



CHILDREN'S WAIVER PROGRAM



TECHNICAL ASSISTANCE MANUAL

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Revised Edition - May 2004

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* *These items will be forthcoming.*

ADVOCACY ASSOCIATIONS - DEVELOPMENTAL DISABILITIES

<p>Michigan Protection & Advocacy Service 4095 Legacy Parkway Suite 500 Lansing, MI 48911 Phone: 1-800-288-5923; (517) 487-1755 Fax: (517) 487-0827 E-mail: molson@mpas.org Web: http://www.mpas.org</p> <p>Bridges4Kids Terri Henrizi, Information & Referral Specialist 3920 Sheldrake Okemos, Michigan 48864 Phone: (517) 381-0528 Fax: (517) 381-0531</p> <p>Developmental Disabilities Council 1033 South Washington Ave. Lansing, MI 48910 Phone: (517) 334-6123 TDD: (517) 334-7354 Fax: (517) 334-7353</p> <p>The ARC Michigan 1325 South Washington Ave. Lansing, MI 48910 Phone: 1-800-292-7851 (517) 487-5426 Fax: (517) 487-0303 E-mail: Arcmi@voyager.net Web: http://www.arcmi.org</p> <p>The ARC of Midland 220 W. Main Street, Suite 101 Midland, MI 48640 Phone: (989) 631-4439 Fax: (989) 832-5528 E-Mail: Arcmid@concentric.net</p> <p>The ARC of Northwest Wayne County c/o Patricia Brown 26049 Five Mile Road Redford, MI 48239 Phone: (313) 532-7915 Fax: (313) 532-7488 E-mail: arcnw@aol.com</p>	<p>An information and referral service that provides advocacy and legal services for people with developmental disabilities and/or mental health issues, in areas such as SSI, education and employment. Special education parent advocacy training program. Call the 800 line for information on regional offices.</p> <p>Many local chapters (49) statewide; call for the closest one. Provides statewide advocacy for persons with developmental disabilities and their families; technical assistance for local chapters.</p> <p>Provides information and support to families of children with disabilities. Offers a toy loan program, encouragement, and information for parents and siblings on techniques for playful interaction with children who have special needs.</p>
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ADVOCACY ASSOCIATIONS - DEVELOPMENTAL DISABILITIES CONTINUED

<p>ARC Services of Macomb 44050 Gratiot Clinton Township, MI 48036 Phone: (586) 469-1600 Fax: (586) 469-2527 E-mail: arcmc@tri.com</p> <p>Family Information Exchange The ARC Michigan 1325 S. Washington Ave. Lansing, MI 48910 Phone: 1-800-292-7851, ext 114 (517) 487-5426, ext 108 Fax: (517) 487-0303 E-mail: arcmi@voyager.net Web: http://www.arcmi.org</p> <p>Alliance of Genetic Support Groups 4301 Connecticut Avenue, NW, Suite 404 Washington, DC 20008-2369 Phone: 1-800-336-GENE (4363) Fax: (202) 966-8553 E-mail: info@geneticalliance.org Web: http://www.geneticalliance.org</p>	<p>An international self-advocacy and support group of people with developmental disabilities speaking for themselves. We are people first; disabilities come second. Call for information on numerous chapters statewide.</p> <p>Provides information and referrals for families of children from birth through two years. Provides statewide communication network for family leaders within the Early On system. Distributes a newsletter for families of children with disabilities ages birth through two years.</p> <p>Maintains listing and publishes directory of national genetic support organizations. Serves as a bridge between consumers and providers of genetic services. A coalition of voluntary support groups, consumers, and professionals.</p>
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EDUCATIONAL ORGANIZATIONS**State Department of Education:**

Special Education

Jacquelyn Thompson, Director

Office of Special Education & Early Intervention
Services

Department of Education

P.O. Box 30008

Lansing, MI 48909-7508

Phone: (517) 373-9433

E-mail: ThompsonJJ@michigan.gov**Center for Educational Networking**

Eaton Intermediate School District

1790 East Packard Highway

Charlotte, MI 48813

Phone: 1-800-593-9146

Publishes a directory of special education services in Michigan; disseminates materials that describe the process and programming for children in special education including revised special education rules and position statements.

Citizen's Alliance to Uphold Special Education (CAUSE)

6412 Centurion Drive Suite 130

Lansing, MI 48917

Phone: 1-800-221-9105

TTY: (517) 886-9167

Fax: (517) 886-9775

E-mail: Info@causeonline.org

A parent training and information center that teaches parents about their rights and responsibilities and how to access the educational system to meet their children's needs; volunteer advocates; resource referrals. Funded under the Individuals with Disabilities Education Act (IDEA)

Programs for Infants And Toddlers Early Intervention: Ages Birth Through Two

Vanessa Winborne, Acting Coordinator

Michigan Department of Education

Office of Special Education and Early
Intervention Services

P.O. Box 30008

Lansing, MI 48909

Phone: (517) 335-4865

E-mail: winbornev@michigan.gov

EDUCATIONAL ORGANIZATIONS (Continued)

<p>Michigan Parent Teacher Association (PTA) Pattie Bayless, President Michigan Congress of Parents, Teachers and Students 1011 N. Washington Avenue Lansing, MI 48906-4897 Phone: (517) 485-4345 Fax (517) 485-0012 E-mail: Info@michiganpta.org Web: www.michiganpta.org</p>	
<p>Brain Injury Brain Injury Association of Michigan 8619 W. Grand River, Suite I Brighton, MI 48116-2334 Phone: (810) 229-5880 (800) 772-4323 (in MI only) Fax: (810) 229-8947 E-mail: info@biami.org Web: www.biami.org</p>	

STATE AND LOCAL AGENCIES

Mental Health Services to Children and Families

Michigan Department of Community Health
Lewis Cass Building
320 S. Walnut
Lansing, MI 48913
Phone: (517) 241-5767

Medicaid

400 South Pine
Lansing, MI 48933
Medical Information Hotline: (800) 292-2550

Resources For Community Living and Supportive Housing

Housing Specialist
(517) 335-8947

**Community Mental Health Service Programs/
Michigan Community Mental Health Boards**

Forty-six community mental health (CMH) service programs provide a comprehensive range of mental health and support services in all Michigan counties to children, adolescents, and adults with developmental disabilities or mental illness. The system includes 24-hour emergency and crisis response services. Contact your local CMH agency for assistance or referral information.

Mental Health Facilities

www.mentalhealth.org

STATE AND LOCAL AGENCIES (Continued)

<p>Health Departments Phone: See county/district listing below.</p>	<p>Michigan's local public health departments offer a wide range of health services and supports for families. Some of the programs include: family planning; prenatal care; health screening; Women, Infants and Children (WIC) nutrition program; home nurse visits; support services for mothers and infants; and vision and hearing screening for school age children. They can also provide information on the Children's Special Health Care Services Plan.</p>
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Local Health Departments

<p>Allegan County Health Dept.....(269) 673-5411 Barry-Eaton District Health Dept.....(517) 485-7110 Bay County Health Dept.....(989) 895-4001 Benzie-Leelanau Dist Health Dept.....(231) 882-4409 Berrien County Health Dept.....(269) 926-7121 Branch-Hillsdale-St. Joseph DHD..... (517) 279-9561 Calhoun County Health Dept.....(269) 966-1210 Central Michigan District H D.....(989) 772-8147 Chippewa County Health Dept.....(906) 635-1566 City of Detroit Health Dept.....(313) 876-4000 Delta-Menominee Dist H D.....(906) 786-4111 x711 Dickinson-Iron District Health Dept.....(906) 265-9913 District Health Dept #2.....(989) 345-5020 (Alcona, Iosco, Ogemaw, Oscoda) District Health Dept #4.....(989) 356-4507 (Alpena, Cheboygan, Montmorency, Presque Isle) District Health Dept #10.....(231) 592-9477 (Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, Wexford) Genesee County Health Dept.....(810) 257-3612 Grand Traverse Co. Health Dept.....(231) 922-4831 Huron County Health Dept.....(989) 269-9721 Ingham County Health Dept.....(517) 887-4300 Ionia County Health Dept.....(616) 527-5341 Jackson County Health Dept.....(517) 788-4420 Kalamazoo Co. Human Serv. Dept.....(269) 373-5200 Kent Kent County Health Dept.....(616) 336-3030</p>	<p>Lapeer County Health Dept.....(810) 667-0391 Lenawee County Health Dept.....(517) 264-5202 Livingston County Health Dept.....(517) 546-9850 Luce-Mackinac-Alger-Schoolcraft District Health Dept.....(906) 293-5107 Macomb County Health Dept.....(586) 469-5235 Marquette County Health Dept.....(906) 475-9977 Mid-Michigan District Health Dept.....(989) 831-5237 Midland County Health Dept.....(989) 832-6380 Monroe County Health Dept.....(734) 243-7140 Muskegon County Health Dept.....(231) 724-6311 N. W. MI. Com. Health Agency.....(231) 547-6253 (Antrim, Charlevoix, Emmet, Otsego) Oakland County Health Dept.....(248) 858-1280 Ottawa County Health Dept.....(616) 396-5266 Saginaw County Health Dept.....(989) 758-3800 St. Clair County Health Dept.....(810) 987-9396 Sanilac County Health Dept.....(810) 648-4098 Shiawassee County Health Dept.....(989) 743-2318 Tuscola County Health Dept.....(989) 673-8114 Van Buren-Cass Dist Health Dept.....(269) 621-3143 Washtenaw County Health Dept.....(734) 484-6640 Wayne County Health Dept.....(734) 727-7007 Western U P District Health Dept.....(906) 482-7382 (Baraga, Gogebic, Houghton, Keweenaw, Ontonagon)</p>
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STATE AND LOCAL AGENCIES (Continued)

<p>Early On Michigan Michigan 4C Association 3536 Meridian Crossing Dr. Suite 220-310 Okemos, MI 48864 Phone: 1-800-EARLY ON (327-5966) (517) 381-0528 Fax: (517) 381-0531 E-mail: helper@match.org Web: http://www.earlyonmichigan.org</p>	<p>A system coordinated by the Michigan Department of Education, Community Health, and the Family Independence Agency. Early On serves infants and toddlers from birth to 36 months with developmental delay or conditions that could lead to delay. Coordinators in each county help to arrange for evaluation, individualized service plan, service coordination, and implementation Services may include family training, counseling, home visits, speech pathology, audiology, occupational therapy, physical therapy, psychological services, diagnostic medical services, health services, nursing services, vision services, assistive technology devices, nutritional counseling, and transportation. (See the following page for a list of Early On Coordinators)</p>
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<p>Allegan County ISD.....(269) 673-2161 Alpena-Montmorency-Alcona ESD.....(989) 354-3101 Barry ISD.....(269) 945-9545 Bay-Area ISD.....(989) 893-0075 Berrien County ISD.....(269) 471-7725 Branch ISD.....(517) 279-5813 COOR ISD/Crawford-Oscoda- Roscommon-Ogemaw.....(989) 275-9555 Doris Klaussen Dev Cntr (Calhoun Co).(269) 964-9426 Charlevoix-Emmet ISD.....(231) 547-9947 Cheboygan-Otsego-Presque Isle ISD... (231) 238-9394 x216 Clare-Gladwin ISD.....(989) 386-3851 Clinton County ISD.....(989) 224-6831 Copper Country ISD.....(906) 482-7260 Delta-Schoolcraft ISD.....(906) 341-4133 Dickinson-Iron ISD.....(906) 779-2692 Eastern Upper Peninsula ISD.....(906) 478-7931 Eaton ISD.....(517) 543-5500x1142 Genesee ISD.....(810) 591-4947 Gogebic-Ontonagon ISD.....(906) 884-6507 Gratiot-Isabella Health Dept.....(989) 773-5921 Hillsdale County ISD.....(517) 437-0990x131 Huron ISD.....(989) 269-9274 Ingham ISD.....(517) 676-1051 Ionia County ISD.....(616) 527-4900 AuSable Valley CMH.....(989) 362-8636 Jackson County ISD.....(517) 787-8910 Kalamazoo Valley ISD.....(269) 373-3279</p>	<p>Kent Early On.....(616) 365-2310 Lapeer County ISD.....(810) 245-3980 Lenawee ISD.....(517) 265-1788 Lewis Cass ISD.....(616) 445-6245 Livingston ESA.....(517) 546-5550 Macomb ISD.....(586) 228-3331 Manistee ISD.....(231) 723-6205 Marquette-Alger ISD.....(906) 863-2493 Mason-Lake ISD.....(231) 757-3716 Mecosta-Osceola ISD.....(231) 832-5532 Menominee County ISD.....(906) 863-2493 Midland County ISD.....(989) 837-0709 Monroe County ISD.....(734) 242-5799 x1912 Montcalm Area ISD.....(616) 754-9107 Muskegon Area ISD.....(231) 777-2637 Newaygo ISD.....(231) 652-1639 Oakland ISD.....(248) 209-2084 Oceana ISD.....(231) 873-0848 Ottawa Area ISD.....(616) 399-6940 Saginaw ISD/ERC.....(989) 799-4733 St. Clair County ISD.....(810) 364-8990 St. Joseph County ISD.....(269) 467-5454 Sanilac ISD.....(810) 648-2200 Shiawassee RESA.....(989) 743-3471 Traverse Bay Area ISD.....(231) 922-6397 Tuscola ISD.....(989) 673-5200 Van Buren ISD.....(269) 674-8091 Washtenaw ISD.....(734) 997-1947 Wayne County RESA.....(734) 334-1502 Wexford-Missaukee ISD.....(231) 876-2300</p>
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STATE AND LOCAL AGENCIES (Continued)

Michigan 4C Association Community Coordinated Child Care 839 Centennial Way Lansing, MI 48917 Phone: 1-800-950-4171 or (517) 351-4171 Web: http://www.mi4c.org	A network of local and regional agencies dedicated to improving services and child care for children and their families. Local and regional 4C agencies provide child care resources and referral services for children with special needs.
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Regional 4C Agencies

Child Advocacy 4C of Central MI..... (Clare, Gladwin, Gratiot, Isabella)	1-800-552-4489 (989) 463-1422
Child Care Network, Washtenaw Regional 4C..... (Hillsdale, Jackson, Lenawee, Monroe, Washtenaw)	1-800-777-2861 (734) 975-1840 http://comnet.org/local/orgs/ccn
Child Care Resources, Kalamazoo Regional 4C..... (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren)	1-800-343-3470 (269) 349-3296
Children's Resource Network, Ottawa Regional 4C..... (Allegan, Lake, Mason, Muskegon, Oceana, Ottawa)	1-800-332-5049 (269) 396-8151
Detroit/Wayne County 4C.....	1-800-722-6345 (313) 259-4411
Greater Flint & Thumb Area 4C..... (Genesee, Huron, Lapeer, Sanilac, Tuscola)	1-800-527-2182 (810) 232-0145
Kent Regional 4C..... (Ionia, Kent, Mecosta, Montcalm, Newaygo, Osceola)	1-800-448-6995 (616) 451-8281 http://www.4cchildcare.org
Livingston County 4C Council.....	1-800-260-0202 (517) 548-9112
Macomb 4C..... (Macomb, St. Clair)	1-800-621-8661 (586) 469-6993
Northeast MI 4C..... (Alcona, Alpena, Cheboygan, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle)	1-800-257-9907 (989) 354-8089
Northwest MI 4C Council..... (Antrim, Benzie, Charlevoix, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Roscommon, Wexford)	1-800-968-4228 (231) 941-7767
Oakland County 4C Council.....	(248) 858-5140
Office for Young Children , Ingham Regional 4C..... (Clinton, Eaton, Ingham, Shiawassee)	1-800-234-6996 (517) 887-4319 http://www.ingham.org/hd/ovc/
Saginaw Valley Regional 4C..... (Arenac, Bay, Midland, Saginaw)	1-800-468-2043 (989) 497-0680
4C of the Upper Peninsula..... (Alger Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft)	1-800-541-5437 (906) 228-3362

STATE AND LOCAL AGENCIES (Continued)

Project Find Michigan 4 C Association 3536 Meridian Crossing Dr. Suite 220-310 Okemos, MI 48864 Phone: 1-800-327-5966 Fax: (517) 381-0531 E-mail: helper@match.org	A statewide educational intervention system for children over age three years with any type of developmental delay. Provides information for parents and referrals to local coordinators in every Michigan County. (see list of county telephone numbers for Project Find on the next page).
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Project Find Coordinators by County

