



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, September 18, 2019
Second Floor Training Room
9:30 a.m. – 11:00 a.m.

- | | | |
|------|---|--------------------------------|
| I. | Announcements | A. Siebert |
| II. | DWMHA Name Change | A. Siebert |
| | o Video | |
| III. | Substance Use Disorder (SUD) Provider Update | J. Davis |
| IV. | Bureau of Services of Blind Persons (BSBP) | G. McNeal |
| V. | Ability To Pay Documentation Requirements | S. Smith |
| VI. | Policy Review | |
| | o Habilitation Supports Waiver (Medicaid 1915 (c) Waiver) | J. Kelly |
| | o Member Experience Procedure | M. Keys-Howard |
| | o Provider Satisfaction Procedure | M. Keys-Howard |
| | o Accommodations for Individuals w/Visual & Mobility | W. Williamson |
| | o Family Support Subsidy Program | W. Williamson |
| | o Customer Service | W. Williamson |
| VII. | Critical/Sentinel Event Reporting | C. Spight-Mackey/S. Applewhite |

Mission:

We are a safety net organization that provides access to a full array of services and supports to empower persons within the Detroit Wayne County behavioral health system.

Vision:

To be recognized as a national leader that improves the behavioral and overall health status of the people in our community.

Values:

We are a person centered, family and community focused organization.

We are an outcome, data driven and evidence-based organization.

We respect the dignity and diversity of individuals, providers, staff and communities.

We are culturally sensitive and competent.

We are fiscally responsible and accountable with the highest standards of integrity.

We achieve our mission and vision through partnerships and collaboration.



VIII. Provider Questions/Comments

IX. Adjournment

Next Meeting Scheduled for Wednesday October 16, 2019.

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CRITICAL/SENTINEL EVENTS

2019





FACE-TO-FACE TRAINING IS REQUIRED

BEFORE ACCESS IS GRANTED

The designated Quality Improvement staff will provide your access.

PLEASE NOTE: AS OF FY 2017/2018

AN ANNUAL REFRESHER COURSE IS ALSO REQUIRED



What are Critical/Sentinel Events?

CRITICAL EVENTS:

- **Actual or alleged** event or situation that creates a **significant risk** of substantial or serious harm to the physical or mental health, safety or wellbeing of a member.

SENTINEL EVENTS:

- **Unexpected Occurrence (Event)** that involves:
 1. **Death - All suicide deaths** require a Root Cause Analysis – must begin within 5 days of member's death.
 2. **Serious Physical injury** (actually happened – ie: broken bone – must be stated by a physician on the discharge paperwork – specifically includes the loss of limb or function)
 3. **Serious Psychological Injury** (must be verified by a psychiatrist)
 4. **Risk thereof** (likely to happen again, **significant chance** of a serious harmful outcome; if the event had continued, death or serious physical or psychological injury would have occurred as determined by a physician or registered nurse)



ALL Sentinel Events require a **ROOT CAUSE ANALYSIS or INVESTIGATION – AND – PLAN OF ACTION**

ALL persons involved in the review of sentinel events must have the appropriate credentials to review the scope of care.

(For example, sentinel events that involve client death, or other serious medical conditions, must involve a physician or nurse)

The process of Root Cause Analysis (website for Download):

https://www.jointcommission.org/framework_for_conducting_a_root_cause_analysis_and_action_plan/

The RCA report shall contain all of the following:

Plan of action to prevent further occurrence and identify:

- a) What staff at the CRSP is responsible for implementing the plan
- b) How will the plan be monitored

DWMHA ensures oversight of the process which may be reviewed during the audit process



MDHHS REPORTABLE EVENTS/INCIDENTS

ALL members **ACTIVELY** receiving services **and** living in a Specialized Residential Facility or in a Child-Caring Institution; or were receiving community living supports, supports coordination, targeted case management, ACT, Home-based, Wraparound, Habilitation Supports Waiver, SED Waiver or Children's Waiver services –

The **following five (5) categories** must be reported to the State of Michigan by **DWMHA Quality Staff** :

- Suicide
- Non-suicide death
- Emergency Medical treatment due to Injury or Medication Error
- Hospitalization due to Injury or Medication Error, and
- Arrest of Consumer



All critical/sentinel events shall be reported on consumers **ACTIVELY** receiving services **within 24 hours of knowledge.**

1. **Face-to-face** enrollment with provider;
2. **Enrollment by Wellplace** referral;
3. **Enrollment** from hospital stay **(COPE) – Children’s Crisis.**



Categories Reported to DWMHA

- ✓ **Death** – unexpected (suicide/homicide); expected (chronic illness/natural causes)
- ✓ **Hospitalizations** related to injury, medication error and unexpected physical health (**NOT** on-going regular chronic health issues)
- ✓ **Emergency medical treatment** related to **injury** (as defined by discharge paperwork from a physician), **medication error**, and **unexpected** physical health (**NOT** on-going regular chronic health issues)
- ✓ **Arrest** (**criminal** convictions)
- ✓ **Medication Error** Wrong dose, wrong time, wrong medication, wrong route, missed dosage
- ✓ **Serious Challenging Behavior** behaviors not addressed in the member's Individual Plan of Service or their Behavior Treatment Plan; identified by more than 3 instances in a 30 day period; initial critical/sentinel event
- ✓ **Environmental Emergency** living conditions that require removal or relocation of residents



- **MEDIA (TV, Radio, Social Media) related events**- immediately contact **Tania Greason at (313) 344-9099 ext. 3583** to report the circumstances.
- (MHWIN #,
- Member Name,
- Details of what was heard or read in the media – **identify media source**).

