

The Right Door for Hope, Recovery and Wellness

Chapter Title Clinical		Chapter # C	Subject # 310.6
Subject Title Children's Waiver & Habilitation Supports Waiver Services	Adopted 7/21/10	Revised 7/4/16	Reviewed 2/21/14; 6/23/15; 7/4/16

PROCEDURE

Application

This procedure shall apply to the **Children's Waiver Services** of The Right Door for Hope, Recovery and Wellness.

1.0 Children's Waiver Locally Authorized Services

1.1 Medical Necessity

Children's Waiver Services shall utilize Medical Necessity Criteria as determined by the Michigan Department of Health and Human Services and the Mid-State Health Network affiliation as guidelines for determining access to services. The Michigan Medicaid Provider Manual, Mental Health section (commonly referred to as Medicaid Chapter III) and the Children's Waiver Program Technical Assistance Manual are to be utilized as a guideline to assist staff in identifying what services and supports are available to individuals receiving Children Waiver Services.

1.2 Utilization Management

Utilization Management is inherent in quality person-centered planning processes, which look at resources available to the individual other than CMH services before CMH provided services are utilized. Staff shall utilize resources in the following order: 1) what resources is the individual able to utilize, 2) what resources are available from the individual's family and friends, 3) what resources are available to the general community membership, 4) what resources are available from other public agencies, 5) what resources are available from CMH.

1.3 Authorization Procedure

1.3.1 Staff is to complete with each family receiving Children's Waiver Services a family centered plan of service identifying service needs. Should the plan identify needs that include specialized medical

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equipment or other specialty individualized items that are designated as paid via a CMH resource, the staff shall include the name of the item, the medical necessity/purpose, exploration of other resources (including denial letters as applicable), and the cost (including three quotes), and other requirements as identified below or within the Technical Assistance Manual, within the family centered plan. This plan is then submitted for authorization by the designated supervisor or designee.

1.3.2 Once the plan is authorized, staff complete an internal requisition form, with copies of the pertinent sections of the family centered plan (including the quotes) attached and submit the packet to their designated supervisor for authorization.

1.3.3 The supervisor submits the completed packet to the designated procurement staff, who will obtain written authorization from either the CEO or the CFO.

1.3.4 Upon written authorization from the CEO or the CFO, the procurement staff will purchase the designated items per established agency procedures.

1.4 Eligible Services

1.4.1 Services that are eligible to be authorized locally for the Children's Waiver Program shall be those as identified in the Medicaid Provider Manual.

1.4.2 Those items that may be authorized locally are not covered benefits through the Medicaid state plan and do not require a denial from Medicaid before being locally authorized. However, the CMHSP must first offer direct assistance to explore and secure all potentially available first and third party reimbursements.

1.4.3 For all other equipment, supply and Environmental Accessibility Adaptation requests (EAA), the CMHSP must follow the procedure

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prior authorization by the State, as indicated in the Medicaid Provider Manual.

1.4.4 The CMHSP is responsible for assuring that all documentation requirements have been met and documents are available for audit purposes.

1.4.5 The CMHSP must purchase items that have been locally authorized using a tax identification number. If a physician's prescription is required for a tax-exempt purchase, the prescription must be obtained and a copy maintained in the child's record for audit purposes.

1.5 Documentation of Denial by private insurances for all locally authorized coverage

1.5.1 The documentation of any first and third party responses must be maintained in the child's record for audit purposes. Documentation must be completed prior to billing Medicaid.

1.5.2 If the private insurance carrier requires prior authorization to determine coverage, a request for prior authorization must be submitted to the carrier to obtain funding or a denial of coverage for the item. If the private insurance carrier denies the request, a written denial of coverage must be maintained in the record.

1.5.3 If the private insurance carrier will not provide a written denial prior to purchase of the item, the bill should be submitted to the carrier once the item has been purchased. A copy of the Explanation of Benefits for the denial of the item must be maintained in the record.

1.6 Descriptions and Requirements of Eligible Services

Descriptions and requirements of eligible services are as found in the Medicaid Provider Manual.

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2.0 Children's Waiver Services and Support Requiring MDHHS Prior Authorization

2.1 Family-Centered Planning

All services and supports requiring prior authorization from MDHHS shall be included in the family centered planning process and identified as requiring prior authorization from MDHHS. Staff will follow requirements as identified within the Children's Waiver Technical Assistance Manual and as outlined below.

