

CMHSP 1915(i) Waiver Chart Review FY24

	Standard/Requirement	Source(s)	Evidence May Include	Evidence Location in EMR
<b>1</b>	<b>Eligibility</b>			
1.1	Evaluations were completed where applicants met the eligibility criteria for 1915(i) State plan HCBS benefit.	SPA 3.1-i.2 <i>MDHHS Tool E.2.A</i>		
2.2	The record reviewed reflected evidence that the instruments and tools were appropriately applied to determine eligibility of 1915(i) services.	<i>MDHHS Tool E.2.B</i>		
2.3	Re-evaluation for eligibility was within 365 days of the last eligibility determination.	<i>MDHHS Tool E.2.C</i>		
<b>2</b>	<b>Freedom of Choice</b>			
2.1	The individual was informed of their right to choose among providers.	SPA 3.1-i.2 <i>MDHHS Tool F.1.C.1</i>		
2.2	The individual was informed of their right to choose among services.	MI Medicaid Manual <i>MDHHS Tool F.1.C.2</i>		
<b>3</b>	<b>Implementation of PCP</b>			
3.1	IPOS had adequate strategies to address their assessed health and safety needs, including coordination with primary care provider.	SPA 3.1-i.2 Person Centered Planning Policy MHC 712 Grievances and Appeals Technical Requirement <i>MDHHS Tool P.1.A.1</i>		
3.2	Individual Plans of Service (IPOS) addresses the assessed needs of a beneficiary.	MI Medicaid Manual Person Centered Planning Policy MHC 712		

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		Grievances and Appeals Technical Requirement <i>MDHHS Tool P.1.A.2</i>		
3.3	The individual plan of service is developed in accordance with policies and procedures established by MDHHS.	MI Medicaid Manual (PM-D-2) Person Centered Planning Policy MHC 712 Grievances and Appeals Technical Requirement <i>MDHHS Tool P.1.A.3</i>	1. pre-planning meeting, 2. availability of self-determination, and independent facilitation. 3. use of PCP process in developing IPOS	
<b>4</b>	<b>Plan of Service &amp; Documentation Requirements</b>			
4.1	IPOS was updated within 365 days of their last plan of service	SPA 3.1-i.2 <i>MDHHS Tool P.1.B.1</i>		
4.2	Specific services and supports that align with the individual's assessed needs, including measurable goals/objectives, the amount, scope, and duration of services, and timeframe for implementing are identified in the IPOS.	<i>MDHHS Tool P.1.B.2</i>		
4.3	Services and treatment identified in the IPOS are provided as specified in the plan, including measurable goals/objective, the type, amount, scope, duration, frequency and timeframe for implementing.	<i>MDHHS Tool P.1.B.3</i>		
<b>5</b>	<b>Behavior Treatment Plans/Restrictions</b>			
5.1	Behavior treatment plans are developed in accordance with the Technical Requirement for Behavior Treatment Plan Review Committees	MDHHS Behavior Treatment Technical Requirement		

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5.2	There is documentation that plans that proposed to use restrictive or intrusive techniques are approved (or disapproved) by the committee.	MDHHS Behavior Treatment Technical Requirement <i>MDHHS Tool B.2.1</i>		
5.3	There is documentation that plans which include restrictive/intrusive interventions include a functional behavior assessment and evidence that relevant physical, medical and environmental causes of challenging behavior have been ruled out.	MDHHS Behavior Treatment Technical Requirement <i>MDHHS Tool B.2.2</i>		
5.4	There is evidence that plans are developed using the PCP process and reviewed quarterly.	MDHHS Behavior Treatment Technical Requirement <i>MDHHS Tool B.2.3</i>		
5.5	There is evidence that plans are disapproved if there is a recommendation for the use of aversive techniques, physical management, or seclusion or restraint in the plan	MDHHS Behavior Treatment Technical Requirement <i>MDHHS Tool B.2.4</i>		
5.6	There is evidence of written special consent is obtained before the behavior treatment plan is implemented; positive behavioral supports and interventions have been adequately pursued (i.e., at least 6 months within the past year).	MDHHS Behavior Treatment Technical Requirement <i>MDHHS Tool B.2.5</i>		
5.7	There is evidence that the committee reviews the continuing need for any approved procedures involving intrusive or restrictive techniques at least quarterly.	MDHHS Behavior Treatment Technical Requirement <i>MDHHS Tool B.2.6</i>		

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<b>6</b>	<b>Waiver/ISPA Participant Health and Welfare</b>			
6.1	Individual provided information/education on how to report abuse/neglect/exploitation and other critical incidents. (Date(s) of progress notes, provider notes that reflect this information.).	Medicaid Provider Manual  <i>MDHHS Tool G.1</i>		
6.2	Individual served received health care appraisal. (Date/document confirming_____)	<i>MDHHS Tool G.2</i>		