

HABILITATION SUPPORTS WAIVER (HSW) APPLICANT WORKSHEET

Michigan Department of Health and Human Services

Name		Medicaid ID #	WSA ID #
PIHP	CMH/MCPN	County	
For Initial Enrollment Only			
<input type="checkbox"/> Age off CWP (age 18) <input type="checkbox"/> Age off State Plan PDN (age 21) <input type="checkbox"/> At imminent risk of ICF/IID			
HSW Services – Specified in the IPOS			
<input type="checkbox"/> Enhanced Medical Equipment & Supplied		<input type="checkbox"/> Enhanced Pharmacy	
<input type="checkbox"/> Overnight Health and Safety Support		<input type="checkbox"/> Fiscal Intermediary	
<input type="checkbox"/> Environmental Modifications		<input type="checkbox"/> PDN (21+)	
<input type="checkbox"/> Family Training		<input type="checkbox"/> Respite Care	
<input type="checkbox"/> Goods and Services (s-d only)		<input type="checkbox"/> PERS	
<input type="checkbox"/> Non-Family Training			
Habilitative Services			
<input type="checkbox"/> Community Living Supports		<input type="checkbox"/> Prevocational Services	
<input type="checkbox"/> Out of Home Non-Voc Habilitation		<input type="checkbox"/> Supported Employment	
Measurable Habilitative Outcomes (Abbreviations acceptable). Do not enter "See IPOS/Highlight Areas"			
IPOS Start Date		Signature on the IPOS	
		<input type="checkbox"/> Written Signature	
Signature by			
<input type="checkbox"/> Self <input type="checkbox"/> Legal Guardian or Parent of minor <input type="checkbox"/> Both			