2.2 Prior Authorization Process

The following process is to be used for all prior authorization requests for equipment, supplies and environmental accessibility adaptations requiring State authorization, and shall be in accordance with the process in the Medicaid Provider Manual.

2.1 CMHSP staff completes the Prior Review and Approval Request (PRAR) form (Appendix 16-a of the Children's Waiver Technical Assistance Manual). This form must accompany every request for specialized equipment, supplies and environmental accessibility adaptations. 2.2 The RAR form must be signed and dated by both the case manager and financial representative.

2.3 The following documentation is submitted for each prior authorization request (and documentation maintained in the child's record for audit purposes):

- Original current (within 365 days) prescription signed by a physician.
- Narrative justification of need by an appropriate professional.
- 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.
- A copy of the habilitation (i.e., goals, objectives and methodologies) as related to the request and identified in the individual plan of services.

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- Written denial of funding from other sources, including private insurance, Medicaid 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 to MDCH.
- For items and services costing more than \$1,000.00, three similar bids must be submitted. If less than three bids have been obtained for items and services costing equal to or more than \$1,000.00, you must submit documentation to show what efforts were made to secure the bids and explain why less than three were obtained.
- For items and services costing less than \$1,000.00, only one bid is required.

2.3.1 The completed PRAR packet (PRAR form and all supporting documentation) is submitted to MDHHS Children's Waiver Program.

2.3.2 The case manager should inform the family of the anticipated time lines necessary to gather supporting documentation and process requests, particularly for complicated or highly technical requests. When requesting equipment, include brand name, model number, size and acquisition cost.

2.3.3 The case manager may send a copy of catalog pages if appropriate. When requesting supplies, the case manager must submit evidence that the supply item is not a covered benefit or that the quantity exceeds coverages by all other funding sources, that an exception request with supporting documentation was submitted and denied by all other funding sources, and what alternatives had been considered or tried and the outcome of those trials with alternative supplies.

2.3.4 The narrative justification of need should attempt to answer all of the following questions:

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- What specific need identified in the IPOS will be addressed by this item?
- What are the expected functional outcomes for the child as a result of this item or modification?
- What else has been tried in the past three years to address the need and what were the results?
- Are there other cost effective alternatives to meet the need?
- Why was the particular item or modification selected over all other alternatives?
- For EAA requests, have you included a diagram of the current room/home layout and the proposed changes?
- Any approved equipment, supply, or EAA must be completed or delivered before the child's 18th birthday (or the 26th birthday for those who were eligible in October 1996 to remain in the CWP program) when they are no longer eligible for CWP services. Eligibility is determined on the date of service, not the date of the prior approval.

3.0 Habilitation Supports Waiver (HSW):

3.1 Environmental Modifications and/or Enhanced Medical Equipment and Supplies Authorization procedure:

3.1.1 The Habilitation Supports Waiver can provide Environmental Modifications if medically necessary and authorized in the individual plan of service. Staff is to complete with each person receiving Habilitation Supports Waiver a person centered plan of service identifying service needs.

3.1.2 Once the plan is authorized, staff complete an internal requisition form, with copies of the pertinent sections of the family centered plan (including the quotes) attached and submit the packet to their designated supervisor for authorization.

3.1.3 The supervisor submits the completed packet to the designated procurement staff, who will obtain written authorization from either the

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CEO or CFO.

3.1.4 Upon written authorization from the CEO or the CFO, the procurement staff will purchase the designated items per established agency procedures.

3.2 Mid-State Health Network (MSHN) PIHP has delegated this function to The Right Door for Hope, Recovery and Wellness. The CFO or designee may consult MSHN prior to authorization of approval of Environmental Modifications for consultation, if necessary.

3.3 Eligible Services

3.3.1 The Right Door for Hope, Recovery and Wellness will first offer direct assistance to explore and secure all potentially available first and third party reimbursements.

3.3.2 The Right Door for Hope, Recovery and Wellness is responsible for assuring that all documentation requirements have been met and documents are available as described in the Medicaid Provider Manual.

Robert S. Lathers, Chief Executive Officer	Date		