Make sure to verify with your organizations' management prior to reporting information to DWMHA.



The ***Clinically Responsible Service Provider*** (CRSP) staff must input the Critical Event into MH-WIN. ***Qualified CRSP staff must determine if the event is a Sentinel Event in accordance with the definition.*** (*must have the appropriate credentials to review the scope of care*)

When the event is **Sentinel** – a Plan of Action or Investigation is due to be uploaded into the member's file in MH-WIN within 10 business days of the entry.



Death Reporting Procedure

DEATHS **NOT IN HOSPITAL, NURSING HOME, HOSPICE**)

- Within 24 hours of your knowledge of member's death - Report to Office of Recipient Rights (ORR) **AFTER PRIMARY SOURCE VERIFICATION** with the Medical Examiner (county of member's death), Hospital, or Funeral Home (Obituary- may also be available online at – <https://www.legacy.com/>)
- Fax completed form "How to Get A Death Log Number From ORR" to 313-833-2043
- Death Log Number from ORR must be included in the Critical Event report, and on ROPD as appropriate
- **Complete a Critical Event (ALL deaths)** in MH-WIN and include ME # if available
- **Within 10 business days** complete and upload ROPD into MH-WIN and notify via emessage



Death Reporting Procedure

DEATHS **IN** HOSPITAL, NURSING HOME, HOSPICE

- Within 24 hours of your knowledge of member's death - Report to Office of Recipient Rights (ORR) **AFTER PRIMARY SOURCE VERIFICATION** with the Medical Examiner (county of member's death), Hospital, or Funeral Home (Obituary- may also be available online at – <https://www.legacy.com/>)
- Fax completed form "How to Get A Death Log Number From ORR" to 313-833-2043
- **Complete a Critical Event (ALL deaths)** in MH-WIN and include ME # if available
- **REPORT OF PERSON'S DEATH form is NOT required** for member's who pass in Hospitals, Nursing Homes, or in Hospice Care.



ALL SUD deaths REQUIRE

A Root Cause Analysis (RCA); and must be signed by the CEO or designee with the authority to sign the final report.

ALL information related to a member's death MUST be uploaded to MHWIN in accordance with the procedures detailed in the training.



Critical/Sentinel Event Training

NEXT DATE:

THURSDAY, October 17, 2019

9:00 a.m. – 12:00 noon

No admittance at 9:10 a.m.

On-Site Training can be arranged for your organization with a minimum of 5 staff in attendance



For further information regarding Critical/Sentinel events, you may contact:

Carla Spight Mackey, DMin, LMSW C&M, SATS - ext. 3347 (cmackey@dwmha.com),

Sinitra Applewhite, MA, LLPC - ext. 3564 (sapplewhite@dwmha.com),

Justin Zeller, LMSW C&M - ext. 3598 (jzeller@dwmha.com),

Josephine Austin, RN,BSN - ext. 3357 (jaustin@dwmha.com), or

Tania Greason, MBA – ext. 3583 (tgreason@dwmha.com)

20th Annual Substance Use & Co-Occurring Disorder Conference

September 16-17, 2019

**UPDATE - Substance Use Disorder (SUD)
Administrative Rules**

Bureau of Community & Health Systems (BCHS)

Statutory Acts

State Regulations

- Adult Foster Care Facility Licensing Act, Act 218 of 1979
- Child Care Organizations Act, Act 116 of 1973
- Public Health Code, Act 368 of 1978, Articles 6 and 17
- Mental Health Code, Act 258 of 1974, Chapters 1, 2A, and 7

Federal Regulations

- Social Security Act, Section 1864
- Code of Federal Regulations, 42 CFR Part 488
- Clinical Laboratory Improvement Amendments (CLIA)

Michigan Covered Providers (As of December 2018)

Some federal oversight for organ procurement organizations (1), federally qualified health centers (247), and community mental health centers (3).

50,297 Certified Nurse Aides Registered, 1,150 Permitted Nurse Aide Trainers, and 230 Permitted Nurse Aide Training Programs.

No. of Providers	Type	State License	Federally Certified
8,727	Child Care Homes, Group Homes & Centers	Yes	No
2,170	Clinical Laboratory Services (CLIA)*	No	Yes
4,237	Adult Foster Care (AFC) Homes	Yes	No
1,201	Substance Use Disorder (SUD) Programs	Yes	No
1,044	Adult Foster Care/Child Camps	Yes	No
504	Home Health Agencies	No	Yes
459	Nursing Homes/LTC Facilities	Yes	Yes
278	Homes for the Aged (HFA)	Yes	No
213	Dialysis Centers (ESRD)	No	Yes
169	Hospitals	Yes	Yes
165	Rural Health Clinics (RHC)	No	Yes
152	Freestanding Surgical Outpatient Facilities	Yes	Yes
145	OPT/Speech Pathology Providers	No	Yes
142	Hospice Agencies	Yes	Yes
55	Inpatient Psychiatric Hospitals/Units	Yes	Yes
17	Hospice Residences	Yes	Yes
9	Organ Transplant Facilities	No	Yes
7	Portable X-Ray Providers	No	Yes
5	Comprehensive Outpatient Rehab (CORF)	No	Yes

* Does not include CLIA waived testing sites.

