

Subject: Provider Network Management	Procedure: Referrals to Intensive SRS Settings	
Last Updated: 1/2/2025	Owner: Network Operations	Pages: 3

#### I. PURPOSE:

To provide procedural and operational guidance to directly operated and contract providers on submitting a request to refer a person served to an intensive Specialized Residential Services (SRS) setting.

### II. DEFINITIONS:

### A. <u>Intensive Specialized Residential Setting</u>:

Intensive specialized residential settings that provide intensive community-based behavioral health services for individuals that have 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.

#### III. PROCEDURE:

- A. MCCMH has identified the following residential programs as providing intensive services within their residential settings:
  - 1. Courtyard Manor
  - 2. Eisenhower Center
  - 3. Flatrock, Inc.
  - 4. Hope Network West Indigo, Neo Birdsong, and Neo Rockford
  - 5. Hope Network Behavioral Harbor Pointe and Westlake
  - 6. Pine Rest Adrian Home, InterActions, Sequoia, and Westwood
  - 7. Residential Opportunities Elaine Home
  - 8. Rose Hill
  - 9. Turning Leaf
- B. When a person served has been prior authorized for Specialized Residential Services (SRS) and the primary case holder wants to refer to one of the intensive residential settings, they must request MCCMH Administrative approval to make the referral.

- C. The primary case holder must ensure that all clinical documentation is current and updated in the FOCUS Electronic Medical Record (EMR) prior to requesting approval for the referral to an intensive setting. This includes, but is not limited to, the Biopsychosocial Assessment, the Individual Plan of Service (IPOS) and the Behavior Treatment Plan.
- D. The primary case holder completes the Intensive SRS Provider Referral Request form and submits it via email to <a href="PlacementReviewCommittee@mccmh.net">PlacementReviewCommittee@mccmh.net</a>. The form must identify the specific intensive SRS provider(s) being requested.
- E. Upon receipt of the request form, MCCMH Administrative Staff will:
  - 1. Review the request to ensure that the requested intensive SRS setting is the most appropriate referral to meet the person's treatment needs;
  - 2. Respond to the primary case holder via email with the determination; and
  - 3. Document within the Generic Provider authorization in the FOCUS EMR that the referral to the intensive residential setting has been approved.
- F. The primary case holder is responsible for completing the referral to the approved intensive residential setting. This referral should include the documentation of the MCCMH approval found in the Generic Provider authorization.
- G. The residential providers noted in this procedure must verify the MCCMH Administrative approval prior to accepting a referral for a person served to their programs.
- H. The primary case holder is responsible for communicating with all involved parties throughout the process. This includes, but is not limited to, the person served, the guardian, the current residential provider (if applicable), the hospital provider (if applicable), and the prospective intensive setting residential provider.
- I. The residential provider must communicate their decision to either accept the individual or deny the referral to both MCCMH Administration via email at <a href="mailto:PlacementReviewCommittee@mccmh.net">PlacementReviewCommittee@mccmh.net</a> as well as the primary case holder.
- J. The primary case holder must communicate the outcomes of the referral via email to PlacementReviewCommittee@mccmh.net

### IV. REFERENCES:

None.

## V. RELATED POLICIES

MCCMH MCO Policy 2-004 "Residential Services Policy"

# VI. EXHIBITS:

Enhanced SRS Provider Request Form

# Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	11/1/2024	Creation of Procedure	Network Operations
2	1/2/2025	Implementation of Procedure	Network Operations