



HSW Home and Community Based Services Waiver Residential Provider Survey

Survey Instructions and Respondent Information

Expected respondent: The Habilitation Supports Waiver Residential Provider who has direct knowledge of the individual's day-to-day residential supports and/or the operational and administrative activities 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, taking into consideration all individuals who live at the address. If responses vary based on individual needs, provide your response if it impacts or is present for at least one individual who is living in the setting. Do not provide any additional documentation separate from the completed survey. Responses to this survey and supporting information may be verified at a later date with an on-site visit.

Note: If you have questions about the HCBS Waivers or the statewide transition process, please contact the Michigan Department of Health and Human Services at HCBSTransition@michigan.gov.

Enter the address information for the physical location where the individual is receiving service(s).

Name of the Setting or Location	<input type="text"/>
Residential Support Provider Address	<input type="text"/>
City, State, Zip Code	<input type="text"/>
Contact Phone Number	<input type="text"/>

The Michigan Department of Human Services, Bureau of Children and Adult Licensing (BCAL) License Number, National Provider Identification (NPI) Number, or Employer Identification Number (EIN) associated with **QID9** **/ChoiceTextEntryValue/1** is: **Field/LicenseNumber**.

Is this number correct?

- Yes
- No (please enter correct BCAL, EIN, or NPI)

What is the person's Waiver Supports Application (WSA) Identification Number identified in the cover email?

WSA identified in cover email: Field/ExternalDataReference

Note: If you do not know this number, contact your Pre-Paid Inpatient Health Plan (PIHP) or Community Mental Health Service Provider (CMHSP) Home and Community Based Service (HCBS) Lead Coordinator. Click on the links below to find the PIHP and CMHSP coordinators in your region.

[HCBS PIHP Lead Coordinators](#)

[HCBS CMHSP Lead Coordinators](#)

Section 1: Provider Background of Residential Living Supports

Type of Residence

- Private residence with the individual's family or in their own home
- 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)
- Private residence for self or with spouse or non-relatives
- 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)

How would you describe the residence?

- Single family home: A detached home or separate house that is a free-standing residential building.



- Duplex: A house divided into two residences and each residence has its own entrance.



- Multi-unit or apartment building



- Single residence within complex or unit/apartments for people with disabilities



- Other, please specify

If this is a licensed living arrangement under BCAL, what is the maximum number of individuals the home is licensed to serve:

What is the total number of people living at the home?

Note: Total number equals the individual plus other housemates.

Complete this table to indicate the population characteristics of the individuals living within the setting. Each person should be listed only once in the most appropriate category.

Intellectual or Developmental Disabilities	<input type="text" value="0"/>
Mental Illness	<input type="text" value="0"/>
Physical Disabilities	<input type="text" value="0"/>
Traumatic Brain Injury	<input type="text" value="0"/>
Individuals without disabilities	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Section 2: Physical Location and Operations of Residential Living Supports

Is the residence 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)?

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]

Yes



No

Note: selecting "No" means that services are delivered in an institutional setting.



Is the residence located away from multiple home settings (for people with disabilities)?

Yes



No



Does the residence offer a continuum of care?

Note: "Continuum of care" in this survey means that a facility offers all services in house.

Yes



No



Can people with different types of disabilities and individuals without disabilities live in the home?

Yes



No



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

Yes



No

Selecting "No" means that services are delivered in an institutional setting.



Section 3: Community Integration of Residential Setting

Do 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 (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?

Yes



No



Does the residence allow friends and family to visit without rules on hours or times?

Yes



No



Section 4: Individual Rights within Residential Setting

Does each individual have a lease for the residential setting?

Note: A residential care agreement is not a lease. If individuals only have residential care agreements you should mark "no" to this question.

Yes



No



Does the lease explain how an eviction happens and what to do?

Note: For example, a landlord might tell the renter to move out because the person did not pay their rent.

Yes



No



Have individuals been provided with information on how to request new housing?

Yes



No



Is information about filing a complaint posted in a way the individual can understand and use?

Yes



No



Do individuals know who to call to file an anonymous complaint?

Yes



No



Do the staff talk about individuals' personal issues in private?

Note: In private means that staff do not talk about individuals' personal issues in front of other people.

Yes



No



Do the staff talk about individuals' personal issues in private?

Note: In private means that staff do not talk about individuals' personal issues in front of other people.

Yes



No



Do individuals have access to their personal funds?

Note: Access means the individual's money is available to them.

Yes



No



If no, why?

Do individuals have control over their personal funds?

Note: Control means the individual can decide how his or her money is spent.

Yes



No



If no, why?

