

Residential Survey for MI Choice Waiver

Expected Respondent: MI Choice Waiver Agency

Provide the respondent's contact information for further questions:

Name	
Title	
Waiver Agency	
Contact Phone Number	
Contact Email Address	

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	
b. Residential Support Provider Address	
c. City, State, Zip Code	
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):	
e. NPI (if no NPI, enter EIN)	
f. Contact Name	
g. Contact Phone Number	
h. Contact Email Address (where compliance letter will be sent after MDHHS review)	

Note: If you have questions about completing the survey, please contact the Michigan Department of Community Health at 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?

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?

 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?
 - b. What is the total number of people living at the home?
 - c. 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 participate in this setting
Alzheimer's or Dementia	
Developmental Disabilities	
Mental Illness	
Physical Disabilities	
Traumatic Brain Injury	

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.
 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.
 No

3. Is the residence intended for people with the same diagnoses or disabilities?
 Yes: If marked, explain.
 No

Provide additional information to support responses in Section 2: Physical Location and Operations of Residential Setting:

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?

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?

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:

4. Visitors to the residence:
 - a. Does the residence have restrictions on visitors (hours or schedules)?
 Yes: If marked, why?
 No
 - b. Does the residence allow for exceptions to the visiting hours to address special circumstances?
 Yes
 No: If marked, why?
5. Can the MI Choice supports coordinator visit at any time without permission?
 Yes
 No: If marked, why?

Provide additional information to support responses in Section 3: Community Integration of Residential Setting:

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?
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?
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?
4. Is information about filing a complaint posted in an obvious location in an understandable format?
 Yes
 No: If marked, why?
5. Are individuals informed about how to discuss their concerns with residence staff?
 Yes
 No: If marked, why?

6. Do individuals know the person to contact for completing an anonymous complaint?
 Yes
 No: If marked, why?

7. Does the setting protect the privacy of an individual's health and personal information?
 Yes
 No: If marked, why?

8. Does staff discuss individual resident issues in public spaces?
 Yes: If marked, why?
 No

9. Does staff address individuals in the manner in which the individual would prefer to be addressed?
 Yes
 No: If marked, why?

10. Do individuals have access to their personal funds as appropriate?
 Yes
 No: If marked, why?

11. Do individuals have control over their personal funds as appropriate?
 Yes
 No: If marked, why?

12. Do individuals have a secure place (e.g. locker or lockbox) to store their personal belongings?
 Yes
 No: If marked, why?

13. Do individuals have options within the setting to choose who provides their services and supports?
 Yes
 No: If marked, why?

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?

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?

16. Does staff receive training and continuing education on individual rights and protections?
 Yes
 No: If marked, why?
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?

Provide additional information to support responses in Section 4: Individuals Rights of Residential Settings:

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?
 - b. Do individuals have keys to their bedroom doors?
 Yes
 No: If marked, why?
 - 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?
 - d. Can individuals close and lock their bathroom door?
 Yes
 No: If marked, why?
 - 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?
 - f. Do staff members have a key or keypad access to individual bedroom doors?
 Yes: If marked, why?
 No

- g. Do staff members have a key or keypad access to individual bathroom doors?
 - Yes: If marked, why?
 - No

- h. Do staff members respect individual privacy when entering an individual's personal space?
 - Yes
 - No: If marked, why?

- 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?

 - b. Can individuals choose what they eat, as appropriate?
 - Yes
 - No: If marked, why?

 - c. Can individuals choose to eat alone or with other housemates?
 - Yes
 - No: If marked, why?

- 3. Clothes and Apparel
 - a. Can individuals choose what clothes to wear?
 - Yes
 - No: If marked, why?

 - b. Can individuals receive assistance with dressing if necessary?
 - Yes
 - No: If marked, why?

- 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?

- 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?

6. Do individual bedrooms offer a telephone jack, wireless internet, or an Ethernet jack?
- Yes
 - No: If marked, why?
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?
 - 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?
 - Not applicable
9. Do individuals who share a personal space/bedroom have a choice of roommate(s)?
- Yes
 - No: If marked, why?
10. Do individuals have the freedom to furnish or decorate their own bedrooms?
- Yes
 - No: If marked, why?
11. Do individuals arrange and control their personal schedule of daily appointments and activities?
- Yes
 - No: If marked, why?

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 checked="" 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:

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

- Yes
- No: If marked, why?

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

- Yes: If marked, why?
- 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?
- 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?
- No

Physical Accessibility of the Home Setting

17. Is the residence physically accessible to all individuals?

- Yes
- No: If marked, why?

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?

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

- Yes
- No: If marked, why?

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

- Yes
- No: If marked, why?

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?
- 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?

Accessibility within the Community

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

- Yes
- No: If marked, why?

24. Do individuals have access to nearby public transportation?

- Yes
- No: If marked, why?

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

- Yes
- No: If marked, why?

26. If public transit is limited or unavailable, do individuals have other resources to access the broader community?
- Yes: What other resources?
 - No: If marked, why?

Provide additional information to support responses in Section 5: Individual Experience within Residential Setting:

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?

2. Did individuals have an option of choosing a residential setting with a private bedroom?
 - Yes
 - No: If marked, why?

3. Have individuals been provided with information on how to request new housing?
 - Yes
 - No: If marked, why?

4. Do all individuals in the setting have a documented person centered service plan?
 - Yes
 - No: If marked, why?

Provide additional information to support responses in Section 6: Waiver Administration and Policy Enforcement of Residential Settings:.