OUTLINE OF SUD SERVICE PROGRAM ADMINISTRATIVE RULES

- Part 1: Definitions
- Part 2: State Agency Requirements
- Part 3: Substance Use Disorder Services Program Requirements
- Part 4: Special Requirements by Service Categories
- Part 5: Recipient Rights

PART 1: Definitions

- Applicability
 - Provides statutory reference within the Public Act and Mental Health Code
- Definitions
 - Provides definitions of terms used within the administrative rules that are not already defined within statute

PART 2: STATE AGENCY REQUIREMENTS

- Licensing (application, licensing requirement, application review process, license renewal process, etc.)
- Complaints and Complaint Investigations
- Enforcement and Hearings (denial or revocation of license, Suspension of license, etc.)
- Administration (ownership/licensee, policies and procedures, program evaluation, data reporting, emergency preparedness plan, etc.)

PART 3: SUD PROGRAM REQUIREMENTS

- Staffing
 - Personnel management, Program Director, staffing, staff development and training, Medical Director (Detoxification, Inpatient and MAT programs only)
- Services
 - Program services & support and referral services
- Recipient and Administrative Records (excluding CAIT & SARF)
 - Maintain a record for each recipient that includes: treatment plans, controlled substances and medication records, administrative records, storage, confidentiality, and daily census
- Supplies & Physical Plant
 - Physical plant, supplies, equipment, furnishings, security of controlled substances/medications, and dispensing area

PART 4: PROGRAM SERVICE CATEGORIES

- Licensees are issued a license; the category or specialization is identified with each SUD license and can have multiple categories. SUD Categories are as follows:
 - Prevention (CAIT)
 - Screening, Assessing, Referral, Follow-up (SARF)
 - Outpatient
 - Residential
 - Residential Detoxification
 - Inpatient
 - Medication Assisted Treatment (MAT)

CAIT

- No Staffing Requirements – No ratio
- Prevention Log (group name/title, type of service provided, date of delivery, name of staff providing service)

SARF

- Licensed or Certified Counselor – No Ratio
- Recipient Records
 - Documentation of interview, psychological test, other diagnostic tools used to assess patient
 - Date and method of referral
 - SUD diagnosis
 - Summary or referral

REDUCTION IN REGULATIONS - CAIT AND SARF

CAIT

Staff

Old Rules	New Rules
No reference to staff qualifications	No requirement for staffing

SARF

Treatment Staff

Old Rules	New Rules
No reference to staff qualifications	Expanded to licensed counselor, limited licensed counselor, license master social worker, limited license master social worker, license psychologist, post-doctoral education limited license psychologist, temporary license psychologist & certified counselor

OUTPATIENT

- Employs fully Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC) or Licensed Psychologist
 - Licensed (Fully Licensed or Limited Licensed) or Certified Counselor - Ratio 1:65
 - Counselor or Certified Counselor onsite when counseling services are offered
- Recipient Records
 - Assessment/Biosocial
 - Treatment Plan – Initial and 120 day review
 - Discharge Summary

REDUCTION IN REGULATIONS – OUTPATIENT SERVICES

Staff to Patient Ratios

Old Rules

Counselors: Outpatient 1:40

New Rules

Counselors: Outpatient 1:65

Treatment Staff

Old Rules

Only a fully licensed counselor could provide counseling services

New Rules

Expanded to licensed counselor, limited licensed counselor, license master social worker, limited license master social worker, license psychologist, post-doctoral education limited license psychologist, temporary license psychologist & certified counselor

Employment/Hour Requirements

Old Rules

Counselor required to be on site full time

New Rules

Only requires counselors to be onsite while counseling services are being offered

Treatment Plan Review

Old Rules

Review treatment plan every 90 days

New Rules

Review treatment plan every 120 days

RESIDENTIAL

- Employs Fully Licensed LMSW, LPC or Licensed Psychologist
 - Licensed (fully or limited licensed) or Certified Counselor - Ratio 1:20
- Staff Member Onsite at All Times
- Policy & Procedure for Leave and Return of Recipients
- 15 hours of Support & Rehabilitative Services per Week with at 3 Least Hours of Counseling
- Recipient Records
 - Assessment/Biosocial
 - Treatment Plan – Initial and 120 day review
 - Discharge Summary

REDUCTION IN REGULATIONS – RESIDENTIAL SERVICES

Staff to Patient Ratios

Old Rules

Counselors: Residential 1:10

New Rules

Counselors: Residential 1:20

Treatment Staff

Old Rules

Only a fully licensed counselor could provide counseling services

New Rules

Expanded to licensed counselor, limited licensed counselor, license master social worker, limited license master social worker, license psychologist, post-doctoral education limited license psychologist, temporary license psychologist & certified counselor

RESIDENTIAL DETOXIFICATION

- Employs Full-Time Licensed LMSW, LPC or Psychologist
 - Licensed (fully or limited licensed) or Certified Counselor - Ratio 1:20
- Medical Director (MD/DO) – Board Certified or Trained
 - Continuing Education - 30 hours every 3 years related to substance use disorders
- Licensed Health Care Professionals Onsite During All Hours of Operation
- MD/DO, PA, or NP assessment of recipient every 72 Hours
- Recipient Medical & Drug History and Physical Examination
- Policy & Procedure for Leave and Return of Recipients
- 15 hours/wk. of Support & Rehabilitative Services (3 hours of counseling)
- Recipient Records
 - Assessment/Biosocial
 - Treatment Plan – Initial and 120 day review
 - Discharge Summary
- Policy and Procedure for Drug Test (initial drug test must be completed)
- Informed Consent Prior to Treatment

