

CMHSP HSW Waiver Chart Review FY24

| | Standard/Requirement | Source(s) | Evidence May Include | |
|----------|--|---|----------------------|--|
| 1 | Freedom of Choice | | | |
| 1.1 | Individual had an ability to choose among various waiver services. | MI Medicaid Manual (PM-D-10) <i>MDHHS Tool F.2.1</i> | | |
| 1.2 | Individual had an ability to choose their providers. | MI Medicaid Manual (PM-D-11) <i>MDHHS Tool F.2.2</i> | | |
| 2 | Implementation of PCP | | | |
| 2.1 | The individual plan of service adequately identifies the individual's goals and preferences. | MI Medicaid Manual (PM-D-10) Person Centered Planning Policy MHC 712 <i>MDHHS Tool P.2.1</i> | | |
| 2.2 | Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes. | Person Centered Planning Policy MHC 712 <i>MDHHS Tool P.2.3</i> | | |
| 2.3 | The individual plan of service is modified in response to changes in the individual's needs. | MI Medicaid Manual (PM-D-6) Person Centered Planning Policy MHC 712 <i>MDHHS Tool P.2.4</i> | | |
| 2.4 | The person-centered planning process builds upon the individual's capacity to engage in activities that promote community life. | MCL 330.1701(g) <i>MDHHS Tool P.2.5</i> | | |
| 2.5 | Individual plan of service addressed health and safety, including | MI Medicaid Manual (PM-D-2) | | |

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| | coordination with primary care providers. | Person Centered Planning Policy MHC 712 <i>MDHHS Tool P.2.6</i> | | |
| 2.6 | The individual plan of service is developed in accordance with policies and procedures established by MDHHS. | MI Medicaid Manual (PM-D-4) Person Centered Planning Policy MHC 712 <i>MDHHS Tool P.2.7</i> | 1. pre-planning meeting, 2. availability of self-determination, and independent facilitation 3. use of PCP process in developing IPOS | |
| 2.7 | Services requiring physician signed prescription follow Medicaid Provider Manual requirements. (Evidence: Physician-signed prescriptions for OT, PT, and PDN services are in the file and include a date, diagnosis, specific service or item description, start date and the amount or length of time the service is needed). | MI Medicaid Manual | | |
| 3 | Plan of Service & Documentation Requirements | | | |
| 3.1 | 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. | MI Medicaid Manual (PM-D-1) <i>MDHHS Tool P.5.1</i> | | |
| 3.2 | Services and treatment identified in the IPOS are provided as specified in the plan, including measurable goals/objective, the type, amount, | MI Medicaid Manual (PM-D-7) <i>MDHHS Tool P.5.2</i> | | |

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| | scope, duration, frequency and timeframe for implementing. | | | |
| 3.3 | The IPOS for individuals enrolled in the HSW is updated within 365 days from their last IPOS. | MI Medicaid Manual (PM-D-5) <i>MDHHS Tool P.5.3</i> | | |
| 4 | Behavior Treatment Plans/Restrictions | | | |
| 4.1 | Behavior treatment plans are developed in accordance with the Technical Requirement for Behavior Treatment Plan Review Committees | | | |
| 4.2 | 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> | | |
| 4.3 | 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> | | |
| 4.4 | 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> | | |
| 4.5 | 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> | | |
| 4.6 | There is evidence of written special consent is obtained before the | MDHHS Behavior Treatment Technical Requirement | | |

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| | behavior treatment plan is implemented; positive behavioral supports and interventions have been adequately pursued (i.e., at least 6 months within the past year). | <i>MDHHS Tool B.2.5</i> | | |
| 4.7 | 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> | | |
| 5 | Waiver/ISPA Participant Health and Welfare | | | |
| 5.1 | 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> | | |
| 5.2 | Individual served received health care appraisal. (Date/document confirming_____) | <i>MDHHS Tool G.2</i> | | |