

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Service Delivery System</b>		
<b>Title:</b>	<b>Children’s Home and Community-Based Services Waiver (CWP) Prior Review and Approval Request Procedure</b>		
<b>Policy:</b> <input type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 09/2020	<b>Related Policies:</b> Children’s Home and Community-Based Services Waiver (CWP) Policy
<b>Procedure:</b> <input checked="" type="checkbox"/>	<b>Author:</b> Waiver Coordinator	<b>Review Date:</b> 11.12.2024	
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### Procedure

Specific services as part of the Children’s Home and Community-Based Services Waiver (CWP) program require prior authorization. These services include:

1. Environmental Accessibility Adaptations (EAAs)
2. Fencing
3. Specialized Medical Equipment and Supplies

The Community Mental Health Service Program (CMHSP) must complete and submit an original Prior Review and Approval Request (PRAR) form and the following documentation for each prior authorization request:

1. Original current (within 365 days) prescription signed by a physician
2. Narrative justification of need completed by an appropriate professional
3. Documentation that the requested item, device, or modification is essential to the implementation of the child’s individual plan of services and is of direct medical or remedial benefit to the child.
4. A copy of the habilitation program (i.e., goals, objectives, and methodologies) as related to the request and identified in the individual plan of services (IPOS).
5. Written denial of funding from other sources, including private insurance, Medicaid, or Children’s Special Health Care Services (CSHCS) when applicable, charitable or community organizations, and housing grant programs. If the private insurance carrier requires prior authorization to determine coverage, a request for prior authorization must be submitted to the carrier before submitting the PRAR.
6. Three similar bids for requests costing equal to or more than \$1,000; only one bid is required for requests less than \$1,000. If fewer than three bids are obtained for requests costing equal to or more than \$1,000, documentation must describe what efforts were made to secure the bids, and why fewer than three bids were obtained.

The completed PRAR and supporting documentation must be submitted by the CMHSP to Mid-State Health Network (MSHN) for review. Decisions will be communicated to the CMHSP via secure email from MSHN.

### Applies to

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

**Definitions**

CMHSP: Community Mental Health Service Program

CSHCS: Children’s Special Health Care Services (CSHCS)

CWP: Children’s Home and Community-Based Services Waiver Program

EAA: Environmental Accessibility Adaptation (EAA)

IPOS: Individual Plan of Service

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

PIHP: Prepaid Inpatient Health Plan

PRAR: Prior Review and Approval Request

**Other Related Materials**

N/A

**References/Legal Authority**

MDHHS – PIHP Contract

MDHHS Medicaid Provider Manual: Section 14 – Children’s Home and Community-Based Services Waiver (CWP)

**Change Log:**

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
07.2020	New Procedure	Chief Behavioral Health Officer
09.2022	Biennial Review	Chief Behavioral Health Officer
06.2024	Biennial Review	Chief Behavioral Health Officer