

Chapter: UTILIZATION MANAGEMENT  
Title: SPECIALIZED RESIDENTIAL SERVICES

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Chief Executive Officer Date

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County Executive Office Date

## I. ABSTRACT

This policy establishes the standards of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, for Specialized Residential Services (SRS).

## II. APPLICATION

This policy shall apply to all directly operated and contract network providers of MCCMH.

## III. POLICY

It is the policy of MCCMH, as an official agency of the County of Macomb, to provide clarity and definition to the scope of Specialized Residential Services (SRS) covered and provided by MCCMH and its network and to ensure that individuals are being served at the most appropriate level and intensity of services.

## IV. 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 persons 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, functional impairments, consistent with clinical standards of care, and is the most cost-effective option in the least restrictive environment. The medical necessity of a service shall be documented appropriately in a person's served 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 a person in performing their own personal daily activities. Personal care services may only be provided 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 eating/feeding, toileting, bathing, grooming, dressing, transferring, ambulation, and assistance with administering medications.

**V. STANDARDS**

A. Specialized Residential Services (SRS) shall be provided within licensed Adult Foster Care (AFC) homes in the community pursuant to the HCBS Waiver mandates.

B. 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 institutionalization.

C. SRS includes personal care in licensed specialized residential settings and community living supports (CLS).

D. To be eligible for SRS, a person served must:

1. Have active Medicaid entitlements;
2. Meet eligibility standards for MCCMH services as a person with a Severe Mental Illness or a person with an Intellectual/Developmental Disability; and
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.

E. Primary Case Holder Expectations

1. The primary case holder is expected to ensure that a person served receives services in the least restrictive setting that is appropriate and available.
2. The primary case holder is expected to regularly assess each person's level of functioning to determine the appropriate level of care and intensity of services. Movement toward less intensive levels of care must be discussed with persons served on a regular and on-going basis.
3. Annual assessments shall evaluate and address the strengths of each person served and their ability to move to a less intensive level of care. An assessment must identify the projected timeframe for movement to a less intensive level of care and the skills to be developed within that timeframe.
4. The Individual Plan of Service (IPOS) must include SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) goals based on assessments that are individualized, strength-based, trauma-informed, and address the skills development necessary for movement to a more independent setting. Goals and objectives must specify what tasks will be addressed by the residential provider staff. The goals and interventions must align with the Medicaid Provider Manual.
5. Subsequent service reviews shall specifically address these areas and identify continuation, modification, or completion of the goal(s). When a person served is not meeting goals as identified, the goals must be reviewed and modified based on the person's strengths, abilities, interests, and desires.
6. The primary case holder's progress notes shall address and report on progress made on each of IPOS' identified goals.
7. The primary case holder shall encourage and assist the person served to develop a crisis plan to effectively recognize, manage, and prevent a mental health crisis. All staff working with the person served should be aware of triggers that may cause a crisis, warning signs, strategies to help de-escalate a crisis, and resources available to assist in the time of crisis. Crisis plans must be individualized and address possible crisis interventions prior to seeking inpatient admission. Though hospitalization may ultimately be needed in some cases, the goal of an effective crisis plan should be to identify a possible crisis early and prevent the need for hospitalization.
8. The primary case holder shall train the residential provider staff on the IPOS and the crisis plan.
9. Discussions with the person's natural supports shall occur on an ongoing basis to evaluate the availability of non-MCCMH supports. The person served and their natural supports should also be assured that the person will continue to receive appropriate and medically necessary services and supports to ensure successful transition to and maintenance of more independent living.

F. Residential Provider Expectations

1. Residential provider staff are expected to recognize and respect a person's right, ability, and desire to live in the least restrictive setting.

2. Accordingly, the provider and staff shall work with the primary case holder to identify, design, and implement appropriate person-centered goals, objectives, and interventions to support and encourage the person's readiness to live in the least restrictive setting appropriate.
3. Staff must be aware of the crisis plan and the warning signs and strategies detailed in the plan.

G. Managed Care Operations (MCO) Expectations

1. MCO shall review documentation submitted by primary case holders for service authorizations.
2. When MCO determines that the documentation in the FOCUS electronic medical record (EMR) does not support the authorization of SRS, the request for this level of care shall be denied.
3. The appropriate Adverse Benefit Determination notification shall be issued for all service authorization denials.

**VI. PROCEDURES**

None.

**VII. REFERENCES / LEGAL AUTHORITY**

- A. Michigan Medicaid Provider Manual
- B. Michigan Mental Health Code, 300.1100(a)(25)

**VIII. EXHIBITS**

- A. Initial Requests for Specialized Residential Services (SRS)
- B. Ongoing Requests for Specialized Residential Services (SRS)
- C. Placement Review Committee (PRC)
- D. Intensive SRS Setting Referral Requests Procedure
- E. Authorization for the SRS Reintegration Rate