Alcona.....(989) 354-3101 Alger.....(906) 226-5166 Allegan.....(269) 673-2161 Alpena.....(989) 354-3101 Antrim.....(231) 922-7865 Arenac.....(989) 893-0075 Baraga.....(906) 482-7260 x36 Barry.....(269) 945-9545 x33 Bay.....(989) 893-0075 Benzie.....(231) 922-7865 Berrien.....(269) 471-7725 x169 Branch.....(517) 279-5813 Calhoun.....(269) 964-9426 Cass.....(269) 445-6260 Charlevoix.....(231) 547-9947 Cheboygan.....(231) 238-9394 Chippewa.....(906) 478-7931 Clare.....(989) 386-3851 x315 Clinton.....(517) 224-6831 x46 Crawford.....(989) 275-5137 x237 Delta.....(906) 786-9300 Detroit Public Schools.....(313) 494-1183 Dickinson.....(906) 779-2602 Eaton.....(517) 484-2929 x142 Emmet.....(231) 547-9947 Genesee.....(810) 591-4883 Gladwin.....(989) 386-3851 x315 Gogebic.....(906) 575-3438 x11 Grand Traverse.....(231) 922-7865 Gratiot.....(517) 773-6956 Hillsdale.....(517) 437-0990 x151 Houghton.....(906) 482-7260 x36 Huron.....(989) 269-9274 Ingham.....(517) 244-1233 Ionia.....(616) 527-4900 Iosco.....(989) 739-0300 x31 Iron.....(906) 779-2602 Isabella.....(517) 773-6956 Jackson.....(517) 787-8910 Kalamazoo.....(269) 373-3270 Kalkaska.....(231) 922-7865 Kent.....(616) 771-2685 Keweenaw.....(906) 482-7260 x36	Lake.....(231) 757-3716 Lapeer.....(810) 664-1838 Leelanau.....(231) 922-7865 Lenawee.....(517) 265-1682 Lewis Cass.....(616) 445-6260 Livingston.....(517) 546-5550 Luce.....(906) 478-7931 Mackinac.....(906) 478-7931 Macomb.....(586) 228-3463 Manistee.....(231) 723-6205 Marquette.....(906) 226-5166 Mason.....(231) 757-3716 Mecosta.....(231) 796-3543 Menominee.....(906) 863-2493 Midland.....(989) 831-5892 x144 Missaukee.....(231) 876-2295 Monroe.....(734) 242-5799 Montcalm.....(517) 831-5261 x37 Montmorency.....(517) 354-3101 x135 Muskegon.....(231) 777-2637 x227 Newaygo.....(231) 652-1638 x226 Oakland.....(248) 209-2289 Oceana.....(231) 873-0848 Ogemaw.....(517) 275-5137 x237 Ontonagon.....(906) 575-3438 x11 Osceola.....(231) 796-3543 Oscoda.....(989) 275-5137 x237 Otsego.....(231) 238-9394 Ottawa.....(616) 399-6940 x313 Presque Isle.....(231) 238-9394 Roscommon.....(989) 275-5137 x237 Saginaw Public School District.....(989) 759-3513 Saginaw.....(989) 793-3760 x716 Sanilac.....(810) 648-3290 Schoolcraft.....(906) 786-9300 Shiawassee.....(989) 743-3471 St. Clair.....(810) 364-8990 x286 St. Joseph.....(269) 467-5437 Tuscola.....(989) 673-5200 x379 Van Buren.....(269) 674-8091 x402 Washtenaw.....(734) 994-8100 x1512 Wayne.....(734) 334-1393 Wexford.....(231) 876-2295
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COMMUNITY MENTAL HEALTH SERVICES PROGRAM

Allegan County CMH Services

3285 122nd Avenue
P.O. Drawer 130
Allegan, MI 49010
Paul M. Brinkley, ACSW, County Director
(269) 673-6617 Voice, TDD & 24-Hour
Emergency
(269) 673-2738 Fax
(800) 795-6617

AuSable Valley CMH Services

(Iosco, Ogemaw, & Oscoda)
1199 West Harris Ave., P.O. Box 310
Tawas City, MI 48764
Floyd R. Smith, PhD, Executive Director
(989) 362-8636 Voice
(989) 362-7800 Fax
(800) 442-7315 24-Hour Emergency

Barry County CMH Services

915 West Green Street
Hastings, MI 49058
Jan McLean, Executive Director
(269) 948-8041 Voice & 24-Hour Emergency
(269) 945-4831 TDD
(269) 948-9319 Fax

Bay-Arenac Behavioral Health

201 Mulholland
Bay City, MI 48708
William B. Cammin, PhD, Chief Exec Officer
(989) 895-2300 Voice, TDD & 24-Hour
Emergency
(989) 895-2357 Fax

Berrien Mental Health Authority

P.O. Box 547
Benton Harbor, MI 49023
Allen R. Edlefsen, MHA, Chief Exec Officer
(269) 927-6065 Voice & 24-Hour Emergency
(269) 925-6746 TDD
(269) 927-6063 Fax
(800) 336-0341 24-Hour Emergency

CMH of Ottawa County

12265 James Street
Holland, MI 49424
Gerard Cyranowski, Executive Director
(616) 392-1873 Voice
(616) 393-5657 Fax
(616) 396-HELP 24-Hour Emergency

CMH Authority of Clinton-Eaton-Ingham Counties

812 East Jolly Road; Suite G10
Lansing, MI 48910
Robert Sheehan MSW, MBA, Executive
Director
(517) 346-8200 Voice
(517) 374-7037 TDD
(517) 346-8245 Fax
(517) 372-8460 24-Hour Emergency
(800) 372-8460

CMH Services of St. Joseph County

210 S. Main
Three Rivers, MI 49093
Kristine Kirsch, Executive Director
(269) 273-2000 Voice
(269) 651-1508 TDD
(269) 273-9456 Fax
(800) 622-3967 24-Hour Emergency

CMH Services of Muskegon County

376 Apple Avenue
Muskegon, MI 49442
James Elwell, Executive Director
(231) 724-1104 Voice
(231) 722-4103 TDD
(231) 724-1300 Fax
(231) 722-HELP 24-Hour Emergency

CMHSA Network of West Michigan

728 Fuller Ave., N.E.
Grand Rapids, MI 49503
Paul Ippel, Executive Director
(616) 336-3765 Voice
(616) 336-3805 TDD
(616) 336-3593 Fax
(616) 336-3909 24-Hour Emergency

Community Mental Health for Central Michigan

(Clare, Gladwin, Isabella, Mecosta, Midland,
Osceola)
301 South Crapo, Suite 100
Mt. Pleasant, MI 48858
George Rouman, MSW, ACSW, Executive
Director
(989) 773-6961 Voice & 24-Hour Emergency
(989) 773-2890 TDD
(989) 773-1968 Fax

COMMUNITY MENTAL HEALTH SERVICES PROGRAM (Continued)**Copper Country CMH Services**

(Baraga, Houghton, Keweenaw & Ontonagon)
 901 West Memorial Drive
 Houghton, MI 49931
 Lawrence J. Pollack, PhD, Executive Director
 (906) 482-9400 Voice
 (906) 482-8037 TDD
 (906) 483-0269 Fax
 (906) 482-4357 24-Hour Emergency

Detroit-Wayne County CMH Agency

640 Temple, 8th Floor
 Detroit, MI 48201
 Patricia Kukula, Interim Director
 Edith Killins, Chief Operating Officer
 (313) 833-2500 Voice
 (313) 833-2417 TDD
 (313) 833-4281 Fax
 (313) 224-7000 24-Hour Emergency

Genesee County CMH Services

420 West Fifth Avenue
 Flint, MI 48503
 Danis Russell, Executive Director
 (810) 257-3705 Voice
 (810) 767-7736 TDD
 (810) 257-3770 Fax
 (810) 257-3740 24-Hour Emergency

Gogebic CMH Authority

103 West U.S. 2
 Wakefield, MI 49968
 Rick A. Minkin, Executive Director
 (906) 229-6100 Voice & TDD
 (906) 229-6190 Fax
 (906) 667-0712 24-Hour Emergency

Gratiot County CMH Services

P. O. Box 69
 Alma, MI 48801-0069
 Robert Wernick, MSW, Chief Exec Officer
 (989) 463-4971 Voice
 (989) 463-1101 TDD & 24-Hour
 Emergency
 (989) 466-5470 Fax

Hiawatha Behavioral Health

(Chippewa, Mackinac & Schoolcraft)
 125 North Lake Street
 Manistique, MI 49854
 Samuel Harma, MA, Chief Exec Officer
 (906) 341-2144 Voice & 24-Hour
 Emergency
 (800) 654-0551
 (906) 341-5793 Fax

Huron Behavioral Health

1108 S. VanDyke, PO Box 312
 Bad Axe, MI 48413
 John DeFord, Executive Director
 (989) 269-9293 Voice
 (989) 269-8966 TDD
 (989) 269-7544 Fax
 (800) 356-5568 24-Hour Emergency

Ionia County CMH

5827 N. Orleans Rd.
 Orleans, MI 48865
 Robert Lathers, Chief Exec Officer
 (616) 761-3151 Voice
 (616) 761-3441 TDD
 (616) 761-3992 Fax
 (616) 527-1790 24-Hour Emergency

Kalamazoo CMH Services

3299 Gull Road, P.O. Box 63
 Nazareth, MI 49074
 Jeff Patton, Executive Director
 (269) 553-8000 Voice
 (269) 553-8100 TDD
 (269) 553-8012 Fax
 (269) 373-6000 24-Hour Emergency

Lapeer County CMH Services

1570 Suncrest Drive
 Lapeer, MI 48446
 Michael Vizena, Executive Director
 (810) 667-0500 Voice, TDD & 24-Hour
 Emergency
 (810) 664-8728 Fax

Lenawee CMH Authority

1040 S. Winter St., Suite 1022
 Adrian, MI 49221-3867
 Roger Myers, MA, Executive Director
 (517) 263-8905 Voice, TDD & 24-Hour
 Emergency
 (517) 265-8237 Fax

Lifeways

(Jackson & Hillsdale)
 1200 N. West Avenue
 Jackson, MI 49202
 Nancy Miller, Chief Executive Officer
 (517) 789-1200 Voice & 24-Hour Emergency
 (517) 789-2492 TDD
 (517) 789-1276 Fax
 (800) 284-8288 24-Hour Emergency

COMMUNITY MENTAL HEALTH SERVICES PROGRAM (Continued)**Livingston County CMH Authority**

2280 E. Grand River
Howell, MI 48843
Angus M. Miller, IV, MSW, CSW,
Executive Director
(517) 546-4126 Voice, TDD & 24-Hour
Emergency
(517) 546-1300 Fax
(800) 615-1245 24-Hour Emergency

Macomb County CMH Services

5th Floor County Building
10 North Main Street
Mt. Clemens, MI 48043
Donald I. Habkirk, Jr., MA, Executive
Director
(586) 469-5275 Voice
(586) 307-9100 TDD & 24-Hour
Emergency
(586) 469-7674 Fax

Manistee-Benzie CMH

310 N. Glocheski Dr., P.O. Box 335
Manistee, MI 49660
Michael Moran, MA, Executive Director
(231) 723-6516 Voice and TDD
(231) 723-1504 Fax
(800) 968-5070 24-Hour Emergency
(Manistee)
(800) 968-5048 24-Hour Emergency
(Benzie)

Monroe CMH Authority

P.O. Box 726, 1001 South Raisinville Road
Monroe, MI 48161-0726
Jane S. Terwilliger, MSW, CEO, Exec
Officer
(734) 243-7340 Voice and TDD
(734) 243-5564 Fax
(800) 886-7340 24-Hour Emergency

Montcalm Center for Behavioral Health

611 North State
Stanton, MI 48888
Robert Brown, MA, LLP, Executive Director
(989) 831-7520 Voice & 24-Hour
Emergency
(616) 225-7520 Greenville (local)
(989) 831-7540 TDD
(989) 831-7578 Fax

Newaygo County Mental Health Center

P.O. Box 867, 1049 Newell
White Cloud, MI 49349
Greg Snyder, Executive Director
(231) 689-7330 Voice, TDD & 24-Hour
Emergency
(231) 689-7345 Fax

North Country CMH

(Antrim, Charlevoix, Cheboygan, Emmet,
Kalkaska & Otsego)
One MacDonald Dr., Suite A
Petoskey, MI 49770
Alexis Kaczynski, MA, Director
(231) 347-7890 Voice
(800) 442-7315 TDD & 24-Hour Emergency
(231) 347-1241 Fax

Northern Lakes CMH

(Crawford, Grand Traverse, Leelanau, Missaukee,
Roscommon & Wexford)
105 Hall Street, Suite A
Traverse City, MI 49684
Gregory Paffhouse, Chief Exec Officer
(231) 922-4850 Voice & TDD
(231) 935-3082 Fax
(800) 442-7315 24-Hour Emergency

Northeast Michigan CMH Services

(Alcona, Alpena, Montmorency & Presque Isle)
400 Johnson Street
Alpena, MI 49707
Charles A. White, MBA, Executive Director
(989) 356-2161 Voice & 24-Hour Emergency
(989) 354-5898 Fax

Northpointe Behavioral Healthcare Systems

(Dickinson, Iron & Menominee)
715 Pyle Drive
Kingsford, MI 49802
Karen Thekan, Interim Executive Director
(906) 774-0522 Voice and TDD
(906) 774-1570 Fax
(906) 774-5000 24-Hour Emergency

Oakland County CMH Authority

2011 Executive Hills Boulevard
Auburn Hills, MI 48326
William J. Allen, Executive Director
(248) 858-1210 Voice
(248) 858-5331 TDD
(248) 975-9768 Fax
(248) 543-2900 24-Hour Emergency

Pathways

(Alger, Delta, Luce & Marquette)
200 W. Spring Street
Marquette, MI 49855
Douglas C. Morton, ACSW, MBA, Chief Exec
Officer
(906) 225-7201 Voice
(906) 225-7204 Fax
(906) 225-4444 TDD
(906) 225-1181 24-Hour Emergency

COMMUNITY MENTAL HEALTH SERVICES PROGRAM (Continued)**Pines Behavioral Health Services**

(Branch)
200 Orleans Boulevard
Coldwater, MI 49036
John Bolton, MA, LLP, Chief Exec Officer
(517) 279-8404 Voice and TDD
(517) 279-8172 Fax
911 24-Hour Emergency

Saginaw County CMH Authority

500 Hancock
Saginaw, MI 48602
Sandra Lindsey, Chief Exec Officer
(989) 797-3400 Voice
(989) 797-3460 TDD
(989) 799-0206 Fax
(989) 792-9732 24-Hour Emergency
(800) 233-0022

Sanilac County CMH

217 E. Sanilac, Suite One
Sandusky, MI 48471
Roger Dean, PhD, Executive Director
(810) 648-0330 Voice and TDD
(810) 648-0319 Fax
(810) 648-4341 24-Hour Emergency

Shiawassee County CMH Services

P.O. Box 428
Owosso, MI 48867
Robert Blackford, Executive Director
(989) 723-6791 Voice, TDD, & 24-Hour
Emergency
(989) 725-5061 Fax
(989) 723-0710

St. Clair County CMH Services

1011 Military Street
Port Huron, MI 48060
Michael P. McCartan, MA, Executive Director
(810) 985-8900 Voice
(810) 987-8699 TDD
(810) 985-7620 Fax
(810) 985-7161 24-Hour Emergency

Summit Pointe (Calhoun)

140 West Michigan Avenue
Battle Creek, MI 49017
Ervin Brinker, Chief Exec Officer
(269) 966-1460 Voice
(269) 966-2890 TDD
(269) 966-2844 Fax
(800) 632-5446 24-Hour Emergency

Tuscola Behavioral Health Systems

125 W. Lincoln, P.O. Box 239
Caro, MI 48723
Robert E. Chadwick, II, MBA, Chief Exec
Officer
(989) 673-6191 Voice, TDD & 24-Hour
Emergency
(989) 673-1596 Fax
(800) 462-6814

**Van Buren Community Mental Health
Authority**

801 Hazen St., Suite C, P.O. Box 249
Paw Paw, MI 49079-0249
John Clement, MA, LLP, CSW, Chief Exec
Officer
(269) 657-7702 & 657-5574 Voice
(269) 657-3474 Fax
(800) 922-1418 24-Hour Emergency

**Washtenaw Community Health
Organization**

P.O. Box 915, 555 Towner Blvd.
Ypsilanti, MI 48197
Kathleen Reynolds, Executive Director
(734) 484-6620 Voice
(734) 971-2282 Adults
(734) 971-5688 TDD
(734) 971-9605 Children
(734) 484-6634 Fax
(734) 971-2282 24-Hour Emer (9:00am-
5:00pm)
(734) 996-4747 24-Hour Emer (5:00 pm-
9:00am)

West Michigan CMH System

(Lake, Mason, & Oceana)
920 Diana Street
Ludington, MI 49431
Richard VandenHeuvel, Chief Exec Officer
(231) 845-6294 Voice and TDD
(231) 845-7095 Fax
(231) 845-6294 24-Hour Emergency

**Woodlands Behavioral Healthcare Network
(Cass)**

960 M-60, East
Cassopolis, MI 49031
Kirt E. Carter, Executive Director
(269) 445-2451 Voice and TDD
(269) 445-3216 Fax
(269) 445-2451 24-Hour Emergency
(269) 323-0335

FINANCIAL RESOURCES FOR CHILDREN

<p>Family Support Subsidy Michigan Department of Community Health Family Support Subsidy Lewis Cass Building 320 S. Walnut Lansing, MI 48913 Phone: (517) 241-5773</p> <p>Social Security Disability and Supplemental Security Income (SSI) Programs Phone: 1-800-772-1213 Web: http://www.ssa.gov/</p>	<p>Provides a monthly stipend for special needs related to caring for a child with severe disability. To be eligible, the child must be younger than 18 years and live at home; family's taxable income must be less than \$60,000. Child must be considered severely mentally impaired, severely multiply impaired or autistic impaired by the local special education program. Applications available through community mental health service programs.</p> <p>A federal needs-based benefit program for children with disabilities and adults with permanent impairments that preclude gainful employment. Must meet certain disability criteria in order to receive benefits, which include cash payments and Medicaid eligibility. To apply, contact your local Social Security office or call the 800 number.</p>
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INSURANCE RESOURCES

<p>Insurance Advocacy for Home-Based Alternatives Program 2350 Gidley Drive Grand Haven, MI 49417 Phone: (616) 844-1056</p> <p>SNAP: Special Needs Advocate for Parents 2350 Green Road, Suite 182 Ann Arbor, MI 48105 Phone: 1-888-410-5823 Fax: (734) 995-6719</p>	<p>Works statewide to help families maximize insurance coverage for home care services. Helps families understand their insurance benefits and coaches them through the process of getting approval for home care services. Also provides coordination with publicly-funded home care resources.</p> <p>Provides advocacy and resolution of medical insurance problems; special needs estate planning; referrals to advocates and support groups; quarterly information newsletter.</p>
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INSURANCE RESOURCES (Continued)**MI Child**

Michigan Department of Community Health
 Lewis Cass Building
 Sixth Floor
 320 South Walnut Street
 Lansing, MI 48913
 Toll-free number: 1-888-988-6300
 E-mail: smithsh@state.mi.us

MIChild is a health insurance program. It is used for uninsured children of Michigan's working families. MIChild services are provided by many HMOs and other health care plans throughout Michigan.

