility for their own funds unless there is a legal determination to the contrary or the person chooses to do otherwise. The person's choice must be documented. If the person is unable to exercise choice and provider management is requested, the guardian must assent in writing.

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2. Restrictions shall not be placed upon a person’s handling or expenditure of personal funds unless there is a specific written plan developed by the clinical staff of the responsible agency.

3. Upon receipt of personal allowance funds which are to be managed by the provider, whatever the source, the provider shall both maintain the funds and account for their disbursements separate from funds received for reimbursement for care and program. Funds are to be used at the discretion of persons served, representative payee or guardian.

4. Personal allowance funds are not to be used for personal care items that are basic to the provision of room, board and supervision that are included in the per diem provided for room, board and supervision, and are required by licensing standards (e.g., shampoo, toothpaste, soap, food).

Fire Safety Requirements:

Specialized Adult Foster Care.

All specialized residential programs must meet the fire safety standards in the Administration Rules of the MDHHS (R330.1803).

- A. Transportation shall be provided to persons served as necessary to meet their goals. Transportation programs shall adhere to requirements for adequate liability insurance, safety to the recipients and proper maintenance of the vehicle.

Representatives of the Protection and Advocacy system shall be granted access to records of persons with intellectual/developmental disabilities and persons with serious and persistent mental illness consistent with the provisions of Section 748 (7) of the Michigan Mental Health Code (MMHC) if both of the following apply:

1. A complaint has been received on behalf of the recipient.

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2. The person does not have a legal guardian, or the State or its designee is the legal guardian.

If the contract concerns an adult group home setting and is written on behalf of persons who have an intellectual/developmental disability or serious mental illness, the provider shall allow authorized ARC of Michigan, and its local chapter volunteers and staff, access during reasonable hours and with reasonable frequency to the grounds, building, program, staff and persons served.

Specialized services which include room, board and 24-hour staffing must be provided in a setting licensed by the Michigan Department of Licensing and Regulatory Affairs (LARA) unless the individual or individual’s family is the owner or lease holder of the setting.

The provider shall ensure that all persons providing direct care to recipients of specialized residential services are appropriately trained within thirty days of employment. Training shall meet the requirements for licensure and for certification of residential facilities. It shall include the training necessary to support the health, safety, and well-being of persons served as well as to carry out each person’s support and/or treatment goals and objectives contained in the Individual Support Plan or Individual Plan of Service (IPOS).

Persons living in Specialized Residential settings will have choice and control over their lives such as privacy, food, going to church, sleep and waking schedules, etc., unless there is a health and safety reason that is clearly documented via the IPOS and/or a behavior treatment plan.

Staffing Requirements for Specialized Residential Homes:

The minimum ratio of direct care staff to persons residing in the home shall not be less than (1) direct care staff to (12) residents per Adult Foster Care Licensing Rules for small group homes. BABH operates and/or contracts for small specialized group homes primarily of six persons with staff ratios determined by the needs of the individuals in the home as identified in their Individual Plan of Service. A *minimum* of one staff must be in the home and awake at all times when a person being supported is in the home. Minimum staffing in specialized homes typically will be one staff to six residents; however, the exact ratio is dependent on the needs of the people living in the home. Settings with Type A contracts will have a minimum of one awake staff on at all times.

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Twenty-four-hour staffing means that staff are present in the home 24 hours a day to provide support. This does *not* mean eyes on at all times but rather staff are available in the home to carry out home tasks, interact with residents, assist with ADL's, dispense medications, assist or provide personal care, prepare meals, provide access to community connection opportunities, etc. For safety purposes, staff are expected to know the location of people in the home. Providers shall have a protocol for how often they check on people who are not in direct line of sight. Persons that need intensive supervision such as one on one staffing will have an addendum to the IPOS including time limited action steps and monitoring to discontinue as health and safety warrants. The staffing pattern in the home will be adjusted to accommodate these special needs for increased support over and above which is normally provided. It is expected that individual needs across settings (residential, non-residential and community) will be addressed as part of the IPOS through the Person Centered Planning process.

General Requirements for Residential Contracts

BABHA developed contracts shall, at a minimum, clearly state the agreement regarding:

- A. Services to be provided, including the program services to be provided to persons served including the objective of service as indicated in the IPOS.
- B. The population served.
- C. The time period of the contract.
- D. The method for making the payment.
- E. The amount of payment.
- F. Responsibility for application for and collection of reimbursements and entitlements on behalf of persons served including personal allowance funds.
- G. Appropriate standards of care and insurance of quality, including the provider's responsibility for maintaining licensure and certification.
- H. The selection of persons for services.

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- I. Contract termination.
- J. Development and maintenance of the person’s records.
- K. Nondiscrimination with respect to employment and provision of services.
- L. Ownership and access to fiscal, administrative and recipients’ clinical case records by both parties.
- M. A procedure or policy regarding payment for days when the resident is absent from the home. This procedure or policy shall ensure that payment for leave days is not required when leave assumptions are accounted for in the charge.
- N. Training Requirements.

Funding Limitations

The funding structure established by BABHA will be based upon the personal care needs, supervision and program needs of persons served. These needs, as documented in each individual’s Plan of Service will directly relate to the staffing requirements of the program and consequently, the staff component of the program cost. It is expected that residential providers will maintain records regarding cost, which meet general accounting standards.

Home and Community Based Services Provisional Approval

Procedure

Completion of the provisional approval process is required of *all new HCBS providers (internal or external to the PIHP region’s boundaries)* effective October 1, 2017.

