

**REGION 10 PIHP**

<b>SUBJECT</b> Home & Community Based Services Provisional Approval Process		<b>CHAPTER</b> 05	<b>SECTION</b> 03	<b>SUBJECT</b> 14
<b>CHAPTER</b> Clinical Practice Guidelines		<b>SECTION</b> Care Delivery		
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**I. APPLICATION:**

- ☐ PIHP Board
 ☒ CMHSP Providers
 ☐ SUD Providers  
☒ PIHP Staff
 ☒ CMHSP Subcontractors

**II. POLICY STATEMENT:**

It shall be the policy of Region 10 PIHP to approve provisional status for new residential and non-residential settings that wish to provide services to Home and Community Based Services (HCBS) participants. Provisional approval allows the Pre-Paid Inpatient Health Plan (PIHP)/Community Mental Health Service Provider (CMHSP) to contract with new providers, while ensuring that providers are not institutional or isolating in nature. Effective October 1, 2017, any new HCBS provider and their provider network must first obtain HCBS Provisional Approval and be in immediate compliance with the federal HCBS Final Rule in order to render services to Medicaid beneficiaries. Thus, approval is required before the provision of services to an HCBS participant.

**III. DEFINITIONS:**

New Provider: A provider/setting is considered new when any one or more of the following are true:

- The PIHP /CMHSP do not have an existing contract with the provider.
- An existing provider has changed physical location.
- An existing provider has a new owner or owners.
- An existing provider will be providing a service that has not previously been received by an HCBS participant in Region 10 from that particular provider.

Provisional Approval: A process that allows new Providers or existing Providers with any of the above stated circumstances, to be contracted to provide HCBS Medicaid services through the satisfactory completion and submission of a provisional approval application to the PIHP By the responsible CMHSP.

**REGION 10 PIHP**

SUBJECT		CHAPTER	SECTION	SUBJECT
Home & Community Based Services Provisional Approval		05	03	14
CHAPTER		SECTION		
Clinical Practice Guidelines		Care Delivery		

**IV. STANDARDS:**

- A. The CMHSP designee must complete both a site visit and the HCBS New Provider Application on behalf of the new provider. This application must be completed, reviewed and approved by the PIHP prior to the provision of services to HCBS participants. This application is intended to provide detailed information on the setting and provide knowledge that the setting demonstrates compliance with the Federal HCBS Final Rule and meets all Michigan Departments of Health and Human Services (MDHHS) requirements.
- B. A provisional approval allows a new provider to provide services to HCBS participants for 90 days. The provider must participate in all ongoing physical site visits and comprehensive assessments in order to maintain the ability to provide HCB services. Failure to complete the HCBS comprehensive application ongoing process as requested by the PIHP will result in the suspension of the provider's ability to provide Medicaid funded HCB services.
- C. The PIHP should accept and utilize findings from provisional visits conducted by any of the other PIHPs, to grant provisional status to promote reciprocity.
- D. Urgent provisional approvals should be expedited starting with the CMHSP designee contacting PIHP HCBS lead(s) via phone as well as sharing the requested documents for review via email as noted below.
  - The CMHSP will provide the PIHP with information/documentation to assist in understanding the level of clinical need and related health and recommendations.
  - The PIHP will make urgent placements a top priority and respond to the CMHSP within 48 hours of paperwork being provided.

**V. PROCEDURES:**

1. It is the responsibility of the CMHSP to ensure that any new Provider has a completed Provisional Approval prior to executing a contract and before placement and Medicaid funded services begin.
2. Inform PIHP designated leads of a potential HCBS licensed setting placement, at least (5) business days before the scheduled placement.

**PIHP HCBS staff shall:**

3. Review the documentation provided for accuracy and confirm that new HCBS settings are not on the Heightened Scrutiny List.

**REGION 10 PIHP**

<b>SUBJECT</b>		<b>CHAPTER</b>	<b>SECTION</b>	<b>SUBJECT</b>
Home & Community Based Services Provisional Approval		05	03	14
<b>CHAPTER</b>		<b>SECTION</b>		
Clinical Practice Guidelines		Care Delivery		

CMHSP Staff shall:

4. Complete a Provisional Approval Application on behalf of the new provider.
5. Conduct a site review prior to submitting the Provisional Approval Application to the PIHP to ensure the new provider, program or setting does not have the qualities of an institution or have isolating factors.
6. Attest to the PIHP within the completed Provisional Approval Application that the setting is not institutional or isolating in nature and return the completed Provisional Approval Application to the PIHP at least five (5) business days prior to scheduled placement of participant.

PIHP Staff shall:

7. Review submitted Provisional Approval Application.
8. Inform CMHSP Staff of Provisional Approval Application decision.
9. If provisional approval is not granted, PIHP will inform CMHSP staff of steps that need to be taken to reach Provisional Approval Status.
10. If restrictions are in place due to health and safety needs, then consultation may be necessary with MDHHS for placement into a secure setting. Coordinate this process with the MDHHS HCBS Lead.
11. If a setting is found to have restrictive features, the PIHP will reach out to MDHHS to schedule a consultation .The following documents will be need to be supplied by the CMHSP as part of the documentation process: HCBS compliant Individual Plan of Service, Behavior Treatment Plan (BTP), court documents, policies and procedures of the setting, and evidence of a health of safety need that warrants the restriction and what interventions have been tried prior to the restriction identified.

CMHSP Staff shall:

12. Update Waiver Support Application (WSA) information for the HCBS participant, adding the Provider to their account and verifying correct contact information for the setting and Supports Coordinator.
13. Respond to PIHP with any necessary follow-up information as requested.

PIHP Staff shall:

14. Track all new providers, new sites and new programs.
15. Participate in ongoing assessments as guided by MDHHS.
16. Maintain all documentation related to provisional approval activities.

**REGION 10 PIHP**

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<b>CHAPTER</b>		<b>SECTION</b>		
Clinical Practice Guidelines		Care Delivery		

**VI. EXHIBITS:**

None.

**VII. REFERENCES:**

- A. MDHHS BHDDA New Home and Community Based Services Provider Requirements
- B. Medicaid Provider Manual
- C. MSA Bulletin 17-31 Compliance with Federal Home and Community Based Services (HCBS) Final Rule by New Providers
- D. Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration Home and Community Based Services Provisional Approval Process Updates, rev. January 2022
- E. Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration, Home and Community Based Setting (HCBS) Monitoring Requirements Technical Advisory, rev. March 2024