


CHAPTER Service Delivery	CHAPTER 02	SECTION 003	SUBJECT 80
SECTION Access to Services		DESCRIPTION Residential Placements, Community Living Supports and Respite Procedures	
WRITTEN BY Lisa K. Jolly, B.S. Recipient Rights Officer & Lauren Emmons, ACSW CEO	REVISED BY		AUTHORIZED BY  Lauren Emmons, ACSW CEO

APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input checked="" type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Health (LCCMH) has procedures to assure persons served receive timely placement in the most appropriate specialized residential sites, approval for Community Living Supports (CLS) hours and respite services using sound clinical decisions honoring the choice of persons served and responsible financial practices.

STANDARDS:

- A. LCCMH has a Residential Committee to review proposed specialized residential, CLS and Respite Services.
- B. The Chief Executive Officer (CEO) assigns members to serve on the Residential Committee.
- C. The committee must have Clinical and Contracts Department staff representation.
- D. The Recipient Rights Officer serves on the committee in an ex officio (non-voting) capacity to provide input on placement availability and to assure the persons served rights are protected.

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E. The Committee will use a consensus model for decision-making.

PROCEDURES:

- A. When a staff identifies a person served in need of a Specialized Residential Placement the staff will take the request to their supervisor. If approved the supervisor will forward the completed Residential Level of Need Assessment (Form # F351) to the Residential Committee chairperson.
- B. When a staff is requesting CLS or respite, a Respite/CLS Referral Form (# F284 with Task Analysis Chart attachment # F357) will be completed. If the committee does not approve the service, the case holder will ensure an Adverse Benefit Determination (ABD) notice is sent to the person served.
- C. The committee will review the requests and approve, disapprove or ask for additional information. If the specialized placement is NOT approved by the committee the case holder will ensure an Adverse Benefit Determination (ABD) notice is sent out. The committee will share the decision with the appropriate supervisor. When submitting a referral a department representative is not required to attend the meeting but it is helpful if the case holder or supervisor attends to answer any questions the committee may have regarding the request. Once the committee approves the request, they will provide the case holder with a list of providers that can appropriately meet the needs of the identified person served. The case holder will contact the person served and/or guardian to review the provider options.
- D. Once a placement is identified (from the list of providers identified by the Residential Committee), the primary case holder will inform the Contracts Department prior to admission. The Contracts Department will contact the identified provider to negotiate an agreement. Once the contract is in place, the Contracts Department will inform the primary case holder or the supervisor the contract is in place. The Contracts Department will make the development of a new contract a top priority as to not delay any placements.
- E. Home and Community Based Provisional Approval (HCBS):
 - 1. The Lapeer County Community Mental Health (LCCMH) Residential Committee must notify the Home and Community Based Services (HCBS)

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Coordinator of any new potential contracts for residential or non-residential HCBS services, prior to the start of services.

2. The HCBS Coordinator will contact the Region 10 Prepaid Inpatient Health Plan (PIHP) requesting survey materials and/or ask if other counties have viewed and/or used the potential provider for HCBS.
 3. The HCBS Coordinator will send survey materials to the potential provider. A designated LCCMH staff will observe the location (in person, with mapping software or photographs) and attest it is not isolating or institutional in nature.
 4. HCBS Coordinator will gather all necessary information and return completed survey to the PIHP.
 5. The PIHP will notify the HCBS coordinator when the residential setting or provider is approved for provisional status.
 6. HCBS Coordinator will notify the Residential Committee of the provisional approval.
- F. The chair of the committee will retain all the Level of Need Assessment forms for placements, and the Respite/CLS Referral forms. The Contracts Department will keep a log of all the placements including the name of the facility, the date of committee approval and the date of placement. Minutes will be kept outlining the decisions of the committee.
- G. In the case of an emergency residential placement, the case holder will contact their supervisor. The supervisor will then contact any member of the committee who will request an emergency residential meeting. This notification will include letting the Contracts Department know so a contract can be developed.
- H. Appeals must be brought to the attention of the CEO or in absence of the CEO, to the Clinical Director.

DEFINITIONS:

Adverse Benefit Determination: Any decision to deny or limit authorization of a requested service of a Medicaid Enrollee. Providers must give the enrollee timely and

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adequate notice in writing as outlined in the Code of Federal Regulations (42 CFR 438.404). The notice must explain the decision the provider has made or intends to make.

Approved for provisional status: The PIHP has confirmed the setting is not institutional or isolating.

New potential contract provider: A new setting or provider not previously having a contract with LCCMH or providing a new HCBS service.

Residential Committee: The Residential Committee is made up of Clinical staff, a representative from the Contracts Department and a representative from the Rights Office. The Committee is responsible for reviewing all referrals for Specialized Residential Placement and CLS and respite referrals.

REFERENCES:

Residential Level of Need Assessment Form # F351

Lapeer Respite/CLS Referral Information Form # F284 with CLS Task Analysis Chart attachment Form # F357

LKJ:mgr