



Section: Clinical Practices	Procedure Name: Habilitation Supports Waiver (HSW)	Procedure #: P04.04.02
Overarching Policy: 04.04 Medical Necessity Criteria and Clinical Practice Guidelines		
Owner: Director of Clinical Quality	Reviewed By: Alena Lacey MA, LPC	Total Pages: 9
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): <hr/>	Final Approval By: <i>Alena Lacey</i>	Date Approved: Sep 15, 2023
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): <hr/>	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: 9/1/2023

Policy: 04.04 Medical Necessity Criteria and Clinical Practice Guidelines

Purpose: To ensure that Southwest Michigan Behavioral Health (SWMBH) customers receive the right service at the right time and in the right amount sufficient to meet their need. SWMBH will review and assess documentation to determine eligibility for the Habilitation Supports Waiver (HSW) and services that are implemented by our Prepaid Inpatient Health Plan (PIHP) contract providers. HSW is a covered benefit to beneficiaries of any age who meet eligibility criteria as outlined in *Section 15 of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter in the Michigan Medicaid Provider Manual* and as waiver slots are available.

To define and implement a regional procedure for the distribution of HSW available waiver slots assigned to SWMBH by Michigan Department of Health and Human Services (MDHHS). SWMBH will submit complete and eligible HSW applications, on behalf of Participating Community Mental Health Service Providers (CMHSPs) for MDHHS to determine HSW eligibility and enrollment. SWMBH will ensure eligible beneficiaries with the highest demonstrated clinical need receive the next available waiver slot regardless of where they reside within the CMHSP 8-county region, according to federal, state, contractual, and accreditation requirements.

Scope: To meet the clinical and technical requirements of the HSW and to ensure beneficiaries receive needed services. All initial applications, recertifications, transfers, status changes, and disenrollment from the HSW in PIHP Region 4 require SWMBH review and approval.

CMHSP Responsibilities:



1. Identification and communication to SWMBH of any potential enrollees to the HSW.
2. Review clinical documentation, ensure eligibility criteria are met, and submit all required documents for initial applications to the SWMBH HSW Coordinator, or designee, for review and approval.
3. Submit required documentation for disenrollment, status changes, and annual recertifications into the Waiver Support Application (WSA).
4. In the event that a beneficiary is transitioning into the HSW from Children's Waiver Program (CWP) or aging out of State Plan Private Duty Nursing (PDN) the CMHSP must communicate this need to SWMBH several months in advance and provide documentation for early review to ensure that the individual has a smooth transition and maintains needed supports.
5. Coordinate with HSW enrollees (or potential enrollees) any requests for PDN and refer to the SWMBH Private Duty Nursing Procedure (P04.04.01).
6. Request additional assistance from SWMBH with data entry tasks in the WSA as detailed above and as SWMBH capacity allows.
7. If the CMHSP, after consultation with SWMBH, initiates a disenrollment due to ineligibility they will be responsible for providing advanced notice to the beneficiary.

PIHP Responsibilities:

1. Review, rank, and submit eligible initial applications for available waiver slots into the WSA for final MDHHS review, certification, and enrollment in the HSW.
2. SWMBH HSW Coordinator, or designee, is responsible for determining eligibility of initial applications based on the documentation submitted by the CMHSP. If beneficiary is determined not to qualify for HSW services SWMBH staff will adhere to notifications outlined in SWMBH Policy 06.04 Customer Appeals Policy and will provide documentation of Adverse Benefit Determination and notification of appeal rights to the beneficiary.
3. Review and approve disenrollment, status changes, annual recertifications and submit them in the WSA for final MDHHS review and approval.
4. If SMWBH initiates a disenrollment on behalf of the CMHSP we will be responsible for providing advanced notice to the beneficiary

Definitions:

- A. **Available Waiver Slots:** This includes any newly assigned slots that are given to the SWMBH by MDHHS as well as any currently assigned slots that become vacant. PIHP Region 4 is allotted a set number of HSW slots determined by MDHHS.
- B. **Habilitative Goals/Objectives:** Developed through the person/family centered planning process - a goal/objective crafted to build or maintain a skill. A habilitative goal/objective expressly states the skill a beneficiary is working on, the actions the beneficiary will take to toward building/learning the skill, clearly measurable criteria for skill development, and the specific supports provided by a Habilitative Service to build or maintain the skill. Habilitative goals/objectives do not focus on rebuilding lost skills.



