

## Non-Residential Provider Survey for the Habilitation Supports Waiver

1.1 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 (1)
- Contact Phone Number (2)
- Contact Email Address (3)

1.2 The respondent is:

- Home Manager (1)
- Waiver Entity (Pre-Paid Inpatient Health Plans or Community Mental Health Service Provider) (2)
- Direct Support Worker (3)
- Other, please specify: (4) \_\_\_\_\_

If Home Manager Is Selected, Then Skip To Instructions: Provide a response to e...If Waiver Entity (Pre-Paid Inp... Is Selected, Then Skip To Instructions: Provide a response to e...If Other, please specify: Is Selected, Then Skip To Instructions: Provide a response to e...

Answer If The respondent is: Direct Support Worker Is Selected

1.3 If Direct Support Worker, please specify:

- Provider of Residential Supports (1)
- Provider of Non-Residential Supports (2)
- Click to write Choice 3 (3)

1.4 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 (1)
- National Provider Identification Number (NPI) (2)
- If NPI is not available, enter the Employer Identification Number (EIN Number) (3)
- Address (4)
- City, State, Zip Code (5)
- Phone Number (6)

2.1 What is the person's Habilitation Waiver Supports Application (WSA) Identification Number? 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.

2.2 Which of the following does the individual do? (mark all that apply)

- Works (1)
- Volunteers (2)
- Is Unemployed (3)
- Attends School (4)
- Is Retired (5)

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

	Disability specific work site (e.g. enclave work, day program, or workshop for people with disabilities) (1)	In the community located within the great community amongst other private business, retail business, restaurants (2)	Do not provide the individual this service. (3)
Supported Employment (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of Home Non-Vocational Services (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-Vocational Services (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer If Which of the following services do you provide the individual? (Mark all that apply) Supported Employment - Disability specific work site (e.g. enclave work, day program, or workshop for people with disabilities) Is Selected Or Which of the following services do you provide the individual? (Mark all that apply) Supported Employment - In the community located within the great community amongst other private business, retail business, restaurants Is Selected

2.4 Is this is paid or unpaid work?

- Paid (1)
- Unpaid (2)

2.5 Does the employment setting allow individuals to negotiate and/or arrange their work schedule (hours or days worked) in a similar manner as co-workers who do not receive Medicaid funded Home and Community Based Services (HCBS)?

- Yes (1)
- No (2)

Answer If Does the employment setting provide individual with the opportunity to negotiate and/or arrange their work schedule similar to workers who do not receive Medicaid funded Home and Community Based Se... No Is Selected

2.6 If no, why?

2.7 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 Home and Community Based Services?

- Yes (1)
- No (2)

Answer If Does the employment setting provide individuals with the following similar to co-workers who do not receive Medicaid funded Home and Community Based service: breaks and/or lunch times? No Is Selected

2.8 If no, why?

2.9 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 Home and Community Based Services?

- Yes (1)
- No (2)

Answer If Does the employment setting provide individuals with the following similar to co-workers who do not receive Medicaid funded Home and Community Based service: employee benefits (vacation, medical be... No Is Selected

2.10 If no, why?

2.11 Do individuals perform work tasks similar to co-workers who do not receive Medicaid funded Home and Community Based Services?

- Yes (1)
- No (2)

Answer If Do individuals perform work tasks similar to co-workers who do not receive Medicaid funded Home and Community Based Services? No Is Selected

2.12 If no, why?

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

- Yes (1)
- No (2)

Answer If Do individuals interact with individuals from the community/public during work?<o:p></o:p> No Is Selected

2.14 If no, why?

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

- Yes (1)
- No (2)

Answer If Do individuals have control of their work earnings? No Is Selected

2.16 If no, why?

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

- Yes (1)
- No (2)

Answer If Do individuals who need personal assistance receive this support as they desire? No Is Selected

2.18 If no, why?

2.19 Provide additional evidence to support responses in Section 1: Individual Experience for Non-Residential Settings

3.1 Do staff receive training and continuing education on individual rights and protections as outlined in the home and community based services rules?

- Yes (1)
- No (2)

3.2 Are provider policies outlining the individual's rights, protections, and expectations of services and supports provided to the individual in an understandable format?

- Yes (1)
- No (2)

3.3 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 (1)
- No (2)

3.4 Have individuals been provided with information on how to request a new non-residential setting?

- Yes (1)
- No (2)

3.5 If an individual has a Positive Behavioral Support Plan, is this documented in the Habilitation Supports Waiver Plan of Service?

- Yes (1)
- No (2)

3.6 Provide additional evidence to support responses in Section 2: Waiver Administration and Policy Enforcement of Non-Residential Settings