

CMHSP SEDW Waiver Chart Review FY24

	Standard/Requirement	Source(s)	Evidence May Include	Evidence
1	Eligibility			
1.1	Level of Care evaluations are completed accurately.	MI Medicaid Manual (PM-B-3) <i>MDHHS Tool E.2.1</i>	Sub-scores on CAFAS are consistent with notes and assessments in the record	
2	Freedom of Choice			
2.1	Parent was informed of right to choose among qualified providers	MI Medicaid Manual (PM-D-10) <i>MDHHS Tool F.3.1</i>	Parent/guardian signature on Choice Assurance	
2.2	Parent was informed of their right to choose among the various waiver services.	MI Medicaid Manual (PM-D-9) <i>MDHHS Tool F.3.2</i>	Certification form. Administrative Records; Clinical Records.	
3	Implementation of PCP			
3.1	The IPOS is developed through a person-centered process that is consistent with Family-Driven, Youth-Guided Practice and Person-Centered Planning Policy Practice Guidelines.	MI Medicaid Manual (PM-D-3) Person Centered Planning Policy MHC 712 Grievances and Appeals Technical Requirement <i>MDHHS Tool P.3.1</i>		
3.2	The IPOS addresses all service needs reflected in the assessments.	MI Medicaid Manual (PM-D-1) Person Centered Planning Policy MHC 712 Grievances and Appeals Technical Requirement		

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		<i>MDHHS Tool P.3.2</i>		
3.3	The strategies identified in the IPOS are adequate to address assessed health and safety needs, including coordination with primary care provider	MI Medicaid Manual (PM-D-2) Person Centered Planning Policy MHC 712 Grievances and Appeals Technical Requirement <i>MDHHS Tool P.3.3</i>		
3.4	IPOS for enrolled consumers is developed in accordance with policies and procedures established by MDHHS - IPOS contains meaningful and measurable goals and objectives.	MI Medicaid Manual (PM-D-2) Person Centered Planning Policy MHC 712 Grievances and Appeals Technical Requirement <i>MDHHS Tool P.3.4</i>		
3.5	IPOS for enrolled consumers 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.3.4</i>		
3.6	Prior authorization of services corresponds to services identified in the IPOS.	MI Medicaid Manual (PM-D-2) Person Centered Planning Policy MHC 712 Grievances and Appeals Technical Requirement <i>MDHHS Tool P.3.4</i>		
4	Plan of Service & Documentation Requirements			

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4.1	Services and supports are provided as specified in the IPOS including type, amount, scope duration and frequency.	MI Medicaid Manual (PM-D-7) <i>MDHHS Tool P.6.1</i>		
4.2	Physician-signed prescriptions for OT, PT, 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 (PM-D-4) <i>MDHHS Tool P.6.3</i>		
4.3	The IPOS was updated at least annually.	MI Medicaid Manual <i>MDHHS Tool P.6.4</i>		
4.4	The IPOS was reviewed both at intervals specified in the IPOS and when there were changes to the waiver participant's needs.	MI Medicaid Manual (PM-D-6) <i>MDHHS Tool P.6.5</i>	IPOS is updated if assessments/quarterly reviews/progress notes indicate there are changes in the child's condition.	
5	Behavior Treatment Plans/Restrictions			
5.1	Behavior treatment plans are developed in accordance with the Technical Requirement for Behavior Treatment Plan Review Committees			
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	MDHHS Behavior Treatment Technical Requirement <i>MDHHS Tool B.2.2</i>		

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	environmental causes of challenging behavior have been ruled out.			
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>		
6	Waiver/ISPA Participant Health and Welfare			
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.	<i>MDHHS Tool G.2</i>		

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	(Date/document confirming_____)			