



**CRSP MEETING RECAP
Monday, October 3, 2022
11:00 a.m. – 12:15 p.m.**

1. **If you would like to chat more about Behavioral Health Homes, please send an email to Emily Patterson at epatterson@dwihn.org.**

2. **Don't residential providers have access to the key documents through MHWIN?**

It is the assigned CRSP's responsibility to ensure the residential provider has all the required member documentation and training in hard copy format for monitoring and auditing purposes. This has always been the expectation. If the CRSP provider has other suggestions or recommendations and would like to work directly with the residential provider on that that would be welcome as well.

3. **We get CRSP Termination emails when a member elects to leave our organization and goes to another CRSP. Can you clarify how we are notified when someone comes to our organization from another CRSP?**

The notifications are there that are tied into CRSP change process. If you are not receiving those notifications, please send me specific details and I will investigate and respond. Bonnie Herndon, bherndon1@dwihn.org

4. **Many documents from Clinical providers are in MHWIN. Are you indicating that the SC will need to copy the documents and then take them to the residential provider? Can't the residential provider pull documents from MHWIN?**

It is the assigned CRSP's responsibility to ensure the residential provider has all the required member documentation and training in hard copy format for monitoring and auditing purposes. This has always been the expectation. If the CRSP provider has other suggestions or recommendations and would like to work directly with the residential provider on that that would be welcome as well.



5. **The platform for checking the HEDIS measures is typically down. Are the technical issues resolved? Also, can the CRSPs be notified when the system is down? Maybe receive a notification?**

All problems have been resolved.

6. **Thank you for the (i)SPA update. Please email out any documentation that indicates how to complete the MDHHS 5932 form to njefferson@sfish.org Thank you!**

We will be holding a training on 1915iSPA and the utilization of forms. We will send a follow-up as well. If you need a copy of the latest power point from MDHHS, please feel free to reach out to Tashalee Denham at tdenham@dwihn.org or Ebony Reynolds at ereynolds@dwihn.org

7. **When a consumer is adopted, do they get a new profile/member ID in MHWIN? If so, how do I go about initiating that?**

No, we will need to obtain the adoption paperwork with the new name, upload to their chart, make notes in alias section of the consumer's chart and update the new name.

8. **Is there an inherent contradiction between the Behavioral Health Home model and conflict free case management? One is designed to be "one stop shopping" and the other indicates you must declare other resources for services? Am I looking at this incorrectly?**

Case Management is a completely separate service from Behavioral Health Home services. Someone can be getting Behavioral Health Home services at one provider and still get case management services at another. It is a care coordination model connecting all treatment services together.

9. **Where is the case transfer or re-entry form for Autism found in the member's chart? Or is this form found on the DWIHN's website? If so, may the website be given? Thank you**

The ASD Benefit Case Transfer and Re-entry Form is located on www.dwihn.org under the Autism Provider section of the tools and forms. The direct link can be found at: <https://www.dwihn.org/autism-forms-guidelines-tools>



10. **Can we be provided a copy of the questions for the HCBS Waiver?**

Please see attached documents.

11. **Can DWIHN specifically state how many access slots it expects each CRSP to have open in their Access calendar each week? What is the CRSP contractual expectation (so we are all on the same page volume wise)?**

DWIHN does not currently provide that number as all organizations are different sizes and have different staff ratios and capacity. DWIHN has started to track the number of persons requesting a specific provider and were not able to get an appointment due to capacity. This can help providers to see how many people a month are being scheduled vs turned away for planning purposes.

12. **How will referrals be managed once the DWIHN site is up and providing services?**

DWIHN referral process is that same for any clinical provider. DWIHN looks at member choice, geographic location, capacity, and services provided.

13. **Will DWIHN be considered the CRSP for members in which they provide direct serviced? Or will those individuals still have assigned CRSP and the DWIN services will serve as a safety net?**

DWIHN is still internally reviewing clinical service provision and will share specific information once available.

14. **Should residential providers not have anyone placed in those specific settings that the client has to transition out of it? Are the residential providers able to move the client to another setting within their agency? Or would the client move to a new provider? With all the closures of AFC homes over the last two years, are the available settings to transitioning clients are the places on the list of HCBS list? May there be given an email to allow the guardians and clients to communicate to DWIHN who have questions about why the move has to take place?**



- A. According to MDHHS, the challenges with Non-Compliance, Non-Responsiveness and/Heightened Scrutiny is only specific to the Member who was identified by the State as requiring a “Transition Pathway” Plan. Therefore, if a Member that is identified by MDHHS does move from their present residence leaving a vacancy, the provider is able to receive a new referral as long as the residence meets the incoming Member’s needs and required supports for their person-centered planning. This may change in further enforcement by MDHHS’ process with the implementation of HCBS.
- B. Residential Providers may offer one of their “open” beds in their other homes as long as the identified Member through a Person-Centered Planning chooses that option with other options being provided if available and appropriate for the Member’s needs and has the required supports. The Person-Centered Planning must be used in this process. The planning driven by the Member’s needs and required supports in choosing an appropriate residence. The home also needs to in HCBS compliance.

