

NORTHCARE NETWORK

PROCEDURE TITLE: HCBS Provisional Approval Procedure	CATEGORY: Utilization Management
EFFECTIVE DATE: 2/26/20	
REVIEWED DATE: N/A	REVISION(S) TO PROCEDURE: <input type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBLE PARTY: PIHP HCBS Lead	CEO APPROVAL DATE: 2/26/20 Dr. Tim Kangas, CEO

APPLIES TO:

NorthCare Network Personnel
Network Providers

PURPOSE:

Northcare Network adopts Michigan Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration's *New Home and Community Based Services Provider Requirements* as of October 1, 2017. It is Northcare's policy to ensure that new settings in which new providers wish to provide services to HCBS participants are not institutional or isolating in nature. Provisional approval allows Northcare's network providers to contract with new providers who do not have a current HCBS participant receiving services in their setting from the region. Therefore, provisional approval is required for any new HCBS provider before the provision of services to an HCBS participant.

PROCEDURES:

- A. Providers may receive provisional approval to provide HCBS services based upon the satisfactory completion of a new provider survey. The approval status remains in place until the provider and the individual receiving services complete the HCBS survey as outlined in this policy.
- B. Completion of the provisional approval process is required of all new HCBS providers effective October 1, 2017.
- C. The new provider must complete the provisional survey in order to begin providing HCBS services. Once this survey is completed and reviewed by the CMSHP, it then must be approved by NorthCare prior to the provision of any HCBS services. This survey is intended to provide *initial and provisional* approval to provide Medicaid Behavioral Health HCBS services.
- D. Provisional approval allows a new provider to provide services to HCBS participants for 90 days. Providers and individuals receiving the services will receive the comprehensive HCBS survey within 90 days of their provisional approval.
- E. The provider must complete this survey in order to maintain the ability to provide HCBS services.
- F. The comprehensive survey must be completed by the following:
 - a. The individual receiving HCBS services and,
 - b. A staff member of the provider who has direct knowledge of the individual's day to day support and/or the operational and administrative activities of the providing agency. It is the provider's responsibility to

ensure the survey is completed by the appropriate individual within the agency with this working knowledge of the individual they are serving.

- G. MDHHS is responsible for disseminating the comprehensive surveys and determining a final compliant status with the HCBS final rule following the 90-day provisional approval.
- H. 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.
- I. If an existing provider, who has been in a contractual agreement to provide services in our region prior to October 1, 2017, begins to provide a new service they are not required to obtain provisional approval.
- J. Providers are required to complete a provisional survey for the first HCBS participant only.

The CMHSP Is responsible for the following:

- Ensuring that any new providers complete the provisional approve survey prior to serving HCBS participants.

The PIHP is responsible for the following:

- Tracking initial approval surveys and coordinate with MDHHS that comprehensive surveys are sent out within 90 days of participants first IPOS in the new setting.
- When the comprehensive surveys are completed the PIHP lead will conduct any required follow up to ensure all standards are met as required by the final rule.
- The PIHP must maintain documentation that the survey was completed; that the provider does not require heightened scrutiny and will coordinate with MDHHS to ensure the HCBS provider survey (comprehensive survey) is completed within 90 days of the first full IPOS of the participant.

REFERENCES:

- MDHHS BHDDA New Home and Community Based Services Provider Requirements
- HCBS Non – Residential Provisional Provider Survey
- HCBS Residential Provisional Provider Survey