

TITLE: 13.1d HABILITATION SUPPORTS WAIVER (HSW) PRIOR REVIEW AND APPROVAL REQUEST	EFFECTIVE DATE	REVISED DATE
	2/1/2023	8/1/2025
ATTACHMENT TO POLICY #: 13.1 POLICY TITLE: HABILITATION SUPPORTS WAIVER ADMINISTRATION CHAPTER: SERVICE DELIVERY	REVIEW DATES	
	8/1/25	

I. PURPOSE

To establish a process for prior review and approval request for Environmental Modifications and Enhanced Medical Equipment and Supplies for individuals on the Habilitation Supports Waiver (HSW).

II. PROCEDURES

- A. Lakeshore Regional Entity (LRE) requires prior authorization for certain services as part of the HSW program requirements. These services include:
 1. Environmental Modifications
 2. Enhanced Medical Equipment and Supplies with a cost that exceeds \$1,000 (one thousand dollars) is subject to prior authorization.
- B. The CMHSP must complete and submit an original HSW Prior Review and Approval Request (PRAR) form and the following documentation for each prior authorization request:
 1. Original current (within 365 days) prescription signed by a physician as required by the Michigan Medicaid Provider Manual.
 2. Narrative justification of need completed by an appropriate professional.
 3. Documentation that the requested item, device, or modification is essential to the implementation of the individual's plan of services and is of direct medical or remedial benefit to the beneficiary.
 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, Medicaid, 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. For environmental modifications there should be three similar bids for the requests. If fewer than three bids are obtained for requests, documentation must describe what efforts were made to secure the bids, and why fewer than three bids were obtained.

C. LRE Clinical Review Team

The completed PRAR and supporting documentation must be submitted by the CMHSP to Lakeshore Regional Entity (LRE) for review.

1. The LRE Clinical Review Team will meet monthly to review all complete HSW 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 written response to the CMHSP. The CMHSP will share the written response with the recipient within 45 days of receipt of a complete PRAR packet.

III. APPLICABILITY AND RESPONSIBILITY

This procedure applies to LRE Staff, member CMHSPs, and the LRE Provider Network.

IV. MONITORING AND REVIEW

This procedure will be reviewed by the LRE CEO or Designee on an annual basis.

V. DEFINITIONS

None

VI. RELATED POLICIES AND PROCEDURES

- A. LRE Policy 13.1 HSW Administration

VII. REFERENCES/LEGAL AUTHORITY

- A. Michigan Medicaid Provider Manual (Section 15.1 Waiver Supports and Services)

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
2/2023	NEW Procedure	LRE CEO or Designee
8/1/25	Minor language revisions	Clinical Manager, HSW Coordinator