



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Utilization Management	Procedure: UM Residential Committee	
Last Updated: 6/10/2026	Owner: Managed Care Operations	Pages: 4

I. PURPOSE:

To provide procedural guidance for the MCCMH Utilization Management Residential Committee.

II. DEFINITIONS:

A. Current Procedural Terminology (CPT) Code:

A CPT code is a uniform language for coding medical services and procedures to streamline reporting and increase accuracy.

B. 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.

C. RD Modifier:

An MCCMH modifier added to the CPT codes for SRS: T1020 and H2016. This modifier is utilized when the person served is approved for individualized staffing in the home. This is utilized when a person served is approved for enhanced (1:1, 2:1) staffing by the MCCMH Behavior Treatment Plan Review Committee (BTPRC). Less commonly, it is approved by an MCCMH PIHP nurse for a person served who requires an atypically high level of care due to extreme physical health needs.

III. PROCEDURE:

- A. The MCCMH Utilization Management (UM) Residential Committee monitors the utilization of resources allocated to individuals authorized for Specialized Residential Services (SRS).
 1. The UM Residential Committee is a subcommittee of the MCCMH Utilization Management Committee.
 2. The UM Residential Committee is comprised of members from the MCCMH Clinical, Finance, Managed Care Operations (MCO), and Network Operations divisions.
 3. The UM Residential Committee is responsible for the following tasks:
 - a. Review requests from primary case holders to refer persons served to intensive specialized residential settings.
 - b. Ongoing monitoring of persons served that are authorized for SRS services and approved for rates outside of the standard rate model. This includes, but is not limited to, the following:
 1. Persons served in intensive specialized residential settings
 2. Persons served authorized for the RD modifier for reasons other than approvals from the Behavior Treatment Plan Review Committee (BTPRC).
 3. Persons served residing in SRS settings in which the home is not able to be at full capacity due to the person's needs.
 - c. Other monitoring tasks as needed.
- B. When a primary case holder seeks to refer a person served to an intensive setting, they must follow the steps detailed in the MCCMH Referrals to Intensive SRS Settings procedure. Upon submission of the Intensive SRS Setting Referral Request Form, the 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. Document the support of the referral within the existing Generic Provider ID or SRS authorization in the FOCUS Electronic Medical Record (EMR).
- C. The UM Residential Committee will monitor persons served who are authorized for SRS services and who have been approved for rates outside of the MCCMH standard rate model.
 1. The intent of this review is to determine if the documentation supports the continued rate variance. The scope of this committee is limited to rates, and the UM Residential Committee will not make medical-necessity

determinations regarding the level of care or the authorization of the SRS CPT codes. Those determinations are made by the MCCMH MCO division.

2. Persons served will be reviewed at the following intervals:
 - a. Each person will have their first review ninety (90) calendar days after the initiation of the rate variance.
 - b. The UM Residential Committee will determine if the person should be reviewed again in ninety (90), one hundred eighty (180), or three hundred sixty-five (365) calendar days. This schedule will be based on the acuity of the documented needs of the person served.
 3. The primary case holder and the residential provider will be notified of the outcome of the review and any recommendations from the UM Residential Committee.
- D. 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 12-002 “Utilization Management”

MCCMH MCO Policy 12-005 “Specialized Residential Services”

MCCMH Referrals to Intensive SRS Settings Procedure

VI. EXHIBITS:

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	12/29/2025	Creation of Procedure	Managed Care Operations
2	1/15/2026	Implementation of Procedure	Managed Care Operations
3	6/10/2026	Update to Procedure	Managed Care Operations