

**Michigan Developmental Disabilities Institute, Wayne State University**  
Michigan Home and Community Based Service Transition Project

**B Provider Survey FY 2017**

Expected respondent: The Home and Community Based Waiver (HCBS) service Provider who has direct knowledge of the individual's day-to-day supports and/or the operational and administrative activities of the provider agency. Provide the respondent's contact information for further questions:

Name:

Position/Title:

Contact Phone Number:

Contact Email Address:

Instructions: Provide a response to each question, taking into consideration the individual identified in the email. 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. Note: If you have general questions about completing the survey or need survey assistance, please contact your Pre-Paid Inpatient Health Plan (PIHP) Home and Community Based Service (HCBS) Lead Coordinator. Click on this link for a list of HCBS Coordinators: [http://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_2943-334724--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html). If you have specific questions about the HCBS statewide transition process, the heightened scrutiny process, or the survey process, please email your questions to the Michigan Department of Health and Human Services Habilitation Supports Waiver Program at [HCBSTransition@michigan.gov](mailto:HCBSTransition@michigan.gov).

Name of Agency

Address

City

State

Postal code

Email Address

Contact Phone Number

Is the agency licensed by the Michigan Department of Human Services, Bureau of Children and Adult Licensing (BCAL)?

Yes

No

What is the Michigan Department of Human Services, Bureau of Children and Adult Licensing (BCAL) number?

If BCAL number is not available, enter the National Provider Identification (NPI) Number or the Employer Identification Number (EIN).

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What is the person's Waiver Supports Application (WSA) Identification Number identified in the cover email? Note: Please contact the Pre-Paid Inpatient Health Plan (PIHP) Home and Community Based Service Lead Coordinator (HCBS) to identify the individual via the WSA number. Enter this number, then complete the survey describing the supports provided to this person. Click on this link for a listing of the HCBS Lead

Coordinators: [http://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_2943-334724--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html).

Are the individual's services (Skill Building, Supported Employment or Community Living Supports) 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.

- Yes
- No

Are the individual's services (Skill Building, Supported Employment, or Community Living Supports) 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.

- Yes
- No

Does the individual 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. See Michigan Medicaid Provider Manual for further information (<http://www.mdch.state.mi.us/dch-medicare/manuals/MedicaidProviderManual.pdf>).

- Yes
- No

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**Skill Building**

Skill Building Definition: This service will help an individual gain, keep, or improve skills in self-help, socializing, or everyday skills. See Michigan Medicaid Provider Manual for further information (<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>).

Did the individual pick the agency who provides them with skill building services and support?

- Yes
- No

Did the individual pick the direct support workers who provide them with skill building services and support?

- Yes
- No

Did the individual 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)?

- Yes
- No

Is accessible transportation available to the individual to make trips within their larger community? Note: Accessible transportation means that the individual has transportation services to go where and when they want to travel.

- Yes
- No

Can the individual (with or without supports) control their personal schedule of daily appointments and activities?

- Yes
- No

If the individual is receiving training in personal care, do they receive the training in private?

- Yes
- No
- Individual does not receive training in personal care

Does the individual know who to call to file an anonymous complaint related to their skill building services?

- Yes
- No

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

- Yes
- No

Does the individual 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. See Michigan Medicaid Provider Manual for further information (<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>).

- Yes
- No

**Supported Employment**

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

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

Does the individual receive payment for their work?

- Yes
- No

Did the individual pick the direct support workers who provide them with employment services and support?

- Yes
- No

Did the individual 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)?

- Yes
- No

Can the individual choose their employment-related service provider?

- Yes
- No

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Can the individual manage their own work earnings?

- Yes
- No

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

- Yes
- No
- Does not apply, the individual is self-employed or a small business owner

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

- Yes
- No
- Does not apply, the individual is self-employed or a small business owner

Does the individual have employee benefits (paid time off, medical benefits) similar to their co-workers who do not receive Home and Community Based Services?

- Yes
- No
- Does not apply, the individual is self-employed or a small business owner

Does the individual perform tasks similar to their co-workers who do not receive Home and Community Based Services?

- Yes
- No
- Does not apply, the individual is self-employed or a small business owner

If the individual needs personal assistance at work, do they receive it in private?

- Yes
- No
- Does not apply, the individual does not need personal assistance at work.

Does the individual have access to transportation to get to work?

- Yes
- No

If public transit is limited or unavailable, does the individual have another way to get to work?

- Yes
- No

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Does the individual know who to call to file an anonymous complaint related to their work?

- Yes
- No

Can the individual choose a different work setting if they are not happy with their current setting or if they want to learn a new skill?

- Yes
- No

Does the individual receive Community Living Supports training and/or services? This service supports an individual's independence, productivity, and promotes inclusion and participation. See Michigan Medicaid Provider Manual for further information (<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>).

- Yes
- No

**Community Living Supports**

Do you provide Community Living Support to the individual in any of the following settings: specialized adult foster care home, a general adult foster care home, or a private residence that is owned by the PIHP, CMH, or a provider?

- Yes
- No

Did the individual pick the agency that provides them with community living supports and services?

- Yes
- No

Did the individual pick the direct support workers who provide them with community living supports and services?

- Yes
- No

Does the individual 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)?

- Yes
- No

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Does the individual receive all or most of the services and supports outside the home?

- Yes
- No

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

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

Is the individual's home the only home within their neighborhood that offers services to people with disabilities?

- Yes
- No

Does the individual have choice of roommates?

- Yes
- No
- I do not have roommates

Can friends and family visit the individual without rules on hours or times?

- Yes
- No

Does the individual have a place in the residence for private communication to use the telephone or internet?

- Yes
- No

Does the individual have a lease? Note: If the residential setting is an adult foster care home or other licensed residential setting and the individual has signed a "summary of resident rights", you can mark "Yes" to this question."

- Yes
- No
- The individual lives with family members or a spouse/partner

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Can the individual close and lock the bedroom door?

- Yes
- No

Can the individual close and lock the bathroom door?

- Yes
- No

Does the individual have access to food at any time?

- Yes
- No

Does the individual have full access to all public areas of the home (kitchen, dining room, bathroom, laundry area) at any time?

- Yes
- No

Can individuals choose what to eat?

- Yes
- No

Is the home physically accessible to all individuals?

- Yes
- No

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

- Yes
- No

Can the individual control their personal schedule of daily appointments and activities?

- Yes
- No

If the individual receives support in personal care, do they receive it in private?

- Yes
- No
- Does not apply, the individual does not receive supports in personal care.

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

- Yes
- No

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Can the individual come and go as they please (with or without support)?

- Yes
- No

Is accessible transportation available to the individual to make trips within their larger community? Note: Accessible transportation means that an individual has transportation services to go where and when they want to travel.

- Yes
- No

Does the individual know who to call to file an anonymous complaint related to their community living supports services?

- Yes
- No

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

- Yes
- No