

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery System		
Title:	Provisional Approval to Provide Residential and Non-Residential Home and Community Based Services (HCBS)		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Page: 1 of 4	Review Cycle: Biennial Author: Chief Behavioral Health Officer & HCBS Manager	Adopted Date: 08.2018 Review Date: 11.1.2022	Related Policies:

Purpose

The purpose of this procedure is to guide new Residential and Non-Residential providers who wish to provide services to Home and Community Based Services (HCBS) participants through the Provisional Approval Process. Provisional approval allows the Pre-Paid Inpatient Health Plan (PIHP)/Community Mental Health Service Provider (CMHSP) to contract with new providers who do not have a current HCBS participant receiving Medicaid services in their setting, ensuring that providers are not institutional or isolating in nature. Provisional approval is required before the provision of services to an HCBS participant.

Procedure

Completion of the provisional approval process is required of *all new HCBS providers* (internal or external to the PIHP region's boundaries) effective October 1, 2017.

- I. The new provider or existing provider and new site must complete the Provisional Approval Application (See Attachment A) to provide HCBS services. This application is intended to provide for initial and provisional approval before providing Medicaid behavioral health HCBS services.
 - A. CMHSP shall inform Mid-State Health Network (MSHN) that a contract with the new provider is being sought.
 1. CMHSP shall indicate to MSHN if provisional approval is being requested for a specific consumer.
 2. The CMHSP shall submit a completed Provisional Approval Application to MSHN.
 - B. MSHN will determine if the setting is on the Michigan Department of Health and Human Services (MDHHS) Heightened Scrutiny (HS) list and will inform the CMHSP of the findings.
 1. If provider is on the HS list, MSHN and/or the CMHSP will then schedule an on-site or virtual HCBS visit to assess the provider for their ability and/or desire to overcome the likely HS issues.
 2. If provisional approval is being requested for a specific consumer, CMHSP should send supporting documentation including a completed HCBS HS Provisional Approval Summary, the individual plan of service (IPOS), assessment, Positive Support/ Behavior Treatment Plan and any other pertinent supporting documentation to MSHN.
 3. MSHN and or the CMHSP will conduct on-site or virtual visit of Provider using the HCBS Provisional Approval Site Visit form (See Attachment B) and inform CMHSP of the findings.
 4. If it is determined necessary, a consult meeting with MDHHS, MSHN and CMHSP representative(s) will be scheduled and held to provide rationale and documentation why a restrictive environment is appropriate for this specific consumer. MDHHS will have final approval to allow the individual placement.

- C. If the provider is not on the HS list, the MSHN designee shall follow established review protocol and determine if the site is appropriate for provisional approval- either general site approval, or for a specific consumer.
 - 1. MSHN designee shall sign Provisional Approval Application attesting that the setting is not institutional or isolating in nature.
- D. Providers and consumers will receive the comprehensive HCBS survey *within 90 days* of approval of the provisional survey and of participant's first individual plan of service (IPOS) (if applicable). The provider *must* complete this survey to maintain the ability to provide HCBS services. Failure to complete any part of the approval process *will* result in the suspension of the provider's ability to provide HCBS services.
- E. The comprehensive HCBS survey is to be completed and returned to MSHN no later than 90 days from the date that the HCBS survey is forwarded to the provider.
- F. It will remain the responsibility of the MSHN to maintain and track the surveys to ensure providers are meeting all due dates.

II. CMHSP function related to provisional approval:

- A. Inform MSHN that a contract with the new provider is being sought.
- B. Provide Provisional Approval Application to new provider of HCBS services as part of the CMHSP application packet.
- C. Forward completed application, provider policies/procedures and any individualized supporting documentation (Individual Plan of Service (IPOS), Assessments, Behavior Treatment/Positive Support Plan).
- D. Coordinate with MSHN any on-site visits to assess for HCBS compliance
- E. Forward completed Provisional Approval Application to MSHN Waiver Coordinator for review and approval prior to finalizing contract with new provider of HCBS services.
- F. Forward provisional approval letter response to the new provider.