The Member may move to a “new” provider if the Member chooses to retain their HCBS Supports (“Transition Pathway #4). The Member through their Person-Centered Planning chooses to move to another provider’s residence that meets their needs and required supports can be met in that environment. The home also needs to be in HCBS Compliance.

- C. The Residential Quality Specialists and the Quality Administrator are available to discuss the process of Member “Transition”. Please be advised that DWIHN was told the response and remediation period was closed and that Member “Transition” Planning must be completed by March 1, 2023. As per MDHHS, this process is mandated to move forward with the Member being provided the Person-Centered Planning to be receive the information to choose to remain at their current residence which was deemed Non-compliant, Non-Responsive and/or on Heightened Scrutiny, and they understand they will no longer be able to have their HCBS Supports paid for by Medicaid Monies while they reside at that residence. If they choose to retain their HCBS Services and Benefits, they will need to participate and choose their next residence.

There is an e-mail portal where individuals and providers can reach out for further guidance and/or comment as to their personal situations, please provide the person making the inquiry with the WSA ID# to facilitate matters. HCBSTransition@michigan.gov

DWIHN Response to HCBS Transition of Members and DWIHN HCBS Transition Tracking Reporting Process

Background:

HCBS Compliance Activities

“MDHHS recently surveyed settings that were initially non-responsive to previous survey activities designed to assess a setting’s compliance with HCBS requirements. As a result of those recent MDHHS reviews, a number of settings were found to require heightened scrutiny status. Due to previously identified time constraints, MDHHS will not complete a heightened scrutiny review process on those settings and the identified waiver participants for whom the survey was completed must be transitioned from HCBS or to HCBS compliant settings.”

Work Product Requirements:

Required Transition and Transition Tracking

“Settings which have failed to successfully exit Heightened Scrutiny status are not compliant with HCBS requirements and will be required to initiate transition activities for individuals who received HCBS at or through the setting. *Those settings and associated PIHPs/CMHSPs will need to initiate and report those transition activities to MDHHS. All transition activities must be completed no later than March 1, 2023.*”

All tracking will be recorded on the Excel Spreadsheet provided by MDHHS titled, “Region 7 Transition Tracking Template initial 9 14 22.xlsx”.

Depending on the Member’s Transition Pathway, there will be required monthly documentation, evidence and progress of contacts/planning for their Individual Transition Planning.

These reports are due for all the identified members, on the specified spreadsheets twice a month with the first report due to MDHHS on October 3, 2022 (10/3/2022). These reports are to be submitted for each member until they are replaced and MDHHS acknowledges the replacement. Update to previous deadline is that all transitional activities for and behalf of the member must be completed by March 1, 2023.

Procedures:

FTP Documentation and Evidence Submission (Please refer to FTP Guidance Document):

The file transfer protocol site will be used as the mechanism for CMHSP Heightened Scrutiny leads to upload updated copies of the Transition Tracking spreadsheet and other required supporting documentation to MDHHS.

Submission Due Dates

“The first submission is due on October 3, 2022. Updates are required to be submitted on the 1st and 15th of each month, with the final update due March 1, 2023. PIHPs/CMHSPs are encouraged to conduct the transition work as quickly as possible to ensure there are adequate resources to address any additional transitions that may be required following MDHHS’ submission of HS cases to CMS.”

The CRSPs must submit their documentation, information and progress of the contacts/planning for the Individuals/Members and their Transition Planning on the on the designated date as noted by the “HCBS Transition CRSP Reporting Grid Final 9-28-2022.xlsx” by 12:00PM (Noon) to the attention of the Heightened Scrutiny Lead. Due Dates are indicated on each tab.

Transition Pathways (Status of Member & Evidence/Documentation and Reporting):

Transition activities must result in a cessation of the use of Medicaid HCBS funding for identified settings.

Accordingly, options are limited to one of the following four pathways (Refer to Transitions Tracking Flowchart.xlsx and HCBS Transition Tracking Reporting Requirements Document):

- 1) Settings and CMHSPs/PIHPs can confirm that the past delivery of HCBS services to an individual on the Transitions Tracking list by the setting was in error and provide attestations from the provider, the CMHSP and the PIHP that mechanisms have been put in place to assure that there will be no future HCBS service delivery or payment for HCBS services provided at the setting. **(Member Status: The Home and Community Based Services were provided or reported in error.)**

Evidence Documentation Required:

