

KALAMAZOO COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ADMINISTRATIVE POLICY & PROCEDURE 48.01

Subject: Specialized Residential Services	Section: Housing and Residential	
Applies To: <input checked="" type="checkbox"/> KCMHSAS Staff <input checked="" type="checkbox"/> KCMHSAS Contract Providers		Page: 1 of 3
Approved: <div style="text-align: center;">----- (Jeff Patton, Chief Executive Officer)</div>		
Revised: 09/01/2018	Supersedes: 10/10/2017	First Effective: N/A

PURPOSE

To describe the eligibility process and reporting protocol for services/supports delivered in a residential setting.

DEFINITIONS

Specialized Residential Setting

Homes/Facilities that are staffed 24 hours a day and are licensed as Adult Foster Care Homes with a specialized residential certification from the Department of Licensing and Regulatory Affairs. Qualified to provide both Community Living Support and Personal Care services under the requirements detailed in the Mental Health and Substance Abuse Section of the Medicaid Provider Manual.

POLICY

I. ELIGIBILITY

Individuals with a severe and persistent mental illness, severe emotional disturbance or a developmental disability who require close supervision, treatment and/or supports 24 hours a day and are not able to be supported in a lesser restrictive environment (i.e., family home, independent apartment or general AFC). Individuals eligible for these settings will require both personal care and community living supports as defined within the Mental Health and Substance Abuse section of the Medicaid Provider Manual.

Upon request for this level of support, the Supports Coordinator/Case Manager will complete the Needs Inventory Assessment for Personal Care and Community Living

Supports This will determine the level of personal care and community living supports that the provider will need to implement based on the person receiving a Person-Centered Plan.

II. ORIENTATION/TRAINING

Prior to placement of an individual, Provider Network staff will coordinate orientation activities with the Quality Management Division (QMD) and/or Training Unit as needed to ensure that the provider understands the requirements for specialized residential services. The Provider Network Staff, along with the QMD, will also ensure the home is familiar with and is compliant with Home and Community Based Services standards.

III. PLACEMENT

Individuals will not be placed until the provider has shown documentation that they are a licensed Adult Foster Care Home with a current Certification for Specialized Programs. A contract between KCMHSAS and the Adult Foster Care home provider for Specialized Residential services must be in place prior to placing an individual in the home using KCMHSAS funds for support. Typically, individuals requiring awake staffing support during sleep/overnight hours will be referred to Level 1 providers (with higher levels of staffing) while Level 2 providers may have overnight staff on sleep/stand-by status (on premises).

PROCEDURE

I. VERIFICATION OF CERTIFICATION / CONTRACT STATUS PRIOR TO PLACEMENT

As part of initial Credentialing and periodic re-credentialing, KCMHSAS Contracts/Provider Network staff will ensure that Special Program Certification is in place.

II. DOCUMENTATION OF LEVEL OF CARE

- A. A Needs Inventory Assessment for Personal Care and Community Living Supports will be completed by the Supports Coordinator/Case Manager with input from all other caregivers. The initial inventory may be evaluated again within 90 days of placement to determine if there are any changes with the Level of Care. Inventories will then be reviewed and/or completed annually thereafter.
- B. Needs Inventory Assessments will be submitted to the Specialized Residential Coordinator for Adults with Mental Illness or to the Support Staff for Adults with Intellectual/Developmental Disabilities for approval of the assigned level of care and returned to the supports coordinator/case manager for authorization.
- C. In the event of a dispute regarding the level of care individuals, families and

providers may access KCMHSAS policy [02.12 \(Informal Review of level of Care \[LOC\] Determination in a Specialized Residential Setting\)](#).

III. RECORD KEEPING

The KCMHSAS Contracts Department, in conjunction with the Provider Network staff, will ensure the maintenance of all records related to certification and KCMHSAS Quality Monitoring Review (QMR) activities. This will include:

- A. The name, address, phone number and AFC License number of each certified home.
- B. The name, address and phone number of the provider if different from the home.
- C. Verification of certification applications, including effective dates.
- D. Information regarding the occurrence of AFC Licensing reviews, the distribution of review reports and submission of the plan of correction.

IV. MONITORING OF SPECIALIZED RESIDENTIAL / RESIDENTIAL TREATMENT SETTING

- A. All staff who are in contact with the residents and/or the provider are responsible to share any concerns regarding provision of services or facility with the Provider Network Manager.
- B. Specialized Residential providers will be monitored through the provider review processes as outlined in the Provider Manual and KCMHSAS policy and procedure.
- C. Should there be incidents of sub-par performance, Quality Management staff, Credentialing Committee, Provider Network Staff, Casemanagement/Supports Coordination, Office of Recipient rights, Medicaid Verification staff, etc., / shall notify Provider Network Workgroup for follow up action, including sanctions and contract termination.

REFERENCES

- PA 258 of 1974 (Mental Health Code), supplemented through Act 152 of 1996;
- Sections 100a and 100d
- KCMHSAS policy [02.04 \(Provider Contract Compliance\)](#)
- KCMHSAS policy [02.12 \(Informal Review of Level of Care \[LOC\] Determination in a Specialized Residential Setting\)](#)