

CMHSP CWP Waiver Chart Review FY24

	Standard/Requirement	Source(s)	Evidence May Include	Evidence Provided
1	Eligibility			
1.1	Child is developmentally disabled.	MI Medicaid Manual (PM-B-3) <i>MDHHS Tool E.1.1</i>	1. Three or more areas of substantial functional limitations are identified. Within the last 12 months, assessments have been completed and/or supporting documentation obtained that reflect all of the consumer's current functional abilities and any current substantial functional limitations identified in the areas of self-care, understanding and use of language (expressive and receptive), learning (functional academics), mobility, and self-direction. For consumers age 16 and older, functional abilities and any current substantial functional limitations are identified in the areas of capacity for independent living and economic self-sufficiency. Or	

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			2. If the consumer is a minor from birth to age 9, documentation is provided of a related condition and the current rationale to support a high probability of developing a developmental disability.	
1.2	The child is in need of active treatment. (evidence: Within the last 12 months, assessments have been completed of the need for health and habilitative services designed to assist the consumer in acquiring, retaining, and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.	MI Medicaid Manual (PM-B-3) <i>MDHHS Tool E.1.2</i>		
2	Freedom of Choice			
2.1	F.1.1 Parent was informed of right to choose among qualified providers.	MI Medicaid Manual (PM-D-10) <i>MDHHS Tool F.1.1</i>	Parents signature on the certification form	
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.1.2</i>	1. administrative records policies and procedures, 2. individual records; 3. consumer/Family interviews	

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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) MI Medicaid Manual (PM-D-4) Person Centered Planning Policy MHC 712 Grievances and Appeals Technical Requirement <i>MDHHS Tool P.1.1</i>		
3.2	The IPOS addresses all service needs reflected in the assessments.	MI Medicaid Manual (PM-D-1) <i>MDHHS Tool P.1.2</i>		
3.3	The strategies identified in the IPOS are adequate to address assessed health and safety needs, including coordination with primary care providers.	MI Medicaid Manual (PM-D-2) MI Medicaid Manual (PM-D-4) Person Centered Planning Policy MHC 712 Grievances and Appeals Technical Requirement <i>MDHHS Tool P.1.3</i>		
3.4	The IPOS is developed in accordance with policies and procedures established by MDHHS.	MI Medicaid Manual (PM-D-4) Person Centered Planning Policy MHC 712 Grievances and Appeals Technical Requirement <i>MDHHS Tool P.1.4</i>		
3.5	The plan contains measurable goals/objectives and timeframes.	MI Medicaid Manual (PM-D-4) Person Centered Planning Policy MHC 712		

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	Standard/Requirement	Source(s)	Evidence May Include	Evidence Provided
		Grievances and Appeals Technical Requirement <i>MDHHS Tool P.1.4</i>		
3.6	The Category of Care/Intensity of Care determination was completed by staff certified or trained by MDHHS in Category of Care/Intensity of Care determination.	MI Medicaid Manual (PM-D-4) Person Centered Planning Policy MHC 712 Grievances and Appeals Technical Requirement <i>MDHHS Tool P.1.4</i>		
4	Plan of Service and Documentation Requirements			
4.1	A current narrative supports the identified Category of Care/Intensity of Care determination and services are authorized and provided accordingly.	MI Medicaid Manual (PM-D-4) <i>MDHHS Tool P.4.1</i>		
4.2	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.4.2</i>		
4.3	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 (PM-D-4) <i>MDHHS Tool P.4.4</i>		
4.4	Physician-signed and dated prescriptions for locally authorized waiver durable medical equipment and supplies are in the file.	MI Medicaid Manual (PM-D-4) <i>MDHHS Tool P.4.5</i>		
4.5	The IPOS was updated at least annually.	MI Medicaid Manual (PM-D-5) <i>MDHHS Tool P.4.6</i>		

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4.6	The IPOS was reviewed both at intervals specified in the IPOS and when there were changes to the waiver participant's needs (evidence: IPOS is updated if assessments/quarterly reviews/progress notes indicate there are changes in the child's condition).	MI Medicaid Manual (PM-D-6) <i>MDHHS Tool P.4.7</i>		
5	Behavior Treatment Plans/Restrictions			
5.1	Behavior treatment plans are developed in accordance with the MDHHS Technical Requirement for Behavior Treatment Plan Review Committees.	MDHHS Behavior Treatment Technical Requirement <i>MDHHS Tool B.2</i>		
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	MDHHS Behavior Treatment Technical Requirement		

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	recommendation for the use of aversive techniques, physical management, or seclusion or restraint in the plan	<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.	Medicaid Provider Manual <i>MDHHS Tool G.1</i>	(Date(s) of progress notes, provider notes that reflect this information.).	
6.2	Individual served received health care appraisal. (Date/document confirming_____)	<i>MDHHS Tool G.2</i>		