- a) ***Prepare and submit Signed Attestations from the Provider and the CMHSP confirming that past HCBS service delivery at or stemming from the setting were reported in error and describe the mechanisms that have been implemented to assure that there will be no future HCBS service delivery or HCBS payment for services provided at or stemming from the setting.***
 - b) ***Upload a copy of the individual's current IPOS supporting that the individual is not receiving HCBS services at or through the setting.***
- 2) Settings and CMHSPs/PIHPs can confirm that an individual on the Transitions Tracking list will continue to reside or receive services at the setting, but provide detail and assurances that address how the funding for services will be transitioned from HCBS funding to other sources (i.e., general fund allocations, private funds, other). **(Member Status: The Home and Community Based Services were not provided or reported in error, and non-HCBS funding sources will be used in the future to support the individual's continued service receipt at the setting.)**

Evidence Documentation Required:

- a) ***Prepare and submit Signed Attestations from the Provider and the CMHSP that: i) confirms that past HCBS service delivery at or stemming from the setting were not in error; ii) identifies the date by which HCBS service delivery or HCBS payment for services provided at or stemming from the setting will cease; and iii) identifies the source of the funding that will be used to support the individual's continued service receipt at the setting.***
- b) ***Upload a copy of the individual's current IPOS supporting that the individual is not receiving HCBS funded services at or through the setting.***

- 3) Settings and CMHSPs/PIHPs can confirm that an individual on the Transitions Tracking list received Home and Community Based Services from the setting in the past, but that the individual has now chosen to end or pause receiving the identified Home and Community Based Service(s) from the setting until such time as MDHHS decides that the setting is compliant with HCBS requirements. **(Member Status: The Home and Community Based Services were i) not provided or reported in error; and ii) non-HCBS funding sources will not be used in the future to support the individual's continued service receipt at the setting; and iii) the individual will choose to end or pause the identified services.)**

Evidence Documentation Required:

- a) ***Prepare and submit Signed Attestations from the Provider and the CMHSP that: i) confirm that the individual has chosen to end or pause previously received Home and Community Based Services; and ii) identifies the date on which HCBS will end or pause.***
 - b) ***Upload a copy of the individual's current IPOS supporting that the individual has chosen to stop or pause receiving Home and Community Based Services provided at or through the setting.***
- 4) CMHSPs/PIHPs can initiate and complete transition activities with individuals on the Transition Tracking list. Those activities must result in the individual transitioning from their current residential or non-residential provider to a new setting that is not prohibited from providing Home and Community Based Services. **(Member Status: The HCBS services were: i) not reported in error, and ii) non-HCBS funding sources cannot be used to pay for services delivered to the individual at or through the setting; and iii) the individual has not chosen to end or pause receiving Home and Community Based Services, then the individual will need to transition to another setting in order to continue to receive HCBS funded services and supports.)**

Evidence Documentation Required:

- a) ***Transition Discussions were initiated with the individual need documentation for dates of discussion.***
- b) ***Upload a copy of the individual's pre-transition Individual Plan of Service***
- c) ***Upload a copy of the individual's updated individual plan of service that addresses the individual's transition from the non-HCBS compliant setting to the new HCBS compliant setting***

- d) Record and submission of the name of the Setting to where the individual will be transitioning.*
- e) Record and submission of the address of the Setting to where the individual will be transitioning.*
- f) Record and submission of the name of the provider for the setting the individual will be transitioning.*
- g) Record and submission of the date by which the individual transitioned to the new setting.*
- h) If the new setting is a licensed AFC, a copy of the individual's Residential Care Agreement for the new setting is required to be recorded and submitted*

NOTE:

- 1) ALL EVIDENCE and DOCUMENTATION is required to be submitted by FTP Protocol to MDHHS (Reference FTP Guidance)
- 2) ALL EVIDENCE and DOCUMENTATION is required to be tracked and recorded on the “Region 7 Transition Tracking Template initial 9 14 22.xlsx”.

Detroit Wayne Integrated Health Network Coordinated Response

- 1) CMHSP and/or PIHP Heighted Scrutiny Lead (Eugene Gillespie) received HCBS Tracking Process from Tom Renwick leading the coordinated project with the Michigan Department of Health and Human Services and Michigan State University Institute of Health Policy. (Completed 9-14-2022)
- 2) Heightened Scrutiny Lead reports and discusses process with Quality Department Administrator. (Completed 9-14-2022)
- 3) Quality Director send out a General Information and Guidance E-mail to Executive Leadership, Departmental Leadership and Key Staff regarding this MDHHS Project (Completed 9/15/2022)
- 4) Heighted Scrutiny Lead and Quality Administrator discusses and develops draft ideas and next steps with Quality Director (Completed 9/16/2022)
- 5) Quality Administrator coordinates Internal Meeting with Departmental Leadership and Key Staff for 9/21/2022. (Completed 9/16/2022)
- 6) Heighted Scrutiny Lead submits questions for guidance and clarification to MDHHS (Mille Shepard and Cory Page) (Completed 9/19/2022) (Received Follow-up 9/20/2022).
- 7) Heightened Scrutiny Lead develops draft of Coordinated Response and submits to Quality Administrator and Director for Review (Due 9/21/2022)
- 8) Information and Planning Meeting with Next Steps Meeting on 9/21/2022.