- C. **Habilitative Service:** An individual applying for or enrolled in the HSW must participate in one or more of the following billable habilitative services at least monthly for eligibility:
- Community Living Supports (CLS)
 - Out-of-home non-vocational habilitation
 - Prevocational
 - Supported Employment (SE)
- D. **HSW Priority List:** A list of complete and eligible HSW applications ranked according to:
1. Priority populations status (aging-off of CWP, aging off State Plan PDN, or at imminent risk of institutionalization).
 2. Highest demonstrated clinical need for ICF/ID level of care services as documented on Performance of Major Life Activity (PMLA) form in line with relevant Assessments
 3. Cost of services
 4. Potential reimbursement level
- E. **HSW Services:** Additional services offered in the HSW in which participation is *not* required for eligibility as noted in *Section 15 of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter in the Michigan Medicaid Provider Manual:*
- Enhance Medical Equipment and Supplies
 - Enhanced Pharmacy
 - Environmental Modifications
 - Family Training
 - Fiscal Intermediary
 - Goods and Services (S-d only)
 - Non-Family Training
 - Overnight Health and Safety
 - Personal Emergency Response System
 - Private Duty Nursing (21+)
 - Respite Care
- F. **ICF/ID Level of Care:** A level of care provided by an Intermediate Care Facility for Individuals with Intellectual Disabilities, demonstrated by *Active Treatment* (a continuous, aggressive, and consistent implementation of a program of specialized and generic training, treatment, and health or related services) directed toward helping the enrollee function with as much self-determination and independence as possible.
- G. **Person/Family Centered Plan:** A plan to support the individual/family receiving services that builds upon their capacity to engage in activities that promote community life and honors the individual's preferences, choice, and abilities. The person/family centered planning process involves families, friends, and professionals as the individual desires or requires. The Individual Plan of Service (IPOS) developed must contain habilitative goals/objectives to be eligible for the HSW.



Procedure: Participating CMHSPs' and SWMBH must determine the enrollee's eligibility for the HSW and ensure that they remain eligible once enrolled. The CMHSP is the key responsible party for making this determination and monitoring for changes throughout the year. CMHSP will monitor that the beneficiary is:

1. A person of any age with an intellectual/developmental disability (as defined by Michigan law)
2. Residing in a community-based setting while receiving services
3. Currently Medicaid eligible
4. If not for HSW services, would require ICF/ID level of care services
5. Chooses to participate in the HSW in lieu of ICF/ID services
6. Participates in *Active Treatment* in at least one Habilitative Service per month
7. Is not enrolled in another Medicaid waiver
8. Behavioral Health Treatment Episode Data Set (BHTEDS) encounter data is current and reflects the accurate Residential Living Arrangement (RLA) code

A. Initial Application

1. Participating CMHSPs will submit the following required documentation for all initial HSW certifications directly to SWMBH:
 - a. MDHHS Habilitation Supports Waiver Eligibility Certification Form – fully completed that indicates eligibility criteria are met and is signed by a QIDP. This will also include acceptance of waiver services signed by the beneficiary/legal guardian.
 - b. IPOS that is current, signed, and contains clear and measurable habilitative goals/objectives and authorized Habilitative Service(s) that demonstrate *Active Treatment*
 - c. Clinical Assessment or Bio-Psycho-Social Assessment that is current and demonstrates needed ICF/ID level of care
 - d. PMLA form, including diagnosis, that demonstrates the need for ICF/ID level of care (i.e. three or more domains requiring extensive assistance or greater) completed by a QIDP.
 - e. Individualized Education Plan (IEP) if the person is enrolled in an education program.
 - f. Behavioral Health Treatment Episode Data Set (BHTEDS) encounter data is current and reflects accurate Residential Living Arrangement (RLA) code

Additional documentation may be submitted if needed to demonstrate ICF/ID level of care but is not required:

- g. Positive Behavior Support Plan or Behavior Treatment Plan (shall be submitted if any restrictive interventions are approved in the plan).
 - h. Guardianship Papers
 - i. Other assessments (PT, OT, Nursing, Speech, Language, etc.)
 - j. Other Clinical documentation
2. SWMBH will review all initial applications for eligibility and completeness within 14 calendar days of receipt (refer to SWMBH Policy 06.04). SWMBH will communicate with CMHSPs



regarding any deficiencies in an application for consideration of resolution, withdrawal, or denial.

