**B Participant Survey**

# Start of Block: Section 1: Your Information

Q1 What is your Waiver Supports Application (WSA) Identification Number identified in the cover email?

Note: If you do not know this number, contact your Pre-Paid Inpatient Health Plan (PIHP) Home and Community Based Service Lead Coordinator (HCBS). Click on this link for a listing of the Coordinators: [http://www.michigan.gov/mdhhs/0,5885,7-339-71547\_2943-334724--,00.html**.**](http://www.michigan.gov/mdhhs/0%2C5885%2C7-339-71547_2943-334724--%2C00.html)

# End of Block: Section 1: Your Information

**Start of Block: Section 2: Help to Answer Survey**



Q2 Did you complete this survey by yourself?

o Yes

o No



Q2a If you did not complete this survey, what is the name and contact information of the person who is completing this survey: Note: The only service provider who should assist you in completing this survey is your supports coordinator or case manager. Residential or Non- Residential providers should not be involved in completing the survey.

o Name

o Contact Phone Number

o Contact Email Address





Q2b This person is (check all that apply): A family member

Your guardian or legal representative

Your Supports Coordinator or Case Manager

Other (this cannot be a direct care worker or a person from the agency that provides your supports), please specify:



Q2c Did you interview the person to complete this survey?

o Yes

o No



Q7 Are services and support you receive 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.

o Yes

o No



Q8 Are the services and support you receive 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.

o Yes

o No

# End of Block: Section 2: Help to Answer Survey

**Start of Block: SB**



Q90 Do you 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. It might include help with mobility, transferring, and personal care from a direct support staff. It can include preparing for work (paid or unpaid) to individuals who might have difficulty in the general workforce or who are unable to participate in a transitional sheltered workshop. The goals of this service are outlined in the individual's person-centered plan. This service can include transportation support to/from the individual's home to the site for skill building services.

o Yes

o No



Page Break

Q91 How many Skill Building Providers do you have?

o 1

o 2

o 3



Q92 Who are your Skill Building (SB) Providers?

o SB Provider #1

o SB Provider #2

o SB Provider #3

# End of Block: SB

**Start of Block: Section 3: Skill Building**

Section A: **Skill Building**

Definition:

This service will help an individual gain, keep, or improve skills in self-help, socializing, or everyday skills. It might include help with mobility, transferring, and personal care from a direct support staff. It can include preparing for work (paid or unpaid) to individuals who might have difficulty in the general workforce or who are unable to participate in a transitional sheltered workshop. The goals of this service are outlined in the individual's person-centered plan. This service can include transportation support to/from the individual's home to the site for skill building services.



Q4 Did you pick ${lm://Field/2}, the agency who provides you with skill building services and support?

o Yes

o No



Q5 Did you pick the direct support workers who provide you with skill building services and support at ${lm://Field/2}?

o Yes

o No



Q6 Do you 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)?

o Yes

o No



Q78 Do you receive all or most of your services and supports from ${lm://Field/2} at your home?

o Yes

o No



Page Break



Q17 Is accessible transportation available for you to make trips within your larger

community? Note: Accessible transportation means that you have transportation services to go where and when you want to travel.

o Yes

o No



Q18 Can you (with or without supports) control your personal schedule of daily appointments and activities?

o Yes

o No



Q19 If you are receiving training in personal care, do you receive the training in private?

o Yes

o No

o I do not receive training in personal care



Q20 Do you know who to call to file an anonymous complaint related to your skill building services from ${lm://Field/2}?

o Yes

o No



Q21 Can you choose a different skill building service or support if you are not happy with the current one that you receive or if you want to learn a new skill?

o Yes

o No

# End of Block: Section 3: Skill Building

**Start of Block: SE**



Q22 Do you 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. It is community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities. This service can include supervision and training, a job coach, an employment specialist, a personal assistance, or support for a consumer-run businesses.

o Yes

o No



Page Break

Q97 How many Supported Employment Providers do you have?

o 1

o 2

o 3



Q98 Who are your Supported Employment Providers (SE) Providers?

o SE Provider #1

o SE Provider #2

o SE Provider #3

# End of Block: SE

**Start of Block: Section 4: Supported Employment**

Section B: **Supported Employment**

Definition:

This service is both ongoing support services and paid employment that enables the individual to work in the community. It is community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities. This service can include supervision and training, a job coach, an employment specialist, a personal assistance, or support for a consumer-run businesses.



Q79 Where is the service from ${lm://Field/2} provided?

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

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

o 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)



Q23 Do you receive payment for your work at ${lm://Field/2}?

o Yes

o No

Q24 Did you pick the direct support workers who provide you with employment services and support at ${lm://Field/2}?

o Yes

o No

Q25 Do you 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)?

o Yes

o No



Q28 Can you choose your employment-related service provider?

o Yes

o No



Q29 Can you manage your work earnings?

o Yes

o No



Q30 Can you arrange your work schedule (hours/days worked) like your co-workers who do not receive Medicaid funded Home and Community Based Services?

o Yes

o No

o Does not apply, I am self-employed or a small business owner



Q31 Can you negotiate or arrange your breaks similar to your co-workers who do not receive Home and Community Based Services?

o Yes

o No

o Does not apply, I am self-employed or a small business owner



Q32 Do you have employee benefits (paid time off, medical benefits) similar to your co-workers who do not receive Home and Community Based Services?

o Yes

o No

o Does not apply, I am self-employed or a small business owner



Q33 Do you perform tasks similar to your co-workers who do not receive Home and Community Based Services?

o Yes

o No

o Does not apply, I am self-employed or a small business owner



Q34 If you need personal assistance at work, do you receive it in private?

o Yes

o No

o I don't need personal assistance at work.



