



## Non-Residential Survey for the Habilitation Supports Waiver

**Expected Respondent:** The Habilitation Supports Waiver Non-Residential Provider who has direct knowledge of the individual's day-to-day, non-residential supports and/or the operational and administrative activities of the provider agency

### Provide the respondent's contact information for further questions:

Name: [Click here to enter text.](#)

Contact Phone Number: [Click here to enter text.](#)

Contact Email Address: [Click here to enter text.](#)

- The respondent is:**
- Home Manager
  - Waiver Entity (Pre-Paid Inpatient Health Plans or Community Mental Health Service Provider)
  - Direct Support Worker
- If marked, please specify:
- Provider of Residential Supports
  - Provider of Non-Residential Supports
  - Other, please specify: [Click here to enter text.](#)

**Instructions:** Provide a response to each question, taking into consideration how individuals spend their day at this non-residential address. This includes the services and supports separate from their residential setting. Most of the questions ask for "additional information" to support the response provided. At the end of each section, indicate what evidence can be offered to support your responses. **Do not provide any additional documentation separate from your completed survey;** simply give a written description of the additional information. Responses to this survey and supporting evidence will be verified at a later date with an on-site visit.

**Note:** If you have general questions about completing the survey, please contact the Michigan Department of Community Health at [HCBSTransition@michigan.gov](mailto:HCBSTransition@michigan.gov). If your questions are specific to the Habilitation Supports HCBS Waiver, please contact the Habilitation Support Waiver Program at [QMP-Federal-Compliance@michigan.gov](mailto:QMP-Federal-Compliance@michigan.gov).

Name of Non-Residential Support Provider:

National Provider Identification (NPI) Number: [Click here to enter text.](#)

If NPI Number not available, enter Employer Identification Number: [Click here to enter text.](#)

Address: Click here to enter text.

City, State, Zip Code: Click here to enter text.

Phone Number: Click here to enter text.

### Section 1: Individual Experience for Non-Residential Setting

1. What is the person's Habilitation Waiver Supports Application (WSA) Identification Number?: Click here to enter text.

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.

2. Which of the following does the individual do? (Mark all that apply)

- Works
- Volunteers: If marked, skip to Section 2
- Is Unemployed: If marked, skip to Section 2
- Attends School: If marked, skip to Section 2
- Is Retired: If marked, skip to Section 2

3. Which of the following services do you provide the individual? (Mark all that apply)

<i>Non-Residential Living Support</i>	<i>Location</i>	<i>Paid or Unpaid</i>
<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Disability specific work site (e.g. Enclave Work) <input type="checkbox"/> In the community located within the greater community (amongst other private business, retail business, restaurants)	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
<input type="checkbox"/> Out of Home Non-Vocational Services	<input type="checkbox"/> Disability specific work site (e.g. Day Program) <input type="checkbox"/> In the community located within the greater community (amongst other private business, retail business, restaurants)	
<input type="checkbox"/> Pre-Vocational Services	<input type="checkbox"/> Disability specific work site (e.g. Workshop) <input type="checkbox"/> In the community located within the greater community (amongst other private business, retail business, restaurants)	

4. Does the employment setting allow individuals to negotiate and/or arrange their work schedules (hours or days worked) in a similar manner as co-workers who do not receive Medicaid funded HCBS services?

- Yes

No: If marked, why? [Click here to enter text.](#)

5. Does the employment setting allow individuals to negotiate and/or arrange their breaks and/or lunch times in a similar manner as co-workers who do not receive Medicaid funded HCBS services?

Yes

No: If marked, why? [Click here to enter text.](#)

6. Does the employment setting allow individuals to arrange their employee benefits (paid time off, medical benefits) in a similar manner as co-workers who do not receive Medicaid funded HCBS services?

Yes

No: If marked, why? [Click here to enter text.](#)

7. Do individuals perform work tasks similar to co-workers who do not receive Medicaid funded HCBS services?

Yes

No: If marked, why? [Click here to enter text.](#)

8. Do individuals interact with individuals from the community or the public during work?

Yes

No: If marked, why? [Click here to enter text.](#)

9. Do individuals have access to or control over their work earnings?

Yes

No: If marked, why? [Click here to enter text.](#)

10. Do individuals who need personal assistance at work receive this support in a private, appropriate place?

Yes

No: If marked, why? [Click here to enter text.](#)

**Provide additional evidence 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 following questions should be completed in partnership with the setting's Pre-Paid Inpatient Health Plan.

1. Do staff receive training and continuing education on individual rights and protections as outlined in the home and community based services rules?  
Yes  
No
2. Are provider policies outlining the individual's rights, protections, and expectations of services and supports provided to the individual in and understandable format?  
Yes  
No
3. Have individuals been provided with the opportunity to receive services and support in the community with individuals who do not receive Medicaid HCBS funded services?  
Yes  
No
4. Have individuals been provided with information on how to request a new non-residential setting?  
Yes  
No: If marked, why? Click here to enter text.
5. If an individual has a Positive Behavioral Support Plan, is this documented in the Habilitation Supports Waiver Plan of Service?  
Yes  
No: If marked, why? Click here to enter text.

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

## Glossary

**BCAL:** Bureau of Children and Adult Licensing

**CMHSP:** Community Mental Health Service Program

**HCBS:** Home and Community Based Services through Medicaid waiver program (e.g. Habilitation Supports Waiver)

**HSW:** Habilitation Support Waiver

**IPOS:** Individual Plan of Service

**PIHP:** Pre-paid Inpatient Health Plan

**“As appropriate”:** When it is specified in an individual’s Personal Safety Plan, Positive Behavior Support Plan, Physician’s Orders, or other similar protocol unique to the individual.

**Individual Plan of Service:** The services and supports that will assist the individual to work towards one’s desired goals and outcomes as defined through the person centered planning process. The services and supports must be medically necessary and defined in terms of amount, scope, and duration.

**Person-Centered Planning:** A way for individuals to plan their lives with the support and input from those who care about them. The process is used for planning the life that the individual aspires to have—taking the individual’s goals, hopes, strengths, and preferences and weaving them in plans for a life with meaning. The process is used anytime an individual’s goals, desires, circumstances, preferences, or needs change.

**Positive Behavioral Support Plan:** An individual need that is identified in the person-centered planning process. The individual or his/her legal representative must be given prior consent to implementation of the plan. Plans that incorporate restrictive or intrusive techniques must be reviewed and approved/disapproved by the local PIHP Behavioral Treatment Committee (Habilitation Supports Waiver).