



### **Residential Survey for MI Choice Waiver**

**Expected Respondent:** MI Choice Waiver Agency

Provide the respondent's contact information for further questions:

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

Position: [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:** 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. 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. Residential Support Provider Address: [Click here to enter text.](#)
- c. City, State, and Zip Code: [Click here to enter text.](#)
- d. If setting is licensed by the Michigan Department of Health & Human Services, Bureau of Children and Adult Licensing (BCAL), license number (if not licensed, leave blank): [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 survey, please contact the Michigan Department of Community Health at [HCBSTransition@michigan.gov](mailto:HCBSTransition@michigan.gov).

**Section 1: Provider Background of Residential Living Supports**

1. Type of residence or setting
  - a.  Specialized residential home
  - b.  Nursing Care Facility
  - c.  Assisted Living Facility
  - d.  Adult Foster Care
  - e.  Home for the Aged
  - f.  Other: If marked, why? [Click here to enter text.](#)
  
2. Does this setting accept residents who are receiving services through a Medicaid HCBS waiver program such as MI Choice, MI Health Link HCBS, or Habilitation Supports Waiver?
 

Yes: If marked, how many participants are currently enrolled in a Medicaid HCBS program? [Click here to enter text.](#)

No
  
3. Licensing and characteristics:
  - a. If this is a licensed living arrangement under BCAL, what is the maximum number of individuals the home is licensed to serve? [Click here to enter text.](#)
  - b. What is the total number of people living at the home? [Click here to enter text.](#)
  - c. Complete the table on Page 3 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 participate in this setting
Alzheimer’s or Dementia	<a href="#">Click here to enter text.</a>
Developmental Disabilities	<a href="#">Click here to enter text.</a>
Mental Illness	<a href="#">Click here to enter text.</a>
Physical Disabilities	<a href="#">Click here to enter text.</a>
Traumatic Brain Injury	<a href="#">Click here to enter text.</a>

## Section 2: Physical Location and Operations of Residential Living Supports

1. Is the residence 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: If marked, explain. [Click here to enter text.](#)  
 No
2. Does the provider operate or manage multiple home settings which are (1) on the same campus, (2) located close together, or (3) offer a continuum of care?  
 Yes: If marked, explain. [Click here to enter text.](#)  
 No
3. Is the residence intended for people with the same diagnoses or disabilities?  
 Yes: If marked, explain. [Click here to enter text.](#)  
 No

**Provide additional information to support responses in Section 2: Physical Location and Operations of Residential Setting:** [Click here to enter text.](#)

## Section 3: Community Integration of Residential Setting

1. Are there options for using services and supports outside of the residence instead of onsite services?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
2. Have individuals receiving Medicaid funded HCBS been provided with the opportunity to receive services and supports or participate in social and/or recreational activities in the same manner as individuals who are not receiving Medicaid funded HCBS?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)

3. Do individuals receiving Medicaid funded HCBS participate in any of the following activities of their 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.](#)

4. Visitors to the residence:

a. Does the residence have restrictions on visitors (hours or schedules)?

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

b. Does the residence allow for exceptions to the visiting hours to address special circumstances?

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

5. Can the MI Choice support coordinator visit at any time without permission?

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

**Provide additional information to support responses in Section 3: Community Integration of Residential Setting: [Click here to enter text.](#)**

#### **Section 4: Individual Rights within Residential Setting**

1. Does each individual have a lease or residential agreement for the residential setting?

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

2. Does the lease or residential agreement provide each individual who is receiving Medicaid funded HCBS with information on the eviction process and a means to appeal an eviction?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
3. Are provider policies outlining individual 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.](#)
4. Is information about filing a complaint posted in an obvious location in an understandable format?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
5. Are individuals informed about how to discuss their concerns with residence staff?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
6. Do individuals know the person to contact for completing an anonymous complaint?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
7. Does the setting protect the privacy of an individual's health and personal information?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
8. Does staff discuss individual resident issues in public spaces?  
 Yes: If marked, why? [Click here to enter text.](#)  
 No
9. Does staff address individuals in the manner in which the individual would prefer to be addressed?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)

10. Do individuals have access to their personal funds as appropriate?
- Yes
- No: If marked, why? [Click here to enter text.](#)
11. Do individuals have control over their personal funds as appropriate?
- Yes
- No: If marked, why? [Click here to enter text.](#)
12. Do individuals have a secure place (e.g. locker or lockbox) to store their personal belongings?
- Yes
- No: If marked, why? [Click here to enter text.](#)
13. Do individuals have options within the setting to choose who provides their services and supports?
- Yes
- No: If marked, why? [Click here to enter text.](#)
14. Are individuals able to update or change their services and supports that they receive based on their preferences and needs?
- Yes
- No: If marked, why? [Click here to enter text.](#)
15. Does the setting allow individuals to participate in legal activities as appropriate? (e.g. voting in public elections when 18 years of age or older)?
- Yes
- No: If marked, why? [Click here to enter text.](#)
16. Does staff receive training and continuing education on individual rights and protections?
- Yes
- No: If marked, why? [Click here to enter text.](#)
17. 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.](#)

**Provide additional information to support responses in Section 4: Individuals Rights of Residential Settings: [Click here to enter text.](#)**