Invited:

- Customer Service
 - Managed Operations
 - ORR
 - Residential
 - UM
 - Legal
- 9) Heighted Scrutiny Lead will develop a Reporting Document and Format for CRSPs to submit their required information, evidence and progress of Contacts with their Members for the HCBS Transition Process.
 - 10) Heightened Scrutiny Lead will schedule meetings with CRSPs for Discussion and Training regarding the Identified Members who will need to have a Transition Plan and

need to be reported to MDHHS. List of Members (Identified by MHWIN #'s) will be e-mailed [SECURE] to respective CRSP Quality Directors. (Due 9/22/2022)

- 11) Meetings/Trainings with Identified Clinically Responsible Service Providers (CRSPs) (Heightened Scrutiny Lead will train CRSPs on Internal Reporting Document) 9/26/2022 to 9/28/2022
- 12) Submission of Initial Required Information from CRSPs and Progress of Contacts with Identified Members due 9/30/2022 to the Heightened Scrutiny Lead by 12:00PM (Noon)
- 13) Heightened Scrutiny Lead will submit via FTP the Transition Tracking Template and related Evidence and Documentation to MDHHS on 10/3/2022.
- 14) CRSPs will submit the second set of required information, documentation and progress of the contacts/planning for the Individual Members and their Transition Planning on 10/12/2022 by 12:00PM (Noon).
- 15) Heightened Scrutiny Lead will submit via FTP the Transition Tracking Template and related Evidence and Documentation to MDHHS on 10/3/2022 & 10/15/2022.
- 16) Subsequent Submission of Documentation and Progress are due to MDHHS on the 1st and 15th of the subsequent months. The CRSPs must submit their documentation, information and progress of the contacts/planning for the Individual Members and their Transition Planning on Thursday of the Week Before the Due Date by 12:00PM (Noon) to the attention of the Heightened Scrutiny Lead. (For example Due Date to MDHHS: 11/1/2022; CRSP Due Date: 10/27/2022 and Due Date to MDHHS: 11/15/2022; CRSP Due Date: 11/10/2022) (Please note 11/11/2022, DWIHN is closed therefore the earlier date.)
- 17) Heightened Scrutiny Lead will assure submission via FTP the Transition Tracking Template and related Evidence and Documentation to MDHHS by the 1st and 15th of each subsequent month until 3/1/2023. (ALL TRANSITIONS FOR MEMBERS are to be completed prior to 3/1/2023 with the last report due to MDHSS by 3/1/2023.)

OPERATIONAL NOTE: There will need to be coordination with Residential and the CRSPs to assure that the Member, their Guardian and their Support System is Informed of the Members Options and in some cases where certain choices may result in “relocation (where Member chooses to be relocated), loss of services (where members chooses to stay at “non-compliant location or members choose to cancel or pause their HCBS Services), loss of financial resources for services (where members chooses to stay at “non-compliant location or members choose to cancel or pause their HCBS Services). All documentation especially the IPOS needs to indicate Member’s/Individual’s participation and choice in the process. Other departments such as Customer Service may need to provide guidance due to the Member’s/Individual’s change in benefits where required (Loss of Services; Loss of Funding).

PLANNING NOTE: There may be a need for the Heightened Scrutiny Lead to meet with the CRSPs on a Monthly Basis to ascertain process and progress of the Transition Planning for the Identified Members/Individuals.

IMPACT:

- The number of members impacted was 58 * (As reported by MDHHS)
- The number of providers impacted was 28
- The providers with multiple members impacted 6
- The actual number of members impacted is 56
(1 Member Duplicated; 1 Member Deceased)

1915 (i) SPA Provider Survey FY 2020

Start of Block: Your Information and Instructions

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, please contact the Michigan Developmental Disabilities Institute at Wayne State University via email at hcbs@wayne.edu. If you have specific questions about the HCBS Waivers or the statewide transition process, please contact the Michigan Department of Health and Human Services at HCBSTransition@michigan.gov.

Enter the address information for the physical location where the individual is receiving service(s):

Name of Agency _____

Address _____

City _____

State _____

Postal code _____

Email Address _____

Contact Phone Number _____

Page Break _____

The Michigan Department of Human Services, Bureau of Children and Adult Licensing (BCAL) License Number, National Provider Identification (NPI) Number, or Employer Identification Number (EIN) associated with **#{Q2/ChoiceTextEntryValue/13}** is: **#{e://Field/LicenseNumber}**.

Is this number correct?

- Yes
 - No (please enter correct BCAL, EIN, or NPI)
-

End of Block: Your Information and Instructions

Start of Block: Section 1:

What is the person's Waiver Supports Application (WSA) Identification Number identified in the cover email?

WSA identified in cover email: **#{e://Field/ExternalDataReference}**

Note: If you do not know this number, contact your Pre-Paid Inpatient Health Plan (PIHP) or Community Mental Health Service Provider (CMHSP) Home and Community Based Service (HCBS) Lead Coordinator. Click on the links below to find the PIHP and CMHSP coordinators in your region.

