

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY

NUMBER: BA166

NAME: HOME AND COMMUNITY BASED SERVICES (HCBS) PROVISIONAL APPROVAL PROCESS

INITIAL APPROVAL DATE:	07/11/2022	BY: Administrative Committee
(LAST) REVISION DATE:		BY: Policy Committee
(LAST) REVIEW DATE:	07/27/2023	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

It shall be the policy of Sanilac CMH to communicate with 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 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.

II. APPLICATION

Populations: **ALL**
Programs: **Direct - ALL**
Contracted - ALL

III. POLICY

Sanilac County Community Mental Health Authority (Sanilac CMH) works in tandem with 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.

A. Procedures:

CMH Staff shall:

1. Inform PIHP of new HCBS provider and request Provisional Approval Application.

PIHP HCBS Staff shall:

2. Confirm that new HCBS setting is not on the Heightened Scrutiny List.
3. Send Provisional Approval Application to CMH Staff.

CMH Staff shall:

4. Send Provisional Approval Application to the new provider; the provider completes the application and returns the survey to CMH staff.
5. Conduct a site review prior to submitting the Provisional Application to ensure the new provider, program, or setting does not have the qualities of an institution or have isolating factors.
6. Attest to PIHP that setting is not institutional or isolating in nature and return the completed

Provisional Approval Application to the PIHP.

PIHP Staff shall:

7. Review submitted Provisional Approval Application.
8. Inform CMH Staff of Provisional Approval.
9. If provisional approval is not granted, PIHP will inform CMH staff of steps that need to be taken to reach Provisional Approval Status.

CMH Staff shall:

10. Respond to PIHP with any necessary follow-up information as requested.

PIHP Staff shall:

11. Track all new providers, new sites, and new programs.
12. Administer all follow-up surveys within 90 days of provisional approval.
13. Maintain all documentation related to provisional approval activities.

IV. **DEFINITIONS**

A. New Provider: A new provider is one who does not have a contractual agreement to provide services to Region 10 PIHP prior to October 1, 2017. Effective October 1, 2017, any new HCBS provider and their provider network must be in immediate compliance with the federal HCBS Final Rule in order to render services to Medicaid beneficiaries.

B. Provisional Approval: Providers may receive provisional approval to provide HCBS services based upon the satisfactory completion and submission of a provisional approval application to the PIHP.

V. **STANDARDS**

A. The purpose of the provisional approval survey is to ensure that the settings in which new providers wish to provide services to HCBS participants are not institutional or isolating in nature. Provisional approval allows PIHPs to contract with new providers who do not have a current HCBS participant receiving services in their setting.

B. The new provider must complete the provisional survey in order to provide HCBS services. This survey must be completed and reviewed and approved by the PIHP prior to the provision of HCBS services. This survey is intended to provide for initial and provisional approval to provide Medicaid Behavioral Health HCBS services.

C. A provisional approval allows a new provider to provide services to HCBS participants for 90 days. Providers and Individuals will receive the comprehensive HCBS survey within 90 days of an individual's IPOS. The provider must complete this survey in order to maintain the ability to provide HCBS services. Failure to complete the provisional approval process and the ongoing approval process will result in the suspension of the provider's ability to provide HCBS services.

VI. **ATTACHMENTS**

None

VII. **REFERENCES**

- MDHHS BHDDA New Home and Community Based Services Provider Requirements
- Medicaid Provider Manual
- MSA Bulletin 17-31 Compliance with Federal Home and Community Based Services (HCBS) Final Rule by New Providers

- Region 10 PIHP Home & Community Based Services Provisional Approval Process Chapter 5, Section 3, Subject 14