3. If application deficiencies are not resolved timely SWMBH will send an Adverse Benefit Determination to the beneficiary.
4. SWMBH will sign the MDHHS HSW Eligibility Certification of each complete and eligible initial application, rank the application, and place it onto the HSW Priority List accordingly. Monthly, applicants at the top of the HSW Priority list will be offered the next available waiver slot until all available applications or slots are utilized. HSW applications must be submitted by SWMBH to MDHHS via the WSA by the 15th of each month for enrollment. Any applications held due to a lack of available slots will receive notice of adverse benefit determination and be maintained on the HSW Priority List for future consideration for submission as appropriate.
5. MDHHS will complete final review, approval, and enrollment in the HSW. MDHHS will pend-back any initial applications in need of follow-up to SWMBH who will then coordinate with the CMHSP as needed for resolution within 14 business days. Approved certifications/enrollments become effective on the 1st of the month in which they were submitted.

B. Annual Recertification Process

1. Each Participating CMHSP is responsible to upload and/or enter completed annual recertification data into the WSA and submit to SWMBH for review and approval. Recertifications are requested by the 15th of the month, two months prior to the beneficiary's HSW certification end date. The CMHSP will:
 - a. Ensure beneficiary remains eligibility for the HSW
 - b. Complete all required fields within HSW recertification tabs in the WSA (Demographics, Level of Care, and Services)
 - c. Upload a current, signed, IPOS that meets all stated requirements into the Services tab in the WSA
 - d. Upload updated HSW Eligibility Certification Form if expiring within 3 months.
 - i. Eligibility Certification forms require renewal every three years but may be done sooner per individual CMHSP policy.
 - ii. Eligibility Certification forms updated earlier than required will be documented in the HSW case page in the WSA (outside of the recertification process) and will not be uploaded into the WSA. SWMBH will be directly provided a copy of the form via email for review and retention in our internal records. SWMBH will provide approval in the WSA that the Eligibility Certification update was verified.
2. The SWMBH HSW Coordinator will review recertification documentation submitted by the CMHSP in the WSA.
 - a. SWMBH will approve and submit recertifications to MDHHS or pend-back cases to CMHSP for correction or further review.



- i. CMHSPs should provide additional requested documentation within 14 business days to the WSA for cases pended-back.
3. MDHHS will review submitted PIHP information and complete final review and recertification or pend-back cases that do not meet criteria to the PIHP for correction or further review.

A. Status Changes

When it becomes apparent that a HSW enrollee will not participate in a Habilitative Service for longer than a full calendar month (i.e. hospitalization, nursing home admission, out of the county, etc.), the CMHSP will change the enrollee's status to "Inactive" in the WSA. SWMBH will review and approve.

1. The "Inactive" status should be dated when the enrollee first became unable to receive Habilitative Services (i.e. date of hospitalization, etc.).
 - a. Only move beneficiary to "Inactive" when you know the person will be ineligible for the HSW for at least the full calendar month. Do not use for short-term stays that are less than a full calendar month.
2. The reason for the inactivity will be documented in the WSA.
3. During any full calendar month on "Inactive" status, additional managed care payments for the enrollee will cease, however the enrollee will retain their HSW slot.
4. Effective on the date that the enrollee returns to services in the community the CMHSP will update the enrollee's status to "Active" in the WSA. SWMBH will review and approve.
5. If it becomes apparent that the enrollee may not return from "Inactive" status for 90 days or more, the CMHSP and SWMBH will discuss the potential need for disenrollment from the HSW so another beneficiary may access the available waiver slot.