[HCBS PIHP Lead Coordinators](#)

[HCBS CMHSP Lead Coordinators](#)

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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 **Note: Selecting "No" means that services are delivered in an institutional setting.**

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 **Note: Selecting "No" means that services are delivered in an institutional setting.**

End of Block: Section 1:

Start of Block: Section 2: Skill Building

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 ([Michigan Medicaid Provider Manual](#)).

Yes

No

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Skill Building

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

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When receiving skill building services and supports, 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 related to their skill building services?

Yes

No

If the individual is receiving skill building 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

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

End of Block: Section 2: Skill Building

Start of Block: Section 3: Supported Employment

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 ([Michigan Medicaid Provider Manual](#)).

Yes

No

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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

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

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

End of Block: Section 3: Supported Employment

Start of Block: Section 4: Community Living Supports

Does the individual receive **Community Living Supports** training and/or services?

Definition:

Community Living Supports: This service supports an individual's independence, productivity,

and promotes inclusion and participation. See Michigan Medicaid Provider Manual for further information ([Michigan Medicaid Provider Manual](#)).

Yes

No

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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

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
 - Individual does 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
-

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

Does the individual have access to all common areas of the home?

Yes

No

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

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

End of Block: Section 4: Community Living Supports

C Non-Residential Provider Survey FY 2020

Start of Block: Survey Instructions and Respondent Information

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 _____
- Contact Phone Number _____
- Contact Email Address _____

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.

Note: If you have general questions about completing the survey, please contact the Michigan Developmental Disabilities Institute at Wayne State University at (888) 978-4334 or via email at hcbs@wayne.edu. If you have specific questions about the HCBS Waivers or the statewide transition process, please contact the Michigan Department of Health and Human Services at HCBSTransition@michigan.gov.

Enter the address information for the physical location where the individual is receiving service(s):

- Name of Non-Residential Support Provider

- Address _____
- City, State, Zip Code _____
- Phone Number _____

The Michigan Department of Human Services, Bureau of Children and Adult Licensing (BCAL) License Number, National Provider Identification (NPI) Number, or Employer Identification Number (EIN) associated with **#{Q2/ChoiceTextEntryValue/1}** is: **#{e://Field/LicenseNumber}**.

Is this number correct?

- Yes
- No (please enter correct BCAL, EIN, or NPI)
-

End of Block: Survey Instructions and Respondent Information

Start of Block: Section 2: Individual Experience for Non-Residential Settings (Part A)

What is the person's Waiver Supports Application (WSA) Identification Number identified in the cover email?

WSA identified in cover email: **#{e://Field/ExternalDataReference}**

Note: If you do not know this number, contact your Pre-Paid Inpatient Health Plan (PIHP) or Community Mental Health Service Provider (CMHSP) Home and Community Based Service (HCBS) Lead Coordinator. Click on the links below to find the PIHP and CMHSP coordinators in your region.

[HCBS PIHP Lead Coordinators](#)

[HCBS CMHSP Lead Coordinators](#)

End of Block: Section 2: Individual Experience for Non-Residential Settings (Part A)

Start of Block: Section 2: Individual Experience for Non-Residential Settings (Part B)

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

Definitions:

Out-of-home non-vocational service: This service assists with acquisition, retention, or improvement in self-help, socialization, and adaptive skills; and the supports services, including transportation to and from, incidental to the provision of that assistance that takes place in a

non-residential setting, separate from the home or facility in which the beneficiary (beneficiary means a person who uses or receives this service) resides. Examples of incidental support include: Aides helping the beneficiary with his mobility, transferring, and personal hygiene functions at the various sites where habilitation is provided in the community; When necessary, helping the person to engage in the habilitation activities (e.g., interpreting). Services must be furnished four or more hours per day on a regularly scheduled basis for one or more days per week unless provided as an adjunct to other day activities included in the beneficiary's plan of service.

Prevocational services: These services involve the provision of learning and work experiences where a beneficiary (beneficiary means a person who uses or receives this service) can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings.

Supported employment: Supported employment is the combination of ongoing support services and paid employment that enables the beneficiary (beneficiary means a person who uses or receives this service) to work in the community. For purposes of this waiver, the definition of "supported employment" is: Community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities;

For beneficiaries with severe disabilities who require ongoing intensive supports such as job coach, employment specialist, or personal assistant; For beneficiaries who require intermittent or diminishing amounts of supports from a job coach, employment specialist or personal assistant. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training, job coach, employment specialist services, personal assistance and consumer-run businesses.

- Supported Employment
- Out of Home Non-Vocational Services
- Pre-Vocational Services
- I do not provide these services to this individual.

Did the individual pick the agency who provides their non-residential services and supports?

- Yes
 - No
-

Where is this service provided?

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

Are the services for this non-residential provider located outside of the same building, off the grounds of, and disconnected from a hospital, nursing home, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or Institute for Mental Disease (IMD)?