Children's Special Health Care

Michigan Department of Community Health
 Medical Services Administration
 400 S. Pine Street
 Lansing, MI 48909
 Phone: (517) 241-7186
 Fax: (517) 373-9401

Provides insurance coverage for medical services related to more than 2,500 diagnoses. Diagnostic evaluations, medical care, treatment, and appropriate therapies can be covered by this program for children who are eligible for enrollment. Further information can be obtained from your local health department or the family Support Network.

Trust Fund for Children with Special Needs

Michigan Department of Community Health
 P.O. Box 30479
 400 S. Pine
 Lansing, MI 48909-7979
 Phone: (517) 241-7420
 Web: www.mdch.state.mi.us/msa/cshcs

Established in 1944 with a stock bequest, the trust fund helps pay for services and projects for children with special health care needs not covered by other sources. Examples include equipment such as wheelchair ramps, therapeutic tricycles, and partial support for van lifts. The family of any child who is enrolled in or medically eligible for Children's Special Health Care Services may apply for assistance by contacting their county's local health department CSHCS office. The trust fund also supports conferences for parents and professional and demonstration projects that improve service delivery for children with special health care needs. Such requests should be made to the trust fund directly.

SUPPORT GROUPS & ASSOCIATIONS

ALLERGY

Asthma and Allergy Foundation of America, Michigan Chapter

17520 West 12 Mile Road, Suite 102

Southfield, MI 48076

Phone: 1-888-444-0333; (248) 557-8050

Fax: (248) 557-8768

E-mail: Aafamich@aol.com

Web: <http://www.aafa.org>

The mission of AAFA, Michigan Chapter, is to improve the quality of life for individuals affected by asthma and allergic diseases and promote awareness of these diseases.

ANGELMAN SYNDROME

Angelman Syndrome Support Group of Michigan

c/o Betsey Stacks

222 South Main Street

Concord, MI 49237

Phone: (517) 524-6108

Provides referral and resource information for Angelman syndrome; quarterly meetings at Sparrow Hospital in Lansing; annual picnic; telephone support network.

ASTHMA

American Lung Association of Michigan (ALAM)

403 Seymour Ave.

Lansing, MI 48933-1179

Phone: 1-800-678-5864

(517) 484-4541

Fax: (517) 484-2118

Web: <http://www.alam.org>

The mission of ALAM is the conquest of lung disease and the promotion of lung health. ALAM's #1 priority is the prevention of lung disease; that is, to preclude the development of disease. Services include year round special events, air quality programs, professional education services, smoking cessation programs, community health service programs and volunteer opportunities.

ATTENTION DEFICIT DISORDER

Children and Adults with Attention Deficit Disorder (C.H.A.D.D.)

499 Northwest 70th Avenue, Suite 101

Plantation, FL 33317

Phone: 1-800-233-4050; (954) 587-3700

Fax: (954) 587-4599

E-mail: national@chadd.org

Web: <http://www.chadd.org/>

SUPPORT GROUPS & ASSOCIATIONS CONTINUED**AUTISM****Autism Society of Michigan**

6035 Executive Drive, Suite 109

Lansing, MI 48911

Phone: (517) 882-2800

Phone: (800) 223-6722 (for use in MI only)

Fax: (517) 882-2816

E-mail: miautism@aol.com

This organization provides extensive services for families with a child with autism. In addition to advocacy, the Society provides information on resources such as information packets and also maintains a bookstore. Also publishes AHorizons@, a magazine, quarterly.

Other Resources for the Child with Autism**Auditory Integration Training:****The Counseling Center**

7 Tokeneke Rd.

Darien, CT 06820

Phone: (203) 655-1091

Web: www.auditoryintegration.net**Autism Research Institute**

4182 Adams Avenue

San Diego, CA 92116

Phone: (619) 281-7165

Sensory Integration Therapy:**Sensory Integration International (SII)**

PO Box 5339

Torrance, CA 90510-2701

Phone: (310) 320-2335

North American Riding for the Handicapped Association

Phone: (800) 369-RIDE

Autism National Committee

PO Box 6175

North Plymouth, MA 02362-6175

Autism Society of America, Inc. (ASA)

7910 Woodmont Ave., Suite 650

Bethesda, MD 20814

Phone: (301) 657-0881

SUPPORT GROUPS & ASSOCIATIONS (Continued)**Council for Exceptional Children**

1110 North Glebe Rd. Suite 300
 Arlington, VA 22201-5704
 Toll Free: (888) CEC SPED
 Phone: (703) 620-3660
 Fax: (703) 264-9494

Journal of Autism and Developmental Disorders

Plenum Publishing Corporation
 233 Spring Street
 New York, NY 10013
 Phone: (800) 221-9369

Volunteers for Autism Foundation

P.O. Box 406
 South River, NJ 08882

CEREBRAL PALSY**United Cerebral Palsy Association of Michigan, Inc.**

3401 E. Saginaw Suite 216
 Lansing, MI 48912
 Phone: 1-800-828-2714 (Voice & TDD)
 Phone: (517) 203-1200
 Fax: (517) 203-1203
 E-mail: ucp@ucpmichigan.org
 Web: <http://www.ucpmichigan.org>

United Cerebral Palsy Association of Michigan is the statewide advocacy organization of Michigan's 35,000 citizens with cerebral palsy. Services include: consultation and technical assistance; consumer education and rights training; public education; systems advocacy and public policy advocacy.

SUPPORT GROUPS & ASSOCIATIONS (Continued)

<p>CYSTIC FIBROSIS Cystic Fibrosis Center University of Michigan Medical Center 1500 East Medical Center Drive Room D 1117 Ann Arbor, MI 48109-0718</p> <p>Phone: (734) 764-5417 Fax: (734) 936-7635 E-mail: Ccwelsch@umich.edu Web: http://www.cff.org</p> <p>Kenny Foundation 20300 Civic Center Dr. Suite 250 Southfield, MI 48076</p> <p>Phone: 1-800-237-3422; (248) 357-0119 Fax (248) 351-2101 E-mail: letters@epilepsymichigan.org Web: http://comnet.org/kenny/</p> <p>March of Dimes, Greater Michigan Chapter 2450 Delhi Commerce Dr. Suite 9B Holt, MI 48842 Phone: 1-800-968-DIME (517) 699-4863 Fax: (517) 699-8184 E-mail: resourcecenter@modimes.org Web: http://www.marchofdimes.com</p>	<p>Provides clinical services for patients with cystic fibrosis. Periodic newsletter and family events.</p> <p>Provides services, education and advocacy for Michigan citizens with any type of mobility impairment. Information on equipment and home modification.</p> <p>Provides information on any birth defect, video lending library for schools or individuals (pregnancy, preconception planning, fetal alcohol syndrome, teen pregnancy); prenatal worksite health promotion program (ABabies and You@); Community grants program, advocacy network, information brochures.</p>
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SPEECH AND HEARING IMPAIRMENT**Michigan Association for Deaf, Hearing, and Speech Services (MADHS)**

2929 Covington Court, Suite 200

Lansing, MI 48912-4939

Phone: 1-800-YOUR-EAR (Voice/TTY)

(517) 487-0066 (Voice/TTY)

(517) 487-0202 (TTY)

Fax: (517) 487-2586

E-mail: yourear@pilot.msu.eduWeb: <http://www.madhs.org>

MADHS is a statewide agency dedicated to improving the quality of life for individuals who are deaf, hard of hearing and speech impaired. The agency provides public education about deafness and hearing conservation through in-services for schools, organizations and businesses. Also provides information, referral and advocacy regarding the Americans with Disabilities Act. Has assistive equipment for loan and distribution. Provides interpreter service referrals. Offers several programs for youth during the year; Leadership Training School; substance abuse programs, HIV-AIDS and summer therapies for children. MADHS is a comprehensive program that incorporates the latest research information and technology applications.

MI Family Independence Agency

Division on Deafness

Christopher Hunter, Executive Director

320 North Washington Square, Suite 250

Lansing, MI 48913

Phone: (517) 334-7363 (V/TTY)

E-mail: Hunterm2@state.mi.us**Speech and Hearing**

790 W. Lake Lansing Rd. Suite 500A

East Lansing, MI 48823

Phone: (517) 332-5691

Fax: (517) 332-5870

E-mail: mainoffice@michiganspeechhearing.orgWeb: www.michiganspeechhearing.org**Easter Seal Society of Michigan, Inc.**

4065 Saladin Drive, SE

Grand Rapids, MI 49546

Phone: 1-800-292-2729; (616) 942-2081

Fax: (616) 942-5932

Web: <http://www.easter-seals.com>

▪ **SPEECH AND HEARING IMPAIRMENT (Continued)**

<p>Holley Ear Institute St. John Hospital and Medical Center 22101 Moross Road Detroit, MI 48236-2172 Phone: (313) 343-4000 (313) 343-3165-Holley Ear Institute (313) 343-8789 (TTY) Fax: (313) 343-7487 Web: http://www.stjohn.org/hei/</p>	<p>A non-profit organization of volunteers committed to educating local and hospital communities to the world of the deaf and hearing challenged in order to raise consciousness of the handicaps they must face daily in a hearing world, developing a family center, research center, and a community outreach program for the deaf and hearing impaired, and enhancing audiological services to the community within their own Audiology Department at St. Johns Medical Center. Holley Ear Institute sponsors summer programs for hearing families with children who are deaf, families who are deaf with hearing children, seniors with deafness, and special programs for persons who are deaf/blind, deaf with cerebral palsy, and deaf/autistic.</p>
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VISION IMPAIRMENT

<p>Michigan Commission for the Blind Patrick Cannon, Director Commission for the Blind, Family Independence Agency 201 North Washington Square, PO Box 30652 Lansing, MI 48909 Phone: (517) 373-2062 E-mail: kreiner@state.mi.us</p> <p>Visual Impairments Paul Schroeder, Director American Foundation for the Blind-Midwest 401 North Michigan Avenue, Suite 350 Chicago, IL 60611 Phone: (312) 396-4420 E-mail: Chicago@afb.net Web: www.afb.org</p> <p>Blind Children's Fund 311 West Broadway Suite 1 Mt. Pleasant, MI 48858 Phone: (989) 779-9966 Fax: (989) 779-0015 E-mail: Blindchfnd@aol.com Web: http://www.blindchildrensfund.org</p> <p>National Federation of the Blind of Michigan Fred Wurtzel, President 1212 North Foster Lansing, MI 48912 Phone: (517) 372-8700 Web: http://www.nfb.org</p>	<p>A vocational rehabilitation agency that works with school systems and other agencies to provide consultative services, information and referrals; conducts in-service training. Serves deaf-blind individuals statewide.</p> <p>Collects, develops, and disseminates information, materials and services for infant and preschool blind and visually impaired children, their families and professionals who work with them. Newsletters, books and videos for sale.</p> <p>Call for information on local chapters and parent organizations. Provides advocacy, works on legislation, and distributes literature to educate the public. Monthly meetings.</p>
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VISION IMPAIRMENT, SCOLIOSIS & EPILEPSY

National Family Association for Deaf-Blind

111 Middle Neck Road
Sands Point, NY 11050
Phone: (800) 255-0411 ext. 275
Fax: (516) 944-7302

SCOLIOSIS

National Scoliosis Foundation, Michigan Office

c/o Marie Spaulding
27814 Townley
Madison Heights, MI 48071
Phone: (248) 398-6346
E-mail: jcgj92a@prodigy.net

EPILEPSY

Epilepsy Foundation of Michigan

20300 Civic Center Dr. Suite 250
Southfield, MI 48076
Phone: 1-800-377-6226
(248) 351-7979
Fax: (248) 351-2101
Web: <http://www.epilepsymichigan.org>
<http://www.efa.org>

FRAGILE X SYNDROME

Fragile X Association of Michigan

c/o Mary Ann and Roland Fischer
1786 Edinborough Drive
Rochester Hills, MI 48306
Phone: (248) 373-3043

Supports families and individuals of any age who are deaf-blind (including CHARGE, Usher, and Rubella syndromes) through advocacy, national policy development, information and referrals, and development of training materials and seminars for family members. Newsletter published tri-annually.

Call or write for support materials. Support group meetings held third Wednesday of the month September through May.

The Michigan affiliate of Epilepsy Foundation of America. Offers information and referral, as well as numerous individual and family support programs; peer-to-peer phone support network. Serves as a statewide clearinghouse for support groups in Genesee, Grand Traverse, Ionia, Kent, Lenawee, Macomb, Monroe, Muskegon, Oakland, Ottawa, Shiawassee, Washtenaw, and Wayne counties.

Monthly support group meetings are held at William Beaumont Hospital in Royal Oak.

SCOLIOSIS, EPILEPSY, & SPINAL BIFIDA (Continued)

<p>Fraxa Research Foundation, Michigan Chapter c/o Wendy Dillworth P.O. Box 24 Richland, MI 49083 Phone: (629) 629-5890 E-mail: COMPOSE12@mei.net Web: www.fraxa.org</p> <p>SPINAL BIFIDA Spinal Bifida Association of Southeastern Michigan 11000 John R. Road Troy, MI 48084 Phone: (248) 359-1545 E-mail: kimph@provide.net</p> <p>Myelomeningocele Care Center Children's Hospital of Michigan 3901 Beaubien Boulevard Detroit, MI 48201 Phone: (313) 745-5226 Fax: (313) 993-0390 (specify myelo clinic)</p>	<p>Provides support and information to families and professionals involved with Fragile X syndrome.</p>
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PARENT-TO-PARENT RESOURCES-Part I

The following resources focus on parent advocacy, parent development and parent training. The telephone numbers are for parents only.

