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						
Initial Certification Annual Recertification Next Re				rtification Due Date:		
Last Name	First Name		Medicaid # (should be 10-digits WSA #			
			include lead zeros, if any)			
		-				
Address		City			Zip	
Date of Birth	MDHHS LIC	cense # for Re	sidence (if applicab	le)	RLA Code #	
Prepaid Inpatient Health Plan County of Financial Responsibility # of Licensed Beds at Resid						
Enrolled in MI Health Link 1915(c) Waiver Enrolled in MI Choice						
Medicaid Eligible			Medicaid Spend Down			
			Yes No			
This is to certify that the a	bove-named	l individual is e	ligible for Medicaid	coverag	e 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						
	····· - 4 ···· - / -				Data	
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 co			g. This consent ma r the Habilitation Տւ			
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		- ·			· · · · ·	
Signature		Date			. ,	
				al Guard	ian or Parent of minor	
Signature Witness (required only if s				al Guard	. ,	
Witness (required only if s	ignature abo	ove made by a	mark) Date		. ,	
Witness (required only if s	ignature abo	ove made by a Y MDHHS FOI	mark) Date	MENT	ian or Parent of minor	
Witness (required only if s SECTION 3 – TO BE CON Based on the results of the	ignature abo IPLETED B e comprehei	ove made by a Y MDHHS FOI nsive evaluatio	mark) Date	MENT	ian or Parent of minor	
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DCH-3894 (Rev. 3-21) Previous edition obsolete.