Definitions:

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID): An institution for individuals with intellectual disabilities or other related conditions, according to Federal regulations at 42 CFR 435.1009, is defined as an institution (or distinct part of an institution) that: (a) Is primarily for the diagnosis, treatment, or rehabilitation for individuals with intellectual disabilities; and (b) Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration for health or rehabilitative services to help individuals function at their greatest ability. [Source: CMS, "Backgrounds and Milestones: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)"]

Institution for Mental Disease (IMD): The term "institution for mental diseases" means a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. [Source: Social Security Act, Sec. 1905. [42 U.S.C. 1396d]

- Yes
 - No Note: Selecting "No" means that services are delivered in an institutional setting.**
-

When providing non-residential supports, do individuals interact with others who do not have disabilities?

Note: Individuals without disabilities who are hired as support staff are not considered "co-workers". Support staff assist individuals with disabilities at or with their non-residential service.

Yes

No

When providing non-residential supports, do individuals contact or connect with individuals from the community/ public?

Yes

No

What does the individual do at this non-residential setting? (Mark all that apply)

Work

Volunteer

Attends day program

Is this paid or unpaid work?

Paid

Unpaid

Do individuals have access to their personal funds?

Note: Access means the individual's money is available to them.

Yes

No

If no, why?

Do individuals have control over their personal funds?

Note: Control means the individual can decide how his or her money is spent.

Yes

No

If no, why?

Does the employment setting allow individuals to schedule their work hours or days similar to their co-workers who do not have disabilities?

Note: Individuals without disabilities who are hired as support staff are not considered "co-workers". Support staff assist individuals with disabilities at or with their non-residential service.

Yes

No

Does the employment setting allow individuals to schedule their breaks and/or lunch times similar to their co-workers who do not have disabilities?

Yes

No

Do individuals have employee benefits (vacation, medical benefits) similar to co-workers who do not have disabilities?

Yes

No

Do individuals perform tasks similar to co-workers who do not have disabilities?

Yes

No

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

Yes

No

Can individuals schedule their volunteer hours or days similar to other volunteers who do not have disabilities?

Yes

No

Can individuals schedule their breaks and/or lunch times similar to other volunteers who do not have disabilities?

Yes

No

Do individuals do tasks similar to other volunteers who do not have disabilities?

Yes

No

If individuals need personal assistance while volunteering do they receive it in a private, appropriate place?

Yes

No

Can individuals schedule their hours and days at the day program?

Yes

No

Can individuals schedule their breaks and/or lunch times at the day program?

Yes

No

If individuals need personal assistance while attending their day program do they receive it in a private, appropriate place?

Yes

No

Is accessible transportation available to individuals to make trips to the community?

Definition:

Accessible: Accessible transportation means having transportation services going where and when one wants to travel.

Yes

No

If public transit is limited or unavailable, do individuals have another way to access the community?

Yes

No

Can individuals move around the non-residential setting, as appropriate and to the same extent that individuals who do not have disabilities?

Yes

No

Is the non-residential setting physically accessible to all individuals (For example, does it have grab bars, a wheelchair ramp if needed)?

Yes

No

Can individuals reach and use equipment as they need it?

Yes

No

Do individuals have a place to store and secure their belongings away from others?

Yes

No

End of Block: Section 2: Individual Experience for Non-Residential Settings (Part B)

Start of Block: Section 2: Waiver Administration & Policy Enforcement for Non-Residential Setting

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

Yes

No

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

Yes

No

End of Block: Section 2:Waiver Administration & Policy Enforcement for Non-Residential Setting

C Residential Provider Survey FY 2020

Start of Block: Survey Instructions and Respondent Information

Expected respondent: The Habilitation Supports Waiver Residential Provider who has direct knowledge of the individual's day-to-day residential 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 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. 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 with an on-site visit.

Note: If you have general questions about completing the survey, please contact the Michigan Developmental Disabilities Institute at Wayne State University at (888) 978-4334 or via email at hcbs@wayne.edu. If you have specific questions about the HCBS Waivers or the statewide transition process, please contact the Michigan Department of Health and Human Services at HCBSTransition@michigan.gov.

Enter the address information for the physical location where the individual is receiving service(s).

Name of the Setting or Location

Residential Support Provider Address

City, State, Zip Code _____

Contact Phone Number _____

The Michigan Department of Human Services, Bureau of Children and Adult Licensing (BCAL) License Number, National Provider Identification (NPI) Number, or Employer Identification Number (EIN) associated with **#{Q2/ChoiceTextEntryValue/1}** is: **#{e://Field/LicenseNumber}**.

Is this number correct?

Yes

No (please enter correct BCAL, EIN, or NPI)

What is the person's Waiver Supports Application (WSA) Identification Number identified in the cover email?

WSA identified in cover email: **#{e://Field/ExternalDataReference}**

Note: If you do not know this number, contact your Pre-Paid Inpatient Health Plan (PIHP) or Community Mental Health Service Provider (CMHSP) Home and Community Based Service (HCBS) Lead Coordinator. Click on the links below to find the PIHP and CMHSP coordinators in your region.