<p>Family Information Exchange (FIE) The ARC Michigan 333 S. Washington Square, Suite 200 Lansing, MI 48933 Phone: (800) 292-7851</p> <p>Parent Participation Program (PPP) MDCH/MSA CSHCS/PPP 3056 W. Grand Blvd. Suite 3-350 Cadillac Place Building Detroit, MI 48202 Phone: (313) 456-4381 (800) 359-3722</p> <p>Parent Empowerment Program (PEP) P.O. Box 240 Vermontville, MI 49096 Cindie Hall Phone: (800) 262-0650 (517) 726-0200 Fax: (517) 726-0209</p> <p>Citizens Alliance to Uphold Special Education (CAUSE) 6412 Centurion Dr. Suite 130 Lansing, MI 48917 Phone: (800) 221-9105 TTY: (517) 886-9167 Fax : (517) 886-9366 E-mail: info@causeonline.org</p> <p>Parent Training Parents Project (PTP) United Cerebral Palsy Metro Detroit, Inc. 23077 Greenfield Rd. Suite 205 Southfield, MI 48075 Jessie Mullins Phone: (248) 557-5070</p> <p>Developmental Disabilities Institute (DDI) Wayne State University Detroit, MI 48202 Angela Martin Phone: (888) 978-4334</p>	<p>FIE has many brochures and resource sheets as well as a list of web sites.</p>
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PARENT-TO-PARENT RESOURCES-PART I (Continued)

<p>National Parent to Parent Support and Information System (NPPSIS) 4118 East 1st St. Blue Ridge, GA 30513 Phone: (706) 632-8822 Phone: (800) 654-1151 Fax: (706) 632-8830 Web: nppsis@ellijay.com</p> <p>The Parent Coalition 1325 S. Washington Square Lansing, MI 48910 Web: www.arcmi.org</p> <p>Catrina Moye Metropolitan Contact Phone: (800) 827-4843</p> <p>Nichole Mason Other Areas Phone: (800) 377-6226</p> <p>Eric Richards Project Director Phone: (800) 292-7851, Ext. 108</p> <p>Parent Leadership Program - Part C (PLP) 1325 S. Washington Square, Lansing, MI 48910 Phone: (800) 292-7851, ext. 107 or ext. 115 Web: www.arcmi.org</p> <p>Parent Support and Advocacy Program (PSAP) 29240 Buckingham, Suite 10 Livonia, MI 48154 Phone: (734) 266-9300</p> <p>Parents are Experts 3401 E. Saginaw Lansing, MI 48912 Phone: (800) 828-2714 Web: http://www.ucpmichigan.org</p>	<p>An organization established to support, strengthen, and empower families through one-to-one parent contacts.</p> <p>A network of organizations concerned about students with special needs. The Coalition believes students do better when parents and schools work together. The Coalition will support local partnerships through free training, mentoring, information and referrals.</p> <p>A program providing Leadership Development Learning Groups designed for primary caregivers of children with special needs who are interested in developing personal leadership skills. This project is housed at The ARC Michigan.</p> <p>A program that provides information, resources, and support from volunteer parent advocates in hospitals, clinics, schools, and Head Start programs. For more information contact PSAP.</p> <p>A Parents Training Parents Project of United Cerebral Palsy of Metropolitan Detroit. Parents are Experts believes the parent/professional partnership model ensures that the child receives the best education available.</p>
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PARENT-TO-PARENT RESOURCES-PART I (Continued)

<p>National Information Center for Children and Youth with Disabilities P.O. Box 1492 Washington, D.C. 20013-1492 Phone: 1-800-695-0285 (202) 884-8200 Fax: (202) 884-8441 E-mail: nichcy@aed.org Web: http://www.nichcy.org</p>	<p>Provides information on local, state and national resources for all disabilities. NICHCY is the national information and referral center that provides information on disabilities and disability-related issues for families, educators, and other professionals. Special focus is children and youth (birth to age 22).</p>
<p>National Parent Network on Disabilities (NPND) 1727 King St. Suite 305 Alexandria, Virginia 22314 Phone: (703) 684-6763 (Voice/TDD) Fax: (703) 836-1232 E-mail: NPND@cs.com Web: http://web.syr.edu</p>	<p>Provides a national voice for parents of children, youth and adults with special needs by sharing information and resources. Promotes the power of parents to influence policies concerning people with disabilities and their families.</p>
<p>National Rehabilitation Information Center 4200 Forbes Blvd. Suite 202 Lanham, MD 20706 Phone: 1-800-346-2742; (301) 459-5900 Fax: (301) 562-2401 E-mail: naricinfo@heitechservices.com Web: http://www.naric.com/</p>	<p>Maintains an extensive resource collection including publications and databases with current information as well as research projects related to all types of disabilities.</p>
<p>The Self-Esteem Shop 32839 Woodward Avenue Royal Oak, MI 48073 Phone: 1-800-251-8336 (248) 549-0511 Fax: (248) 549-0442</p>	<p>Self-help bookstore and resource center serving parents and professionals on a variety of topics related to special needs; including a full line of counseling and psychotherapy materials. Publishes catalog of relevant books and tapes.</p>

PARENT-TO-PARENT RESOURCES-PART I (Continued)

**The Parent Participation Program (PPP)
Children's Special Health Care Services Plan
Division (CSHCS)**

Michigan Department of Community Health
Cadillac Place Building
3056 W. Grand Blvd. Suite 3-350
Detroit, MI 48202
Phone: (800) 359-3722
Fax: (313) 256-2605
E-mail: marinm@state.mi.us

CSHCS provides medical specialty care to Michigan children with a qualified diagnosis. PPP helps families navigate CSHCS, including enrollment and problem solving. Hosts community forums to explain CSHCS Health Plan choices. For all Michigan families of children with special needs, PPP offers health information resources; a bi-annual conference for siblings of children with special needs; and scholarships for parents to attend conferences related to their child's diagnosis, condition or treatment. PPP's **Family Support Network of Michigan** offers parent-to-parent support through local chapters led by trained parents and helps match parents of children with similar medical concerns. Chapter activities include special events and parent information meetings.

Project PERFORM (Parent Experience and Resources: Family Outreach and Referral Model)

P.O. Box 1406
Ann Arbor, MI 48106-1406

Information and support resource for families of children with special needs in Michigan. Resources include comprehensive folders of information on specific subjects, a statewide special needs lending library, information and support, and a web site.

CSHCS Hourly Service Benefit

Phone: (517) 241-7182, Joan Deschamps
(517) 335-5226, Kathryn Schlappi

This program facilitates supports and services to assist families to care for a child with special health needs who must meet the Medicaid definition of medical necessity for hourly, skilled nursing care. The child must be Medicaid eligible in his/her own right in the proposed family setting. Families still remain the primary caregivers.

PARENT TO PARENT RESOURCES - PART II

The following state and national programs match parents with other parents for emotional support in addition to networking and information exchange.

<p>Friend's Health Connection For more information: 800-48-FRIEND or Web: www.friendshealthconnection.org</p> <p>Family Support Network (FSN) Michigan Cadillac Place 3056 W. Grand Blvd. Suite 3-350 Detroit, MI 48202 Phone: (313) 456-4381 For more information: (800) 359-3722</p> <p>Mothers United for Moral Support (MUMS) 150 Custer Court Green Bay, WI 54301-1243 Phone: (877) 336-5333 (Toll free, parents only please) Fax (920) 339-0995 E-Mail: mums@netnet.net Web: www.netnet.net/mums</p> <p>National Organization for Rare Disorders (NORD) 55 Kenosia Ave. PO Box 1968 Danbury, CT 06813-1968 Phone: (800) 999-6673 (203) 744-0100 Fax (203) 798-2291 E-mail: orphan@rarediseases.org Web: www.rarediseases.org</p>	<p>A communication network whose goal is to alleviate the devastation illness can bring by providing one-to-one support for individuals with health problems and their families.</p> <p>A statewide network of families who have children with special health needs or disabilities. In addition to matching parents, FSN services include: parent support groups; family social events; information about local, state, and national resources; one-on-one support by trained FSN support parents; information about programs for grandparents, fathers, brothers and sisters; and parent training programs. FSN is part of Children's Special Health Care Services, Department of Community Health.</p> <p>MUMS matches families throughout the world. It is MUMS' hope that by matching families, parents can mutually support one another emotionally, exchange valuable medical information they have gathered, and alleviate the feelings of being alone. MUMS also refers families to existing support groups for specific rare disorders.</p> <p>A federation of more than 140 not-for-profit voluntary organizations serving people with rare disorders and disabilities. NORD has a Networking Program and maintains a database from which it can print reports regarding specific diagnoses, written in understandable language.</p>
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PARENT TO PARENT RESOURCES - PART II (Continued)

<u>SPECIAL NEEDS-GENERAL</u>	
<p>Families of Young Children with Special Needs c/o Julie Day 2252 North Perrine Road Midland, MI 48642 Phone: (989) 832-2145 E-mail: Jw6day@cs.com</p>	<p>Offers parent-to-parent support through local chapters led by trained parents across Michigan. Helps match parents of children with similar medical concerns. Chapter activities include fun special events and parent information meetings.</p>
<p>Family Support Network Children's Special Health Care Services Plan Division Cadillac Place 3056 W. Grand Blvd Suite 3-350 Detroit, MI 48202 Phone: 1-800-359-3722 Fax: (313) 256-2605 E-mail: jordandasilvaf@state.mi.us</p>	
<p>Parent to Parent of Southwest Michigan c/o Michelle Miller 806 South Westnedge Kalamazoo, MI 49008 Phone: (269) 345-8950 E-mail: p2p@iserv.net</p>	
<p>Parents Training Parents Project/Parents are Experts Pat Dwelle, Project Coordinator 23077 Greenfield Road, Suite 205 Southfield, MI 48075-3745 Phone: (248) 557-5070 (800) 827-4843 E-mail: ucp@ameritech.net Web: www.taalliance.org/</p>	

PARENT TO PARENT RESOURCES - PART II (Continued)

<p>Sib to Sib! C/o Rhonda Berlin Little Red School House P.O. Box 992 Lynnwood, WA 98046 Phone: (425) 775-6070 Fax: (425) 771-8479 Web: http://www.chmc.org/departmt/sibsupp/sib2sdef.htm</p>	<p>A newsletter for brothers and sisters featuring articles, advice column, recipes and cartoon series.</p>
<p>Sibling Support Project of the Arc of the United States Don Meyer, Director 6512 23rd Avenue, NW #213 Seattle, WA 98117 Phone: (206) 297-6368 Main: (206) 987-1829 Fax: (206) 368-4816 E-mail: Dmeyer@chmc.org Web: http://www.chmc.org/departmt/sibsupp/</p>	<p>Helps to establish programs for siblings of children with special needs nationwide.</p>
<p>Flint Area Sibling Support c/o Debbie Newberger University of Michigan Health Services Phone: (248) 666-9207</p>	<p>Presently starting group activities for siblings of children with special needs. Please call for more information.</p>
<p>Ann Arbor Area Sibling Support c/o Judy Coucouvanis University of Michigan Medical Center 1500 E. Medical Center Drive Ann Arbor, MI 48109 Phone: (734) 764-0234 Fax: (734) 936-8907</p>	<p>Provides sibling support programs as needed for families of children with disabilities.</p>

RESOURCES ON THE WORLD WIDE WEB FOR PARENTS OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS

General Information Sites

CODI - Cornucopia of Disability Information

<http://codi.buffalo.edu>

The Family Village

<http://www.familyvillage.wisc.edu>

Internet Resources for Special Children (IRSC)

<http://www.irsc.org>

Yahoo: Health: Diseases and Conditions

http://www.yahoo.com/Society_and_Culture/Disabilities

ON-LINE RESOURCE DIRECTORIES

The Family Village Library

<http://www.familyvillage.wisc.edu/library.htm>

National Information Sources on Disabilities

<http://www.curry.edschool.virginia.edu/spedpprojects/ose/resources/general.html>

FAMILY SUPPORT AND PARENT-TO-PARENT

Family Voices:

National network of families and friends of children with special health care needs.

<http://www.familyvoices.org>

MUMS National Parent to Parent: Matches all disorders

<http://www.waisman.wisc.edu>

Association for Birth Defect Children

<http://www.birthdefects.org>

National Parent-to-Parent Support and Information System (NPPSIS):

All disabilities

<http://www.nppsis.org>

INTERNET SITES

Listed below are Internet sites in addition to those included with the entries in each of the previous sections. These sites may provide helpful information or links to additional resources for families affected by genetic disorders and related conditions.

Site

American Association on Mental Retardation	http://www.aamr.org/
American Self-Help Clearinghouse	http://www.mentalhelp.net/selfhelp/
American Speech-Language-Hearing Association	http://www.asha.org
Centers for Disease Control and Prevention (CDC)	http://www.cdc.gov/ http://www.cdc.gov/genomics/
Office of Genetics and Disease Prevention	http://www.eparent.com
Exceptional Parent	http://www.ncbi.nlm.nih.gov/disease/
Genes and Disease	http://www.kumc.edu/gec/support/groups.html
Genetic Syndrome Homepage	
Healthfinder	http://www.healthfinder.gov/
Kid Source On Line	http://www.kidsource.com
Kids on the Block, Inc.	http://www.kotb.com/
National Adoption Center	http://www.adopt.org/

INTERNET SITES (Continued)

Make a Wish Foundation of America

<http://www.wish.org>

Med Help International

<http://www.medhelp.org>

National Center for Education in Maternal and Child Health

<http://www.ncemch.org>

National Institutes of Health Homepage

<http://www.nih.gov/index.html>

- *Aging*
- *Alcohol Abuse and Alcoholism*
- *Allergy and Infectious Disease*
- *Arthritis and Musculoskeletal and Skin Diseases*
- *Cancer*
- *Child Health and Human Development*
- *Deafness and Other Communication Disorders*
- *Dental and Craniofacial Research*
- *Diabetes and Digestive and Kidney Diseases*
- *Eye*
- *Heart, Lung, and Blood*
- *Human Genome Research*
- *Mental Health*
- *Neurological Disorders and Stroke*
- *Rare Diseases*

<http://www.nih.gov/nia/>
<http://www.niaaa.nih.gov/>
<http://www.niaid.nih.gov/>
<http://www.nih.gov/niams/>
<http://cancernet.nci.nih.gov/>
<http://www.nichd.nih.gov/>
<http://www.nichd.nih.gov/>
<http://www.nidcr.nih.gov/>
<http://www.niddk.nih.gov/>
<http://www.nei.nih.gov/>
<http://www.nhlbi.nih.gov/>
<http://www.nhgri.nih.gov/>
<http://www.nimh.nih.gov/>
<http://www.ninds.nih.gov/>
<http://cancer.gov/cancerinfo/>

**National Society of Genetic Counselors
Online Resource Center**

<http://www.pitt.edu/~edugene/resource/>

Our-Kids

<http://www.our-kids.org/>

SupportPath.com

<http://www.supportpath.com>

Taryn's World (for kids with genetic conditions)

<http://www.tarynsworld.org/taryn/index.htm>

The Arc (national organization on mental retardation)

<http://thearc.org/>

The Beach Center on Families and Disability (University of Kansas)

<http://www.beachcenter.org>

The Boulevard (healthcare & disability products/services)

<http://www.blvd.com>

INSTRUCTIONS FOR COMPLETING THE CHILDREN'S WAIVER COMMUNITY LIVING SUPPORTS PER HOUR CHARGE

The purpose of this calculation format is to provide a standardized way to calculate a unit charge billed for the Medicaid Children's Waiver Community Living Supports (CLS) coverage. The calculations are designed to accumulate program costs associated with CLS provided under the provider's contract and authorized by the CMHSP.

DIRECTIONS	
ENTER THE EFFECTIVE DATE, CMHSP, CHILD'S NAME, AND CURRENT FISCAL YEAR ON THE APPROPRIATE LINE.	
PROGRAM COSTS:	
1a. MENTAL HEALTH AIDE HOURLY COST	ENTER THE AVERAGE HOURLY COST FOR A MENTAL HEALTH AIDE
1b. STAFF MILEAGE CHARGE	THIS IS A FIXED AMOUNT ADDED TO THE HOURLY CHARGE TO COVER STAFF MILEAGE FROM THEIR OFFICE TO THE CHILD'S HOME AND RETURN.
2. TRANSPORTATION TO COMMUNITY OUTINGS	ENTER THE AVERAGE TRANSPORTATION COSTS PER MILE.
3. INTEGRATED COMMUNITY SUPPORTS	ENTER THE AVERAGE HOURLY COST. THIS MAY INCLUDE SUCH THINGS AS A MEMBERSHIP AT A HEALTH CLUB, ADMISSION FEES, ETC.
4. QUALITY MANAGEMENT OVERSIGHT	ENTER THE AVERAGE HOURLY COST FOR PROFESSIONAL SERVICES NOT OTHERWISE BILLABLE. THIS WILL BE \$0. 00 PRIOR TO MAY 1, 2002.
5. CHOICE VOUCHER COSTS	THE AVERAGE HOURLY COSTS THAT MAY INCLUDE SUCH ITEMS AS FISCAL INTERMEDIARY CHARGES, ADVERTISING EXPENSES, ETC.
6.SUBTOTAL	ADD ROWS 1-5
SIGNATURES	THE CMHSP REPRESENTATIVE APPROVING THIS FORM SHOULD SIGN AND DATE.

**FORMAT FOR CALCULATING THE CHILDREN'S WAIVER
COMMUNITY LIVING SUPPORTS PER HOUR CHARGE**

CMHSP: _____

Effective Date: _____

Fiscal Year: _____

Child's Name: _____

Child's Medicaid ID# _____

PROGRAM COSTS

- 1a. Mental Health Aide hourly cost _____
- 1b. Staff mileage charge per hour +\$ _____
- 2. Transportation to community outings for child +\$ _____
- 3. Integrated community supports (excludes any educational programs) + _____
- 4. Quality management oversight (after May 1, 2002 includes all necessary professional services not otherwise billable) +\$0.00 _____
- 5. Choice voucher costs + _____
- 6. **Sub total** = _____
- 7. Auditable indirect cost rate: + _____
- 8. **TOTAL COSTS** = _____

NOTE: Personal care, room and board, and service costs for other family members not included in the Children's Waiver must be excluded from Community Living Support charges.