## **Section 5: Individual Experience within Residential Setting**

### *Individual Preferences with Home Setting*

1. Individual Privacy and Doors
  - a. Can individuals close and lock their bedroom door?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
  - b. Do individuals have keys to their bedroom doors?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
  - c. Do bedroom doors have doorknobs that may be unlocked from inside with one motion (automatically unlocks with one turn of the knob)?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
  - d. Can individuals close and lock their bathroom door?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
  - e. Do bathroom doors have doorknobs that may be unlocked from inside with one motion (automatically unlocks with one turn of the knob)?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
  - f. Do staff members have a key or keypad access to individual bedroom doors?  
 Yes: If marked, why? [Click here to enter text.](#)  
 No
  - g. Do staff members have a key or keypad access to individual bathroom doors?  
 Yes: If marked, why? [Click here to enter text.](#)  
 No

- h. Do staff members respect individual privacy when entering an individual's personal space?
- Yes
- No: If marked, why? [Click here to enter text.](#)

2. Meals and Food

- a. Does the setting allow for individuals to have meals/snacks at the time and place of their choosing?
- Yes
- No: If marked, why? [Click here to enter text.](#)
- b. Can individuals choose what they eat, as appropriate?
- Yes
- No: If marked, why? [Click here to enter text.](#)
- c. Can individuals choose to eat alone or with other housemates?
- Yes
- No: If marked, why? [Click here to enter text.](#)

3. Clothes and Apparel

- a. Can individuals choose what clothes to wear?
- Yes
- No: If marked, why? [Click here to enter text.](#)
- b. Can individuals receive assistance with dressing if necessary?
- Yes
- No: If marked, why? [Click here to enter text.](#)

4. If an individual has access to a personal communications device (e.g., cell phone, landline phone, personal computer, tablet), can he or she use this device in private at any time?
- Yes
- No: If marked, why? [Click here to enter text.](#)

5. If an individual has access to a **shared** communication device (e.g., cell phone, landline phone, personal computer, tablet), can the device be used in a location that allows for private communication?
- Yes
- No: If marked, why? [Click here to enter text.](#)



6. Do individual bedrooms offer a telephone jack, wireless internet, or an Ethernet jack?
- Yes
- No: If marked, why? [Click here to enter text.](#)
7. If there are cameras and visual/audio monitors present in the individual's bedroom or bathroom, was the equipment installed to meet an assessed or documented need for the individual?
- Yes
- No: If marked, why? [Click here to enter text.](#)
- Not applicable
8. 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.](#)
- Not applicable
9. Do individuals who share a personal space/bedroom have a choice of roommate(s)?
- Yes
- No: If marked, why? [Click here to enter text.](#)
10. Do individuals have the freedom to furnish or decorate their own bedrooms?
- Yes
- No: If marked, why? [Click here to enter text.](#)
11. Do individuals arrange and control their personal schedule of daily appointments and activities?
- Yes
- No: If marked, why? [Click here to enter text.](#)

*Freedom of Access in the Home Setting*

12. Do individuals have full access to the home’s common areas? Complete the table below.

<i>Home’s Common Areas</i>	<i>Do individuals have full access?</i>	<i>Can individuals access these common areas at any time?</i>
Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dining Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry Room	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comfortable Seating Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bathroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the setting does not provide full access to the home’s common areas, please explain why there are restrictions: [Click here to enter text.](#)

13. Is there space within the home where individuals may meet with visitors to have private conversations?

Yes

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

14. Does the setting place restrictions on an individual’s ability to come and go from the home setting?

Yes: If marked, why? [Click here to enter text.](#)

No

15. Does the setting place restrictions on an individual’s ability to freely move about the inside space of the home setting?

Yes: If marked, why? [Click here to enter text.](#)

No

16. Does the setting place restrictions on an individual's ability to freely move about the outside space of the home setting?

Yes: If marked, why? [Click here to enter text.](#)

No

### *Physical Accessibility of the Home Setting*

17. Is the residence physically accessible to all individuals?

Yes

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

18. Are there environmental adaptations (grab bars, shower chairs, wheelchair ramps) within the setting to enhance the physical accessibility of the setting?

Yes

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

19. Are the household appliances within the setting physically accessible to all individuals?

Yes

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

20. Is the furniture at a height and location that is accessible and comfortable to all individuals?

Yes

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

21. Does the home have gates, locked doors, or other barriers preventing entrance or exit from common areas of the home (i.e. kitchen, dining area, laundry, comfortable seating area, and bathroom)?

Yes: If marked, where and why? [Click here to enter text.](#)

No

22. If available, do individuals who are receiving Medicaid funded HCBS have the same access to features of the housing community (e.g. pool, gym) the same as individuals who are not receiving Medicaid funded HCBS?

Yes

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

*Accessibility within the Community*

23. Is accessible transportation available for individuals to make trips within the community?

Yes

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

24. Do individuals have access to nearby public transportation?

Yes

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

25. If public transit is available, do individuals receive training or assistance with using public transit?

Yes

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

26. If public transit is limited or unavailable, do individuals have other resources to access the broader community?

Yes: What other resources? [Click here to enter text.](#)

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

**Provide additional information to support responses in Section 5: Individual Experience within Residential Setting: [Click here to enter text.](#)**

## Section 6: Waiver Administration and Policy Enforcement of Residential Settings

*These questions should be completed by the waiver entity.*

1. Did individuals have the opportunity to choose a residential setting from a variety of options?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
  
2. Did individuals have an option of choosing a residential setting with a private bedroom?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
  
3. Have individuals been provided with information on how to request new housing?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)
  
4. Do all individuals in the setting have a documented service plan and/or person-centered plan (e.g. Plan of Care)?  
 Yes  
 No: If marked, why? [Click here to enter text.](#)

**Provide additional information to support responses in Section 6: Waiver Administration and Policy Enforcement of Residential Settings:** [Click here to enter text.](#)