[HCBS PIHP Lead Coordinators](#)

[HCBS CMHSP Lead Coordinators](#)

Type of Residence

- Private residence with the individual's family or in their own home
 - Specialized residential home: "Specialized program" means a program of services or treatment provided in an adult foster care facility licensed under this act that is designed to meet the unique programmatic needs of the residents of that home as set forth in the assessment plan for each resident and for which the facility receives special compensation." (Adult Foster Care Facility Licensing Act 218 of 1979 as Amended, Section 400.707)
 - Private residence for self or with spouse or non-relatives
 - Living in a private residence that is owned by the Prepaid Inpatient Health Plan (PIHP), Community Mental Health Service Program (CMHSP), alone or with spouse or non-relative
 - Adult Foster Care home: "Adult foster care facility" means a governmental or nongovernmental establishment that provides foster care to adults. Subject to section 26a(1), adult foster care facility includes facilities and foster care family homes for adults who are aged, mentally ill, developmentally disabled, or physically disabled who require supervision (2) on an ongoing basis but who do not require continuous nursing care." (Adult Foster Care Facility Licensing Act 218 of 1979 as Amended, Section 400.703)
-

How would you describe the residence?

- Single family home: A detached home or separate house that is a free-standing residential building.
 - Duplex: A house divided into two residences and each residence has its own entrance.

 - Multi-unit or apartment building
 - Single residence within complex or unit/apartments for people with disabilities
 - Other, please specify _____
-

If this is a licensed living arrangement under BCAL, what is the maximum number of individuals the home is licensed to serve:

What is the total number of people living at the home?

Note: Total number equals the individual plus other housemates.

Complete this table to indicate the population characteristics of the individuals living within the setting. Each person should be listed only once in the most appropriate category.

Intellectual or Developmental Disabilities : _____

Mental Illness : _____

Physical Disabilities : _____

Traumatic Brain Injury : _____

Individuals without disabilities : _____

Total : _____

End of Block: Section 1: Provider Background of Residential Living Supports

Start of Block: Section 2: Physical Location and Operations of Residential Living Supports

Is the residence separate from, outside of the building, and off the grounds of a hospital, nursing home, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or Institute for Mental Disease (IMD)?

Definitions:

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID): An institution for individuals with intellectual disabilities or other related conditions, according to Federal regulations at 42 CFR 435.1009, is defined as an institution (or distinct part of an institution) that: (a) Is primarily for the diagnosis, treatment, or rehabilitation for individuals with intellectual disabilities; and (b) Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration for health or rehabilitative services to help individuals function at their greatest ability. [Source: CMS, "Backgrounds and Milestones: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)"]

Institution for Mental Disease (IMD): The term "institution for mental diseases" means a

hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. [Source: Social Security Act, Sec. 1905. [42 U.S.C. 1396d]

Yes

No **Note: selecting "No" means that services are delivered in an institutional setting.**

Is the residence located away from multiple home settings (for people with disabilities)?

Yes

No

Does the residence offer a continuum of care?

Note: "Continuum of care" in this survey means that a facility offers all services in house.

Yes

No

Can people with different types of disabilities and individuals without disabilities live in the home?

Yes

No

Is the residence located outside of a building and off the campus of an education program, school or child-caring institution?

- Yes
- No **Selecting "No" means that services are delivered in an institutional setting.**

End of Block: Section 2: Physical Location and Operations of Residential Living Supports

Start of Block: Section 3: Community Integration of Residential Setting

Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?

- Yes
- No

Does the residence allow friends and family to visit without rules on hours or times?

- Yes
- No

End of Block: Section 3: Community Integration of Residential Setting

Start of Block: Section 4: Individual Rights within Residential Setting

Does each individual have a lease for the residential setting?

Note: A residential care agreement is not a lease. If individuals only have residential care agreements you should mark "no" to this question.

Yes

No

Does the lease explain how an eviction happens and what to do?

Note: For example, a landlord might tell the renter to move out because the person did not pay their rent.

Yes

No

Have individuals been provided with information on how to request new housing?

Yes

No

Is information about filing a complaint posted in a way the individual can understand and use?

Yes

No

Do individuals know who to call to file an anonymous complaint?

Yes

No

Do the staff talk about individuals' personal issues in private?

Note: In private means that staff do not talk about individuals' personal issues in front of other people.

Yes

No

Do the staff talk about individuals' personal issues in private?

Note: In private means that staff do not talk about individuals' personal issues in front of other people.

Yes

No

Do individuals have access to their personal funds?

Note: Access means the individual's money is available to them.

Yes

No

If no, why?

Do individuals have control over their personal funds?

Note: Control means the individual can decide how his or her money is spent.

Yes

No

If no, why?

Do individuals have a place to store and secure their belongings away from others?

