



**1915 (i) SPA Home and Community Based Services Waiver
Provider Survey**

Your Information and Instructions

Expected respondent: The Home and Community Based Waiver (HCBS) service Provider who has direct knowledge of the individual's day-to-day 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 the individual identified in the email. 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.

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 Agency	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Postal code	<input type="text"/>
Email Address	<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 **QID476** /ChoiceTextEntryValue/13} is: **{e://Field/LicenseNumber}**.

Is this number correct?

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

Section 1:

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

WSA identified in cover email: $\{e://Field/ExternalDataReference\}$

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](#)

Are the individual's services (Skill Building, Supported Employment or Community Living Supports) delivered in a setting that is **separate** from a hospital, nursing home, intermediate care facility, or institute for mental health treatment?

Definitions:

Nursing home: A facility that provides residents with skilled nursing care and related services who require medical or nursing care and rehabilitation services for the rehabilitation of injured, disabled, or sick persons.

Intermediate care facility: An institution for individuals with intellectual or developmental disabilities that provides diagnosis, treatment, or rehabilitation in a protected residential setting through individualized evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services.

Institute for mental health treatment: A hospital, nursing facility, or other institution that provides diagnosis, treatment or care of persons with mental diseases, including medical or nursing care and related services.

Yes



No



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



Are the individual's services (Skill Building, Supported Employment, or Community Living Supports) delivered in a setting that is **separate** from a residential school or child caring institution?

Definitions:

Residential School: The setting has both educational and residential programs in the same building or in buildings close to each other. So individuals do not travel into the community to live or to attend school.

Child-Care Institution: A non-profit or private child-care residential setting, or a public child-care residential setting for children that is licensed by the State.

Yes



No

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



Section 2: Skill Building

Does the individual receive **Skill Building** training and/or services?

Definition:

Skill Building: This service will help an individual gain, keep, or improve skills in self-help, socializing, or everyday skills. See Michigan Medicaid Provider Manual for further information ([Michigan Medicaid Provider Manual](#)).

Yes



No

Choosing no indicates that you do not provide this service. MDHHS will verify this response.



Skill Building

Did the individual pick the agency who provides them with skill building services and support?

Yes



No



Did the individual pick the direct support workers who provide them with skill building services and support?

Yes



No



Did the individual receive skill building services and support where there is regular (more than once per week) opportunity for contact with people not receiving services (for example, visitors who are friends, family members, others from the larger neighborhood or community)?

Yes



No



When receiving skill building services and supports, is accessible transportation available to the individual to make trips within their larger community?

Note: Accessible transportation means that the individual has transportation services to go where and when they want to travel.

Yes



No



Can the individual (with or without supports) control their personal schedule of daily appointments and activities related to their skill building services?

Yes



No



If the individual is receiving skill building training in personal care, do they receive the training in private?

Yes



No



Individual does not receive training in personal care

Does the individual know who to call to file an anonymous complaint related to their skill building services?

Yes



No



Can the individual choose a different skill building service or support if they are not happy with the current one that they receive or if they want to learn a new skill?

Yes



No



Section 3: Supported Employment

Does the individual receive **Supported Employment** training and/or services?

Definition:

Supported Employment: This service is both ongoing support services and paid employment that enables the individual to work in the community. See Michigan Medicaid Provider Manual for further information ([Michigan Medicaid Provider Manual](#)).

Yes



No

Choosing no indicates that you do not provide this service. MDHHS will verify this response.



Supported Employment

Where is this service provided?

Note: If any of the service is delivered at a place or site for people with disabilities then mark this response.

In the community at a local business, restaurant,
or as a small business owner

At a place or site for people with disabilities (for
example a workshop for people with disabilities,
work crew of people with disabilities, or a day
program for people with disabilities)

Does the individual receive payment for their work?

Yes



No



Did the individual pick the direct support workers who provide them with employment services and support?

Yes



No



Did the individual receive employment support and services where there is regular (more than once per week) opportunity for contact with people not receiving services (for example, visitors who are friends, family members, others from the larger neighborhood or community)?

Yes



No



Can the individual choose their employment-related service provider?

Yes



No



Can the individual manage their own work earnings?