Do 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



Can individuals change their services and supports as they wish?

Yes



No



Are individuals allowed to participate in legal activities, for example voting in public elections if they are 18 years or older, drinking alcohol if they are 21 years or older?

Yes



No



If no, why?

Section 5: Individual Experience within Residential Setting (Part A)

Did the individual have choices of where to live?

Yes



No



Did the individual choose to live at this residential setting?

Yes



No



If the individual lives with other people, did the individual pick their housemates?

Yes



No



If no, why?

If the individual lives with other people, did the individual have the option of having their own bedroom?

Yes



No



If the individual lives with other people, did the individual pick their roommate(s)?

Yes



No



Not applicable to the individual. The individual does not have a roommate.

Can individuals close and lock their bedroom door?

Yes



No



If no, why?

- Bedroom doors do not have locks
- The individual cannot turn the door knob without assistance
- The individual is not allowed to lock the bedroom door

Can individuals close and lock their bathroom door?

Yes



No



If no, why?

- Bathroom doors do not have locks
- The individual cannot turn the door knob without assistance
- The individual is not allowed to lock the bathroom door

Do staff ask before entering individuals' living areas (bedroom, bathroom)?

Yes



No



Can individuals choose what they eat?

Yes



No



Have individuals agreed to the rules on food in their Person Centered Plan?

Yes



No



Can individuals choose to eat alone or with others?

Yes



No



Do individuals have access to food at any time?

Note: Access means the individual has a way of getting food whenever they want.

Yes



No



Have individuals agreed to the rules on food access in their Person Centered Plans?

Note: Access means the individual has a way of getting food whenever they want.

Yes



No



Can individuals choose what clothes to wear?

Yes



No



Do individuals have access to a communication device?

Definitions:

Communication Device: A communication device can include a cell phone, landline phone, a personal computer, a tablet, or an augmentative and alternative communication device.

Access: Access means the individual can use it to communicate with people they want to contact. This also means the individual can use it if people want to contact them. Access also means the individual has a way of getting and using a communication device whenever they want.

Yes



No



Can the individual use the communication device in a private place?

Note: In private means the individual has a place in their house to use the communication device without anyone around.

Yes



No



Do individual bedrooms offer a telephone jack, wireless internet, or an Ethernet jack?

Yes



No



Is the inside of the residence free from cameras, visual monitors, or audio monitors?

Yes



No



If an individual needs help with personal care, does the individual receive this support in privacy?

Yes



No



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

Yes



No



Section 5: Individual Experience within Residential Setting (Part B)

Do individuals have full access to the Kitchen?

Note: Access here means that the individual has a way of getting into the kitchen and using it.

Yes



No



Can individuals access the kitchen at any time?

Yes



No



Do individuals have full access to the dining area?

Note: Access means that the individual has a way of getting into the dining area and using it.

Yes



No



Can individuals access the dining area at any time?

Yes



No



Do individuals have full access to the laundry area?

Note: Access means that the individual has a way of getting into the laundry area and using it.

Yes



No



Can individuals access the laundry area at any time?

Yes



No



Do individuals have full access to the comfortable seating area?

Note: Access means that the individual has a way of getting into the comfortable seating area and using it.

Yes



No



Can individuals access the comfortable seating area at any time?

Yes



No



Do individuals have full access to the bathroom?

Note: Access means that the individual has a way of getting into the bathroom and using it.

Yes



No



Can individuals access the bathroom at any time?

Yes



No



Is there space within the home for individuals to meet with visitors and have private conversations?

Yes



No



Can individuals choose to come and go from the home when they want?

Yes



No



Can individuals move inside and outside the home when they want?

Yes



No



Has the individual agreed to the rules for accessing common areas in the home in the individual's Person-Centered Plan?

Yes



No



Is the home physically accessible to all individuals? For example, does the home have grab bars, shower chairs, or wheelchair ramps if needed?

Note: physically accessible means individuals are able to do what they want and need, around the house as independently as possible.

Yes



No



Can individuals reach and use the home's appliances as they need?

Yes



No



Is the home free of gates, locked doors, or other ways to block individuals from entering or exiting certain areas of their home?

Yes



No



If no, why? (Check all that apply)

For health reasons that individuals have agreed upon in their Person Centered Plans

For safety reasons that individuals have agreed upon in their Person Centered Plans

For other reasons (please specify)

Is accessible transportation available for individuals to make trips to the community?

Definition:

Accessible: Accessible transportation means having transportation services going where and when one wants to travel.

Yes



No



If public transit is limited or unavailable, do individuals have another way to access the community?

Definition:

Access: A means of entering a place

Yes



No



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