Signature CMHSP Representative

Date

MDCH/MEDICAID CHILDRENS' WAIVER PROGRAM PRE-SCREEN FORM

1. CHILD'S NAME: _____

2. CHILD'S DATE OF BIRTH AND AGE: _____

3. CHILD'S CURRENT ADDRESS: _____

4. COUNTY OF FAMILY'S RESIDENCE: _____

5. CASE MANAGER'S NAME, PHONE NUMBER AND EMAIL ADDRESS: _____

6. CMHSP AGENCY NAME, ADDRESS AND PHONE NUMBER: _____

7. CASE MANAGEMENT AGENCY NAME, ADDRESS AND PHONE NUMBER (If different): _____

8. CHILD'S DIAGNOSIS: _____

9. DEVELOPMENTAL DISABILITY (Requires assistance in at least three of the five following areas. Please check all that apply):

- Self-care:
- Understanding and use of language:
- Learning:
- Mobility:
- Self-direction or capacity for independent living:

Additional Notes: _____

10. HAS AN IPOS BEEN COMPLETED? Yes No
If yes, what was date and recommendations of the Team? _____

PRIORITY WEIGHING LIST RATING INFORMATION

Complete the following information based on the current status of the child and family. **NOTE: If incomplete information is provided, the lower applicable score will be given.**

11. MEDICAL OR BEHAVIORAL STATUS

Complete EITHER the Medical Status or Behavioral Status section. If both sections contain information, identify whether you consider the request to be primarily a medical or behavioral waiver request by circling one or the other.

MEDICAL STATUS

Describe the frequency and type of interventions required during daytime hours to provide safe, medically-appropriate care. A 24-hour care plan can be attached. If the child experiences periods when a higher level of care is required, describe the duration and frequency of those periods during the past three months:

Describe the frequency and type of intervention required during nighttime hours:

Describe the reasons and dates for hospitalizations in the past year:

Is there any other significant medical information, which should be considered?

What is the height and weight of the child? _____

Describe the type of school program, including number of days per week and number of hours per day, which are presently approved for this child: _____

If the child is not in school, what is the barrier to school attendance? _____

What is the name of child's primary-care physician? _____

BEHAVIORAL STATUS

Specifically describe the behaviors, which are the basis for the waiver request. Include typical frequency, duration and intensity of each behavior over the past three months:

Describe the nature and extent of injuries sustained by the child or others as a result of the behavior within the past six months. Include dates and describe what treatment was required: _____

What is the height and weight of the child? _____

Describe the type of school program, including number of days per week and number of hours per day, which are presently approved for this child: _____

If the child is not in school, what is the barrier to school attendance? _____

Name of the child's primary care physician: _____

12. RISK OF OUT-OF-HOME PLACEMENT (Please answer all items)

Is the child presently living with biological or adoptive parents? Yes No

If NO is checked, what is the relationship of the primary caregiver to the child?

Is the child currently in an out-of-home placement? Yes No

If the child is currently in placement, date child went into placement: _____

Type of facility or foster care: _____

If the child is not currently in placement:

Has the family specifically requested out-of-home placement? Yes No

If the family has requested placement, what was the date of the request:

If the family has requested placement, does the CMHSP support the request for placement and certify that all other less restrictive alternatives have been exhausted? Yes No

If the family has requested placement, is the CMHSP actively working to identify a placement and planning to financially support the placement? Yes No

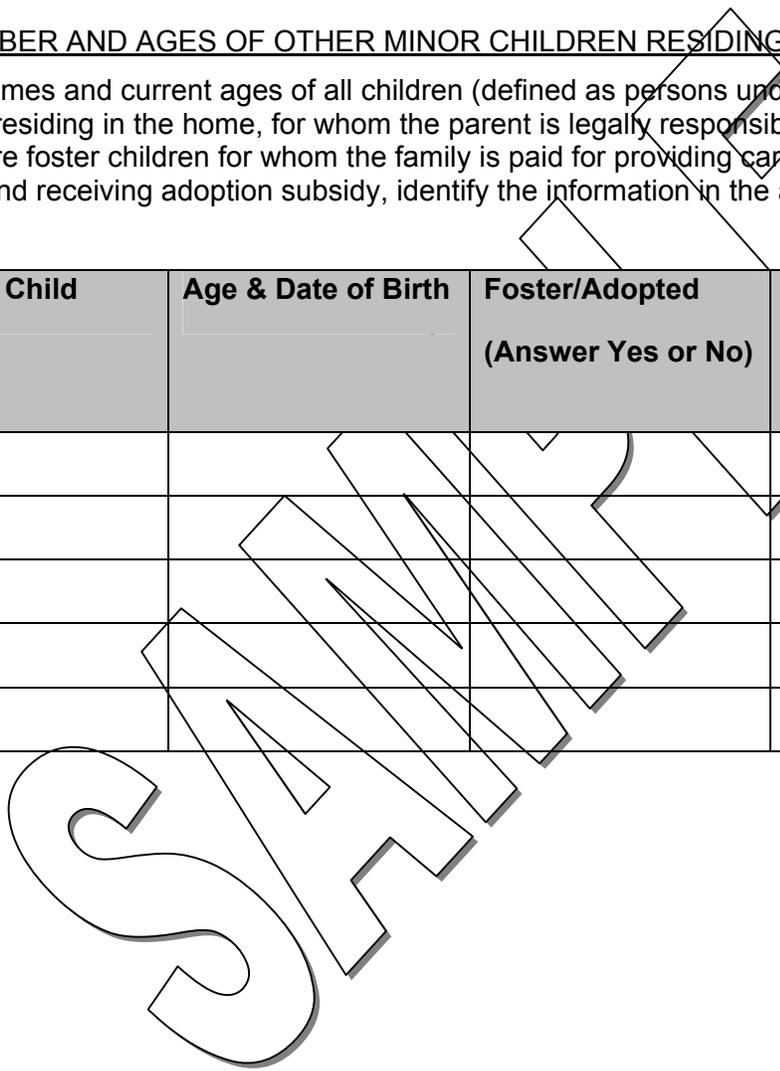
If the CMHSP places the child, the planned length of placement is (check one):

- | | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| Respite only | <input type="checkbox"/> | Three to six months | <input type="checkbox"/> |
| Less than one month | <input type="checkbox"/> | Six to twelve months | <input type="checkbox"/> |
| One to three months | <input type="checkbox"/> | Over twelve months | <input type="checkbox"/> |

13. THE NUMBER AND AGES OF OTHER MINOR CHILDREN RESIDING IN THE HOME

List the names and current ages of all children (defined as persons under the age of 18 presently residing in the home, for whom the parent is legally responsible. If any of the children are foster children for whom the family is paid for providing care, or the child is adopted and receiving adoption subsidy, identify the information in the appropriate column.

Name of Child	Age & Date of Birth	Foster/Adopted (Answer Yes or No)	If "Yes", monthly amount of Adoption Subsidy



14. OTHER CHILDREN WITH SPECIAL NEEDS:

If any of the children named above are children with special needs, identify the child and describe the special needs. If the child is receiving special education services, please specify the Special Education classification:

Four horizontal lines for writing.

15. FAMILY STRESS AND/OR PHYSICAL HEALTH PROBLEMS:

List the names of all adults living in the home and their relationship to the child. Identify any employed adults, including hours and days worked.

Five horizontal lines for writing.

Are any of the above-listed individuals physically disabled or chronically ill? If so, describe any limitations affecting the ability to care for the child:

Five horizontal lines for writing.

Are the caregiver(s) presently in counseling? When did counseling begin? State frequency, with dates for the last three months. What type of counselor is seen?

Two horizontal lines for writing.

Are there any other special stresses presently impacting the family? _____

Three horizontal lines for writing.

16. IS THIS CHILD PRESENTLY IN A NURSING HOME? Yes No

17. IS THIS CHILD PRESENTLY IN AN ICF/MR? Yes No

18. HOME CARE SUPPORTS OTHER THAN THE CHILDREN'S WAIVER PROGRAM
(ALL questions must be answered to complete scoring)

Private insurance:

Primary: Name of carrier: _____

Home care currently provided: _____

Is this an HMO or PPO? Yes No

Secondary: Name of carrier: _____

Home care currently provided: _____

Is the child currently Medicaid eligible? Yes No

If yes, give Medicaid ID number: _____

Does the child have a trust fund? Yes No

If yes, what amount is available monthly? _____

Does the child have assets in excess of \$2000.00, such as stocks, saving bonds or trust funds? Yes No

Does the family receive adoption subsidy for this child? Yes No:

If yes, amount per month? _____

Does the family receive Family Support Subsidy? Yes No

If yes, amount per month: _____

Is the child enrolled in CSHCS? Yes No

Has the family been approved for emergency nursing respite by CSHCS?

Yes No

If yes, how many hours? _____

Is the child presently receiving SSI? Yes No

Does the family presently receive Home Help, Personal Care or Chore Services through county FIA? Yes No

If yes, describe monthly amount and type: _____

Is the child presently receiving Private Duty Nursing Services (PDN) through Medicaid? Yes No

Is the child enrolled in Hospice? Yes No

If yes, describe what services are being provided: _____

Describe all supports currently provided to this family by CMHSP including respite, case management and any hourly services: _____

19. PLEASE LIST ANY OTHER SIGNIFICANT FACTORS NOT COVERED ABOVE: _____

I, _____, the parent/guardian of _____ have been informed of the services and supports available through the Children's Waiver Program and would choose waiver services over out-of-home placement.

Signature of Parent/Guardian

Date Signed

The CMHSP is responsible for notifying the Children's Waiver Program in writing, of any changes in the above information that would affect the waiting list score of the child.

I certify that the above information is presently correct and that I am responsible for notifying the MDCH of any relevant changes in the status of the child or the child's family. I will maintain a copy of this pre-screen in the child's record.

Signature of Case Manager

Date Signed

DATE:

CASE MANAGER:

CMHSP:

NAME OF CHILD:

(cc:)

PRE-SCREEN SCORE:

Attached is a copy of the pre-screen results identified above. Based on a review of the information you submitted, the following resources may also be available to serve the family. Please follow up with the family in accessing the additional resources checked below:

_____ The child is Medicaid eligible in his/her own right in the proposed setting and may meet eligibility requirements for personal care or home health services. The family may wish to apply for these services through their county FIA.

_____ The child may meet eligibility requirements for CSHCS Hourly Nursing Benefit. Please contact Matt Richardson's secretary at (517) 335-8535 for application information.

_____ Other.

If any of the above-identified possibilities are not available to this individual, please indicate this in an updated pre-screen and/or memo. The Children's Waiver Program team will then redetermine the child's score. If you have any questions please call your permanency planning specialist or Children's Waiver Program support staff at (517) 241-5768.

Sincerely,

Beverly Tosh, R.N.
Children's Waiver Program

CHILDREN'S WAIVER PROGRAM PRIORITY WEIGHING SCORE

Name: _____ CMHSP: _____

Case Manager: _____

Date Preliminary Pre-screen Received: _____ Date of Most Recent Pre-screen Update: _____

FACTOR	SCORE	TOTAL	REASON FOR SCORE
10 Home Care Support	x _____	= _____	
9 Health & Safety Medical/Behavioral	x _____	= _____	
8 Risk of Out-of-Home	x _____	= _____	
7 # of Minor Children	x _____	= _____	
6 Family Stress, Therapy, Disability, Physical Health	x _____	= _____	
5 Other Special Needs Children	x _____	= _____	
4 Child in Nursing Home	x _____	= _____	
3 Child in ICF/MR	x _____	= _____	
2 Future Use	x _____	= _____	
1 Child in Foster Care	x _____	= _____	

TOTAL NUMERIC SCORE = _____

Scored by 1. _____ Date: _____
Kathryn Neville

2. _____ Date: _____
Beverly Tosh, R.N.

CHILDREN'S WAIVER PROGRAM Priority Weighing Criteria

Purpose

The purpose of this document is to outline the procedure used for decision-making by the Michigan Department of Community Health (MDCH) to determine the priority status for application to the Children's Waiver Program (CWP) for those potentially eligible children.

Procedure

In order to be considered for priority status to apply for any available openings under the Children's Waiver Program, the Community Mental Health Service Program (CMHSP) case manager must complete a CWP pre-screen form and forward it to the MDCH CWP director.

1. Each pre-screen form submitted by CMHSP is date stamped on arrival at MDCH and after scoring the child's name is placed on the CWP Priority Weighing List. A copy of the pre-screen must also be kept in the CMHSP child's record.
2. Within fourteen (14) days of receipt of the pre-screen, a scoring form is completed. A numeric score is determined based on the information contained in the pre-screen and the Priority Weighing criteria identified below. Only the information contained in the pre-screen form will be considered in the scoring process. Additional space may be added to the form as needed. However, additional documents (e.g., assessments, IEPC, hospital records) should not be submitted, and will not be considered. The case manager should summarize relevant information in the pre-screen. If information is incomplete or ambiguous, the lowest appropriate score will be given. Any questions about the information provided would be detailed in the cover letter that is mailed to the case manager with the scoring form.
3. A copy of the completed scoring form is mailed to the identified CMHSP case manager within seven (7) days after the scoring has been completed. The case manager is responsible for reviewing the information with the family.
4. If the CMHSP or family disagrees with any score on the scoring form, the CMHSP and family may request a review of the numeric score as follows:
 - A. The CMHSP case manager is responsible for:
 - 1) Identifying in writing the contested score
 - 2) Identifying the proposed correct score from the CMHSP perspective
 - 3) Providing supportive documentation and descriptive material to support the proposed alternative scoring for the factor
 - 4) Informing the family of the scores given and discussing any proposals for correction

- B. Upon receipt of the CMHSP documentation, the scoring team will review the material.
 - 1) If the scoring team agrees with the revised score proposed by the CMHSP, a copy of the revised scoring form, reflecting the new composite score, will be forwarded to the CMHSP within fourteen (14) days.
 - 2) In the event that the team disagrees with the proposed revised score, the CMHSP case manager will be notified in writing of the score given and the reasons within fourteen (14) days.
 - C. Scoring of updated pre-screen forms will be conducted in the same manner described above for initial pre-screens.
 - D. Ranking of numeric scores will be based on the information that has been received at MDCH on the date the opening becomes available. Materials received subsequent to that date would be considered when selecting for the next opening.
5. When a CWP opening becomes available, all children for whom a pre-screen form has been received as of the date that the opening becomes available will be considered for that waiver slot based upon the numeric score that has been assigned. If the pre-screen at the top of the list is based on information that is more than 30 days old at the time the slot would be given, a phone contact with the case manager will be initiated by a staff person assigned by the CWP director. The purpose of the phone contact will be to verify whether or not the information contained in the pre-screen accurately reflects the current family situation. If changes have occurred, the pre-screen will be re-scored based on accurate current information.
 6. The child and family with the highest numeric score, representing the most severity of need, are offered the opportunity to submit an application to enroll in CWP. In the event that more than one opening is available, children are enrolled in order of their numeric score on that date. In the event that more than one child has the same score, the child with the earlier initial pre-screen date will be entitled to apply.
 7. CMHSP case manager is responsible for updating the pre-screen by providing written notice to the MDCH CWP director whenever there are significant changes in the condition of the child, status of the family or a residential placement occurs. Updates may be submitted in letterform. A new pre-screen form is not required for updates unless there are several significant changes or the initial pre-screen form is obsolete. Scoring of updated pre-screens will be conducted in the same manner as described above for initial pre-screens.
 8. If the child's family and CMHSP case manager determine that the child no longer needs CWP services, CMHSP must provide written notification to the MDCH CWP director and request that the child's name be removed from the Priority Weighing List. The written notification must verify the concurrence of the family.

