

NMRE Waiver PRIOR REVIEW AND APPROVAL REQUEST (PRAR)

Date: _____ **CMHSP:** _____

WSA# _____ **Initials:** _____ **Staff Name:** _____

Staff Email: _____

Items/Services Requested (code included in IOPS):

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| |
|--|

| CMHSP Request | Yes | No | NA |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is the requested item/service as specified in the IPOS essential to prevent the beneficiary from being place out of their community (IPOS uploaded for review)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the requested item/service essential to the success of the Plan including achieving outcomes (documented in IPOS)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there sufficient documentation that the requested items/services will achieve the requisite outcome? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hava the items/services been prescribed by a physician within the past 365 days? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is this the most cost-effective method to meet the needs of the beneficiary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the requested item/service the most reasonable alternative (3 bids), based on the results of a review of all options? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was TPL/MC denial obtained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| PIHP Score | Yes | No | NA |
|---|--------------------------|--------------------------|--------------------------|
| 8. Is the requested item/service as specified in the IPOS essential to prevent the beneficiary from being place out of their community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the requested item/service essential to the success of the plan including achieving outcomes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is there sufficient documentation that the requested items/services will achieve the requisite outcome? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have the items/services been prescribed by a physician within the past 365 days? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is this the most cost-effective method to meet the needs of the beneficiary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the requested item/service the most reasonable alternative, based on the results of a review of all options? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are all necessary elements of the request present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PIHP Notes:

Recommendations:

Approved

Approved Pending Changes (Describe) _____

Denied

PIHP Signature: _____

Date: _____