



Policy 5.14

POLICY TITLE:	Prior Review Authorization Request - Child Waiver	POLICY #5.14	REVIEW DATES	
Topic Area:	UTILIZATION MANAGEMENT	Page 1 of 3		
Applies to:	LRE, Member CMHSPs, Network Providers	ISSUED BY: Chief Executive Officer APPROVED BY: Board of Directors		
Developed and Maintained by:	LRE Waiver Coordinator			
Supersedes:	N/A			
		Effective Date:	Revised Date:	

I. POLICY

The Children's Home and Community Based Services 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. As part of the Children's Home and Community Based Waiver Program (CWP) program, certain services require prior authorization. It is the policy of the Lakeshore Regional Entity (LRE) to ensure that these services are authorized in accordance with the MDHHS/PIHP Contract and the Michigan Medicaid Provider Manual.

II. PURPOSE

To ensure that Prior Review Authorization Request (Child Waiver) for Environmental Accessibility Adaptions (EAA's), Fencing, and Specialized Medical Equipment and Supplies are submitted and processed in a standard and timely manner in accordance with contractual requirements.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to LRE Operations and Member CMHSPs

IV. MONITORING AND REVIEW

This policy will be reviewed and updated as needed by the Lakeshore Regional Entity Executive Operations Team

V. DEFINITIONS

Children's Home and Waiver Program (CWP): The Children's Waiver Program provides services that are enhancements or additions to regular Medicaid coverage to children up to age 18 who are enrolled in the program who, if not for the availability and provisions of the Waiver, would otherwise require the level of care and services provided in an Intermediate Care Facility for the Mentally Retarded. Payment from MDHHS is on a fee for service basis.

Environmental Modifications: Physical changes to a person's home, car, or work environment that are of direct medical or remedial benefit to the person. Modifications ensure access, protect health and safety, or enable greater independence for a person with physical disabilities. Note that all other sources of funding must be explored prior to using Medicaid funds for environmental modifications.

MDHHS: Michigan Department of Health and Human Services

PIHP: Prepaid Inpatient Health Plan

VI. PROCEDURE

- A. Lakeshore Regional Entity (LRE) Member CMHSP must complete and submit an original Prior Review and Approval Request (PRAR) along with the following documentation for each request to the LRE Waiver Coordinator. The request must include the following documentation:
 1. Original current (within 365 days) prescription signed by a physician
 2. Narrative justification of need completed by an appropriate professional working within the scope of his/her practice.
 3. 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.
 4. A copy of the habilitation program (i.e., goals, objectives, and methodologies) as related to the request and identified in the individual plan of services (IPOS).
 5. Written denial of funding from other sources, including private insurance, or Children's Special Health Care Services (CSHCS) 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.
 6. Three similar bids for requests costing equal to or more than \$1,000; only one bid is required for requests less than \$1,000. If fewer than three bids are obtained for requests costing equal to or more than \$1,000, documentation must describe what efforts were made to secure the bids, and why fewer than three bids were obtained.
 7. The completed PRAR and supporting documentation must be submitted by the CMHSP to Lakeshore Regional Entity Waiver Staff for review.
 8. LRE Waiver Staff will review documentation for completeness. Incomplete documentation will be returned to the CMHSP.
 9. Upon review and acceptance for completeness by LRE Waiver Staff, PRAR packets will be submitted for review by the LRE Clinical Review Team.

B. LRE Clinical Review Team

1. The LRE Clinical Review Team will meet monthly to review all complete CWP PRAR Requests.
 - a. Upon acceptance by the LRE Waiver Staff, the PRAR packet will be submitted to the Clinical Review Team. All requests must be submitted for review no less than 14 calendar days prior to the regular monthly meeting.
 - b. Packets received after the 14-day period will be reviewed at the next month's regularly scheduled meeting of the Clinical Review Team.
 - c. Exceptions to the 14-day requirement and/or expedited requests will be considered on a case-by-case basis.
2. LRE will provide a decision in writing to the recipient and CMHSP within 45 days of receipt of a complete PRAR packet.

VII. REFERENCES AND SUPPORTING DOCUMENTS

- MDHHS/PIHP Contract
- Michigan Medicaid Provider Manual –SECTION 14 – CHILDREN'S HOME AND COMMUNITY-BASED SERVICES WAIVER (CWP)
- CWP Prior Review and Approval Request (PRAR) Form
- PRAR Clinical Review Form

VIII. RELATED POLICIES AND PROCEDURES