



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Utilization Management	Procedure: Campership Authorizations	
Last Updated: 9/15/2026	Owner: Managed Care Operations	Pages: 3

I. PURPOSE

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

II. DEFINITIONS

A. Campership:

Campership is a service that is available to persons served who 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. To be eligible for Campership, a person must be on one of the following Medicaid waiver programs: 1915(i) State Plan Amendment (iSPA), Children with Serious Emotional Disturbances Waiver (SED Waiver), or the Habilitation Supports (HSW).

B. 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).

C. Respite Care Services:

Medicaid funded support 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.

III. PROCEDURE

- A. Respite Care Services are intended to assist in maintaining a goal of living in a natural community home and are provided on a short-term, intermittent basis to relieve the person's family or other primary unpaid caregiver(s) from the daily stress and care demands during times when they are providing unpaid care.

1. The person served must meet eligibility standards for MCCMH services as a person with a Serious Emotional Disturbance, a Severe Mental Illness, or a person with an Intellectual/Developmental Disability.
 2. Short-term means the respite service is provided during a limited period such as a few hours, a few days, weekends, or for vacations.
 3. Intermittent means the respite service does not occur regularly or continuously. The service stops and starts repeatedly or with periods in between.
 4. Unpaid means the respite service may only be provided during portions of the day when no one is being paid to provide care, i.e., not a time when the person is receiving Adult Home Help, CLS, a service through another program (e.g. school), or another support service. The person served must have periods of unpaid care to be eligible for respite care services.
 5. Respite is not to be provided as a part of daily services to enable the unpaid caregiver to work elsewhere.
- B. 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.
- C. 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: For iSPA and HSW individuals only for day and overnight camps. Individuals are eligible for one session per fiscal year.
 - b. T2036: For SED Waiver individuals only for day and overnight camps. Individuals are eligible for three sessions per fiscal year.
- D. The primary clinical provider submits a prior authorization request to Managed Care Operations (MCO) in the FOCUS Electronic Medical Record (EMR). Authorization requests can be submitted up to sixty (60) calendar days, and no less than fourteen (14) calendar days, prior to the effective date of the authorization.

E. MCO has seven (7) calendar days to make a medical necessity determination on these requests.

1. When it is determined that the person meets 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 person does not meet the medical necessity criteria for all or part of 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

- A. Michigan Department of Health & Human Services (MDHHS) Medicaid Provider Manual
- B. Michigan Department of Health & Human Services (MDHHS) Behavioral Health Code Charts and Provider Qualifications

V. RELATED POLICIES

- A. MCCMH MCO Policy 2-032, “Person Centered Planning, Training, and the Role of Health and Safety Considerations”
- B. MCCMH MCO Policy 4-020, “Medicaid and Non-Medicaid Notice of Adverse Benefit Determination”
- C. MCCMH MCO Policy 12-004, “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
4	3/31/2026	Revision of Procedure	MCCMH MCO Division
5	9/15/2026	Revision of Procedure	MCCMH MCO Division