Yes

No

Do individuals pick the agency who provides their residential services and supports?

Yes

No

Do individuals pick the direct support workers (direct care workers) who provide their services and supports?

Yes

No

Can individuals change their services and supports as they wish?

Yes

No

Are individuals allowed to participate in legal activities, for example voting in public elections if they are 18 years or older, drinking alcohol if they are 21 years or older?

Yes

No

If no, why?

End of Block: Section 4: Individual Rights within Residential Setting

Start of Block: Section 5: Individual Experience within Residential Setting (Part A)

Did the individual have choices of where to live?

Yes

No

Did the individual choose to live at this residential setting?

Yes

No

If the individual lives with other people, did the individual pick their housemates?

Yes

No

If no, why?

If the individual lives with other people, did the individual have the option of having their own bedroom?

Yes

No

If the individual lives with other people, did the individual pick their roommate(s)?

Yes

No

Not applicable to the individual. The individual does not have a roommate.

Can individuals close and lock their bedroom door?

Yes

No

If no, why?

Bedroom doors do not have locks

The individual cannot turn the door knob without assistance

The individual is not allowed to lock the bedroom door

Can individuals close and lock their bathroom door?

Yes

No

If no, why?

Bathroom doors do not have locks

The individual cannot turn the door knob without assistance

The individual is not allowed to lock the bathroom door

Do staff ask before entering individuals' living areas (bedroom, bathroom)?

Yes

No

Can individuals choose what they eat?

Yes

No

Have individuals agreed to the rules on food in their Person Centered Plan?

Yes

No

Can individuals choose to eat alone or with others?

Yes

No

Do individuals have access to food at any time?

Note: Access means the individual has a way of getting food whenever they want.

Yes

No

Have individuals agreed to the rules on food access in their Person Centered Plans?

Note: Access means the individual has a way of getting food whenever they want.

Yes

No

Can individuals choose what clothes to wear?

Yes

No

Do individuals have access to a communication device?

Definitions:

Communication Device: A communication device can include a cell phone, landline phone, a personal computer, a tablet, or an augmentative and alternative communication device.

Access: Access means the individual can use it to communicate with people they want to contact. This also means the individual can use it if people want to contact them. Access also means the individual has a way of getting and using a communication device whenever they want.

Yes

No

Can the individual use the communication device in a private place?

Note: In private means the individual has a place in their house to use the communication device without anyone around.

Yes

No

Do individual bedrooms offer a telephone jack, wireless internet, or an Ethernet jack?

Yes

No

Is the inside of the residence free from cameras, visual monitors, or audio monitors?

Yes

No

If an individual needs help with personal care, does the individual receive this support in privacy?

Yes

No

Do individuals (with or without support) arrange and control their personal schedule of daily appointments and activities (e.g. personal care, events, etc.)?

Yes

No

End of Block: Section 5: Individual Experience within Residential Setting (Part A)

Start of Block: Section 5: Individual Experience within Residential Setting (Part B)

Do individuals have full access to the Kitchen?

Note: Access here means that the individual has a way of getting into the kitchen and using it.

Yes

No

Can individuals access the kitchen at any time?

Yes

No

Do individuals have full access to the dining area?

Note: Access means that the individual has a way of getting into the dining area and using it.

Yes

No

Can individuals access the dining area at any time?

Yes

No

Do individuals have full access to the laundry area?

Note: Access means that the individual has a way of getting into the laundry area and using it.

Yes

No

Can individuals access the laundry area at any time?

Yes

No

Do individuals have full access to the comfortable seating area?

Note: Access means that the individual has a way of getting into the comfortable seating area and using it.

Yes

No

Can individuals access the comfortable seating area at any time?

Yes

No

Do individuals have full access to the bathroom?

Note: Access means that the individual has a way of getting into the bathroom and using it.

Yes

No

Can individuals access the bathroom at any time?

Yes

No

Is there space within the home for individuals to meet with visitors and have private conversations?

Yes

No

Can individuals choose to come and go from the home when they want?

Yes

No

Can individuals move inside and outside the home when they want?

Yes

No

Has the individual agreed to the rules for accessing common areas in the home in the individual's Person-Centered Plan?

Yes

No

Is the home physically accessible to all individuals? For example, does the home have grab bars, shower chairs, or wheelchair ramps if needed?

Note: physically accessible means individuals are able to do what they want and need, around the house as independently as possible.

Yes

No

Can individuals reach and use the home's appliances as they need?

Yes

No

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

Yes

No

If no, why? (Check all that apply)

For health reasons that individuals have agreed upon in their Person Centered Plans

For safety reasons that individuals have agreed upon in their Person Centered Plans

For other reasons (please specify)

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

Definition:

Accessible: Accessible transportation means having transportation services going where and when one wants to travel.

Yes

No

If public transit is limited or unavailable, do individuals have another way to access the community?

Definition:

Access: A means of entering a place

Yes

No

End of Block: Section 5: Individual Experience within Residential Setting (Part B)
