

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 3	Review Cycle: Biennial Author: Chief Behavioral Health Officer & HCBS Manager	Adopted Date: 08.2018 Review Date: 11.12.2024	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 both new providers and providers outside of Mid-State Health Network’s (MSHN) region who do not have a current HCBS participant receiving Medicaid services in their setting. This ensures that providers are not institutional, restrictive, 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.

- A. The new provider or existing provider and new site must complete the Provisional Approval Application applicable to their respective setting (i.e., residential v. non-residential) (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.
 - 1. CMHSP shall inform MSHN that a contract with the new provider is being sought.
 - i. CMHSP shall indicate to MSHN if provisional approval is being requested for a specific consumer.
 - ii. The CMHSP shall submit a completed Provisional Approval Application to MSHN.
 - 2. MSHN will ensure the home meets Michigan Department of Health and Human Services (MDHHS)-governed HCBS rules and guidelines and determine if the setting has any secure or restrictive features. A MSHN or CMH representative must visit all settings in person and produce documentation of visit before provisional approval is granted. MSHN may accept and utilize the findings from provisional visits conducted by other PIHP regions to grant provisional status.
 - i. If the setting is determined to have secure or restrictive features, MSHN HCBS Administrator will schedule a meeting with MDHHS representative to review the case documentation. MDHHS determines whether the setting determined to be secure or restrictive is suitable for the specific participant.
 - a. As part of the provisional consultation, the CMH is required to supply MSHN with documentation supporting the participant’s need for restrictive or secure setting. This includes, but is not limited to, HCBS-compliant Individual Plan of Service (IPOS), Behavior Treatment Plan (BTP), court documents, policies and procedures of the setting, and evidence that a health and/or safety need necessitates a restriction, and what other interventions have been tried prior to the restriction identified (e.g., assessments, psychosocial, etc.).

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

1. 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
2. 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.
3. Urgent cases should be expedited starting with the CMH contacting MSHN as well as sharing the requested documents for review as noted below.
4. 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.
5. 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

BTP: Behavior Treatment Plan

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

PIHP: Pre-Paid 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
04.2024	Biennial Review	HCBS Administrator