9. Inactive Status for Children's Waiver Program Pre-screens

- A. CMHSP is encouraged to submit a pre-screen to the CWP whenever a child is potentially eligible for services under the program and would benefit from waiver services. Early submission of a pre-screen preserves the date of the initial pre-screen even if the child's name is placed on the inactive status list.
- B. Under the following circumstances, a pre-screen for CWP services will be scored and placed on the "inactive status" list. The CMHSP will be advised of the inactive status determination as part of the scoring form. "Inactive status" is defined as a list, which includes the names of all children who have submitted a pre-screen form for CWP services, and whose needs for hourly care are met to the following extent by another resource at the time the pre-screen form is submitted:
 - 1) When hourly care is provided to the child, at the time the pre-screen form is submitted, by another state Medicaid program which is a regular State Plan coverage, the child will be deemed to have current hourly care needs met and the pre-screen will be considered to have been submitted for purposes of identifying future rather than present needs for hourly care. Examples would include current recipients of CSHCS-Private Duty Nursing, Habilitation/Support Waiver, the FIA Home Help Program, or any similar hourly care program subsequently available.
 - 2) When eight or more hours per day of hourly care are provided to the child by insurance or another resource at the time the pre-screen is submitted, the child will be deemed to have current hourly care needs met and the pre-screen will be considered to have been submitted for identifying future rather than present needs for hourly care. In order to rebut this presumption, CMHSP must make a written request that the child's name be placed on the active list and must submit with the pre-screen form the following documentation identifying the presently unmet needs:
 - a) A statement of the needs presently unmet by the insurance, trust, or other resource;
 - b) A statement by the primary physician that the child has a level of need for hourly care or other services that exceeds the hourly care or other service benefits available under the child's insurance and the physician's statement of the actual services needed; and
 - c) The steps taken by CMHSP to achieve funding of those services through the insurance coverage.

If the supporting documentation described in a, b, and c above shows significant, present, unmet needs, the child's name will be placed on the active Priority Weighing List.

- C. If a child whose name is presently on the inactive Priority Weighing List experiences a change in eligibility for an existing service or is approaching exhaustion of benefits under insurance, the CMHSP is responsible for making a written request for transfer of the child's name from the inactive to the active list not more than sixty days before the anticipated change. The written request must identify the change in resources and the anticipated effective date of those changes. Please note that under rating factor 10, number three, the change in services will affect the score of the individual for Priority Weighing List purposes.

Priority Weighing Criteria

All pre-screen forms are reviewed by MDCH on the basis of the criteria listed below. Each element of the criteria is related to the health and safety of the child, factors which impact the family's capacity to provide for the child at home, or the necessity for provision of services to maintain the child in the least restrictive alternative in which the needs of the child can be met. The following criteria are listed in order of importance from most important, factor 10, to least important, factor 1. A score is given for each factor. The highest score for each factor is a (five) 5, the lowest a (one) 1. A total score for each factor is achieved by multiplying the importance factor by the rating for each criterion. The totals for each criteria are added together to give the child a total numeric score on which rank is determined. Simultaneous ratings by two staff persons designated by MDCH are conducted.

Numerical Scoring Criteria

Factor 10. Home Care Supports Other Than the CWP.

In determining availability of other resources, the following parameters apply:

- The hours needed should reflect care needs requiring support at home during non-school hours. If any other request is being made, the specifics must be noted on the pre-screen form.
- All hours or financing resources currently used or available to the family must be listed in number 16 of the pre-screen form.
- MDCH staff may request a copy of private insurance policy for review.
- Respite care resources which are ordinarily available to children served by the CMHSP, will be counted toward the requested level of service.
- Extraordinary levels of hourly care paid for by the CMHSP to maintain the child at home where the funding for the hourly care is not Medicaid matched, will not be counted as meeting the needs of the child/family. The CMHSP case manager is asked to document the type of funding.

1. Score five (5) points if all of the following apply:
 - A. The child is not eligible for hourly services under any regular State Plan Medicaid coverage.
 - B. The child is not Medicaid eligible in his/her own right in the proposed setting AND there is no capacity to create Medicaid eligibility under TEFRA.
 - C. The child has no insurance with home care benefits (based on a policy review by MDCH staff), or the home care benefit under the insurance plan has been exhausted.
 - D. The child does not have trust funds available for four or more hours per day of hourly care.
 - E. The child presently receives less than four hours of hourly care services per day from any resource.
2. Score four (4) points if the child currently receives four hours or more of hourly care services at home and would otherwise score "1" under this factor AND the family has received written notification that these current hourly services will terminate within 30 days.
3. Score three (3) points if the child currently receives four hours or more of hourly care services at home and would otherwise score "1" under this factor AND has received written notification that these current hourly services will terminate within 60 days.
4. Score two (2) points if the child currently receives four or more hours of hourly care at home and would otherwise score "1" under this factor AND the pre-screen identifies that the child needs specific waiver services not available through a resource other than CWP, in addition to hourly care services.
5. Score one (1) point if any one or more of the following apply:
 - A. The child is or would be eligible for hourly services under any regular or optional Medicaid State Plan coverage AND the child is, or could be made, Medicaid eligible under regular or TEFRA requirements.
 - B. The child presently receives four or more hours per day of hourly care through any other resource.
 - C. Trust funds are available which are sufficient to provide four or more hours per day of hourly care.

The maximum possible score for this factor is fifty (50) points.

Factor 9. Health and Safety of the Child

The child receives a score under one of the two categories, medical or behavioral, based on the primary identified needs. Where a child has both medical and behavioral concerns, any interactive burden of care will be considered in determining final score for degree of risk to health and safety. The age of the child is considered in evaluating the identified risks (e.g., a two or three year old would be expected to be ADL dependent and not have safety skills). Include dates and summarize details of hospitalizations, injuries or property destruction within the last six months, as applicable, when describing the child's medical or behavioral needs.

1. Medical

- A. Score five (5) points if the child is dependent daily on technologically sophisticated medical equipment to sustain life and requires continuous observations and judgments to maintain or improve health status. "Continuous" observations and judgments mean more than once hourly throughout a 24-hour period. Delayed interventions may result in further deterioration of the child's health status, in loss of function, or in death. Examples of care needs include: 1) ventilator dependence, 2) peritoneal dialysis, and 3) total parenteral nutrition in association with complex medical problems and extreme medical fragility.
- B. Score four (4) points if the child is dependent daily on medical equipment to sustain life and requires frequent observations and judgments to maintain or improve health status. "Frequent" observations and judgments mean less often than once hourly and not less than once every three hours throughout the 24-hour period. Delayed interventions may result in an acceleration of the chronic condition, or in a preventable acute episode. Examples of care needs include: 1) managing unstable airway problems, in association with suctioning, oral or tracheostomy care, 2) managing nasogastric tube feedings or medications, 3) adjusting oxygen level several times a day related to documented desaturations and pulse oximeter readings.
- C. Score three (3) points if the child has a medical condition that routinely requires hourly care or support on a daily basis in order to maintain or improve health status. Clinical observations may be intermittent. Medical interventions typically are associated with minimal risk to health status and delayed interventions usually are not associated with imminent risk to health status. Examples of care needs include a combination of: 1) chest physiotherapy, 2) special skin care, 3) ostomy care, 4) range of motion exercises, 5) cast care, 6) positioning and transferring, 7) gastrostomy tube feedings, or 8) PRN oxygen, or continuous oxygen with infrequent adjustments or documented desaturations.

- D. Score two (2) points if the child has a medical condition and requires significant amounts of assistance or guidance on a daily basis due to dependence in activities of daily living. In addition, the child's medical condition is stable and medical interventions and observations are infrequently required. Interventions are associated with minimal or no risk to health status. Examples of care include: 1) assistance or guidance because the child is dependent in activities of daily living, including eating, toileting, bathing, grooming, dressing, mobility (ambulation and transferring), 2) assistance or guidance with physical transfer (e.g., bed to chair), 3) assistance or guidance with therapeutic positioning (physical therapy), including changing positions while in bed, 4) assistance for the primary care giver because the child is too large (over 80 pounds) for one person to move safely and the child is unable to assist the care giver.
- E. Score one (1) point if the child requires the types of assistance described in item (d) and weighs less than 80 pounds.

OR

2. Behavioral

- A. Score five (5) points if the child demonstrates a pattern of severe self-injurious, physically aggressive or assaultive behavior or life-threatening property destruction which has occurred one or more times in the past six months. In addition, documented evidence of additional behavioral problems on a frequent basis each day would support a need for one-to-one intensive behavioral treatment. "Severe behavior" is that behavior which poses a very significant risk of serious injury or death to self, a family member or others in the immediate environment. Examples of severe behavior include: intentional fire setting with significant resulting property damage and/or physical assault or self-abuse resulting in injuries to self or others requiring inpatient hospital admission for treatment.
- B. Score four (4) points if the child demonstrates a daily pattern of moderate, self-injurious, physically aggressive or assaultive behavioral when specific medical intervention or emergency room treatment (as contrasted with diagnostic testing) has been required but is not life threatening or if there is documented frequent, significant property destruction. "Moderate behavior" includes behaviors, which pose a significant risk of injury to self or others in the immediate environment. Examples of moderate behavior include: physical assault or self-abuse resulting in injuries requiring hospital emergency room treatment (not merely assessment) without hospital admission in the past year, biting that breaks the skin, hair pulling resulting in removal of clumps of hair from the scalp, multiple daily episodes of smearing feces with associated PICA, head banging resulting in documented concussion or detached retina, or a daily combination of multiple high intensity, high risk behavior. An example of "significant property destruction" would be four broken windows in three different incidents in the last three months or repeated incidences of breaking furniture and other items in the last six months.

- C. Score three (3) points if the child demonstrates a daily pattern of medium level behaviors including self-injurious, physically aggressive or assaultive behaviors which have not resulted in hospitalization or emergency room treatment for injuries in the past year, or the child has engaged in occasional, significant property destruction which is not life-threatening. A "pattern of behavior" means that in addition to a single serious episode in the last year, significant daily behaviors are documented. "Medium behavior" includes behaviors similar to those defined in 2.B. (moderate behavior) that have not required specific medical intervention or emergency room treatment. Examples include: head banging resulting in bleeding and bruising without concussion or detached retina, hair pulling without removing hair from the scalp, smearing feces without PICA, biting without drawing blood. "Occasional significant property destruction" means property destruction that occurs with a frequency not greater than one time per week.
- D. Score two (2) points if the child demonstrates mild self-injurious, aggressive or assaultive behavior on a daily basis or up to 4 days per week, or has engaged in intermittent or limited property destruction. Examples of "mild behavior" include: pinching, hitting, slapping, kicking, head banging and/or elopement without careful supervision when there is evidence of lack of judgment regarding danger, or an extremely high activity level requiring extensive supervision and redirection. Examples of "limited property destruction" would be tearing clothing, carpeting or tipping furniture.
- E. Score one (1) point if the child demonstrates intermittent or infrequent mild self-injurious, aggressive or assaultive behaviors, or limited property destruction as described in 2.D. and this occurs three or fewer times a week.

The maximum possible score for this factor is forty-five (45) points.

Factor 8. At Risk of Out-of-Home Placement

- 1. Score five (5) points if all of the following apply:
 - A. The family has specifically requested out-of-home placement in the past three months.
 - B. CMHSP has identified a specific placement and a date for placement is set which is within 14 days OR the child is currently in an out-of-home placement (medical hospitalization or psychiatric hospitalization does not constitute placement for this factor).
 - C. CMHSP certifies that the planned length of placement is six months or more.
 - D. CMHSP certifies that the family is unable to provide care due to severe medical or emotional conditions.

2. Score four (4) points if all of the following apply:
 - A. The family has specifically requested out-of-home placement in the past three months.
 - B. CMHSP has identified a specific placement and a planned date for placement has been set more than 14 days but within 30 days of date of pre-screen form.
 - C. CMHSP certifies that the planned length of placement is six months or more.
 - D. CMHSP certifies that the family is unable to provide care due to severe medical or emotional conditions.

3. Score three (3) points if all of the following apply:
 - A. The family has specifically requested out-of-home placement in the last three months.
 - B. CMHSP has not identified a placement at this time but plans to support the family's request by placing and is actively working to identify an out-of-home location, OR CMHSP has identified a placement and the planned date of placement is 30 days or more from the date of pre-screen form.
 - C. CMHSP certifies that the planned length of placement is three months or more.
 - D. CMHSP certifies that the family is unable to provide care due to severe medical or emotional conditions.

4. Score two (2) points if the family has not specifically requested out-of-home placement in the last three months but the worker believes that there is a realistic likelihood that the family will request placement and in fact would place the child in the next three months if a placement was identified.

5. Score one (1) point if any one of the following applies:
 - A. The family has not specifically requested out-of-home placement.
 - B. The family is requesting a short-term or respite placement of less than three months.
 - C. The family has requested placement but CMHSP does not intend to facilitate or offer placement.
 - D. The request for placement occurred more than three months ago and the child has been at home since the request (other than periods of time when the child was hospitalized or in respite).

The maximum possible score for this factor is forty (40) points.

Factor 7. The Number and Ages of Other Minor Children Residing in the Home

A "child" is defined as an individual under 18 years of age, in addition to the waiver candidate, for whom the parent is legally responsible. For purposes of scoring this factor, foster children or children for whom the primary care giver is reimbursed for care (including adoption subsidy) are not considered to be "children residing in the home." Children of other adults or children residing in the home part-time are also not considered in this factor.

1. Score five (5) points if the total number of children in the home not including the child is either:
 - a) four or more; or b) three or more of the children are under the age of five.
2. Score four (4) points if the total number of children in the home not including the child is either:
 - a) three; or b) two children in the family are under the age of five.
3. Score three (3) points if the total number of children in the home not including the child is either:
 - a) a total of two; or b) one child under the age of five resides in the home.
4. Score two (2) points if one other child resides in the home.
5. Score one (1) point if no other children reside in the home.

The maximum possible score for this factor is thirty-five (35) points.

Factor 6. Family Stress and/or Physical Health Problems

This factor measures family-related stress of a physical or emotional nature. Include dates for any identified relevant health problems, disabilities or hospitalizations

1. Score five (5) points if any of the following apply:
 - A. Two parents reside in the home and the parent who is the primary care giver is physically or emotionally disabled and unable to provide care because of the disability; or
 - B. The family is a one-parent family and the parent who resides with the child is physically or emotionally disabled; or
 - C. In a two-parent family, one of the two parents is either terminally ill and hospitalized or is permanently institutionalized.
2. Score four (4) points if any of the following apply:
 - A. The family is experiencing acute long-term stress due to the physical or emotional condition of the parent or primary care giver living in the home and that condition is expected to last more than six (6) months; or
 - B. The family is participating in family counseling at least three times per month; or
 - C. The primary care giver is a single parent with no extended family support and the severity of the child's condition requires constant "eyes-on" supervision.

3. Score three (3) points if any of the following apply:
 - A. The family is experiencing situational or temporary stress related to a specific event that is expected to be resolved within three (3) to six (6) months. (Examples: divorce, separation, loss of job, move, loss of extended family support, death of a child within past three months); or
 - B. One parent has a long-term disability that does not prevent the parent from providing care to the child. (Example: diagnosis of alcoholism, depression, or other mental or physical problems which may interfere with but do not prevent the parent from providing care, as distinguished from a physical disability which would prevent provision of care such as being wheelchair-bound).
 - C. There is a referral/recommendation for intensive counseling by a psychologist/MSW and an intake is scheduled within 30 days or the family is participating in counseling two or fewer times per month.
 - D. The primary care giver is a single parent with no extended family support and severity of the child's condition requires less than constant "eyes-on" supervision.
4. Score two (2) points if the family is experiencing temporary or situational stress which is expected to be resolved in one (1) to three (3) months. (Examples: recent death of a parent or automobile accident not producing severe, long-term disability).
5. Score one (1) point if the family is experiencing or identifying normal levels of stress associated with care giving for a child with special needs.

The maximum possible score for this factor is thirty (30) points.

Factor 5. The Family Has More Than One Child with Special Needs at Home

For purposes of this factor, the term child or sibling refers to an individual under age 18 years, considered to be residing in the home (as defined in Factor 7). NOTE: Any disabled sibling who has been approved to apply for the CWP, or currently receives hourly care funded through CWP, state plan Private Duty Nursing, private insurance or other program does not count towards the total for this factor.

1. Score five (5) points if three (3) or more of the waiver candidate's siblings have long-term special needs (i.e., developmental disability, emotional or physical/health problems requiring special education or treatment) or two (2) siblings have severe/intense special needs.
2. Score four (4) points if two (2) siblings have long-term special needs.
3. Score three (3) points if one sibling has long-term special needs.
4. Score two (2) points if one sibling has short-term special needs, or one or more siblings have ADHD and are receiving special education services.
5. Score one (1) point if no sibling has special needs.

The maximum possible score for this factor is twenty-five (25) points.

Factor 4. Child Presently in a Nursing Home

1. Score five (5) points if the child presently resides in a nursing home and has a plan that states the child could go home with appropriate supports; and the family has expressed interest in caring for their child at home.
2. Score one (1) point if the child is not presently in a nursing home.

The maximum possible score for this factor is twenty (20) points.

Factor 3. Child Presently Resides in an ICF/MR Facility

1. Score five (5) points if the child presently resides in an ICF/MR facility and has a plan that states the child could go home with appropriate support; and the family is expressing an interest in caring for their child at home.
2. Score one (1) point if the child does not presently reside in an ICF/MR facility.

The maximum possible score for this factor is fifteen (15) points.