REDUCTION IN REGULATIONS – RESIDENTIAL DETOXIFICATION

Staff to Patient Ratios

Old Rules

Counselors: Residential 1:10

New Rules

Counselors: Residential 1:20

Treatment Staff

Old Rules

Only a fully licensed counselor could provide counseling services

New Rules

Expanded to licensed counselor, limited licensed counselor, license master social worker, limited license master social worker, license psychologist, post-doctoral education limited license psychologist, temporary license psychologist & certified counselor

Medical Staff

Old Rules

Only allowed for a MD/DO (not a PA or NP)

New Rules

Expanded to also include Physician Assistant and Nurse Practitioner

INPATIENT

- Compliance With Part 215 (must be in a hospital)
- Employs Full-Time Licensed LMSW, LPC or Psychologist
 - Licensed (fully or limited licensed) or Certified Counselor - Ratio 1:20
- Medical Director (MD/DO) – Board Certified or Trained
 - Continuing Education - 30 hours every 3 years related to substance use disorders
- Licensed Health Care Professionals Onsite During All Hours of Operation
 - MD/DO, PA, NP, RN or LPN (under supervision)
- Separate and Distinct Physical Location
- Maintain Nursing Care and Medical Resources
- Information Consent Prior to Treatment
- Recipient Records
 - Assessment/Biosocial
 - Treatment Plan – Initial and 120 day review
 - Discharge Summary

REDUCTION IN REGULATIONS – INPATIENT

Staff to Patient Ratios

Old Rules

Counselors: Residential 1:10

New Rules

Counselors: Residential 1:20

Treatment Staff

Old Rules

Only a fully licensed counselor could provide counseling services

New Rules

Expanded to licensed counselor, limited licensed counselor, license master social worker, limited license master social worker, license psychologist, post-doctoral education limited license psychologist, temporary license psychologist & certified counselor

Medical Staff

Old Rules

Only allowed for a MD/DO (not a PA or NP)

New Rules

Expanded to also include Physician Assistant and Nurse Practitioner

MEDICATION ASSISTED TREATMENT (MAT)

- Employs fully licensed LMSW, LPC or Licensed Psychologist
 - Licensed (fully or limited licensed) or Certified Counselor - Ratio 1:65
 - Counselor or Certified Counselor Onsite when Counseling Services are Offered
 - Counseling services can be contracted out except within methadone programs
- Medical Director (MD/DO) – Board Certified or Trained
 - Continuing Education - 30 hours every 3 years related to substance use disorders
- Medical Staff
 - During all hours of medication dispensing a MD/DO, PA, NP, RN or LPN is required to be onsite
- Medical & Drug History and Physical Examination
- Informed Consent Prior to Treatment
- Policy & Procedure for Labeling Take-Home Medications
- Policy & Procedure for Medication Withdrawal (titration)

MAT CONTINUED

- Drug Testing
 - Bi-weekly testing
 - After 6 months, monthly testing if recipient maintains drug-free result
 - Positive drug test results weekly testing until 3 consecutive weekly drug test
- Treatment Plan Review
 - 30, 60, 90 days and then every 90 days meet with recipient for treatment plan review done by medical director, a physician, physician's assistant, or advanced practice registered nurse
- Take Home Medication Methadone Only
 - Policy & Procedure for Eligibility
 - Schedule
- Recipient Records
 - Assessment/Biosocial
 - Treatment Plan – Initial and 120 day review
 - Discharge Summary

REDUCTION IN REGULATIONS – MAT

Staff to Patient Ratios

Old Rules	New Rules
Counselors: Outpatient & Methadone 1:40	Counselors: Outpatient & Methadone 1:65
Physicians: Methadone 1:300	Physicians: No ratios
Registered Nurse: 2:300	Registered Nurse: No ratios

Treatment Staff

Old Rules	New Rules
Only a fully licensed counselor could provide counseling services	Expanded to licensed counselor, limited licensed counselor, license master social worker, limited license master social worker, license psychologist, post-doctoral education limited license psychologist, temporary license psychologist & certified counselor

Treatment Plans

Old Rules	New Rules
Clinical - 90 day reviews	Clinical - 120 day review
Medical - 60 day reviews	Medical - 90 day reviews (after the first 30 & 60 days)

REDUCTION IN REGULATIONS – MAT CONTINUED

Medical Staff

Old Rules

Only allowed for a MD/DO (not a PA or NP)

Only allowed for Registered Nurses

New Rules

Expanded to also include Physician Assistant & Nurse Practitioner

Expanded to also include for NP and LPN

Employment/Hour Requirements

Old Rules

Required MD/DO to be onsite full time regardless of activity being performed (Methadone)

Required 2 or more full-time RN's to be onsite at least 35 hours/wk regardless of activity being performed

Counselor required to be on site full time

New Rules

Requires medical professional (MD/DO, NP, PA, RN or LPN) to be onsite during medication administration

Requires a medical professional (MD/DO, NP, PA, RN or LPN) to be onsite during medication administration

Only requires counselors to be onsite while counseling services are being offered

REDUCTION IN REGULATIONS – MAT CONTINUED

Drug Testing

Old Rules

Urinalysis Only

Weekly Urinalysis for 6 months
 Monthly testing thereafter

New Rules

Allows program to choose type of testing

Bi-weekly testing for 6 months
 Monthly testing thereafter

Take Home Medications in Methadone Programs

Old Rules

1 take-home dose in a week for days 1-90
 2 take-home doses in a week for days 91-730
 3 take-homes doses in a week after 731 days
 No more further take homes allowed

