



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Utilization Management	Procedure: Ongoing Authorization Requests for Specialized Residential Services	
Last Updated: 1/2/2025	Owner: Managed Care Operations	Pages: 4

I. PURPOSE

To provide procedural and operational guidance to directly operated and contract providers on the documentation requirements for requesting ongoing authorization for Specialized Residential Services.

II. DEFINITIONS:

A. Community Living Supports (CLS):

Medicaid funded supports and services used to increase or maintain personal self-sufficiency, facilitating a person’s achievement of their goals of community inclusion and participation, independence, or productivity. CLS provides training and/or teaching to the person served by assisting, prompting, guiding, and/or training with activities such as money management, meal preparation, routine household care, activities of daily living, shopping, and community inclusion.

B. Home and Community-Based Services (HCBS) Waiver:

Medicaid funded services that enable persons served to receive long-term care services and supports in the community rather than an institutional setting. The goal of HCBS is to ensure that the services provided give persons served the opportunity for independence in making life decisions, to fully participate in the community, and to ensure that their rights are respected.

C. Medical Necessity:

Determination that a specific service is medically (clinically) appropriate; necessary to meet needs; consistent with the person’s diagnosis, symptomatology, and functional impairments; is the most cost-effective option in the least restrictive environment; and is consistent with clinical standards of care. The medical necessity of a service shall be documented in the individual plan of service (IPOS).

D. Personal Care in Licensed Specialized Residential Settings:

Services provided in accordance with the individual plan of service (IPOS) to assist an individual in performing their own personal daily activities. Personal care services may be provided only in a licensed adult foster care setting with a specialized residential certification by the State of Michigan. Personal care services include assisting the

person served with activities such as assistance with eating/feeding, toileting, bathing, grooming, dressing, transferring, ambulation, and assistance with administering medications.

E. SMART Goals:

SMART Goals are specific, measurable, achievable, realistic, and time bound. The elements in this framework work together to create a goal that is carefully and thoughtfully planned out, executable, and trackable.

III. PROCEDURE

A. Specialized Residential Services (SRS) are provided within licensed Adult Foster Care (AFC) homes in the community pursuant to the HCBS Waiver mandates. SRS are provided to persons served who require intensive services and supports to maintain their placement in an AFC home with the goal of averting more restrictive services or settings such as hospitalization or institution. SRS includes Personal Care in Licensed Specialized Residential Settings and Community Living Supports.

1. The person served must have active Medicaid entitlements.
2. The person served must meet eligibility standards for MCCMH services as a person with a Severe Mental Illness or a person with an Intellectual/Developmental Disability.
3. Through the person-centered planning process, it has been deemed medically necessary for the person served to receive intensive services and supports within a licensed AFC home beyond the level of services already required to be provided in that setting per State licensure.

B. When ongoing authorizations are needed for a person served that is currently authorized for SRS, the primary case holder must ensure that the appropriate documentation is updated and completed in the person's medical record to support the request. This includes, but is not limited to,

1. An updated LOCUS, as applicable;
2. An annual biopsychosocial assessment to reflect the person's current strengths, needs, supports, and functioning;
3. A current treatment plan that includes the following:
 - a. SMART goals and objectives for SRS that specify what tasks will be addressed by the residential provider staff. Listed tasks must align with the Medicaid Provider Manual.
4. Psychological testing evaluation(s), if completed;

5. The most recent psychiatric evaluation and two most recent medication reviews, if not already in the medical record; and
 6. Any applicable physical health evaluations and assessments that document the individual's support needs.
- C. Up to sixty (60) calendar days, and no less than fourteen (14) calendar days, prior to the effective date of the authorization request, the primary case holder submits an authorization request to Managed Care Operations (MCO) in the FOCUS Electronic Medical Record (EMR) for the service codes T1020 and H2016. Please note: the primary case holder does not add any modifiers to this request.
 - D. MCO staff review the request and communicate with the primary case holder when additional documentation is needed.
 - E. MCO staff have fourteen (14) calendar days to make a level of care determination once they receive a complete request.
 1. When it is determined that the person served meets the medical necessity criteria for the request, the appropriate modifiers are added to the service codes, 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 person does not meet the medical necessity criteria for the authorization of SRS the authorization request 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 person served and/or their legal guardian.

REFERENCES

None

IV. RELATED POLICIES

- A. MCCMH MCO Policy 2-013, "Access, Eligibility, Admission, Discharge"
- B. MCCMH MCO Policy 12-004, "Service Authorizations"
- C. MCCMH MCO Policy 2-004 "Residential Services Policy"

V. EXHIBITS

None

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	11/8/2024	Creation of Procedure	MCCMH MCO Division
2	1/2/2025	Implementation of Procedure	MCCMH MCO Division