## New Participant Checklist (MI Choice)

## After Initial Assessment: Waiver only

Complete Assessment in COMPASS		
0	Must be completed within 2 business days of in-person visit	
0	Update Progress Notes w/ Summary	
	<ul><li>See charting examples</li></ul>	
Comp	plete Person-Centered Service Plan in COMPASS	
0	Must be completed within 5 business days of in-person visit	
0	Services can NOT start before PCSP is finalized	
0	Ensure all goals are linked to appropriate interventions	
0	Make sure informal caregivers/supports are listed under Informal interventions	
	w with other SC discipline and finalize assessment (within 7 days for assessment) Assessment must be finalized before services can begin	
Complete Participant Case File in COMPASS		
0	Ensure Address, County, Phone Number, DOB, and Social Security	
	Number are correct	
0	Complete Medicare Plan Information and Effective dates	
0	Enter due dates	
Subm	it completed NFLOCD and FOC to Case Tech	
0	NFLOCD must be entered within 14 days of completion	
	<ul> <li>If not submitted within 14 days of the completion of NFLOCD, a new</li> </ul>	
	NFLOCD, FOC, and COMPASS Assessment must be completed before	
	participant can be opened to the Mi-Choice Waiver	
Subm	it completed COMPASS Status Report to Case Tech:	
0	Waiver-Pending designation if participant is already on Medicaid	
0	Care Management (ACLS-CM) designation if waiting for Medicaid application	
	to be submitted to MDHHS	
Email	Waiver Enrollment form to Enrollment Specialist	
0	Do not submit until Mi-Choice Waiver date is confirmed	

Date of Waiver Enrollment must be the same as Waiver-Pending date
 Submit copy of emailed Waiver Enrollment to Case Tech with NFLOCD

Complete Enrollment form in its entirety

	Mail Referral Source Notification/Letter – place copy in file	
	Mail or fax Dr. Letter and Medical Release with copy of COMPASS Medication and Allergy Report	
	Contact Agencies for Service Availability  O Document attempts to arrange services in progress notes	
	Submit Supervisory Care Plan Review/Budget to Regional SC Supervisor or	
	Director	
	<ul> <li>SC can NOT start services until form is signed and returned</li> </ul>	
	<ul> <li>Place signed copy in file</li> </ul>	
	Once Care Plan Budget received:	
	<ul> <li>Submit Work Orders for data entry</li> </ul>	
	Send Back-up Plan to participant and those designated on the care plan	
	<ul> <li>Place copy in file</li> </ul>	
	Send finalized copy of the Person-Centered Service Plan to participant and those	
	designated on the care plan	
	Participant must be contacted within 14 days of the start of services:	
	<ul> <li>Complete Two-week Service follow up in COMPASS progress notes</li> </ul>	
	<ul> <li>Review service start dates and satisfaction</li> </ul>	
If Self Determination		
	Forward Participant Information Sheet - if AWC	
	Forward Self Determination Enrollment to FI or AWC	
	Complete work order for World Point training materials and submit for data entry	
	Once kick-off is completed and Employment Agreement (EA) is received,	
	submit work order to Case Tech. Place EA in chart	
	Request copy of employee training sign off sheet for file	