I. The new provider or existing provider and new site must complete the Provisional Approval Application to provide HCBS services. This application is intended to provide for *initial and provisional approval* before providing Medicaid behavioral health HCBS services.

A. CMHSP shall inform Mid-State Health Network (MSHN) that a contract with the new provider is being sought.

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1. CMHSP shall indicate to MSHN if provisional approval is being requested for a specific consumer.
2. The CMHSP shall submit a completed Provisional Approval Application to MSHN.

B. MSHN will determine if the setting is on the Michigan Department of Health and Human Services (MDHHS) Heightened Scrutiny (HS) list and will inform the CMHSP of the findings.

1. If provider is on the HS list, MSHN and/or the CMHSP will then schedule an on-site or virtual HCBS visit to assess the provider for their ability and/or desire to overcome the likely HS issues.
2. If provisional approval is being requested for a specific consumer, CMHSP should send supporting documentation including a completed HCBS HS Provisional Approval Summary, the individual plan of service (IPOS), assessment, Positive Support/ Behavior Treatment Plan and any other pertinent supporting documentation to MSHN.
3. MSHN and or the CMHSP will conduct on-site or virtual visit of Provider using the HCBS Provisional Approval Site Visit form and inform CMHSP of the findings.
4. If it is determined necessary, a consult meeting with MDHHS, MSHN and CMSHP representative(s) will be scheduled and held to provide rationale and documentation why a restrictive environment is appropriate for this specific consumer. MDHHS will have final approval to allow the individual placement.

C. If the provider is not on the HS list, the MSHN designee shall follow established review protocol and determine if the site is appropriate for provisional approval- either general site approval, or for a specific consumer.

1. MSHN designee shall sign Provisional Approval Application attesting that the setting is not institutional or isolating in nature.

D. Providers and consumers will receive the comprehensive HCBS survey *within 90 days* of approval of the provisional survey and of participant's first individual plan of service (IPOS) (if applicable). The provider *must* complete this survey to maintain the ability to provide HCBS services. Failure to complete any part of the approval process *will* result in the suspension of the provider's ability to provide HCBS services.

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E. The comprehensive HCBS survey is to be completed and returned to MSHN no later than 90 days from the date that the HCBS survey is forwarded to the provider.

F. It will remain the responsibility of the MSHN to maintain and track the surveys to ensure providers are meeting all due dates.

II. CMHSP function related to provisional approval:

A. Inform MSHN that a contract with the new provider is being sought.

B. Provide Provisional Approval Application to new provider of HCBS services as part of the CMHSP application packet.

C. Forward completed application, provider policies/procedures and any individualized supporting documentation (Individual Plan of Service (IPOS), Assessments, Behavior Treatment/Positive Support Plan).

D. Coordinate with MSHN any on-site visits to assess for HCBS compliance

E. Forward completed Provisional Approval Application to MSHN Waiver Coordinator for review and approval prior to finalizing contract with new provider of HCBS services.

F. Forward provisional approval letter response to the new provider.

III. MSHN function related to provisional approval:

A. Confirm that provider is not currently on the Michigan Department of Health and Human Services (MDHHS) Heightened Scrutiny List and inform the CMHSP of results.

B. Review the completed Provisional Approval Application and any related policies/procedures.

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- C. Review any individualized supporting documentation (IPOS, Assessments, Behavior Treatment/Positive Support Plan).

- D. If needed, conduct an on-site visit or virtual review to assess for HCBS compliance.

- E. Initiate provisional approval responses to the CMHSP.

- F. Track initial approval applications and initiate comprehensive HCBS surveys within 90 days of participant's first IPOS.

- G. Conduct any required follow-up to ensure all standards are met as required by the HCBS Final Rule.

- H. Maintain documentation related to all provisional approval activities.

- IV. Urgent Placements involving Alternative Treatment Order (ATO) Discharges from Inpatient Psychiatric Facilities

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A. Urgent HCBS placements for consumers with significant health and safety issues where the receiving provider’s services are appropriate to address the Rule through least restrictive environment, likely in a single-case agreement, but the consumer is on an ATO and is new to the CMH.

B. There may be instances where the CMHSP needs to ensure a consumer is placed in an appropriate setting post-psychiatric inpatient hospitalization, where HCBS compliance is required, but prior to having the requested IPOS and/or behavior treatment plan for MSHN review to address least restrictive environment and consumer health and safety.

C. Urgent cases should be expedited starting with the CMH contacting MSHN as well as sharing the requested documents for review as noted below.

D. The CMH will provide documentation to assist MSHN in understanding the level of clinical need and related health and safety issues. Documentation could include: ATO, psychiatric evaluation, discharge plan, most recent IPOS/BTP, and recommendations.

E. MSHN will make urgent placements a top priority and respond to the CMHSP within 24-48 hours of the paperwork being provided.

Attachments

N/A

Related Forms

N/A

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Related Materials

N/A

References/Legal Authority

Michigan Department of Licensing and Regulatory Affairs (LARA) AFC Licensing Rules
Michigan Department of Health and Human Services
Michigan Mental Health Code

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
E. Albrecht	E. Albrecht	03/12/12	Revision	Policy revised to add language that defines 24 hour supervision.
D. Swank	E. Albrecht	06/05/13	Revision	Triennial review – minor changes only
R. Lemiesz	E. Albrecht	05/27/15	Revision	Policy Statement reviewed for CARF. Updated Language to reflect current practice, HCBS rules, and changed MDCH to MDHHS
R. Lemiesz	Residential Referral Committee	10/10/18	Revision	Triennial Review. Updated language
R. Lemiesz	H. Beson	4/3/24	Revision	Added HCBS Provisional approval procedure language.