Factor 2. Reserved for Future Use

Factor 1. The Child is Presently in Foster Care and Needs Support

1. Score five (5) points for any child residing at home or for whom the immediate proposed placement is to return home from foster care.
2. Score one (1) point if the child presently resides in foster care and needs support to be maintained in that setting.

The maximum possible score for this factor is five (5) points.

The total maximum score for the nine (9) factors listed above is 265 points

MAXIMIZING PRE-SCREEN SCORES

We want families to receive the maximum appropriate score on the Children's Waiver pre-screen as soon as possible. By sending the type of information we need, your families can get the highest appropriate score at the time of the first pre-screen. We want to share with you (1) the most common problems we see, and (2) a description of the type of detail that will best communicate family needs as they relate to the scoring criteria.

Most Common General Problems:

We can't read the handwriting, or what is written doesn't make sense because words are left out. Typing and proof reading will solve many of these problems. We want to know what you mean!

There are conflicting statements in different parts of the pre-screen that we can't resolve (e.g, Not in school, in school, parents separated, parents reconciling, family in therapy, family was in therapy).

Something is difficult to understand (e.g., If a 2-year-old with diapers is smearing feces, what has been tried to address this issue? Or why is a 12-foot ladder in the living room for a 3-year old to climb on and fall from?)

There is no explanation for a statement (e.g., If a 6-year-old child is not in school and both parents are working, who is caring for the child? Why isn't the child in school? What has been done to resolve the problems? If a child requires 24-hour eyes-on supervision, how is that need currently being met by the family? Why is an infant being left alone with an "aggressive teenage sibling" who has "assaulted" that infant 10 times?). There may be reasonable explanations for the situations described in #2, #3, and #4, but these issues all require more information from the worker for an accurate maximum score. Omitting detail causes more work for you and a delay in the family receiving the maximum score because MDCH must request further information or clarification.

Documents that are attached to the pre-screen are not summarized in the pre-screen. Although a one or two-page attachment, such as a daily schedule, will generally be reviewed, lengthy attachments will not be read. (e.g., A worker attached 30 days of nursing notes but did not describe the contents. The nursing notes were returned to the worker for summary of relevant data. The family's scoring was delayed.)

The pre-screen contains descriptive statements like "serious aggressive behavior" or "frequent suctioning" without sufficient, specific detail related to the scoring criteria. Please review the criteria and provide data, dates, and descriptions that help us to understand the child's need for care or the severity of behavioral consequences.

The behavior described and the need for parental supervision seems appropriate for the age of the child but is described as related to the child's diagnosis or disability. (e.g., A 2-year old with autism is "eloping".)

Information provided is old (not within the last year) and not currently relevant (e.g., Hospitalizations or injuries more than a year old).

The dates the serious behavior occurred, extent of the injuries resulting from behavior, and medical treatment received for injuries from behavior and medical treatment for injuries are not provided.

Pages are missing or necessary questions aren't answered.

Questions asked of the CMHSP by MDCH are not really answered in the update.

Tips for Improving Accurate Scores

General: On the first page, describe the diagnosis of developmental disability. If the child's diagnosis is primarily mild MR (with behavior) or Asperger's, additional documentation of developmental disability must be submitted. If the child's diagnosis includes a primary psychiatric diagnosis, especially when there is school placement in an emotionally impaired classroom, further documentation of developmental disability must be submitted (e.g., Psychological reports, psychiatrist reports, IEPC, medical records).

Factor 10. Home Care Supports Other Than the Children's Waiver Program

Provide accurate information about private insurance coverage, CSHCS, and Medicaid. There may be another, more immediately available resource than the Children's Waiver for providing in-home care, especially if the child has Medicaid coverage. For children with high medical needs and insurance, call Kathy Neville at (616) 844-1056 as soon as possible. If you aren't sure why or whether the child has Medicaid, call Kathy Neville or talk with your Permanency Planning Specialist. Be aware that if the CMHSP begins paying for hourly care out of discretionary funds, and the child would otherwise be eligible for Private Duty Nursing through Medicaid, the family may not be able to access services after the CMHSP starts paying for care.

If any PDN, home help, or other hourly care is being provided, describe who is paying for it. Extraordinary service funding by the CMHSP does not lower a child's pre-screen score and, in fact, supports identification of significant need.

Factor 9. Health and Safety of the Child

Medical

Include only hospitalizations in the last year (state the dates and reason for each hospitalization.) For a child with a vent, trach, oxygen, or g-tube, identify this at the beginning of the medical section, then provide the following specific details focusing on the last 30 days

For vent or oxygen dependent children: Describe briefly (1) the number of hours per day (or range) and the number of days per month administered, (2) differences between needs during the day and at night, (3) the regular rate of administration (e.g., 0.5 liters) and the type of adjustments required, when adjustments are needed, and whether or not a pulse oximeter is used. If a pulse oximeter is used, identify the frequency of desatting and to what percentage the child desatted over the last 30 days. If the oxygen is administered PRN, provide all of this information for the last 30 days.

If the child has a vent, describe the relationship of the vent to a defined developmental disability.

For a child with a trach: Describe the frequency of suctioning over the last 30 days. If appropriate, describe the differences in suctioning on a good and bad day and the differences in day and night needs for suctioning.

For g-tube feedings: State whether feedings are administered by pump or by gravity and the number of feedings per day.

Behavioral

Recent behaviors (only those within the past six months) are significant, particularly those within the last 30 to 90 days. Describe what happened (ABD: Antecedent, behavior, consequence) for all "severe" or "moderate" behaviors. Provide specific dates for each serious incident described.

If there was an injury, describe the extent of the injury and the specific medical treatment received by the injured person. Give the date.

If the child is currently in residential treatment or a psychiatric hospital, an update will be requested reflecting needs 30 to 60 days before discharge. Change is expected during these placements.

Factor 8. At Risk of Out of Home Placement

Psychiatric hospitalization is not considered an out-of-home placement.

If the family has requested out-of-home placement, you must give the specific date of the most recent request. State whether or not the CMHSP supports the request.

Factor 7. The Number of Ages of Other Minor Children Residing in the Home

Age: Provide dates of birth for all children in the home rather than current age (this section does not include the applicant). This allows calculation of age in the future without additional updates.

Residing in the home: If there are step or half siblings who live in the home part-time, describe the frequency of visitation.

Primary caregiver reimbursed for care: Identify any children who are foster or adoptive (provide the dollar amount of subsidy the family receives for each child either in this section, if there are no special needs, or in Section 5, if the child has special needs). Briefly describe any unusual situations such as grandparent caring for grandchild or biological parent not living in the home. A child living with a parent in the grandparent's home is not necessarily a child for which the grandparent is responsible, which this factor intends to measure.

If another child in the home is on the Children's Waiver or receives hourly services, please note this and identify the program providing services.

Factor 6. Family Stress and/or Physical Health Problems

Briefly describe the adults living in the home. Describe the number of adults, their work and school

schedules, any health problems, and whether or not they are in counseling. If adults are in counseling, describe the type of therapist (psychiatrist, psychologist, social worker), and the number of sessions attended in the last month. If a parent has a serious medical situation requiring significant care, describe the limitations. If identifying psychiatric or medical hospitalizations, or serious injuries, provide month and year they occurred.

Factor 5. The Family Has More Than One Special Needs Child at Home

Describe the special needs of the non-applicant child and the additional care required from the parents. If the child is receiving special education services, identify the type of classroom or school classification. If the child is mainstreamed, describe any aide or special supports provided. If the child is mainstreamed, identify use of a one-on-one aide or other special staffing. If the child takes medications, identify how much and what kind.

A Note on Updates

A short memo is best for most updates. One page is often enough to answer questions. After a year or if there are many changes, a new pre-screen is appropriate.

Thank you!

Michigan Department of Community Health
Home and Community Based Children's Waiver
Waiver Certification

1 9 Initial Certification

2 9 Annual Recertification

3 Child's Name

4 Medicaid #

5 Social Security #

6 Child's Address City State Zip

7 Birthdate

8 Responsible Mental Health Authority

9 CMHSP Provider #

10 Clin. Serv. Prov. #

This is to certify that the above named child has received a comprehensive evaluation conducted by professional disciplines relevant to this child's needs including physical, psychological, and social examinations. This comprehensive evaluation and supportive documentation are available in the child's clinical record.

11 9 Waiver Recommended

12 9 Waiver Not Recommended

13 QMRP Date

Section 2

To be eligible, choose one item between #14, #15, or #16. Also #17 must be checked. Based on the results of the comprehensive evaluation and supportive documentation, the following eligibility requirements for the child are met:

14 9 This child is severely or profoundly retarded; or

15 9 This child is mildly or moderately retarded with multi-handicapping conditions or specific maladaptive behavior programming needs; or

16 9 This child is developmentally disabled and requires structured residential services similar to those required by, and provided for, mentally retarded persons.

AND

17 9 This child requires the types of services and the level of care provided by an intermediate care facility for the mentally retarded and would require ICF/MR placement, absent the waiver; and this child requires active treatment as defined per federal regulations.

19a Private Duty Nursing Intensity of Care (circle one) High Med Low

18 Waiver Recommended: 9 Yes 9 No Or

19b Category of Care Level/Determination (circle one): 1 2 3 4

20a Physician Date

21 CMHSP Provider Date

20b Physician Name Printed

Section 3

I understand that I may accept or reject waiver services instead of services provided in an ICF/MR. I accept/reject (circle one) services as offered under the Home and Community-Based Children's Waiver. I am aware of my choice of qualified service providers.

22 Signature Date

23 9 Legal Guardian/Parent

24 Witness 1 Date

Section 4

Waiver Enrollment:

25 9 Child is eligible for enrollment, effective: 20

Child enrollment status: 27a 9 Deinstitutionalized 27b 9 Diverted

28 9 Child is not eligible for enrollment or enrollment terminated on: 29 9 Inpatient termination date

31 Signature Chair, Clinical Review Team

DEPARTMENTAL

MEDICAL-SOCIAL ELIGIBILITY CERTIFICATION

State of Michigan Family Independence Agency

PROGRAM: Check appropriate box(es):		Grantee Name (Client Name if not grantee)				
<input type="checkbox"/> PEM 154 Child	<input type="checkbox"/> Retro MA	Social Security Number			Case Number	
<input type="checkbox"/> MA Disabled	<input type="checkbox"/> SDA	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			Date of Birth	
<input type="checkbox"/> MA Blind	<input type="checkbox"/> Other:	County	District	Section	Unit	Worker
MEDICAL CASE STATUS – Check appropriate box(es):		Client ID Number				
<input type="checkbox"/> New App. Date _____	<input type="checkbox"/> Medical Rev. Date _____	Worker's Name				
<input type="checkbox"/> Reapplication Date _____	<input type="checkbox"/> Case Rev. Date _____	Telephone Number/Ext.				
<input type="checkbox"/> Reopening Date _____	<input type="checkbox"/> Retro MA Month _____	()				

▼ THE REMAINDER OF THIS FORM IS COMPLETED BY THE MEDICAL REVIEW TEAM (MRT) ▼

SECTION I – DECISION DEFERRED

Decision Deferred

Signature _____ Date _____

SECTION II – DECISION

MA-Disabled/Blind Client's physical or mental impairment(s) can be expected to result in death, OR has lasted or can be expected to last for at least 12 consecutive months and prevents working in any substantial gainful employment (SGA). _____	Approved	Denied
SDA Physical or Mental Impairment prevents employment of 90 days or more. (PEM Item 261) _____		
Other (Specify) _____		

SECTION III – COMMENTS AND / OR REQUIRED ACTIONS FOR REVIEW

Month and Year Condition Began	Month/Year Medical Review Requested	Lifetime
<input type="checkbox"/> FIA-49, Medical Examination Report	<input type="checkbox"/> Current FIA-49-B, Social Summary	
<input type="checkbox"/> FIA-49i, Eye Examination Report	<input type="checkbox"/> Current FIA-49-BU, Social Summary Update	
<input type="checkbox"/> FIA-49-D, Psychiatric/Psychological Examination Report	<input type="checkbox"/> FIA-49-F, Medical-Social Questionnaire	
<input type="checkbox"/> FIA-49-E, Mental Residual Functional Capacity	<input type="checkbox"/> FIA-49-G, Activities of Daily Living (recommended)	
<input type="checkbox"/> Hospital Admitting / Discharge Summary	<input type="checkbox"/> Old Medical Packet	
<input type="checkbox"/> Clinic Notes _____	<input type="checkbox"/> FIA-1552 SSI Verification (or equivalent)	
<input type="checkbox"/> Test Results _____	<input type="checkbox"/> Mandatory Treatment (See Below)	
<input type="checkbox"/> Consultative Exams	<input type="checkbox"/> FIA-4761	
<input type="checkbox"/> SSA / DDS Consultative Exam	<input type="checkbox"/> FIA-4762	
<input type="checkbox"/> MRS Services Report	<input type="checkbox"/> Other	
<input type="checkbox"/> Other _____		

Mandatory Treatment

Client is medically eligible for MA disabled or blind and SDA but is NOT to be referred to the Social Security Administration to apply for Supplemental Security Income (SSI) benefits (PEM Item 271).

MEDICAL REVIEW TEAM CERTIFICATION (Signature of a physician is required and applies to disability decisions rendered on behalf of Title XIX applicants / recipients).

Medical Consultant Signature	Date	Medical Social Work Consultant Signature	Date

SECTION IV – SEQUENTIAL EVALUATION PROCESS

	Approved	Denied
1. Engaged in Substantial Gainful Activity SGA [20 CFR 416.920(b)].....		PD1
2. Non-severe impairment [20 CFR 416.920(c)].....		PD2
a. Lacks duration of 12 months [20 CFR 416.909].....		PD3
3. Meets / Equals Listed Impairment [Listing(s) _____].....	PA1	
4. Capable of past relevant work [20 CFR 416.920(E)].....		PD4
5. Capable of performing other work. Medical / Vocational Grid Rule _____ [20 CFR 416.920(f)].....		PD5
a. Non-exertional Impairment.....		PD6
6. Non capable of performing other work. Medical / Vocational Grid Rule _____ , or.....	PA2	
a. Non-exertional Impairment.....	PA2	
7. Client refuses treatment for correctable or treatable impairments. [PEM 260; 20 CFR 416.930, 20 CFR 416.936].....		PD7
8. Impairment is expected to result in death [20 CFR 416.905].....	PA3	
9. Other (e.g., Social Security Ruling, etc.).....	PA4	PD9
10. Medical Review of Continuing Eligibility for MA Disabled (20 CFR 416.994).....	PA5	PD8

SECTION V – STATE DISABILITY ASSISTANCE (SDA) DECISION

	Approved	Denied
1. Automatically eligible for SDA (on the basis of disability) as a result of eligibility for Medicaid as certified in Section II (PEM Item 261).....	GA1	
2. Physical or Mental Impairment prevents employment for 90 days or more. (PEM Item 261).....	GA2	DEN

SECTION VI – OTHER PROGRAM DECISIONS

OTHER (Specify)	Approved	Denied
_____	APP	DEN

Additional Comments:

AUTHORITY: P.A. 288 of 1981, 42 and 45 CFR.
 RESPONSE: Voluntary.
 PENALTY: None.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

POLICY DECISION
Michigan Department of Community Health
Medical Services Administration

TO:	Marquette Co FIA Attn: Intake	Date: Case Name: D.O.B. MA ID#:	April 5, 2004 XXXXXXXXXX XXXXXX XXXXXXXXXX
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SUBJECT: Children's Waiver Program (PEM 171)
REQUEST FOR MA

Under Section 1515 of the Social Security Act, Group 1 Medicaid coverage is available for unmarried disabled children under age 18 if:

- a) the child requires a level of care provided in a medical institution (i.e. hospital, skilled nursing facility or intermediate care facility); and
- b) appropriate care can be provided for the child at home; and
- c) MA cost of care at home is less than the MA cost of care in a medical institution; and
- d) the child would be eligible for SSI if he/she were in a medical institution.

The Department of Community Health has documented that criteria (a) through (c) are met for the above named child. The DSS-49A certifying disability is attached.

The child meets criterion (d) above and is eligible for MA under the Children's Waiver category if all of the eligibility factors in PEM Item 171 are met.

Utilizing only the child's income and assets as stated in PEM 171.

Use the Children's Waiver category only when the child is living at home and is not receiving FIP or SSI. Use the Children's Waiver category before using a Group 2 MA category. Eligibility for this child under the Children's Waiver category may be determined for any retro MA or current period beginning on or after September 1, 2003.

If you have any questions concerning this case, please contact Jan Smith at (517) 241-8656.

Attachment

cc: Deborah Milhouse-Slaine, DCH
 Parent(s) of XXXXXXXXXXXX

Respondent Signature:

Jan Smith, Analyst
 Eligibility Quality Assurance



SECTION 1 – DETERMINATION OF ELIGIBILITY

This chapter applies to all providers.