B. Disenrollment

Disenrollment from the HSW may occur when the enrollee no longer meets one or more of the eligibility criteria specified above, moves out of state, is admitted long-term to a nursing facility, withdraws from the program voluntarily, or dies. The enrollee has the right to appeal disenrollment.

1. Involuntary Disenrollment:
 - a. If the CMHSP has reason to believe an enrollee no longer meets eligibility criteria they will consult with the SWMBH HSW Coordinator for determination. SWMBH will further consult with MDHHS if required. The CMHSP must clearly document such reason(s) and they will provide advance notice to the enrollee at least 10 days prior to the disenrollment date. CMHSP will process the disenrollment in the WSA.
 - b. If SWMBH finds an enrollee no longer meets eligibility criteria they will consult with the CMHSP for determination. SWMBH will further consult with MDHHS if required. SWMBH must clearly document such reason(s) and they will provide advance notice to the enrollee at least 10 days prior to the disenrollment date. SWMBH will process the disenrollment in the WSA.
2. Skilled Nursing Admission:



If an enrollee is admitted long-term to a skilled nursing facility an OBRA assessment will be completed and should be uploaded into the WSA. Advanced notice will be provided by the CMHSP, and they will process the disenrollment in the WSA.

3. Change in Health Status:

If the enrollee's health status declines to the point where they no longer have a habilitative need the CMHSP will consult with SWMBH. SWMBH will coordinate further consultation with MDHHS. Determination will be made, and consideration given to transition to another waiver if appropriate. If disenrollment from the HSW is deemed appropriate, after all required consultations are complete, then advanced notice will be provided by SWMBH, and a disenrollment will be processed in the WSA. Close coordination will occur between CMHSP, SWMBH, MDHHS, and other waiver agencies if a waiver transition is appropriate to avoid disruption of services. Close coordination of any disenrollment and enrollment dates between waivers must occur.

4. Voluntary Disenrollment:

If the enrollee no longer wishes to participate in the HSW they may voluntarily disenroll.

- a. The Participating CMHSP is responsible for notifying the SWMBH HSW Coordinator of the desire for the voluntary disenrollment. SWMBH will consult with MDHHS and review any needed clinical documents. Additional coordination may be offered to the enrollee by MDHHS to review HSW services offered.
- b. If disenrollment is deemed appropriate after all required consultations occur, SWMBH HSW Coordinator will notify the CMHSP to provide advance notice and process the disenrollment in the WSA.

5. Death:

If the enrollee dies, then enrollment in the HSW ends.

- a. The CMHSP must inform the SWMBH HSW Coordinator of an enrollee's death via email prior to the end of that calendar month to ensure the waiver slot becomes available to the next beneficiary on the HSW priority list. The CMHSP will process the disenrollment in the WSA.

C. HSW Transfers

1. Transfers within PIHP Region 4

- a. The assigned CMHSP is responsible for contacting the SWMBH HSW Coordinator regarding the expected move. Information such as move date and services in the enrollee's IPOS will be provided.
- b. SWMBH HSW Coordinator will facilitate communication between the CMHSPs and MDHHS. Agreement from each CMHSP to provide HSW services to the enrollee will be confirmed.
- c. The assigned CMHSP is responsible for contacting the receiving CMHSP prior to any move made by the beneficiary to promote a smooth transition and prevent gaps in service.

2. Transfers into/out of PIHP Region 4



- a. The involved CMHSP will contact the SWMBH HSW Coordinator to begin the HSW slot transfer process. The SWMBH HSW Coordinator will ensure contact with the other PIHP HSW Coordinator.
- b. The two PIHP HSW Coordinators and MDHHS will determine a proposed HSW slot transfer date between the involved PIHPs. County of Financial Responsibility (COFR) agreements are not covered in this procedure and are not subject to HSW slot transfers.
- c. SWMBH HSW Coordinator will confirm the acceptance of the HSW transfer with the CEOs and CFOs of each PIHP, including agreed upon date of the transfer.
- d. The HSW Coordinator will draft the letter for SWMBH, obtain CEO signature and send to MDHHS with appropriate parties from both PIHPs copied to the correspondence.
- e. Once MDHHS receives letters from both PIHP CEOs, with all involved CEOs, CFOs, and HSW Coordinators involved, MDHHS will transfer the enrollee in the WSA and change managed care payments to reflect agreement in the letters.