III. MSHN function related to provisional approval:

- A. Confirm that provider is not currently on the Michigan Department of Health and Human Services (MDHHS) Heightened Scrutiny List and inform the CMHSP of results.
- B. Review the completed Provisional Approval Application and any related policies/procedures.
- C. Review any individualized supporting documentation (IPOS, Assessments, Behavior Treatment/Positive Support Plan).
- D. If needed, conduct an on-site visit or virtual review to assess for HCBS compliance.
- E. Initiate provisional approval responses to the CMHSP.
- F. Track initial approval applications and initiate comprehensive HCBS surveys within 90 days of participant's first IPOS.
- G. Conduct any required follow-up to ensure all standards are met as required by the HCBS Final Rule.
- H. Maintain documentation related to all provisional approval activities.

IV. Urgent Placements involving Alternative Treatment Order (ATO) Discharges from Inpatient Psychiatric Facilities

- A. Urgent HCBS placements for consumers with significant health and safety issues where the receiving provider's services are appropriate to address the Rule through least restrictive environment, likely in a single-case agreement, but the consumer is on an ATO and is new to the CMH.
- B. There may be instances where the CMHSP needs to ensure a consumer is placed in an appropriate setting post-psychiatric inpatient hospitalization, where HCBS compliance is required, but prior to having the requested IPOS and/or behavior treatment plan for MSHN review to address least restrictive environment and consumer health and safety.
- C. Urgent cases should be expedited starting with the CMH contacting MSHN as well as sharing the requested documents for review as noted below.
- D. The CMH will provide documentation to assist MSHN in understanding the level of clinical need and related health and safety issues. Documentation could include: ATO, psychiatric evaluation, discharge plan, most recent IPOS/BTP, and recommendations.
- E. MSHN will make urgent placements a top priority and respond to the CMHSP within 24-48 hours of the paperwork being provided.

Applies to

- ☐ All Mid-State Health Network Staff
- ☐ Selected MSHN Staff, as follows:
- ☒ MSHN CMHSP Participants: ☐ Policy Only ☒ Policy and Procedure
- ☐ Other: Sub-contract Providers

Definitions

ATO: Alternative Treatment Order

CMHSP: Community Mental Health Service Program

Covered Service: Any service defined by the MDHHS as required service in the Medicaid Specialty Supports and Services benefit

Documentation: Documentation may be written or electronic and will correlate the service to the plan.

Clinical documentation must identify the consumer and provider, must identify the service provided, date and time of the service. Administrative records might include monthly occupancy reports, shift notes, medication logs, personal care and community living support logs, assessments, or other records.

HS: Heightened Scrutiny

IPOS: Individual Plan of Service

HCBS: Home and Community Based Services

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

New Provider: A new provider is one who does not have a contractual agreement to provide services to the MSHN region prior to October 1, 2017. PIHP: Prepaid Inpatient Health Plan

Provider Network: refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP's subcontractors.

Provisional Approval: Providers may receive *provisional approval* to provide HCBS services based upon the satisfactory completion of a provisional approval application and the review of applicable policies and procedures in place to comply with the HCBS rule. This approval status remains in place until the provider and the individual receiving services complete the HCBS survey as outlined in the MSHN Procedure.

Completion of the provisional approval process is required of *all new HCBS providers* effective 10.01.2017.

Random Sample: A computer generated selection of events by provider and encounter codes. The auditor then randomly picks the events to review from the list of events

Record Review: A method of audit includes administrative review of the consumer record.

Other Related Materials

MDHHS BHDDA New Home and Community Based Services Provider Requirements

New HCBS Non-Residential Provisional Provider Survey

New HCBS Residential Provisional Provider Survey

References/Legal Authority

Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program

MSA Bulletin 17-31 Compliance with Federal Home and Community Based Services (HCBS) Final Rule by
New Providers

Change Log:

Date of Change	Description of Change	Responsible Party
08.2018	New Procedure	Waiver Coordinator
02.2019	Annual Review	Waiver Coordinator
07.2020	Annual Review	HCBS Manager
09.2022	Biennial Review	HCBS Manager