Issue Date: <u>7/2020</u>



Review and/or Revision Date: _____

REGION 10 PIHP Page 1

SUBJECT Children's Waiver Program Pric	or Review and Ap	proval Request	CHAPTER 05	SECTION 03	SUBJECT 13
CHAPTER Clinical Practice Guidelines		SECTION Care Delivery	,		
WRITTEN BY	REVIEWED BY			AUTHORIZED B	SY
Leah Julian and Pattie Hayes				PIHP Board	

I. APPLICATIO	N:
---------------	----

PIHP Board	CMH Providers	SUD Providers
PIHP Staff	CMH Subcontractors	SUD Providers

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP to manage the approval of the Children's Waiver Program Prior Review and Approval (CWP PRAR).

III. DEFINITIONS:

<u>Children's Waiver Program (CWP):</u> The Children's Waiver Home and Community Based Waiver Program (CWP) provides services that are enhancements or additions to regular Medicaid coverage to children up to age 18 who are enrolled in the CWP.

<u>Prior Review and Approval Request (PRAR):</u> Services, equipment and Environmental Accessibility Adaptations (EAAs) that require prior authorization must be submitted to the PIHP for review.

IV. **STANDARDS**:

- A. The PIHP is responsible for the review of all Prior Review and Approval Request submissions as they pertain to the Children's Waiver Program.
- B. The CMHSP must complete and submit to the PIHP, a Prior Review and Approval Request (PRAR) form and supporting documentation.
- C. Each Prior Review Approval Request will be reviewed by the PIHP Clinical Review Team and will be approved or denied based on this review.
- D. Prior Review Approval Request submissions are required for the following services:
 - Environmental Accessibility Adaptations (HCPCS Code S5165)
 - Specialized Medical Equipment and Supplies, specifically:
 - Specialized Medical Equipment, Not Otherwise Specified, Waiver (HCPCS Code T2029)

Region 10 PIHP Page 2

SUBJECT		CHAPTER	SECTION	SUBJECT
Children's Waiver Program Prior Review and Ap	proval Request	05	03	13
CHAPTER	SECTION			
Clinical Practice Guidelines	Care Delivery			

- Repair or Non-Routine Service for Durable Medical Equipment Other than Oxygen Requiring the Skill of a Technician, Labor Component, Per 15 Minutes (HCPCS Code K0739)
- 3. Vehicle Modifications, Waiver; Per Service (HCPCS Code T2039)
- 4. Durable Medical Equipment, Miscellaneous (HCPCS Code E1399)
- Exception to the number of Community Living Support (CLS) hours authorized by Children's Waiver Decision Guide Table
- E. The securing of services following an approved PRAR shall adhere to the following timelines:
 - Items and services that include construction must be completed within 180 days of PRAR approval.
 - Items and services that include ordering and securing of items must be completed within 90 days of PRAR approval.
 - Exceptions for authorized CLS hours may be granted for a specified period not to exceed 180 days.

V. PROCEDURES:

CMH Staff shall:

- 1. Determine need for services that require prior authorization
- 2. Gather and submit all documentation necessary for PRAR submission to the PIHP. This may include any combination of the following:
 - a. Applicable PRAR Form
 - b. Clinical Justification of request authored by the appropriate professional
 - c. Prescription
 - d. Quotes
 - i. 1 quote if purchase is less than \$1000
 - ii. 3 quotes if purchase is greater than \$1000
 - e. IPOS and/or Amendment documenting the need for the modification or service that is being requested
 - f. Written denial from applicable funding sources such as Children's Special Health Care (CSHC), Medicaid or Private Insurance

The PIHP shall:

- 3. Receive PRAR requests and documentation from CMHSPs.
- 4. Review PRAR submissions with the Clinical Review Team.
- 5. Approve or Deny PRAR submissions submitted by CMHSPs.
- 6. Communicate and coordinate with CMHSPs during and after PRAR approval/denial process.
- 7. Send approved PRAR to the CMHSP.
- 8. Send denial letter and denied PRAR to CMHSP (If applicable).

Region 10 PIHP Page 3

SUBJECT		CHAPTER	SECTION	SUBJECT
Children's Waiver Program Prior Review and Approval Request		05	03	13
CHAPTER	SECTION			
Clinical Practice Guidelines	Care Delivery			

9. Maintain all approved and denied PRAR documents.

CMH Staff shall:

- 10. If the PRAR is approved, proceed with securing approved item(s).
- 11. If denied, send Adequate Negative Action Notice and Request for Hearing for Medicaid Enrollees or waiver Applicant to consumer.
- 12. Maintain copies of all documentation in case record.

VI. **EXHIBITS**:

None

VII. <u>REFERENCES</u>:

Medicaid Provider Manual Chapter 14: Children's Home and Community Based Services Waiver