



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Utilization Management	Procedure: Authorizations for Skill-Building, Supported Employment, and Out of Home Non-Vocational Habilitation	
Last Updated: 8/9/2024	Owner: Managed Care Operations	Pages: 4

I. PURPOSE

To provide procedural and operational guidance to directly operated and contract providers on the documentation requirements for authorizations of skill-building assistance, supported employment, and out of home non-vocational habilitation.

II. DEFINITIONS

A. Skill-Building Assistance:

Activities that assist the individual to increase their economic self-sufficiency and/or to engage in meaningful community-based activities such as school, work, or volunteer activities. The services occur in community-based integrated settings and provide knowledge and specialized skill development and/or supports to achieve specific outcomes consistent with the individual's identified goals of community independence, inclusion, participation, and productivity.

B. Supported Employment:

Provides a combination of ongoing support and paid employment that enables the individual to work in the community. Setting options offered should include community-based, integrated work settings where individuals with disabilities work alongside other individuals who do not have disabilities.

C. Out of Home Non-Vocational Habilitation:

This service is only available to individuals on the Habilitation Supports Waiver (HAB Waiver). This service provides assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills; and the support services incidental to the provision of that assistance that takes place in a non-residential setting, separate from the home or facility in which the individual resides.

D. 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).

III. PROCEDURE

- A. When a person served notifies their primary clinical provider of the interest in skill-building assistance, supported employment, or out of home non-vocational habilitation, the provider shall:
 1. Identify if this is a treatment need for the person served, per the Michigan Medicaid Provider Manual, specific to the service and medical necessity.
 2. The primary clinical provider discusses this service need as a part of the person-centered planning process. The case manager assists the person in identifying a provider for this service when needed.
 3. The primary clinical provider ensures that this service is an identified service in the individual's person-centered treatment plan. The goal must address the medical necessity of the service, the provider, and the amount and duration of attendance.
 4. The primary clinical provider submits the prior authorization request in the FOCUS electronic medical record (EMR). These codes do not require a prior medical necessity review and are automatically approved upon submission. These codes are reviewed in retrospective audits to ensure that the authorizations met all medical necessity requirements. The appropriate service codes are:
 - a) H2014 XX: Skill-Building Assistance and Out of Home Non-Vocational Habilitation
 - b) H2023: Supported Employment
- B. There are limited circumstances, due to imminent risk to the health and safety of the person served or others, in which a person may require enhanced staffing supports to participate in these services.
 1. For enhanced staffing supports to assist in behavioral management, the following must be completed:
 - a) The person must have a behavior treatment plan presented by their assigned behaviorist to the MCCMH Behavior Treatment Plan Review Committee (BTPRC).
 - b) The amount, scope, and duration approved by BTPRC must be documented in the person-centered treatment plan.

2. For enhanced staffing supports due to the need for medical intervention, the following must be completed:
 - a) The physical health/medical need must be clearly detailed in the person-centered treatment plan including the medical necessity of what intervention staff will implement, the times of day and amount of time each day that the enhanced support is required, and the duration that the enhanced support is expected to be necessary.
 - b) There must be supporting medical documentation from the appropriate professional in the person's electronic medical record documenting the medical issues and required interventions. This documentation must be updated on a regular basis, at a minimum of annually, to support the continued medical necessity of the enhanced supports.
3. The primary clinical provider submits the prior authorization request in the FOCUS EMR for enhanced support services. The appropriate service codes for these services are:
 - a) H2014: Enhanced supports for skill-building assistance
 - b) H2014 WZ: Enhanced supports for out of home non-vocational habilitation (HAB Waiver only)
4. MCO has fourteen (14) calendar days to make a medical necessity determination on these requests.
 - a) When it is determined that the person served meets the medical necessity criteria for the authorization of enhanced support services, the authorization is approved in the FOCUS EMR, and an electronic notification is sent to the primary clinical provider.
 - b) When it is determined that the person served does not meet the medical necessity criteria for the authorization of enhanced support services, 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 and/or their legal guardian.

I. REFERENCES

None.

II. RELATED POLICIES

MCCMH MCO Policy 12-004, "Service Authorizations"

III. EXHIBITS

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	8/9/2024	Creation of Procedure	MCCMH MCO Division
2	10/11/2024	Implementation of Procedure	MCCMH MCO Division