



# MACOMB COUNTY

## COMMUNITY MENTAL HEALTH

Subject: <b>Utilization Management</b>	Procedure: <b>Campership Referrals and Authorizations</b>	
Last Updated: <b>7/16/2024</b>	Owner: <b>Managed Care Operations</b>	Pages: <b>3</b>

### I. PURPOSE

To define and describe operational guidelines for direct and contract providers requesting authorization for a Campership.

### II. DEFINITIONS

#### Campership:

A Campership is a service that is available to individuals that are eligible for Respite Care Services per the Medicaid Provider Manual guidelines. Individuals must live with an unpaid primary caregiver. Individuals residing in licensed group homes or supported living arrangements are not eligible for this service.

#### Respite Care Services:

Services provided on a short-term, intermittent basis to relieve the person's served family or other primary caregiver(s) from the daily stress and care demands during times when they are providing unpaid care. Respite is not intended to be provided on a continuous, long-term basis where it is part of the daily services that would enable an unpaid caregiver to work full-time.

### III. PROCEDURE

- A. Camperships may only be requested for licensed camps, as documented on the following MDHHS website:

<https://campsearch.apps.lara.state.mi.us/>

- B. The maximum allocation for eligible individuals is \$750 per session for one session per fiscal year.
- C. For SED Waiver individuals only: The maximum allocation is \$1400 per session for up to three sessions per fiscal year.
- D. The primary clinical provider will discuss campership as a part of the person-centered planning process. The case manager will assist the individual and their family in identifying appropriately licensed camps when needed. The case manager will confirm that the chosen camp is licensed prior to moving forward with the process.

- E. The primary clinical provider will ensure that Campership is an identified service in the individual's person-centered treatment plan. The following information must be included in the treatment plan:
1. Campership is to be identified in the plan as a Respite Care Service.
  2. The name of the camp. Specify if it is a day or an overnight camp.
  3. The dates of attendance.
  4. The appropriate service code:
    - a. H0045: Applicable to most individuals for day and overnight camps.
    - b. T2036: For SED Waiver individuals only for day and overnight camps.
- F. The camp must have an executed contract with MCCMH. The primary clinical provider can verify if a camp already has an executed contract by checking in the FOCUS EMR. If there is an active Provider ID (PID) number in the FOCUS EMR, then there is a current contract in place.
- G. If the identified camp needs to have a contract developed, then the case manager must submit the following documentation to the MCCMH Network Operations Department via email at: [NetworkOperations@mccmh.net](mailto:NetworkOperations@mccmh.net) at least 60 days prior to the date an individual will attend the camp:
1. The name and address of the camp.
  2. A phone number and email address for the primary contact person.
- H. The primary clinical provider submits the prior authorization request to Managed Care Operations (MCO) in the FOCUS EMR. MCO has fourteen (14) calendar days to make a medical necessity determination on these requests.
1. When it is determined that the individual meets the medical necessity criteria for the authorization of campership, the authorization is approved in the FOCUS EMR and an electronic notification is sent to the primary clinical provider.
  2. When it is determined that the individual does not meet the medical necessity criteria for the authorization of campership, the authorization is denied in the FOCUS EMR, and an electronic notification is sent to the primary clinical provider. MCO sends a Notice of Adverse Benefit Determination to the individual and/or their legal guardian.
- I. The case manager will submit a detailed invoice to the MCCMH Finance Department that includes the following information:
1. The name of the person served
  2. The name and address of the camp
  3. Dates of service
  4. Cost of the stay

**IV. REFERENCES**

None

**V. RELATED POLICIES**

- A. MCCMH MCO Policy 2-001, “Person-Centered Planning Practice Guideline”
- B. MCCMH MCO Policy 2-013, “Access, Eligibility, Admission, Discharge”
- C. MCCMH MCO Policy 12-004, “Service Authorizations”

**VI. EXHIBITS**

None

**Annual Review Attestation / Revision History:**

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	4/4/2024	Implementation of Procedure	MCCMH MCO Division
2	7/16/2024	Revision of Procedure	MCCMH MCO Division