

Survey Instructions and Respondent Information



Michigan Department of
Health & Human Services

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 | <input type="text"/> |
| Position/Title | <input type="text"/> |
| Contact Phone Number | <input type="text"/> |
| Contact Email Address | <input type="text"/> |

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 general questions about completing the survey or specific questions about the Habilitation Supports HCBS Waiver, please contact the Michigan Department of Health and Human Services Habilitation Support Waiver Program at HCBSTransition@michigan.gov.

| | |
|---|----------------------|
| 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"/> |
| Michigan Department of Human Services, Bureau of Children and Adult Licensing | <input type="text"/> |

(BCAL) License Number (if applicable)

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

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

Note: Please contact your local Community Mental Health Habilitation Supports Waiver Coordinator/Liaison to identify the individual via the WSA number. Enter this number, then complete the survey describing the supports provided to this person.

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 | 0 |
| Mental Illness | 0 |
| Physical Disabilities | 0 |
| Traumatic Brain Injury | 0 |
| Individuals without disabilities | 0 |
| Total | 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



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

Yes



No





Does the residence offer a continuum of care?

“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



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 |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

Do individuals have access to their personal funds?

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

| | |
|--|--|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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 |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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

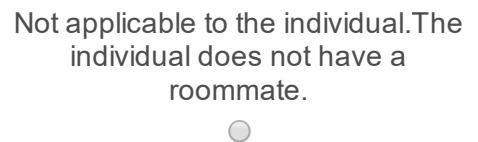


If no, why?

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



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



Can individuals close and lock their bedroom door?



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 |
|  |  |
| <input type="radio"/> | <input type="radio"/> |


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 |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

Can individuals choose what they eat?

| | |
|---|---|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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

| | |
|---|---|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

Can individuals choose to eat alone or with others?

| | |
|---|---|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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 |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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 |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

Can individuals choose what clothes to wear?

| | |
|---|---|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

Do individuals have access to a communication device? For example, a Cell phone, Landline phone, a Personal Computer, a Tablet, or an Augmentative and Alternative Communication device. This 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.

Note: Access means the individual has a way of getting and using a communication device whenever they want.

| | |
|--|--|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |


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 |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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

| | |
|---|---|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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

| | |
|---|---|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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

| | |
|---|---|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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 |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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 |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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 |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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

| | |
|---|---|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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

| | |
|---|---|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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


| | |
|---|---|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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

| | |
|---|---|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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 |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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

| | |
|---|---|
| Yes | No |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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 |
|  |  |
| <input type="radio"/> | <input type="radio"/> |

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?

Note: 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



This survey is being conducted on behalf of the Michigan Department of Health and Human Services.