

Pre-Paid Inpatient Health Plan: Name
 Community Mental Health / Provider: Name
 Beneficiary Waiver Support Application Case Identification Number: Number
 Referral Date: mm/dd/yyyy Site document reflect WSA data Site document NOT reflect WSA data
 Eligibility Date: mm/dd/yyyy Site document reflect WSA data Site document NOT reflect WSA data
 Eligibility End Date: mm/dd/yyyy Site document reflect WSA data Site document NOT reflect WSA data

Waiver Support Application Evaluation Data

Initial Evaluation Start Date: mm/dd/yyyy Site document reflect WSA data Site document NOT reflect WSA data

Initial Evaluation Information

ADOS-2 Classification: Choose an item.
 ADOS-2 Module: Choose an item.
 ADOS-2 Overall Total Score: Score

Impairments of Social Communication & Social Interaction, lack of: 1, 2, 3, 4
 1 - Multiple non-verbal communicative behavior, 2 - Peer relationships, 3 - Spontaneous sharing, 4 - Social or emotional reciprocity

Restricted, repetitive and stereotypical patterns of behavior, interests and activities: R1, R2, R3, R4
 R1 - Preoccupation in intensity or focus, R2 - Rituals or routines, R3 - Motor mannerisms, R4 - Sensory input or interest

Site document reflect WSA data Site document NOT reflect WSA data

Notes:

Re-evaluation information is uploaded on the WSA: Yes No Not Applicable

Re-evaluation Start Date: mm/dd/yyyy Site document reflect WSA data Site document NOT reflect WSA data

Re-evaluation End Date: mm/dd/yyyy Site document reflect WSA data Site document NOT reflect WSA data

Re-evaluation Information

VABS-2 Cumulative Score: Score

Communication Score: Score

Daily Living Skills Score: Score

Socialization Score: Score

Motor Skills Score: Score

Maladaptive Behavior Score: Score

Impairments of Social Communication & Social Interaction, lack of: 1, 2, 3, 4
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Restricted, repetitive and stereotypical patterns of behavior, interests and activities: R1, R2, R3, R4
 R1 - Preoccupation in intensity or focus, R2 - Rituals or routines, R3 - Motor mannerisms, R4 - Sensory input or interest

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Notes:

Waiver Support Application Individual Plan Services

Individual Plan of Service is uploaded on the WSA: Yes No Not Applicable

Individual Plan of Service Start Date: mm/dd/yyyy Site document reflect WSA data Site document NOT reflect WSA data

Individual Plan of Service End Date: mm/dd/yyyy Site document reflect WSA data Site document NOT reflect WSA data

ABA Start Date: mm/dd/yyyy Site document reflect WSA data Site document NOT reflect WSA data

Level of Intensity: Choose an item.

Hours of ABA Service: Click here to enter text.

Agency Providing ABA Services: Click here to enter text.

Supervisor of ABA Services: Click here to enter text.

Notes:

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PIHP: _____

Beneficiary WSA Case ID: _____

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DIMENSIONS/INDICATORS	Yes	No	FINDINGS	REMEDIAL ACTION
1915 (I) QUALITY IMPROVEMENT STRATEGY (PAGES 38-46) 4. Beneficiaries are informed of their right to choose among providers as evidenced by documentation the Pre-Planning Meeting summary				
11. Beneficiaries receive information on how to report abuse, neglect & exploitation on an annual basis as evidenced by documentation the Pre-Planning Meeting summary.				
7. Beneficiaries ABA Service authorization was completed by Utilization Management (UM) staff who are free from conflict of interest as evidenced by documentation that the staff does not provide any other service to that beneficiary.				
6. Beneficiaries Independent Assessment development of IPOS are consistent with MDCH policies and procedures against conflict of interest as evidenced by: A. IPOS is developed through a person centered planning process; B. The assigned individual overseeing the development of the IPOS does not provide ABA services; C. The authorization of ABA services is performed by the Utilization Management unit.				
2. Beneficiaries IPOS are updated within 365 days of their last plan of service.				
3. Beneficiaries services and supports are provided as specified in the IPOS, including: A. Amount B. Scope C. Duration D. Frequency				
1. Beneficiaries IPOS addresses the needs. A. As part of the IPOS, there is a comprehensive individualized ABA behavioral treatment plan that includes specific targeted				

PHIP: _____

Beneficiary WSA Case ID: _____

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<p>behaviors for improvement, along with measurable, achievable, and realistic goals for improvement.</p> <p>B. The IPOS must address risk factors identified for the child and family, specify how the risk factor may be minimized and describe the backup plan for each identified risk. For example, a risk factor might be how to ensure consistent staffing in the event a staff did not show up. The backup plan is that the agency has a staff who is already trained in this child's IPOS and that staff person can be sent in the event a staff does not show up to provide a service.</p> <p>C. Per the MPM, "[a] preliminary plan must be developed within seven days of the commencement of services. Therefore, each plan of <u>service must contain the expected date</u> any authorized service is to commence, and the specified amount, scope, and duration of each authorized service. The beneficiary must receive a copy of his plan of services within 15 business days of completion of the plan."</p>				
<p>5. Beneficiaries providers of the ABA services meet credentialing standards.</p> <p>A. ABA Supervisor</p> <p>B. ABA Aide</p>				
19.6 ABA INTERVENTION-Medicaid Provider Manual MHA Section 19 Applied Behavior Analysis				
<p>Beneficiaries IPOS are reviewed both at intervals specified in the ISPA (ex. 3 months for EIBI) and when there were changes in needs.</p>				
<p>Beneficiaries ongoing determination of level of service (every six months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with ABLLS-R or VB-MAPP.</p>				