1.1 LOCAL FAMILY INDEPENDENCE AGENCY OFFICE DETERMINATION

Eligibility for Medicaid and most other health programs is determined at the local Family Independence Agency (FIA) office. The FIA worker reviews the beneficiary's financial and nonfinancial (e.g., disability, age) factors and determines the types of assistance for which the beneficiary is eligible. Once eligibility is established, the data is entered on the electronic Eligibility Verification System (EVS) and a **mihealth** card is issued.

MDCH determines eligibility for Children's Special Health Care Services (CSHCS).

Some Medicaid beneficiaries are in a spenddown situation. This means the beneficiary has met all Medicaid eligibility criteria except he has excess income. (Refer to the Spenddown Beneficiaries Section of this chapter for additional information.)

Migrant agricultural workers may also be eligible for health care benefits. However, due to the transient nature of the migrant population, they might not receive their **mihealth** card. The provider must call EVS to verify eligibility when a beneficiary indicates he is a health care program beneficiary and does not have a **mihealth** card. (Refer to the Verifying Beneficiary Eligibility Section of this chapter for additional information.)

1.2 ELIGIBILITY BEGIN DATE

Coverage is usually effective the first day of the month that the beneficiary becomes eligible.

- Not all beneficiaries, however, are eligible beginning the first day of the month. Coverage may become effective the actual day the beneficiary becomes eligible.
- In some instances, the beneficiary's eligibility may be retroactive up to three months prior to the month of application. This may occur if, during the retroactive period:
 - All eligibility requirements for the specific health care program were met; and
 - Medical services were rendered.

The provider may submit claims to MDCH for payment of any covered services rendered during the beneficiary's eligibility period. If the beneficiary has previously paid for services and the provider has billed MDCH for the same services, the provider must refund to the beneficiary the portion of payment the beneficiary is responsible for, regardless of the amount MDCH pays. (Refer to the Spenddown Beneficiaries Section of this chapter for additional information.)



1.3 REDETERMINATIONS

Beneficiary eligibility is redetermined annually but may occur more often, as case circumstances dictate. Beneficiaries are notified of the need to have their cases redetermined and the process to be followed to accomplish this.

1.4 BENEFICIARY APPEALS

Beneficiaries may appeal their eligibility determination/redetermination by contacting their FIA worker at the local FIA office.



SECTION 2 – MIHEALTH CARD

The provider must verify beneficiary eligibility on the EVS prior to rendering services for:

- Medicaid
- CSHCS
- Transitional Medical Assistance-Plus (TMA-Plus)
- Maternity Outpatient Medical Services (MOMS) programs
- Adult Benefits Waiver I (ABW I)

(Refer to the Verifying Beneficiary Eligibility Section of this chapter for additional information.)

The **mihealth** card is a plastic, magnetic strip identification card issued once to each beneficiary. The front of the card contains the beneficiary's name and beneficiary ID number. When a family is determined eligible for a health program, a **mihealth** card is issued to each eligible person in the household. All cards for a household are mailed to the head of the household. The **mihealth** card does not contain eligibility information and does not guarantee eligibility until verified through EVS that the person is covered.

The provider can use the **mihealth** card to access a beneficiary's eligibility information on the EVS by entering the Medicaid ID number or swiping the card using a magnetic strip reader. Contact the MDCH EVS vendor who can provide more information on magnetic strip readers and software. (Refer to the Directory Appendix for contact information.)

The eight-digit beneficiary identification (ID) number obtained from the EVS must be used when billing Medicaid.

The provider should request the beneficiary present a **mihealth** card to access a beneficiary's information on the EVS to verify health program eligibility before rendering any service. If the beneficiary does not have a **mihealth** card, the provider can also access the beneficiary's eligibility information on the EVS with the following additional search methods:

- Beneficiary ID number.
- Beneficiary social security number (SSN) and date of birth (DOB).
- Beneficiary name and SSN (or DOB).

If the beneficiary has lost his **mihealth** card, a replacement card may be issued by contacting the Beneficiary Helpline. (Refer to Directory Appendix for contact information.) The provider is encouraged to verify a beneficiary's identity by requesting additional identification (e.g., driver's license, State Police ID, SS Card).

If the provider suspects fraud, the case should be reported to the Office of Inspector General. (Refer to the Directory Appendix for contact information.)

Suspected cases of beneficiary program abuse should be sent to the MDCH Program Investigation Section. (Refer to the Directory Appendix for contact information.)



Occasionally, the provider may see a Statement of Medical Services Paid (MSA-110-EOB). This statement is for the beneficiary's information only and indicates services received and paid on his behalf by MDCH.

2.1 SCOPE/COVERAGE CODES

The provider must always note the beneficiary's scope/coverage code, which indicates the extent of Medicaid coverage. The scope/coverage code is two characters. The first character (numeric) indicates the scope of eligibility. This code is used for administrative purposes only.

Scope Code	Program	Qualifying Information
1	Medicaid	When used in conjunction with Coverage Codes E, F, P, Q, T, U, V
2	Medicaid	When used in conjunction with Coverage Codes B, C, E, F, J, H, or 0 (zero)
3	Adult Benefit Waiver I (ABW I)	When used in conjunction with Coverage Codes G, M, or R
4	Refugees and Repatriates	When used in conjunction with Coverage Code F

The second character (alpha) indicates the coverage available for this beneficiary. It is this part of the scope/coverage code that the provider should be aware of prior to rendering the service.

Coverage Code	Qualifying Information
0 (zero)	No Medicaid eligibility/coverage (Refer to Spenddown Beneficiaries Section of this chapter for more information)
B	Qualified Medicare Beneficiary (QMB)
C	Specified Low Income Medicare Beneficiary (SLMB)
E	Emergency or urgent Medicaid coverage only
F	Full Medicaid coverage
G	Adult Benefit Waiver I (ABW I)
H	Additional Low Income Medicare Beneficiary (ALMB)



Coverage Code	Qualifying Information
J	Additional Low Income Medicare Beneficiary (ALMB)
M	PLUS CARE (Wayne County)
P	Transitional Medical Assistance-Plus (TMA-Plus) (Full coverage)
Q	Medicare Qualified Disabled Working Individual
R	Resident County Hospitalization only (administered by the local FIA office)
U	Transitional Medical Assistance-Plus (TMA-Plus) (Emergency Services Only)
(TBA)	Freedom To Work Beneficiary (Full Coverage)

2.2 PATIENT PAY INFORMATION

Patient pay is the beneficiary's financial liability. It is shown in whole dollars only (e.g., 00050 is \$50.00, not 50 cents). This amount applies to inpatient hospitals, nursing facilities (including ICF/MR facilities), and hospice while in a nursing facility. (Refer to Patient Pay Amount Section of this chapter for more information.)

2.3 LEVEL OF CARE CODES

The EVS indicates one of the following codes:

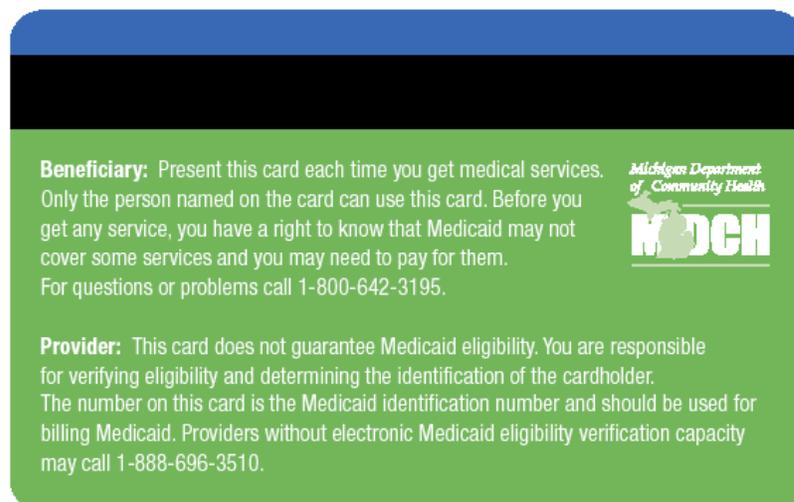
Level of Care Code	Description
Blank	No LOC code. Beneficiary is considered to be fee-for-service (FFS).
02	Beneficiary of nursing facility services (e.g., nursing home, medical care facility, hospital long-term care unit).
11	Beneficiary in Adult Benefit Waiver I Program – County Plan.
07	Beneficiary is enrolled in a Medicaid Health Plan (MHP), Children's Special Health Care Services (CSHCS) Special Health Plan (SHP), or Program for All-Inclusive Care for the Elderly (PACE). (Refer to the Medicaid Health Plans Section of this chapter for more information.)



Level of Care Code	Description
08	Developmentally disabled beneficiary in an intermediate care facility for the mentally retarded (ICF/MR and Mt. Pleasant Regional Center only).
10	The beneficiary has a patient pay amount for inpatient hospital acute care.
13	Beneficiary is on the Beneficiary Monitoring Program Pharmaceutical Lock-In. (Refer to the Beneficiary Monitoring Program Section of this chapter for more information.)
14	Beneficiary is on the Beneficiary Monitoring Program Restricted Primary Provider Control. (Refer to the Beneficiary Monitoring Program Section of this chapter for more information.)
16	Beneficiary is in a hospice program.
22	Beneficiary is enrolled in MI Choice, the Home and Community-Based Services Waiver for the Elderly and Disabled.
32	Administrative purposes. The beneficiary should be treated as if the LOC code was blank.
55	The need for long term care has been disapproved by the agency responsible for certifying the need for nursing care.
56	Services provided/billed by a long term care facility or waiver are not covered. Services provided by the facility may be billed to the beneficiary. Services provided/billed by other providers are covered if Medicaid guidelines are met.
88	Administrative purposes. Medical exception to managed care enrollment. The beneficiary should be treated as if the LOC code was blank.



2.4 MIHEALTH CARD SAMPLE





2.5 SPECIAL PROGRAMS – BENEFICIARY IDENTIFICATION

Program/Eligibility Type	Level of Care	Scope/Coverage	Message
Health Plan	07	1F, 2F, 4F	HMO ENROLLEE, Health Plan Name and Phone Number
Wayne County PLUS CARE – Also need County Code 82 and Coverage Code G or H to identify a PLUS CARE beneficiary	11	3M	PLUS CARE contractor’s name and telephone number - ID Card is issued by Plus Care
Adult Benefit Waiver I (ABW I) – County Plan	11	3G	
ABW I – Emergency Services Only	Blank	3E	
Beneficiary Monitoring Program – Pharmaceutical Control	13	1F, 2F, or 4F	Pharmaceutical Lock-in
Beneficiary Monitoring Program – Restricted Primary Provider Control	14	1F, 2F, or 4F	Restricted Provider Control, Provider Name and ID number
Qualified Medicare Beneficiary (QMB) – Medicaid pays Medicare Part B premiums, coinsurance, and deductibles	Blank	2B	Medicare Coinsurance/Deductible Only
Additional Low-Income Medicare Beneficiary (ALMB) Type 1 or Q1 – Medicaid pays the entire Medicare Part B premium Type 2 or Q2 – Medicaid pays a portion of the annual Medicare Part B premium to the beneficiary	Blank Blank	2H 2J	No mihealth card is issued. No Medicaid coverage exists. No mihealth card is issued. No Medicaid coverage exists.
Qualified Disabled Working Individual (QDWI) - Medicaid pays the Medicare Part A premium.	--	1Q	No mihealth card is issued. No Medicaid coverage exists.



Medicaid Provider Manual



Program/Eligibility Type	Level of Care	Scope/Coverage	Message
Specified Low Income Medicare Beneficiary (SLMB) – Medicaid pays the Medicare Part B premium	--	2C	No mihealth card is issued. No Medicaid coverage exists.
Limited Medicaid Coverage (Medicaid only covers urgent/emergent services)	Blank	1E or 2E	Urgent/Emergent Services Only
Spenddown – Scope/Coverage code 2F or 2E is added when the beneficiary provides documentation of meeting the spenddown amount to the FIA worker	Blank	20 (zero)	No Medicaid coverage exists until beneficiary incurs sufficient medical expenses to meet the spenddown amount.
Spenddown and QMB – Medicaid pays Medicare Part B premiums, coinsurance, and deductibles for the entire month	Blank	2B or 2C	No Medicaid coverage for Medicaid-covered services exists until beneficiary incurs sufficient medical expenses to meet the spenddown amount.

MEDICAL EXAMINATION REPORTState of Michigan
Family Independence Agency**WORKER INSTRUCTIONS:** Complete identifying client information. **Attach FIA-1555**, Authorization To Release Medical Information and a self-addressed stamped envelope.

Grantee Name (Client Name if not grantee)					
Social Security Number				Case Number	
<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE			
Date of Birth					
County	District	Section	Unit	Worker	Client ID Number
Worker's Name				Telephone Number / Ext ()	

1. Description of Last Job (Duration, When Discontinued, Why)

2. Usual Occupation

3. Client States That He/She Has the Following Disabilities (Date of onset of each)

NOTE TO PHYSICIAN: The treating physician's examination, opinion and medical reports are essential for information concerning the onset, severity and duration of any impairment. Clearly describe any physical or mental impairment or abnormality. Diagnoses and/or symptoms, by themselves, are inadequate to establish a finding of disability. Significant physical limitations, abnormal laboratory, radiologic, and other diagnostic findings carry greater weight since they're demonstrable. Please provide a copy of these reports, including any information relative to the diagnosis or treatment of HIV or AIDS, if applicable. PLEASE TYPE OR PRINT CLEARLY. Return completed Medical Examination Report promptly to the local Family Independence Agency office in the attached self-addressed envelope.

4. Date you first examined patient?

5. Date of last examination:

6. TREATMENT – Will you be treating this patient:

 NO YES If YES

Number of Visits Per Month

Number of Months of Treatment

7. HISTORY OF IMPAIRMENT(S) – Describe below

Onset Date

Date of Surgeries

8. CURRENT DIAGNOSIS

9. PHYSICAL EXAMINATION

Date of -- --

Height

Current Weight

Weight 6 Months Ago

Blood Pressure

Dominant Hand

10. PERTINENT ABNORMAL FINDINGS (i.e., range of motion, edema, neurological deficit, clubbing, etc.)

11. SUPPORTING DATA (Attach copies of supporting documentation)

 ELECTROCARDIOGRAM

When

Where

 X RAYS

When

Where

Specify Type:

 BREATHING TESTS

When

Where

 BLOOD TESTS

When

Where

 OTHER TESTS

When

Where

FIA-49

12. CURRENT MEDICATIONS (Please include Non-Prescription Medication)
 CHECK THIS BOX IF NONE

Medication Name/mg.	Dosage Schedule	Medication Name/mg.	Dosage Schedule
a.		d.	
b.		e.	
c.		f.	

13. CHARACTERISTICS OF IMPAIRMENTS (Check appropriate terms)

STATUS: IMPROVING STABLE DETERIORATING

PROGNOSIS: REMEDIABLE BY TREATMENT IMPROVEMENT BY TREATMENT NOT REMEDIABLE TERMINAL

14. PHYSICAL LIMITATIONS

NO LIMITATIONS LIMITED (Indicate on charts below)

Is this limitation expected to last more than 90 days?
 YES NO

A. Lifting/Carrying				B. Standing/Walking and Sitting			
	NEVER	OCCASIONALLY	FREQUENTLY				
Up to 5 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Based on an 8 hour work day how many hours, in your estimation, can the following activities be tolerated by our client?			
6 - 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing	_____	hours/day	
11 - 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking	_____	hours/day	
21 - 25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting	_____	hours/day	
26 - 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Are Assistive Devices medically required and needed for ambulation?			
51 - 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, describe)			

D. The individual should be able to use his/her extremities for REPETITIVE ACTION such as:

HANDS/ARMS:	NEITHER	BOTH	LEFT	RIGHT	FEET/LEGS:	NEITHER	BOTH	LEFT	RIGHT
• Simple grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Operating Foot/Leg Controls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Comments: _____				
• Pushing/Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
• Fine Manipulating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

15. MENTAL LIMITATIONS (Check appropriate box) NO LIMITATIONS (Check appropriate box(es))

READING FOLLOWING DIRECTIONS MEMORY

WRITING COMPREHENSION OTHER

Please comment on box(es) checked above.

16. COMMENTS/RECOMMENDATIONS (Please indicate what additional studies or treatment are needed and specify type.)

17. Can the client meet his/her needs in the home?
 YES NO If NO, what assistance is needed?

18. Signature of Physician	19. Printed Name of Physician	20. M.D. or D.O. Specialty (if any) Board Certified? <input type="checkbox"/> YES <input type="checkbox"/> NO
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21. Address	22. Telephone Number ()	23. Date Form Completed
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AUTHORITY: P.A. 288 of 1988, P.A. 368 of 1996, or 42 CFR and 45 CFR.
 COMPLETION: Voluntary

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