



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

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| Subject: Provider Network Management | Procedure: Referrals to Intensive SRS Settings | |
| Last Updated: 6/10/2026 | Owner: Network Operations | Pages: 4 |

I. PURPOSE:

To provide procedural and operational guidance to directly operated and contract providers on submitting a request to refer a person served to an Intensive Specialized Residential Services (SRS) setting.

II. DEFINITIONS:

A. Intensive Specialized Residential Settings:

Intensive specialized residential settings are licensed residential programs that hold the Commission on Accreditation of Rehabilitation Facilities (CARF) Residential Treatment accreditation or the Joint Commission Behavioral Healthcare Human Services accreditation. These settings are able to provide intensive community-based behavioral health services to persons served with complex, challenging, and high-acuity needs. In addition to the personal care and community living services provided in all SRS settings, these residential programs provide additional on-site services including, but not limited to, social workers, BCBAs, psychiatric treatment, nursing services, occupational therapy, and physical therapy. Individuals in these settings whose needs do not require these additional services may be authorized for the MCCMH standard rate model.

It is important to note that the designation of a residential program as an intensive setting is a separate process from the Behavior Treatment Plan Review Committee (BTPRC) approvals for secure settings and/or enhanced (1:1) staffing. These types of approvals do not automatically require an intensive setting.

III. PROCEDURE:

A. MCCMH has identified the following residential programs as intensive specialized residential settings:

1. Courtyard Manor
2. Eisenhower Center
3. Flat Rock

4. Hope Network: Harbor Pointe, Indigo, Neo Birdsong, Neo Rockford, New Hope I, New Hope Fenton Hills, New Hope Green Valley, River Valley, and Westlake
 5. Pine Rest: Adrian Home, InterActions, Sequoia, and Westwood
 6. Rose Hill: Baker House, Kelly Community Center, Malta House, and Polk House
 7. Turning Leaf
- B. When a person served has been authorized for Specialized Residential Services (SRS) and the primary case holder wants to refer to one of the intensive residential settings, they must request MCCMH Administrative approval to make the referral. If the person served is not already authorized for SRS services, this approval must be obtained prior to proceeding with this process. Please refer to the MCCMH Initial Requests for SRS procedure for additional details.
- C. The primary case holder must ensure that all clinical documentation is current and updated in the FOCUS Electronic Medical Record (EMR) prior to requesting approval for the referral to an intensive setting. This includes, but is not limited to, the Biopsychosocial Assessment, the Individual Plan of Service (IPOS) and the Behavior Treatment Plan.
- D. The primary case holder completes the Intensive SRS Provider Referral Request form and submits it via email to PlacementReviewCommittee@mccmh.net. The request must contain the following to be considered complete:
1. The form must identify the specific intensive SRS provider(s) and program being requested.
 2. The form must contain the clinical rationale for why the specific setting has been requested and why it is the only appropriate setting to meet the person's treatment needs.
 3. The form must detail all efforts that have been made to find an accepting residential provider and the outcome of these referrals.
- E. Upon receipt of the request form, MCCMH UM Residential Committee will:
1. Review the request to ensure that a referral to an intensive SRS setting appears necessary based on the person's documented treatment needs;
 2. Respond to the primary case holder via email with the recommendation; and
 3. Notify the MCCMH Managed Care Operations (MCO) division to document the support of the referral to the intensive residential setting within the Generic Provider or existing SRS authorization in the FOCUS EMR.
- F. The primary case holder is responsible for completing the referral to the intensive residential setting. This referral should include the SRS authorization from the FOCUS EMR.

- G. The residential providers identified in this procedure must verify the MCCMH Administrative support of the referral prior to accepting a referral for a person served to their programs.
- H. The primary case holder is responsible for ensuring that all necessary approvals are obtained from the Behavior Treatment Plan Review Committee (BTPRC) for restrictive or intrusive interventions as applicable. Please refer to the MCCMH MCO Policy 8-008 “Behavior Treatment Plans” for additional details.
- I. The primary case holder is responsible for communicating with all involved parties throughout the process. This includes, but is not limited to, the person served, the guardian, the current residential provider (if applicable), the hospital provider (if applicable), and the prospective intensive setting residential provider.
- J. The residential provider must communicate their decision to either accept the individual or deny the referral to both MCCMH Administration via email at PlacementReviewCommittee@mccmh.net as well as the primary case holder.
- K. The primary case holder must communicate the outcomes of the referral via email to PlacementReviewCommittee@mccmh.net
- L. When an intensive residential provider is serving a person in their setting that is authorized for the MCCMH standard rate model, and they are seeking a review to be considered for an alternative rate, the primary case holder submits a rate review request via email to PlacementReviewCommittee@mccmh.net. Upon receipt of this request, the MCCMH UM Residential Committee will:
 - 1. Review the request to ensure that an alternative rate appears appropriate based on the person’s needs as documented in the FOCUS EMR;
 - 2. Respond to the primary case holder via email with the recommendation; and
 - 3. Document the support of the rate and add the appropriate modifier to the authorization in the FOCUS EMR.

IV. REFERENCES:

None.

V. RELATED POLICIES

MCCMH MCO Policy 8-008 “Behavior Treatment Plans”

MCCMH MCO Policy 12-005 “Specialized Residential Services”

MCCMH Initial Requests for SRS Procedure

VI. EXHIBITS:

Intensive SRS Setting Referral Request Form

Annual Review Attestation / Revision History:

| Revision #: | Revision/Review Date: | Revision Summary: | Reviewer/Reviser: |
|-------------|-----------------------|-----------------------------|--------------------|
| 1 | 11/1/2024 | Creation of Procedure | Network Operations |
| 2 | 1/2/2025 | Implementation of Procedure | Network Operations |
| 3 | 10/14/2025 | Revision of Procedure | Network Operations |
| 4 | 1/14/2026 | Revision of Procedure | Network Operations |
| 5 | 6/10/2026 | Revision of Procedure | Network Operations |