Non-Residential Survey for the MI Choice Waiver

Expected Respondent: MI Choice Waiver Agency

Provide the respondent's contact information for further questions:

Name: Click here to enter text.
Title: Click here to enter text.
Waiver Agency: Click here to enter text.
Contact Phone Number: Click here to enter text.
Contact Email Address: Click here to enter text.

Instructions: The waiver agency shall complete this survey tool through discussion of the questions with the setting staff and observation of the setting. Provide a response to each question, taking into consideration all individuals who participate at this setting. If responses vary based on individual needs, provide your response if it impacts or is present for at least one individual who participates in the setting. Most of the questions asked for "additional information" to support the response provided. At the end of sections, indicate additional information to support your responses. Do not submit any additional documentation separate from the completed survey; simply give a written description of the additional information within the survey. Responses to this survey and supporting information may be verified at a later date with an on-site visit.

a. Name of the Setting: Click here to enter text.
b. Non-Residential Support Provider Address: Click here to enter text.
c. City, State, Zip Code: Click here to enter text.
d. Contact Phone Number: Click here to enter text.
e. NPI (if no NPI, enter EIN): Click here to enter text.
f. Contact Name: Click here to enter text.
g. Contact Phone Number: Click here to enter text.
h. Contact Email Address (where compliance letter will be sent after MDHHS review): Click here to enter text.

Note: If you have questions about completing the assessment for the MI Choice waiver, please contact the Michigan Department of Community Health at HCBSTransition@michigan.gov.

Section 1: Individual Experience for Non-Residential Settings

1. What is the total number of people participating in this day program? Click here to enter text.

2. Does this setting accept participants who are receiving day program services through a Medicaid program such as the MI Choice or the MI Health Link HCBS waiver programs?
   ☐Yes: If marked, how many participants are currently enrolled in a Medicaid HCBS program? Click here to enter text.
   ☐No

3. Complete the table below to indicate the population characteristics of participants within your setting. **Each person should be listed only once in the most appropriate category.**

Type of health need	Number of people with this type of health need who are receiving Medicaid funded services in this setting
Alzheimer's or Dementia	Click here to enter text.
Developmental Disabilities	Click here to enter text.
Mental Illness	Click here to enter text.
Physical Disabilities	Click here to enter text.
Traumatic Brain Injury	Click here to enter text.

4. Is the setting located in the same building or on the same campus as an institutional treatment option (as defined in the glossary on the last page of this survey)?
   ☐Yes
   ☐No

5. Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual?
   ☐Yes
   ☐No: If marked, why? Click here to enter text.

6. Do individuals participate in any of the following activities of his/her choosing in the community (check all that apply)?
   ☐Individual shopping
   ☐Religious or spiritual services
   ☐Scheduled appointments (personal or medical)
   ☐Meals with friends or family
   ☐Recreation activities
   ☐Community events
   ☐Volunteer community services
   ☐Community employment
   ☐ School or Education
   ☐ Other: Click here to enter text.

7. Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting?
   ☐Yes
   ☐No: If marked, why? Click here to enter text.

8. Does the setting prohibit individuals who are participating in the day program through a Medicaid program (e.g. MI Choice waiver, MI Health Link HCBS waiver) from participating in activities with other day program participants who are not receiving services through a Medicaid program.
   ☐Yes: If marked, why? Click here to enter text.
   ☐No

9. Is the setting located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?
   ☐Yes
   ☐No: If marked, why? Click here to enter text.

10. Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

11. Does the setting provide individuals with contact information, access to, and training on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

12. If public transportation is limited, does the setting provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.
    ☐Not applicable

13. Does the setting assure that tasks and activities for individuals who receive Medicaid funded HCBS are comparable to tasks and activities for people of similar ages who do not receive Medicaid funded HCBS?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

14. Is the setting physically accessible including access to bathrooms and break rooms? What about obese people who don't fit? Wheelchair?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

15. Are appliances, equipment, and tables/desks and chairs at a convenient height and location?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

16. Does the setting have obstructions such as steps, lips in a doorway, narrow hallways, etc. that limit individuals' mobility in the setting?
    ☐Yes: If marked, why? Click here to enter text.
    ☐No

17. If obstructions are present, are there environmental adaptations such as a stair lift or elevator to get around the obstructions?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

18. Are the setting's policies explained to each participant in such a way that is understandable to the individual?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

19. Does the setting only provide services to individuals with a specific type of diagnosis/disability?
    ☐Yes: If marked, why? Click here to enter text.
    ☐No

20. Does the setting protect the privacy of an individual's health and personal information?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

21. If an individual needs assistance with personal care, does he or she have privacy when receiving this support?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

22. Does staff address individuals in the manner with which the individual would prefer to be addressed?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

23. Does staff discuss individual resident issues in public spaces?
    ☐Yes: If marked, why? Click here to enter text.
    ☐No

24. Does the setting prohibit the use of physical restraints and/or restrictive intervention (unless documented and agreed upon in the person-centered plan)?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

25. Does the setting offer a secure place (locker or lock box) for the individual to store personal belongings?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

26. Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting?
    ☐Yes: If marked, why? Click here to enter text.
    ☐No

27. Does the setting allow individuals to choose with whom they participate in social or recreational activities?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

28. Does the setting allow for individuals to have meals or snacks at the time and place of their choosing?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

29. Does the setting post or provide information on individual rights?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

30. Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities, and desires?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

31. Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

32. Does staff receive training and continuing education on individual rights and protections?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

33. Are provider policies outlining the individual's rights, protections, and expectations of services and supports provided to individuals in an understandable format?
    ☐Yes
    ☐No: If marked, why? Click here to enter text.

Provide additional information to support responses in Section 1: Individual Experience for Non-Residential Settings: Click here to enter text.

Section 2: Waiver Administration and Policy Enforcement for Non-Residential Settings

These questions should be completed by the waiver entity.

1. Did individuals have the opportunity to choose a non-residential setting from a variety of options?
   ☐Yes
   ☐No: If marked, why? Click here to enter text.

2. Have individuals been provided with information on how to request a new setting?
   ☐Yes
   ☐No: If marked, why? Click here to enter text.

3. Do all individuals in the setting have a plan of care?
   ☐Yes
   ☐No: If marked, why? Click here to enter text.

Provide additional information to support responses in Section 2: Waiver Administration and Policy Enforcement for Non-Residential Settings: Click here to enter text.