New Rules

1 take-home dose in a week for days 1-90
 2 take-home doses in a week for days 91-180
 3 take-home doses in a week for days 181-365
 4 take-home doses in a week for days 366-730
 5 take-home doses in a week for days 731-1,095
 6 take-home doses in a week for days 1,096-1,825
 13 take-home doses for 2 weeks after day 1,826

Questions and Answers

*Thank you for providing and assuring
quality services in Michigan.*



Habilitation Supports Waiver – 1915(c) (HAB Waiver)

An opportunity to better serve our IDD consumers



- What is the HAB Waiver
- How to qualify
- Completing the application
- Changes in Procedure & Process
- Utilization



Background

- Michigan's typical Medicaid Services are provided through a Section 1915 (b)
- Michigan's HAB Waiver (1915(c)), allows for enhanced funding and additional services for people meeting eligibility requirements
 - Michigan is limited to 8,268 slots with 1,164 allocated to DWMHA.
- Michigan requires PIHPs to maintain usage of at least 95% of their allocated slots or risk having them reallocated to other PIHPs.



Eligibility

Person must meet all of the following:

- Have an intellectual disability (no age restrictions)
- Reside in a community setting
- Medicaid eligible and enrolled
- Would otherwise need the level of services similar to an ICF/IID
 - Training in basic fundamental skills
- Once enrolled, receives at least one HSW (“Habilitative”) service per month



SERVICES AVAILABLE IN THE HSW

- Community Living Supports
- Enhanced Medical Equipment and Supplies
- Enhanced Pharmacy: (Physician ordered, non-prescription “medicine chest” items as specified in IPOS)
- Environmental Modifications
- Family Training
- Goods and Services (self determination only)
- Out-of-home non-vocational Habilitation
- Personal Emergency Response System (PERS)
- Prevocational Services
- Private Duty Nursing (over 21 and not in the State Plan)
- Respite
- Supports Coordination
- Supported Employment

Proposed for 10/19*:
Overnight Health & Safety Supports
Fiscal Intermediary
Non-Family Training

* MDHHS Numbered Letter L 19-18



Application Process

- The individual plan of service must **identify the need for HSW services as evidenced by a “habilitative” goal**
- Enrollment request is initiated:
 - HSW certification form and
 - Signed release of protected health information
 - Review of current abilities and needs
 - Copy of current IPOS including the amount, scope & duration of each service needed developed using the PCP process
 - Other supporting documentation, e.g., evaluations or professional notes, IEP for school-aged applicants (note if not in school)



Application Process

Required	Optional
✓ New applicant worksheet (Blue Form – Revised 3/9/16)	✓ Health Assessment (Nurse or Physician)
✓ Copy of Completed HSW Certification Form (DCH-3894 – Revised 3/9/16)	✓ Psychological Assessment
✓ Enrollment Evaluation – Performance on Areas of Major Life Activity	✓ Social Work Assessment
✓ Signed Authorization to Disclose PHI	✓ Therapy Evaluation (OT/PT)
✓ Individual Plan of Service	✓ Other Psy. Evaluation, Behavior Plan, etc.
✓ IEP (Required until age 26)	✓ PDN Eligibility Determination Worksheet (if appropriate)



New Applicant Worksheet

Information Completed by CRSP

Revised Form for Oct. 1, 2019

HSW NEW APPLICANT WORKSHEET

Date App. to reviewer: _____
 RLA Code: _____ FY: 20
 M / F Age _____
 DOB: _____

Name: _____

Medicaid ID# _____ WSA ID: _____

PIHP: _____ CMH/MCPN: _____ County: _____

Residence: _____ CWP Grad Other Priority Group

DIAGNOSIS (include all diagnoses that contribute to individual substantial functional impairment):

[Schizophrenia, Schizophreniform Disorder, or Schizoaffective Disorder (ICD code 295.xx); Delusional Disorder (ICD code 297.1); Psychotic Disorder NOS (ICD code 298.9); Psychotic Disorder due to a general medical condition (ICD codes 293.81 or 293.82); Dementia with delusions (ICD code 294.42); Bipolar I Disorder (ICD codes 296.0x, 296.4x, 296.5x, 296.6x, or 296.7); or Major Depressive Disorder (ICD codes 296.2x and 296.3x)]

<u>HSW SERVICES Specified in the IPOS</u>		<u>IPOS DATE:</u>	
<input type="checkbox"/> Community Living Supports	<input type="checkbox"/> Enhanced Medical Equipment & Supplies	<input type="checkbox"/> Goods and Services (s-d only)	<input type="checkbox"/> PDN (21+)
<input type="checkbox"/> Enhanced Pharmacy	<input type="checkbox"/> Environmental Modifications	<input type="checkbox"/> Out of Home Non-Voc Habilitation	<input type="checkbox"/> Respite Care
<input type="checkbox"/> Family Training		<input type="checkbox"/> PERS	<input type="checkbox"/> Supports Coordination
		<input type="checkbox"/> Prevocational Services	<input type="checkbox"/> Supported Employment

Habilitative GOALS (Abbreviations acceptable):

RECOMMENDATION:

Enroll in HSW - all 5 criteria met

<input type="checkbox"/> LOC Applied Accurately	<input type="checkbox"/> QIDP Certified
<input type="checkbox"/> Meets ICF/IID LOC	<input type="checkbox"/> Given Choice between HSW or institutional care
<input type="checkbox"/> LOC Documented on HSW Cert Form	Date Certification Signed by CMH / PIHP QIDP _____

