



# MACOMB COUNTY

## COMMUNITY MENTAL HEALTH

Subject: <b>Utilization Management</b>	Procedure: <b>Specialized Residential Service Request</b>	
Last Updated: <b>01/10/2022</b>	Owner: <b>Managed Care Operations (MCO)</b>	Pages: <b>2</b>

### I. PURPOSE:

To provide procedural and operational guidance to direct and contract providers on requesting specialized residential services.

### II. DEFINITIONS:

None.

### III. PROCEDURE:

- A. When a person served notifies their primary provider of a desire or need for specialized residential services (SRS), their primary provider shall:
  - 1. Identify if this is a treatment need for the person;
  - 2. Process the change with the person; and
  - 3. Assist the person in deciding if the higher level of care is medically necessary.
- B. The primary provider completes the documentation in the person's record to support the request. This includes, but is not limited to,
  - 1. Adding the service to the PCP;
  - 2. Completing an updated LOCUS, when applicable;
  - 3. Updating the person's Annual Assessment to document the medical necessity of the requested level of care; and
  - 4. Completing the Residential Assessment Form.

\*Please refer to the Procedure on the Documentation Required for a Request for SRS for additional detail.
- C. The primary provider notifies Managed Care Operations (MCO) of the request by emailing [MCO.SRS@mccmh.net](mailto:MCO.SRS@mccmh.net).

- D. MCO staff review the request and if additional documentation is needed communicate with the primary provider.
- E. When MCO staff have received a completed request, they have 14 days to process the request.
- F. MCO staff make a level of care (LOC) determination.
- G. When SRS placement is approved:
  - 1. The determination is communicated to the primary provider;
  - 2. MCO provides the primary provider a referral to a residential provider;
  - 3. The primary provider coordinates the referral and assists the person served in being linked to the residential provider;
  - 4. The primary provider continues to provide clinical services throughout the process and typically after placement; and
  - 5. Admissions/authorizations are completed in the FOCUS EMR by the primary provider.
- H. When SRS placement is denied:
  - 1. The determination is communicated to the primary provider; and
  - 2. Notice of Adverse Benefit Determination is sent by MCO to the person served/guardian.

**IV. REFERENCES:**

None.

**V. RELATED POLICIES**

None.

**VI. EXHIBITS:**

None.

**Annual Review Attestation / Revision History:**

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	01/10/2022	Implementation of Procedure.	MCCMH MCO Division