



Provider Capacity Estimates

Please complete the table below with your estimated average capacity for each service that your agency provides for the MI-Choice Waiver Program.

This information is used to create an estimate of our total capacity to provide services for our participants and will be used only for state reporting. **We will not be using this information to determine the number of referrals any provider will receive.**

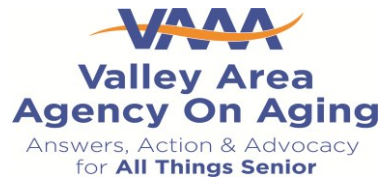
AGENCY NAME: _____

CONTACT NAME: _____

EMAIL: _____

Please indicate your company's maximum capacity limit below for each service.

Service	Unit Type	Total Capacity	Accepting Referrals?
Assistive Technology	Items/Month		
Adult Day Health	Hours/Week		
Chore Services (Heavy Household)	Hours/Week		
Chore (Lawn)	Lawns/Week		
Chore (Snow)	Homes/Week/ Snowfall		
Community Health Worker	Hours/Week		
Community Living Supports	Hours/Week		
Community Transportation	Trips/Week		
Counseling	Visits/Week		
Environmental Accessibility Adaptations	Jobs/Month		
Fiscal Intermediary	Clients/ Month		
Goods and Services	Hours/Week		
Home Delivered Meals	Meals/Month		
Nursing Services (RN)	Hours/Week		
Nursing Services (LPN)	Hours/Week		
Personal Emergency Response System	Units/ Month		
Private Duty Nursing (RN)	Hours/Week		
Private Duty Nursing (LPN)	Hours/Week		
Residential Services	Hours/Week		



Respite (In-Home)	Hours/Week		
Respite (Outside of Home)	Days/Week		
Specialized Medical Equipment & Supplies	Items/Month		
Supports Brokerage	Hours/Month		
Training	Hours/Week		
Vehicle Modifications	Jobs/Month		