

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	