



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Utilization Management	Procedure: Campership Referrals and Authorizations	
Last Updated: 1/26/2026	Owner: Managed Care Operations	Pages: 3

I. PURPOSE

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

II. DEFINITIONS

Campership:

Campership is a service that is available to persons served that are eligible for Respite Care Services per the Medicaid Provider Manual guidelines. Persons served must live with an unpaid primary caregiver. Those 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. The primary case holder will discuss campership as a part of the person-centered planning process. The case manager will assist the person served and their family in identifying appropriately licensed camps when needed.
 1. 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 Electronic Medical Record (EMR). If there is an active Provider ID (PID) number in the FOCUS EMR, then there is a current contract in place.
- B. The maximum allocation is \$750 per session and one session per fiscal year.
- C. For SED Waiver only: The maximum allocation is \$1400 per session for up to three sessions per fiscal year.

- D. The primary case holder 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.
- E. The primary case holder submits the prospective authorization request to the MCCMH Managed Care Operations (MCO) division in the FOCUS EMR. MCO has seven (7) 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 person served and/or their legal guardian.

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 2-090, "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
3	1/26/2026	Revision of Procedure	MCCMH MCO Division