

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**ADMINISTRATIVE PROCEDURE**

Date Issued 3/24

Page 1

<b>CHAPTER</b> Administrative	<b>CHAPTER</b> 01	<b>SECTION</b> 003	<b>SUBJECT</b> 0045
<b>SECTION</b> Provider Management	<b>SUBJECT</b> MDHHS Provider Registry Process		
<b>WRITTEN BY</b> John Sharkey	<b>REVISED BY</b> Abbey Brown	<b>AUTHORIZED BY</b> Tracey Pingitore	

I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall assist in maintaining the Michigan Department of Health and Human Services (MDHHS) Provider Registry and Program Approval process in compliance with the Medicaid Provider Manual and MDHHS/ Prepaid Inpatient Health Plan (PIHP) Medicaid Contract.

III. DEFINITIONS:

- A. Medicaid Provider Manual: The policy manual administered by the Medical Services Administration (MSA) within MDHHS.
- B. Program Approval: For purposes of this administrative procedures, means the process where certain programs and sites must be approved by MDHHS prior to service provision in order to be reported as a Medicaid cost. The Community Mental Health Service Programs (CMHSP) must request specific approval by PIHP and MDHHS prior to service delivery.
- C. Provider Registry: For purposes of this administrative procedures, means the process by which the CMHSP must register with MDHHS any state plan, HSW, and additional/1915(i) SPA service they provide directly or through one of their contracted providers, or an affiliate as applicable, as specified in the MDHHS/PIHP contract.

IV. STANDARDS:

CMHSP will comply with State Provider Registry and Program Approval processes as indicated here and in Section 1.4 of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the Medicaid Provider Manual.

- A. Provider Program Registry

1. Pursuant to Section 1.4 of the revised Medicaid Provider Manual: Behavioral Health and Intellectual and Developmental Disability Supports and Services, the PIHP shall register with MDHHS any Medicaid (state plan, HSW, and additional/1915(i) SPA) service it provides directly or through their contracted providers, or an affiliate, as defined in the MDHHS/PIHP Medicaid Contract.
2. CMHSP should submit service changes prior to the program modification whenever possible. If not feasible, all changes must be submitted into the PIHP no later than seven (7) days from date of change.
3. The CMHSP shall be at financial risk for delivering services from or through any non-approved MDHHS/PIHP enrolled program.
4. Children's Waiver providers must be registered by the CMHSP.
5. Children's Waiver services remain the responsibility of CMHSPs. CMHSPs must request for approvals and changes to MDHHS, Division of Mental Health Services to Children and Families.

**B. Programs Requiring Special MDHHS Approval**

1. Pursuant to Section 1.5 of the revised Medicaid Provider Manual: Behavioral Health and Intellectual and Developmental Disability Supports and Services, the PIHP must obtain MDHHS approval prior to service delivery. Programs must be approved by MDHHS prior to service provision in order to be reported as a Medicaid cost. Programs previously approved by MDHHS and delivered by CMHSP that are now affiliates do not need to be approved again. Programs requiring specific approval are:
  - a. Assertive Community Treatment Programs
  - b. Clubhouse / Psychosocial Rehabilitation Programs
  - c. Crisis Residential Programs
  - d. Drop-in Programs
  - e. Home-Based Services
  - f. Intensive Crisis Stabilization for Adults and Children
  - g. Wraparound and Children's Therapeutic Foster Care
2. CMHSP must notify the PIHP of its desire to initiate a new program or site, prior to service delivery, by submitting an Additional CMH Location P&C form. CMHSPs shall notify the PIHP of changes in providers of these programs or sites, including change of address, scope, or discontinuation.
3. The PIHP shall review all new program requests and all program change requests, and shall notify MDHHS within seven (7) days of changes in providers of programs or sites requiring Special Approval, including change of address or discontinuation.

4. If feasible, the PIHP will attempt to acquire a “provisional” approval from MDHHS, should the Department not be able to provide an immediate review of program approval.
5. The CMHSP shall be at financial-risk for delivering services from or through any non-approved MDHHS/PIHP program.

V. PROCEDURES:

**CMHSP**

**All CMHSP Staff**

Changes to existing programs should be submitted to the CMHSP Data Management Department for update to the MDHHS Database.

VI. REFERENCES:

- A. Michigan Department of Health and Human Services- Medicaid Provider Manual Behavioral Health and Intellectual and Development Disability Support Services (Section 1)
- B. Region 10 PIHP Policy 01-06-02- PIHP Network of Service Providers

VII. EXHIBITS:

None.

VIII. FORMS:

None Available

IX. REVISION HISTORY:

Dates issued 08/05, 05/08, 01/12, 05/14, 11/15, 11/16, 11/17, 03/19, 03/20, 12/21, 01/22, 1/23.