Effectiveness Criteria:

1. HSW slot utilization will be maximized for beneficiary's most in need of service provided by the HSW and all certifications and re-certifications will occur in compliance with relevant criteria.

References:

Title 42 Code of Federal Regulations –Public Health 440.150
Title 42 Code of Federal Regulations --Public Health 441.301-441.303
Title 42 Code of Federal Regulations --Public Health 435.1009
Title 42 Code of Federal Regulations --Public Health 438.400
Title 42 Code of Federal Regulations --Public Health 483.430
Title 42 Code of Federal Regulations --Public Health 483.440
Application for 1915(c) HCBS Waiver: MI.0167.R06.00 - Oct 01, 2019
Michigan Mental Health Code, P.A. 258 of 1974, as revised
Michigan Medicaid Provider Manual, *Behavioral Health and Intellectual and Developmental Disability Supports and Services; Section 15 - Habilitation Supports Waiver for Persons with Developmental Disabilities*
MDHHS FY23 PIHP Contract 8.B.2 Habilitation Supports Waiver Payments

Attachments:

- A. P04.04.02A MDHHS HSW Eligibility Certification Form v. 3-21
- B. P04.04.02B MDHHS Performance of Major Life Activity Form



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	1/26/2023	Creation of formal procedure		Jen Strebs Heather Woods Sarah Ameter






P04.04.02 Habilitation Supports Waiver (HSW)

Final Audit Report

2023-09-15

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By:	Megan O'Dea (megan.odea@swmbh.org)
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-  Document created by Megan O'Dea (megan.odea@swmbh.org)
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HABILITATION SUPPORTS WAIVER (HSW) ELIGIBILITY CERTIFICATION

Michigan Department of Health and Human Services

If Priority Processing for Initial Enrollment (check one)

Age of CWP (age 18)
 Age-off State Plan PDN (age 21)
 At imminent risk of ICF/IID

SECTION 1

<input type="checkbox"/> Initial Certification <input type="checkbox"/> Annual Recertification		Next Recertification Due Date:	
Last Name		First Name	
		Medicaid # (should be 10-digits include lead zeros, if any)	
Address		City	
		Zip	
Date of Birth		MDHHS License # for Residence (if applicable)	
		RLA Code #	
Prepaid Inpatient Health Plan		County of Financial Responsibility	
		# of Licensed Beds at Residence	
Enrolled in MI Health Link 1915(c) Waiver		Enrolled in MI Choice	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medicaid Eligible		Medicaid Spend Down	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
This is to certify that the above-named individual is eligible for Medicaid coverage and has received a comprehensive evaluation of his/her needs. The comprehensive evaluation and supporting documentation are available in the individual's record.			
Based on the results of the comprehensive evaluation and supporting documentation, the Waiver eligibility requirements are met.			
Support Coordinator Signature and QIDP Credentials			Date
PIHP/HSW Coordinator Signature (For HSW Initial Enrollment Only)			Date

SECTION 2

Previous Consent Expires:	
I understand that I may accept or reject waiver services instead of services provided in an ICF/IID and that I may withdraw this consent at any time in writing. This consent may not exceed 36 months.	
I <input type="checkbox"/> accept <input type="checkbox"/> reject services as offered under the Habilitation Supports Waiver (HSW).	
Signature	Date
<input type="checkbox"/> Self <input type="checkbox"/> Legal Guardian or Parent of minor	
Witness (required only if signature above made by a mark)	Date

SECTION 3 – TO BE COMPLETED BY MDHHS FOR INITIAL ENROLLMENT

Based on the results of the comprehensive evaluation and supporting documentation, the following Waiver eligibility requirements are met:

- This individual has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (P.L.106-402).
- If not for the availability of home and community-based services, this individual would require the level of care provided in an intermediate care facilities for Individuals with Intellectual Disabilities (ICF/IID).

