

CHAPTER Service Delivery	CHAPTER 02	SECTION 003	SUBJECT 80
SECTION Access to Services		DESCRIPTION Residential Placements, Community Living Supports and Respite Procedures	
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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 Mental Health (LCCMH) assures persons served receive timely placement in the most appropriate specialized residential sites, 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 uses a consensus model for decision-making.

PROCEDURES:

- A. When a primary case holder identifies a person served in need of a Specialized Residential Placement, the staff takes the request to their supervisor. If approved, the supervisor forwards the completed Residential Level of Need Assessment Form (LCCMH Form # F351) and Personal Care (Form # 373) to the Residential Committee Chairperson.
- B. When a primary case holder or person served/guardian requests CLS or Respite services, a Respite/CLS Referral Form (LCCMH Form #284) and CLS Task Analysis Chart (LCCMH Form #357) is completed by primary case holder.
- C. It is not necessary, but beneficial, if the primary case holder or supervisor attends the Residential Committee meeting to answer any questions about the request.
- D. The committee reviews the requests and approves, disapproves, or asks for additional information. The committee shares the decision with the appropriate supervisor and case holder if present and enters contact note in OASIS record with committee decision/recommendation.
 - a. If a specialized placement is not approved by the committee, the primary case holder ensures an Adverse Benefit Determination (ABD) Adequate Notice-Denial is sent out.
 - b. If a specialized placement is not achieved within 14 days, the primary case holder sends an ABD Adequate Notice-Delayed to the person served.
 - c. The committee does not approve or deny CLS or Respite Service request; however, they document/monitor requests. All CLS or Respite Service requests are submitted to Region 10 Prepaid Inpatient Health Plan (PHIP) for approval or denial. Region 10 is responsible for sending an ABD for any denial.

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- E. The Residential Committee Chairperson sends a placement packet (containing the person's served biopsychosocial, individual plan of service, psychiatric evaluations, and medication reviews) to prospective Specialized Residential Providers. Once a decision is received from the prospective placement agency regarding approval or denial of placement, the Residential Committee Chairperson notifies the primary case holder and supervisor of the decision. A contact note will be added into OASIS recorded where placement packet was sent.
- F. Once a placement is identified, the Residential Committee Chairperson informs the Contracts Department prior to admission. The Contracts Department contacts the identified provider to negotiate an agreement. Once the contract is in place, the Contracts Department informs the Residential Committee Chairperson. The Contracts Department makes the development of a new contract a top priority so as to not delay any placements.
- G. Prior to the person served moving into the identified Specialized Residential Placement, the primary case holder enters authorizations to avoid a delay in payment.
- H. If a provider needs Home and Community Based Services (HCBS) provisional approval, refer to LCCMH Policy 02.001.50 Home and Community Based Services.
- I. The Residential Committee Chairperson retains all the Level of Need Assessment Forms (LCCMH Form #351) for placements and the Respite/CLS Referral Forms (LCCMH Form #284). These records are also submitted to medical records to be scanned into the person served's chart. The Contracts Department keeps a log of all the placements, including the name of the facility and the date of placement. Meeting minutes are kept outlining the decisions of the committee, the date of the approval, and placement
- J. In the case of an emergency residential placement, the primary case holder contacts their supervisor. The supervisor contacts any member of the committee who requests an emergency residential meeting. This notification includes letting the Contracts Department know so a contract or letter of agreement can be developed.
- K. Appeals must be brought to the attention of the CEO.

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- L. The Residential Committee reviews any waitlisted person served weekly during the Residential Meeting. The waitlist updates will be kept in the meeting minutes and a contact note will be entered into OASIS record to document placement progress.

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 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 out of county skill building.

REFERENCES:

LCCMH Form #351 Residential Level of Need Assessment Form LCCMH Form #284
Lapeer Respite/CLS Referral Information Form
LCCMH Form #357 CLS Task Analysis Chart Attachment Form
LCCMH Form #373 Personal Care

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