Q35 Do you have access to transportation to get to work?

o Yes

o No



Q36 If public transit is limited or unavailable, do you have another way to get to work?

o Yes

o No



Q37 Do you know who to call to file an anonymous complaint related to your work at ${lm://Field/2}?

o Yes

o No



Q38 Can you choose a different work setting if you are not happy with the current one or if you want to learn a new skill?

o Yes

o No

# End of Block: Section 4: Supported Employment

**Start of Block: CLS**



Q39 Do you 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. The supports can be provided in an individual's home (licensed facility, family home, own home or apartment) or in community settings. Community Living Supports are: Assisting, prompting, reminding, cueing, observing, guiding and/or training the beneficiary with meal preparation, laundry, household care and maintenance. Assisting with money management, non-medical care, socialization and relationship building, transportation from the individual's home to and from community activities including participation in regular community activities, attendance at medical appointments, and shopping for non-medical services. Reminding, observing, and/or monitoring of medication administration.

o Yes

o No



Q95 How many Community Living Supports Providers do you have?

o 1

o 2

o 3



Q96 Who are your Community Living Supports (CLS) Providers?

o CLS Provider #1 \_

o CLS Provider #2 \_

o CLS Provider #3 \_

# End of Block: CLS

**Start of Block: Section 5: Community Living Services**

Section C: **Community Living Supports**

Definition:

This service supports an individual’s independence, productivity, and promotes inclusion and participation. The supports can be provided in an individual's home (licensed facility, family home, own home or apartment) or in community settings. Community Living Supports are:

Assisting, prompting, reminding, cueing, observing, guiding and/or training the beneficiary with meal preparation, laundry, household care and maintenance. Assisting with money management, non-medical care, socialization and relationship building, transportation from the individual's home to and from community activities including participation in regular community activities, attendance at medical appointments, and shopping for non-medical services. Reminding, observing, and/or monitoring of medication administration.



Q81 Do you receive your community living supports in any of the following settings: a specialized adult foster care home, a general adult foster care home, or a private residence that is owned by the Pre-Paid In-Patient Health Plan (PIHP), Community Mental Health or a provider?

o Yes

o No



Q40 Did you pick ${lm://Field/2}, the agency that provides you with community living supports and services?

o Yes

o No



Q41 Did you pick the direct support workers who provide you with community living supports and services at ${lm://Field/2}?

o Yes

o No

Q42 Do you 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)?

o Yes

o No

Q45 Do you receive all or most of the services and supports from ${lm://Field/2} outside your home?

o Yes

o No



Q46 Where is the service from ${lm://Field/2} provided?

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

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

o 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)



Q47 Is your home the only home within your neighborhood that offers services to people with disabilities?

o Yes

o No



Q48 Do you have choice of roommates?

o Yes

o No

o I do not have roommates



Q49 Can friends and family visit you without rules on hours or times?

o Yes

o No



Q50 Do you have a place in your residence for private communication to use the telephone or internet?

o Yes

o No



Q51 Do you have a lease? Note: If you live in an adult foster care home and have a signed “summary of resident rights”, you can mark “Yes” to this question.

o Yes

o No

o I live with family members or my spouse/partner



Q84 Can you close and lock your bedroom door?

o Yes

o No



Q85 Can you close and lock your bathroom door?

o Yes

o No



Q86 Do you have access to food at any time?

o Yes

o No



Q87 Do you have full access to all public areas of the home (kitchen, dining room, bathroom, laundry area) at any time you choose?

o Yes

o No



Q88 Do you pick what you eat?

o Yes

o No



Q89 Is your home physically accessible to you?

o Yes

o No



Q90 Is your home free of gates, locked doors, or other ways to block you from entering or exiting certain areas of your home?

o Yes

o No



Q53 Can you control your personal schedule of daily appointments and activities?

o Yes

o No



Q54 If you receive support in personal care, do you receive it in private?

o Yes

o No

o I don’t receive supports in personal care.



Q55 Can you move inside or outside of the setting when you want (with or without support)?

o Yes

o No



Q56 Can you come and go as you please (with or without support)?

o Yes

o No



Q58 Is accessible transportation available for you to make trips within your larger

community? Note: Accessible transportation means that you have transportation services to go where and when you want to travel.

o Yes

o No



Q59 Do you know who to call to file an anonymous complaint related to your community living supports services from ${lm://Field/2}?

o Yes

o No



Q60 Can you choose a different community living skill if you are not happy with the current one or if you want to add a new skill?

o Yes

o No

# End of Block: Section 5: Community Living Services