

SUBJECT: CLF - Specialized Residential Placement Procedure for External Providers		Page 1 of 2
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Relates To Policy:	01-501-02	

I. AFFECTED DEPARTMENTS

External Case Management, Supports Coordination, and ACT Providers; GHS Utilization Management

II. PURPOSE

This procedure outlines the process for external providers to request CLF/Specialized Residential placement. The primary case holder will also use this procedure when requesting transfer from one CLF/Specialized Residential home into another CLF/Specialized Residential home. Utilization Management (UM) is responsible for review and authorization of Community Living Supports and Personal Care in CLF/Specialized Residential settings. General AFC placement is the responsibility of the primary case holder.

III. PROCEDURE

- A. The primary case holder will fax a completed Residential Request Form (Attachment A) to UM at (810) 257-1347.
- B. The UM Senior Secretary will assign the request to a UM Coordinator for review.
- C. The UM Coordinator will review the information provided on the request form and all relevant clinical documents in the consumer's CHIP record.
- D. If UM approves CLF/Specialized Residential, UM will identify up to three homes based on clinical need and rotational list.
 1. A rotational list of CLF/Specialized Residential Homes will be maintained by UM. The list of homes will be narrowed to those whose general profiles meet the consumer's needs, including but not limited to:
 - Barrier-free status
 - Consumer type (MI, DD, or MI/DD)
 - Gender (e.g., a home that only has a female bed would not be considered for referral of a male consumer)
 - Behaviorally challenged vs. medically compromised (e.g., a behaviorally challenged consumer would not be considered appropriate for a home with vulnerable medically challenged consumers).
 - Age of consumer vs. age of residents
 - Habilitation Waiver status (HAB Waiver consumers can only be referred to a facility with 12 or less beds, preferably 6 beds or less)
 2. When the general filtering process is completed, the list of providers will be further narrowed based on clinical need, such as clinical consideration of current residents in the available homes. UM staff will select "not selected" on these homes and make a notation that the homes are clinically contraindicated.
 3. When there is more than one home that is generally and clinically appropriate, these homes will be given as options based on the rotational list. Homes with a recent referral

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- and/or acceptance will be placed on the bottom of the list so all providers have an equal opportunity to receive referrals. The web-based interface will list the date of the home's last referral as well as the date of the most recent consumer move-in.
4. UM will only give clinically appropriate options to the primary case holder as to maintain health and safety for both the referred consumer and current residents.
- E. The UM Coordinator will contact the primary case holder to request that the primary case holder obtain a signed Consent to Exchange Health Information for each of the identified homes. The primary case holder will have two business days to obtain this consent and will notify the UM Coordinator when this is completed.
 - F. The UM Coordinator will notify the UM Senior Secretary to fax a packet to each of the identified homes that have a current Consent to Exchange Health Information. The packet will include the letter of temporary residential level (Attachment B), biopsychosocial assessment/update, IPOS, and the last psychiatric evaluation, medication review, and quarterly. If appropriate, the UM Coordinator can open the CHIP record for one day to the identified home with a signed Consent to Exchange Health Information for reviewing in lieu of faxing a packet.
 - G. The UM Coordinator will confirm with the primary case holder the names of the homes that a referral packet has been sent.
 - H. The primary case holder will take the individual and/or their guardian to view the home(s) within three (3) business days to determine if there is a successful match. If additional time is needed, the primary case holder must notify UM:
 1. If the individual/guardian and home manager are satisfied with the match, the primary case holder will notify UM and a 30-day authorization will be entered.
 2. UM staff will document why the other homes were not approved, either identifying that it was the guardian/consumer's choice, or noting that the residential provider declined the referral. The residential provider is to submit its reason for denial in writing within one (1) business day. UM will document the provider's rationale for refusal in the web-based application.
 3. If none of the homes are selected, UM will review the refusal for appropriateness; if appropriate, additional homes will be given as options based on the rotational list.

IV. ATTACHMENTS

Attachment A - CLF-Specialized Residential Placement Request

Attachment B - CLF-Specialized Residential Placement Referral Letter

**Genesee Health System
Utilization Management Department**

**ATTACHMENT A
CLF-Specialized Residential Placement Request**

A. Reason for request for residential placement referral:

B. Consumer/guardian's stated desires, wishes, and goals regarding residential living arrangement, listed in order of importance:

C. Current living arrangement/residential placement status:

Resides in licensed home _____ (name home)

Resides in private home

Resides in SIP

Currently hospitalized _____ (where) _____ (probable dc date)

Has assigned LOC: (circle one) 701 702 703 704 705

D. Allied/consulting disciplines open to consumer have been consulted regarding placement needs and pertinent factors that need to be considered are:

E. List special/specific residential facility needs (e.g. barrier free, single gender, peer group characteristics, geographical location):

F. Does the consumer have a criminal sexual conduct conviction or charge pending in the court system? (If yes, please explain)

Client Name:

Case Number:

Case Manager:

Date:

G. Medicaid status (if pending, date applied):

H. Other information pertinent to the placement decision (please include source of income):

Fax completed form to (810) 257-1347

UM Office Use Only

Name of home: _____

Date moved to home: _____

Initial authorization period: _____

Client Name:
Case Number:
Case Manager:
Date:



Genesee Health System
725 Mason Street
Flint, Michigan 48503

Utilization Management Department
(810) 257-1325, FAX: (810) 257-1347

ATTACHMENT B
CLF-Specialized Residential Placement Referral Letter

To:

From:

Date:

Re: Residential Referral
Consumer Case Number and Name:
Primary Clinician:

Dear Residential Provider:

The above consumer has been approved for CLF/Specialized Residential services and has a temporary residential level of _____. Attached is the referral packet for your review. This referral is valid from _____ to _____. The primary clinician is responsible for scheduling tours of the home. If you are unable to accept this referral, please give written notice, with rationale to Utilization Management (UM), within 24 hours by faxing to (810) 257-1347. If you have questions about this referral, please contact the primary case manager at _____ for clinical questions, or if you have questions about the authorization, please contact UM coordinator at _____.