Waiver Recommended **Waiver Not Recommended**

MDHHS QIDP Signature and Credentials

Effective Date for Level of Care

SECTION 4 (Complete by MDHHS for Initial Enrollment)

Waiver Enrollment

Enrolled or Recertified Effective Date _____

Not Eligible or Disenrolled Reason _____

If Disenrolled, Notice of Right to Fair Hearing Date _____

MDHHS Signature

Date

PERFORMANCE ON MAJOR LIFE ACTIVITY
Michigan Department of Health and Human Services

Name of Person Applying for HSW	Medicaid ID #	Date of Birth
*Diagnosis (Do not enter diagnosis code/s only)		
<hr/> <hr/>		
Performance on Major Life Activity completed by		is QIDP <input type="checkbox"/>
Tools Utilized to complete LOC		
<input type="checkbox"/> Bio-Psychosocial Assessment <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Observation <input type="checkbox"/> Direct Interview <input type="checkbox"/> Other		

PERFORMANCE ON AREAS OF MAJOR LIFE ACTIVITY

0. **INDEPENDENT** – No help or oversight – or – help/oversight provided only 1 or 2 times during the last 7 days.
1. **SUPERVISION** – Oversight, encouragement or cuing provided 3+ times during last 7 days – OR – supervision plus physical assistance provided only 1 or 2 times during last 7 days. Person is able to complete task/skill with oversight and encouragement or limited cuing.
2. **LIMITED ASSISTANCE** – Person is highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3+ times – or – more help provided only 1 or 2 times during last 7 days. Person is highly involved in activity, need for limited prompting, and guidance to complete task/skill.
3. **EXTENSIVE ASSISTANCE** – While person performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times:
 - Weight Bearing Support.
 - Full staff performance during part (but not all) of last 7 days.
 - Frequent daily need for assistance/ training to direct, guide, teach for skill acquisition/ task completion.
4. **TOTAL DEPENDENCE** – Full staff performance of activity during entire 7 days. Hand over hand assistance to teach/complete task.

**** Specify any devices or equipment needed for any area of major life activity in the space below each description and indicate performance (0-4 as described above) in the box to the right of each activity.** Please reference the Technical Assistance for Completing Performance on Areas of Major Life Activity Form for additional guidance.

a. Bed Mobility	How person moves to and from lying position, turns side-to-side, and positions body while in bed.	
b. Transfer	How person moves between surfaces, to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet).	
c. Dressing	How person puts on, fastens, and takes off all items of clothing, including donning/removing prosthesis.	

d. Eating	How person eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition).	
e. Toilet Use	How person uses the toilet room (or commode, bedpan, urinal), transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes.	
f. Personal Hygiene	How person maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, and hands and perineum (EXCLUDE baths and showers).	
g. Bathing	How person takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower.	
h. Receptive & Expressive Language	How person communicates with others to express their desires and needs, including understanding verbal, pictorial, or written communication. Person's ability to express or communicate requests, needs, opinions, urgent problems, and social conversation, whether in speech, writing, sign language, or a combination of these. Specify any devices used to communicate:	
i. Learning	How person learns new information, generalizes what they have learned to new situations. If there is a diagnosis of Intellectual disability, please specify below:	
j. Mobility	How person moves between locations on even surfaces. If in wheelchair, self-sufficient once in chair. Specify any mobility devices used:	
k. Self-Direction	How person directs their own life. How person plans, initiates activities, problem solves, carries out goal-directed activities, transitions from one activity to another, management of time, safety awareness. Describe any behavioral issues or concerns. If there is a guardian, please specify the areas in which person continues to make decisions:	

<p>I. Capacity for Independent Living</p>	<p>How person manages a household and schedule, including financial affairs (e.g., bill paying, money management), domestic responsibility (e.g., housekeeping, chores, maintenance), nutritional status (e.g., menu planning, shopping, cooking), arranging transportation if applicable, medication management and managing own health status.</p> <p>If under 18 and appropriate to age: how does the individual complete household chores/tasks, manage routine, and follow schedules.</p>	
<p>m. Economic Self-Sufficiency</p>	<p>How person is employed and whether his/her income is sufficient to support him/herself. If working toward economic self-sufficiency, when does person expect to achieve this?</p> <p>If under age 18 this should not be scored.</p>	