PEND: Additional Information Needed (see WSA under comments tab for details)

Do not Enroll in HSW

Reviewed by: _____ Date: _____

HSW New Applicant Worksheet
Rv 05/29/2019



Eligibility Certificate

Complete these areas

Revised Form for Oct. 1, 2019

DO NOT COMPLETE Sections 3 & 4

RES CODE: _____
FY: 20 _____

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
HABILITATION SUPPORTS WAIVER (HSW) ELIGIBILITY CERTIFICATION**

IF PRIORITY PROCESSING CHECK ONE: Age off CWP (age 18) Age-off State Plan PDN (age 21) At imminent risk of ICF/IID

SECTION 1

Initial Certification <input type="checkbox"/>	Annual Recertification <input type="checkbox"/>	Next Recertification Due Date:	
Last Name	First Name	Medicaid # <small>MUST be 10-digits - include leading zeros</small>	WSA #
Address		City/ Zip	Date Of Birth
DHS License # For Residence (If Applicable)	RLA Code #	Prepaid Inpatient Health Plan	County Of Financial Responsibility
# Of Licensed Beds At Residence	Enrolled in MI Health Link	Enrolled in MI Choice	Medicaid Eligible
			Date Medicaid Eligibility Verified

This is to certify that the above-named individual is eligible for Medicaid coverage and has received a comprehensive evaluation of his/her needs. The comprehensive evaluation and supporting documentation are available in the individual's record.

Based on the results of the comprehensive evaluation and supporting documentation, the Waiver eligibility requirements are met:

Support Coordinator Signature & QIDP Credentials _____ Date _____ PIHP / HSW Coordinator Signature _____ Date _____

SECTION 2

Previous Consent Expires: _____

I understand that I may accept or reject waiver services instead of services provided in an ICF/IID and that I may withdraw this consent at any time in writing. This consent may not exceed 36 months. I accept reject services as offered under the Habilitation Supports Waiver (HSW).

Signature _____ Date _____ Self Legal Guardian or Parent of minor

Witness (required only if signature above made by a mark) _____ Date _____

SECTION 3

Based on the results of the comprehensive evaluation and supporting documentation, the following Waiver eligibility requirements are met:

This individual has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (P.L.106-402).

If not for the availability of home and community-based services, this individual would require the level of care provided in an intermediate care facilities for individuals with Intellectual Disabilities (ICF/IID).

WAIVER RECOMMENDED **WAIVER NOT RECOMMENDED**

MDHHS QIDP Signature & Credentials _____ Effective Date for Level of Care: _____

SECTION 4

WAIVER ENROLLMENT:

ENROLLED or RECERTIFIED EFFECTIVE DATE: _____

NOT ELIGIBLE or DISENROLLED REASON: _____

IF Disenrolled, Notice of Right to Fair Hearing: Date: _____

MDHHS Signature _____ Date _____

The Michigan Department of Health and Human Services is an equal opportunity employer, services and program providers.
DCH-3804 (05.28.19)



Performance of Major Life Activity Form

NAME OF PERSON APPLYING FOR HSW: _____

MEDICAID ID # _____ DATE OF BIRTH: _____

PERSON'S ADDRESS: _____

DEVELOPMENTAL DISABILITY: _____ DATE OF ONSET OF DD: _____

COMPLETED BY: _____ DATE: _____

PERFORMANCE ON AREAS OF MAJOR LIFE ACTIVITY-

0. **INDEPENDENT** - No help or oversight - or- Help/oversight provided only 1 or 2 times during the last 7 days.

1. **SUPERVISION** - Oversight, encouragement or cuing provided 3+ times during last 7 days - OR - Supervision plus physical assistance provided only 1 or 2 times during last 7 days.

2. **LIMITED ASSISTANCE** - Resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3+ times - or- More help provided only 1 or 2 times during last 7 days.

3. **EXTENSIVE ASSISTANCE** - While resident performed part of activity, over last 7 day period, help of following type(s) provided 3 or more times:

- Weight Bearing Support
- Full staff performance during part (but not all) of last 7 days.

4. **TOTAL DEPENDENCE** - Full staff performance of activity during entire 7 days.

**** Specify any devices or equipment needed for any area of major life activity in the space below each description and indicate performance (0-4 as described above) in the box to the right of each activity..**

BED MOBILITY	How person moves to and from lying position, turns side-to-side, and positions body while in bed	
TRANSFER	How person moves between surfaces B to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)	
DRESSING	How person puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis	
EATING	How person eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)	
TOILET USE	How person uses the toilet room (or commode, bedpan, urinal), transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes	
PERSONAL HYGIENE	How person maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands and perineum (EXCLUDE baths and showers)	
BATHING	How person takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower.	

RECEPTIVE & EXPRESSIVE LANGUAGE	How person communicates with others to express his desires and needs, including understanding verbal, pictorial, or written communication. Specify any devices used to communicate:	
LEARNING	How person learns new information, generalizes what he has learned to new situations. If there is a diagnosis of Intellectual disability, please specify below:	
MOBILITY	How person moves between locations on even surfaces. If in wheelchair, self-sufficient once in chair. Specify any mobility devices used:	
SELF-DIRECTION	How person directs his own life. If there is a guardian, please specify the areas in which person continues to make decisions.	
CAPACITY FOR INDEPENDENT LIVING	How person manages a household and schedule, including financial affairs (e.g., bill paying, money management), domestic responsibility (e.g., housekeeping, chores, maintenance), nutritional status (e.g., menu planning, shopping, cooking), arranging transportation if applicable, medication management and managing own health status.	
ECONOMIC SELF-SUFFICIENCY	How person is employed and whether his income is sufficient to support himself. If working toward economic self-sufficiency, when does person expect to achieve this?	

