

Task/Action	Initial	Frequency	Completed/ Documentation in COMPASS
MI Choice Waiver Referral – Participant/Guardian Contact	<ul style="list-style-type: none"> • 3 days 	<ul style="list-style-type: none"> • Up to 4 attempts or until scheduled 	<ul style="list-style-type: none"> • Within 24 hours of contact • Late Entry – within 7 days of contact
NFT & Section Q Referral - Participant/Guardian Contact	<ul style="list-style-type: none"> • 3 days 	<ul style="list-style-type: none"> • Up to 4 attempts or until scheduled 	<ul style="list-style-type: none"> • Within 24 hours of contact • Late Entry – within 7 days of contact
Options Counselling Referral – Participant/Guardian Contact	<ul style="list-style-type: none"> • 5 days 	<ul style="list-style-type: none"> • Up to 4 attempts or until scheduled 	<ul style="list-style-type: none"> • Within 24 hours of contact • Late Entry – within 7 days of contact
Nursing Facility Level of Care (NFLOCD)	<ul style="list-style-type: none"> • Prior to enrollment to MI Choice • Must be entered within 14 days from the date it was conducted 	<ul style="list-style-type: none"> • Annually to maintain eligibility • At each Re-Enrollment 	<ul style="list-style-type: none"> • CHAMPS: Within 14 days from the date conducted • COMPASS: within 24 hours of contact; late entry within 7 days of contact
NFLOCD Supporting Documentation	<ul style="list-style-type: none"> • If required, documentation must coincide with determination of initial eligibility. • Initial eligibility may not be determined until documentation is received 	<ul style="list-style-type: none"> • Continued eligibility must be verified and documented every 90 days for Door 3, Door 4, and Door 5 participants • Oxygen script for Door 4 eligibility must be received annually 	<ul style="list-style-type: none"> • Within 24 hours of formal request and receipt of documentation • Late Entry – within 7 days of form request and receipt of documentation
Freedom of Choice	<ul style="list-style-type: none"> • At the time of the Initial NFLOCD 	<ul style="list-style-type: none"> • Annually with each NFLOCD, unless passively enrolled • With each Re-Enrollment • Within 7 calendar days from an adopted NFLOCD 	<ul style="list-style-type: none"> • Within 24 hours of contact • Late Entry – within 7 days of contact
Initial Assessment	<ul style="list-style-type: none"> • As scheduled following referral contact 	N/A	<ul style="list-style-type: none"> • Within 2 business days of Initial Assessment
Re-Assessment	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • 90 days from Initial Assessment • Annually after 90-day RA • Change of Condition/Health Status • Re-Enrollment • Return/Discharge from NF 	<ul style="list-style-type: none"> • Within 7 calendar days of completing in-person Re-Assessment visit
Person-Centered Service Plan	<ul style="list-style-type: none"> • Within 5 business days of Initial Assessment 	<ul style="list-style-type: none"> • 90 Days after initial assessment • Review every 180 Days • With every change to the service plan: <ul style="list-style-type: none"> • New Service • Terminated Service 	<ul style="list-style-type: none"> • Within 5 business days of Initial Assessment visit • Within 7 calendar days of Re-Assessment visit
Back-Up Plan	<ul style="list-style-type: none"> • Initially following completion of temporary PCSP 	<ul style="list-style-type: none"> • Annually • With any service or provider change 	<ul style="list-style-type: none"> • Within 24 hours of mailing/copy provided • Late Entry – within 7 days of mailing/ copy provided

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Service Authorization Summary	<ul style="list-style-type: none"> Initially following completion of temporary PCSP 	<ul style="list-style-type: none"> Review with PCSP every 6 months With every change to service plan: <ul style="list-style-type: none"> New Service Increase Service Decrease Service Service Cancellation 	<ul style="list-style-type: none"> Within 24 hours of mailing/copy provided Late Entry – within 7 days of mailing/ copy provided
Signed Care Plan Cost Review/Budget	<ul style="list-style-type: none"> Prior to the start of initial Waiver Services 	N/A	<ul style="list-style-type: none"> Within 24 hours of receipt Late Entry – within 7 days of receipt
MI Choice Enrollment Notification	<ul style="list-style-type: none"> Within 5 days of Initial Waiver Enrollment date 	<ul style="list-style-type: none"> Within 5 days of any Re-enrollment date 	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact
Medical Release Form	<ul style="list-style-type: none"> At the Initial Assessment 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> Within 24 hours of mailing/copy provided and received by physician Late Entry – within 7 days of mailing/ copy provided and received by physician
Consent and Authorization	<ul style="list-style-type: none"> At the Initial Assessment 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> Within 24 hours of completion Late Entry – within 7 days of completion
Participant Handbook Acknowledgement	<ul style="list-style-type: none"> At the Initial Assessment 	<ul style="list-style-type: none"> Reviewed annually New copy provided with formal change/edit 	<ul style="list-style-type: none"> Within 24 hours of completion Late Entry – within 7 days of completion
Plan of Care Signature Sheet	<ul style="list-style-type: none"> At the Initial Assessment 	<ul style="list-style-type: none"> At every Re-Assessment At every PCSP Review 	<ul style="list-style-type: none"> Within 24 hours of completion Late Entry – within 7 days of completion
Email & Text Consent	<ul style="list-style-type: none"> At the Initial Assessment 	<ul style="list-style-type: none"> Annually With the addition of a new authorized person 	<ul style="list-style-type: none"> Within 24 hours of completion Late Entry – within 7 days of completion
Post Assessment Letter - Participant	<ul style="list-style-type: none"> After the Initial Assessment, if opened to the MI Choice Waiver 	N/A	<ul style="list-style-type: none"> Within 24 hours of mailing/copy provided Late Entry – within 7 days of mailing/ copy provided
Post Assessment Letter – Referral Source	<ul style="list-style-type: none"> After the Initial Assessment regardless of Waiver enrollment 	N/A	<ul style="list-style-type: none"> Within 24 hours of mailing/copy provided Late Entry – within 7 days of mailing/ copy provided
MI Choice Services/Service Arranging	<ul style="list-style-type: none"> Within 7 days of initial Assessment 	<ul style="list-style-type: none"> As requested or approved by Participant/Guardian 	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact

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Work Order	<ul style="list-style-type: none"> Prior to the start date of a service 	Whenever there is a change to the participant's service plan or provider: <ul style="list-style-type: none"> New Service Increase or Decrease Service Change in Provider Termination of/Cancelled Service One Time Only Authorization Hold Service Resume Service Change in Day/Time 	<ul style="list-style-type: none"> Within 24 hours of completion Late Entry – within 7 days of completion
Initial Service Follow-Up Contact	<ul style="list-style-type: none"> 14 days after initial service start 	N/A	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact
Monitoring Contact (phone)	<ul style="list-style-type: none"> 30 calendar days past initial service contact 	<ul style="list-style-type: none"> Standard, recommended contact frequency is 30 days Participant can choose frequency up to 90 days 	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact
ADT/CCD Notices	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Check daily & archive after review 	<ul style="list-style-type: none"> Within 24 hours of notice Late Entry – within 7 days of notice
Hospital Admission – Participant Contact	<ul style="list-style-type: none"> Within 1 business day of hospitalization 	<ul style="list-style-type: none"> Follow up as needed to track hospitalization and potential discharge 	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact
Hospital Admission – Hospital Contact	<ul style="list-style-type: none"> Within 1 business day of hospitalization 	<ul style="list-style-type: none"> Follow up as needed to track hospitalization and potential discharge 	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact
Hospital Discharge – Participant Contact	<ul style="list-style-type: none"> Phone contact within 24 hours of discharge 	N/A	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact
Hospital Discharge – Hospital Contact	<ul style="list-style-type: none"> Phone contact within 1 business day of discharge 	N/A	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact
Nursing Facility Discharge – Existing Participant Contact (Re-Enrollment)	<ul style="list-style-type: none"> Phone contact within 24 hours of discharge 	<ul style="list-style-type: none"> NFLOCD & FOC must be completed or adopted within 7 days PRIOR to discharge Home visit within 7 days of discharge 	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact
Participant Moved – Change of Residence	<ul style="list-style-type: none"> Phone contact to confirm move 	<ul style="list-style-type: none"> Home visit required within 7 days of change of participant residence 	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact
Critical Incidents	<ul style="list-style-type: none"> 2 days to enter into CI Portal 	<ul style="list-style-type: none"> As needed throughout investigation. Resolve within 60 days 	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact

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Skilled Agency/Hospice Contact	<ul style="list-style-type: none"> Request 485 and confirm services once notified of skilled case 	<ul style="list-style-type: none"> Monthly contacts with Skilled RN for as long as the skilled case is open 	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact
Supervisory Review	<ul style="list-style-type: none"> Return within 3 days of receipt 	N/A	<ul style="list-style-type: none"> Assessment Addendum must be entered immediately, if applicable
Adverse Benefit Determination	N/A	When a service is: <ul style="list-style-type: none"> Reduced Suspended Terminated 	<ul style="list-style-type: none"> Within 24 hours of mailing/copy provided Late Entry – within 7 days of mailing/ copy provided
Medication Review	<ul style="list-style-type: none"> At Initial Assessment 	<ul style="list-style-type: none"> All Reassessments Monitoring Contacts Post Hospitalization or ER visit Post NF Discharge Skilled Services Admission Any time SC notified of med change 	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact
Verification of Home Modification/Environmental Adaptation	N/A	<ul style="list-style-type: none"> Completed work must be verified as complete, correct, and acceptable within 14 calendar days or 10 work days of completion 	<ul style="list-style-type: none"> Within 24 hours of verification Picture attached to case file Late Entry – within 7 days of verification
Physician Orders	<ul style="list-style-type: none"> Prior to the authorization of corresponding service 	<ul style="list-style-type: none"> Medication Management – every 6 months Diabetic Foot Care – every 6 months Private Duty Nursing – every 12 months Liquid Nutritional Supplements – every 6 months Liquid Meals – every 3 months 	<ul style="list-style-type: none"> Document initial request to physician Document all follow-up contacts to secure script When received from physician
Residential Services – Lease Agreement	<ul style="list-style-type: none"> At initial Assessment 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> Document in record Copy in File
MI Choice Disenrollment Notification	N/A	<ul style="list-style-type: none"> Within 5 days of notice of Waiver Disenrollment 	<ul style="list-style-type: none"> Within 24 hours of contact Late Entry – within 7 days of contact
Medicaid Application/Redetermination	<ul style="list-style-type: none"> At the initial Assessment, if the participant does not have an appropriate MA Benefit Plan 	<ul style="list-style-type: none"> Annually when MDHHS notifies the participant of their determination 	<ul style="list-style-type: none"> Within 24 hrs of submission to MDHHS Late Entry – within 7 days of submission to MDHHS