Yes



No



Can the individual arrange their work schedule (hours/days worked) like their co-workers who do not receive Medicaid funded Home and Community Based Services?

Yes



No



Does not apply, the individual is self-employed or a small business owner

Can you negotiate or arrange your breaks similar to your co-workers who do not receive Home and Community Based Services?

Yes



No



Does not apply, the individual is self-employed or a small business owner

Does the individual have employee benefits (paid time off, medical benefits) similar to their co-workers who do not receive Home and Community Based Services?

Yes



No



Does not apply, the individual is self-employed or a small business owner

Does the individual perform tasks similar to their co-workers who do not receive Home and Community Based Services?

Yes



No



Does not apply, the individual is self-employed or a small business owner

If the individual needs personal assistance at work, do they receive it in private?

Yes



No



Does not apply, the individual does not need personal assistance at work.

Does the individual have access to transportation to get to work?

Yes



No



If public transit is limited or unavailable, does the individual have another way to get to work?

Yes



No



Does the individual know who to call to file an anonymous complaint related to their work?

Yes



No



Can the individual choose a different work setting if they are not happy with their current setting or if they want to learn a new skill?

Yes



No



Section 4: Community Living Supports

Does the individual receive **Community Living Supports** training and/or services?

Definition:

Community Living Supports: This service supports an individual's independence, productivity, and promotes inclusion and participation. See Michigan Medicaid Provider Manual for further information ([Michigan Medicaid Provider Manual](#)).

Yes



No

Choosing no indicates that you do not provide this service. MDHHS will verify this response.



Community Living Supports

Do you provide Community Living Support to the individual in any of the following settings: specialized adult foster care home, a general adult foster care home, or a private residence that is owned by the PIHP, CMH, or a provider?

Yes



No



Did the individual pick the agency that provides them with community living supports and services?

Yes



No



Did the individual pick the direct support workers who provide them with community living supports and services?

Yes



No



Does the individual live and/or receive community living supports and services where there is regular (more than once per week) opportunity for contact with people not receiving services (for example, visitors who are friends, family members, others from the larger neighborhood or community)?

Yes



No



Does the individual receive all or most of the services and supports outside the home?

Yes



No



Where is this service provided?

Note: If any of the service is delivered at a place or site for people with disabilities then mark this response.

In the community at a local business, restaurant,
or as a small business owner

At a place or site For people with disabilities (for
example a workshop for people with disabilities,
work crew of people with disabilities, or a day
Program for people with disabilities)

Is the individual's home the only home within their neighborhood that offers services to people with disabilities?

Yes



No



Does the individual have choice of roommates?

Yes



No



Individual does not have
roommates

Can friends and family visit the individual without rules on hours or times?

Yes



No



Does the individual have a place in the residence for private communication to use the telephone or internet?

Yes



No



Does the individual have a lease?

Note: If the residential setting is an adult foster care home or other licensed residential setting and the individual has signed a “summary of resident rights”, you can mark “Yes” to this question.”

Yes



No



The individual lives with family members or a spouse/partner

Can the individual close and lock the bedroom door?

Yes



No



Can the individual close and lock the bathroom door?

Yes



No



Does the individual have access to food at any time?

Yes




No




Does the individual have full access to all public areas of the home (kitchen, dining room, bathroom, laundry area) at any time?

Yes
 

No
 

Can individuals choose what to eat?

Yes
 

No
 


Does the individual have access to all common areas of the home?

Yes
 

No
 

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

Yes
 

No
 

Can the individual control their personal schedule of daily appointments and activities?

Yes
 

No
 

If the individual receives support in personal care, do they receive it in private?

Yes



No



Does not apply, the individual does not receive supports in personal care.

Can the individual move inside or outside of the setting when they want (with or without support)?

Yes



No



Can the individual come and go as they please (with or without support)?

Yes



No



Is accessible transportation available to the individual to make trips within their larger community?

Note: Accessible transportation means that an individual has transportation services to go where and when they want to travel.

Yes



No



Does the individual know who to call to file an anonymous complaint related to their community living supports services?

Yes



No



Can the individual choose a different community living skill if they are not happy with the current one or if they want to add a new skill?

Yes



No



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