1. Describe any behavioral issues and the approaches agreed to during person-centered planning or attach supporting documentation with this area highlighted.

2. Describe any health issues and the approaches agreed to during person-centered planning or attach supporting documentation with this area highlighted.

3. Please enclose the following documentation:
 Signed HSW Certification Form
 Copy of the Individual Plan of Services.
 Any other pertinent information related to services, treatment, or supports needed by the person.

Revised Form for
Oct. 1, 2019



Habilitative Goals...

Must be tied to
and included in
the IPOS.

S

• Specific

M

• Measurable

A

• Attainable

R

• Relevant

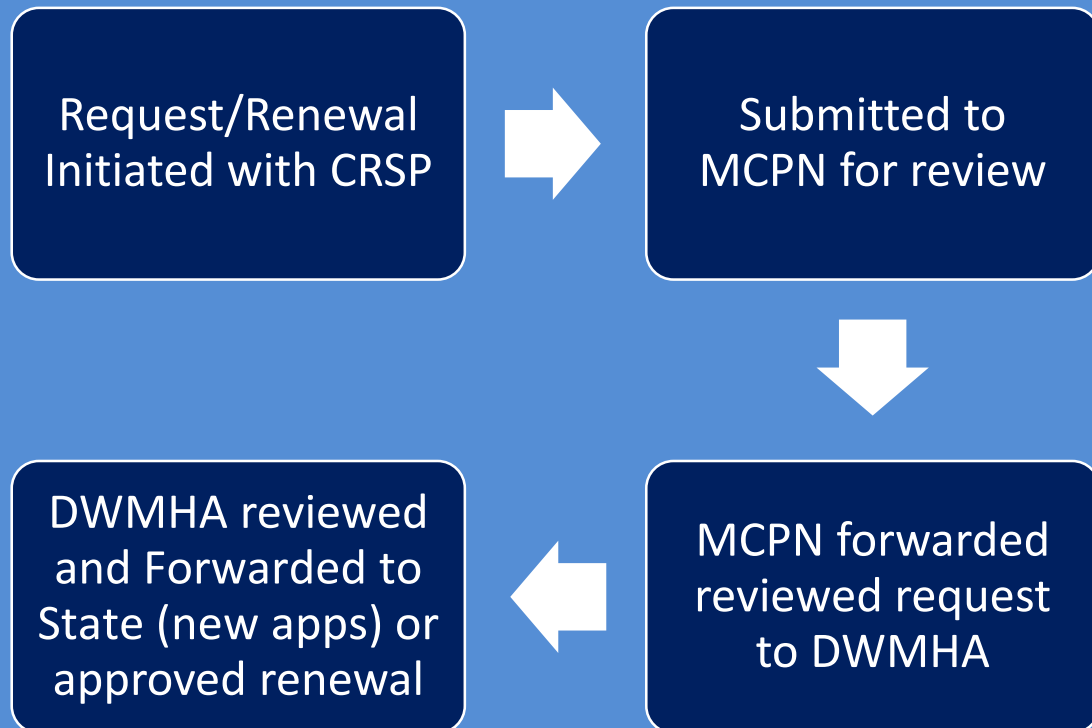
T

• Time Specific

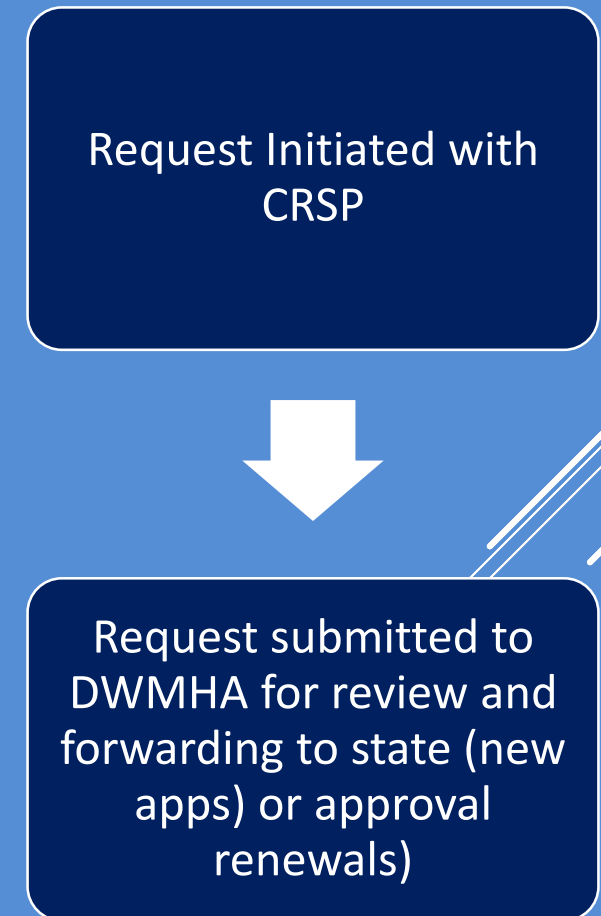


Changes to Published Procedure

Pre-Systems Transformation



Post-Systems Transformation





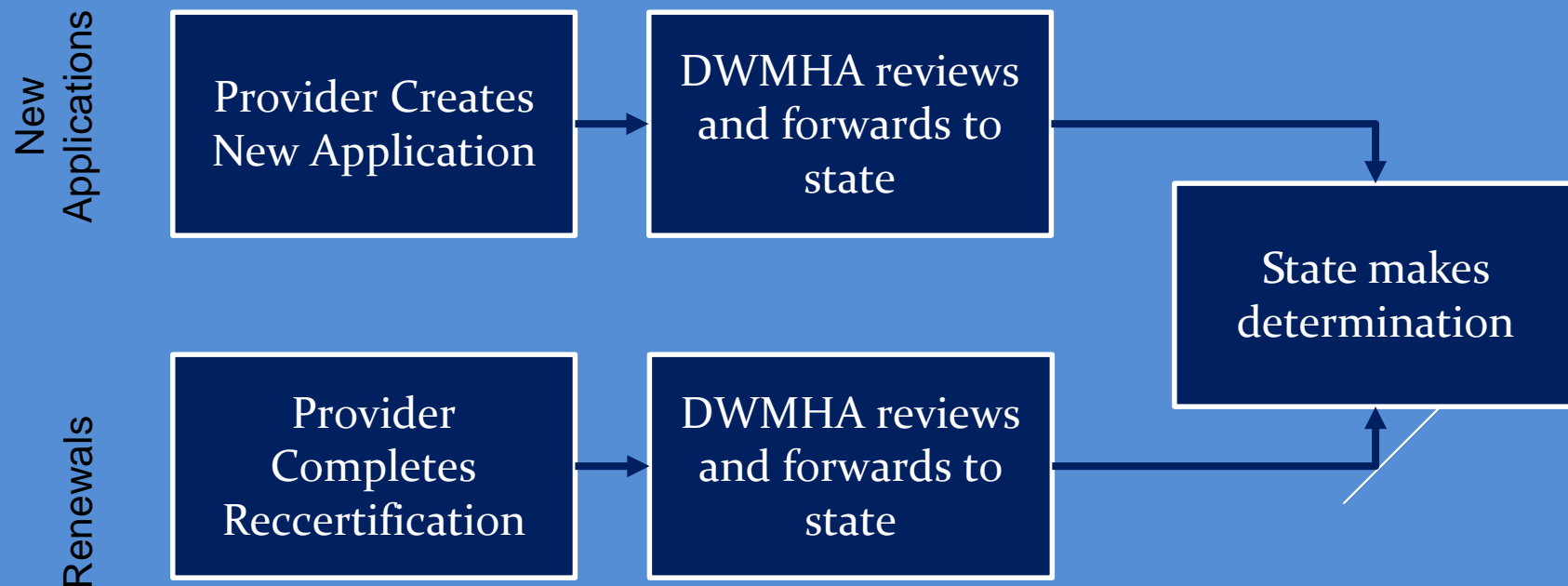
Changes to Process

Current Process

- Right now, MDHHS makes initial determination and delegates renewals to local PIHPs.

Effective October 1st

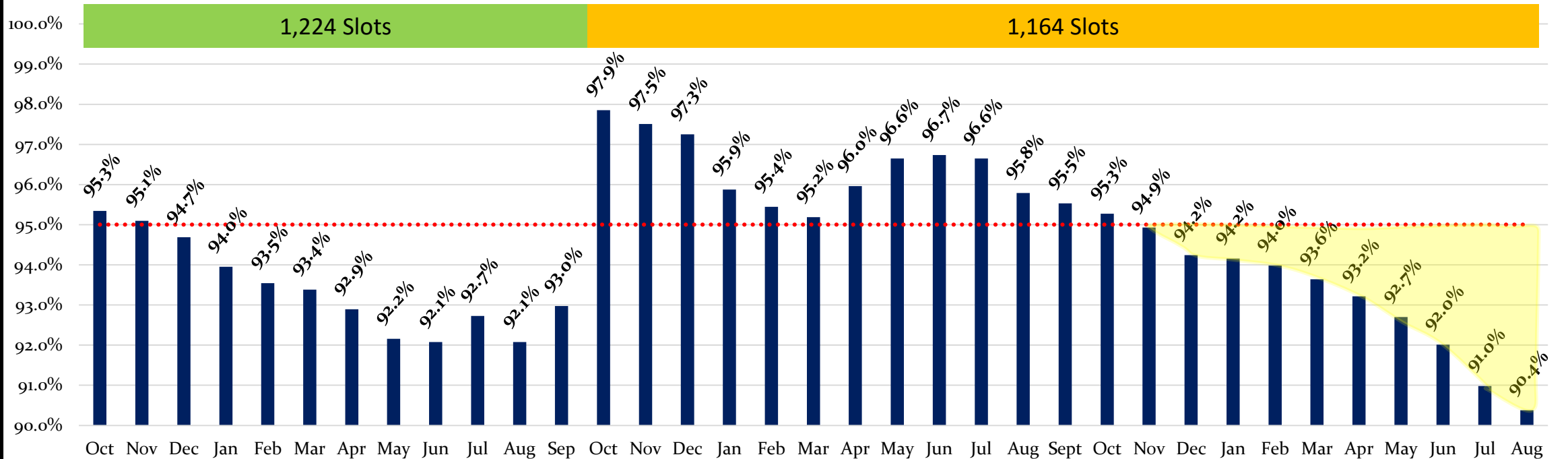
- All determinations will be made at MDHHS level.





% Waiver Utilization

**HAB Waiver Utilization
2017, 2018 & 2019 to Date**





We are eager to help...

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