

***SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY***  
CLINICAL PROCEDURE

**NUMBER: DC1026**

**NAME: FUNDING, SUPPORT, AND SERVICE REQUEST PROCEDURE**

INITIAL APPROVAL DATE:	03/21/2001	BY: Administrative Committee
(LAST) REVISION DATE:	04/11/2025	BY: CFO
(LAST) REVIEW DATE:	04/17/2025	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

**I. PURPOSE**

To establish a uniform practice for service, support, and/or funding requests to meet the needs of individuals served including but not limited to initial and renewal requests for the following:

- Services not directly run by Sanilac CMH, including Respite services, Community Living Services and Skill Building services provided by Sanilac CMH contract providers. Services that require a new contract or contract amendment
- Residential services (Personal Care/Supported Independent Living/Community Living Services) or changed rates
- Any non-traditional services, supports or providers
- Services of a Fiscal Intermediary
- Enhanced staffing
- Services that do not fall within Level I authorization process
- Non-mental health services/supports needed to avert more restrictive or costly alternatives
- Any housing assistance or home repair/environmental modification
- Any enhanced medical or dental services, medical supplies, or therapeutic equipment
- Any exceptional levels of supports or services, or levels in excess of current protocols
- Non-budgeted funding for all of the above

**II. APPLICATION**

Populations: ALL

Programs: All Direct and Contracted Programs and Services

**III. POLICY**

It is the policy of Sanilac County Community Mental Health Authority (Sanilac CMH) to provide services and supports in compliance with all applicable standards and guidelines to meet identified individual's needs. Sanilac CMH will attempt to honor all individual requests and preferences for supports, services and providers when these fall within the scope of

allowable services, meet criteria for clinical or medical necessity, and are within the range of reasonable costs for similar types of services or supports.

**IV. DEFINITIONS**

None

**V. STANDARDS**

- 1) All needs/requests for services, supports, and/or funding will be respected and responded to by staff and contract providers of service. Requests for supports or services such as those noted above will require prior approval by administration. Requests must be made in advance of the need for service, supports, or funding, except in emergency circumstances.
- 2) Staff or contract providers assessing a need or receiving a request for these types of services and supports will report it within two working days to the primary staff (i.e., Care Manager, or Therapist) so that primary staff may follow up and submit an electronic Funding, Support, and Service Request Form within required timelines.
- 3) When the person served, their legal representative, if any, staff, or contract provider identifies a need for services, supports or funding that fall within the above guidelines and/or when a service or support requires approval to be renewed, the primary staff will pursue approval and/or funding through the process outlined in this clinical procedure. Requests for this funding must be submitted to the appropriate supervisor and administrative staff within 7 working days of receiving the request or 7 working days after receiving bids as noted below.
- 4) Requests to purchase equipment, supplies or for home modifications must follow the agency Procurement and Bid Policy (BA080) and must be initiated by staff within 7 working days of receiving the request. If 3 bids cannot be secured within 20 days, staff must follow up by phone with bidders documenting the attempt to get a bid. By day 26, the staff, in consultation with their supervisor, will proceed with the funding request, attaching those bids that were able to be obtained and the log of other contacts.
- 5) For all requests, the primary staff will ensure that there is data driven documentation of any clinical or medical necessity and the anticipated outcome of the type of service or support requested. Staff is not authorized to assure an individual or provider that a service, support, or rate will be authorized or initiated until full approval is obtained.
- 6) For new requests, renewal of items that are not mental health services, or renewal of those services that exceed current protocols, the primary staff will complete the electronic "*Funding, Support, and Service Request*". The electronic form must be submitted to the appropriate supervisor for review in a timely manner. For an individual requesting an exception (such as an alternative provider) at the time of intake the form must be submitted to the appropriate supervisor for review within a timely manner of the request.
- 7) For renewal requests where the support or service is a mental health service within the limits of current protocols, and where there is documented continuation of the clinical/medical necessity for the support or service, an electronic *Funding, Support and Service Request Renewal* needs to be completed. When the renewal request involves a

residential contract (AFC, CLS, S.I.P., Specialized Residential) an electronic "*Medical Needs Assessment*" will need to be completed. This form is to be completed 60 days in advance of the contract's renewal date. This will allow contract management time to work with the provider and staff if adjustment to the contract is being considered.

- 8) Requests involving Medicaid Funds or General Funds must clearly identify the support/service, specify the activity code, and identify whether the individual meets criteria for this service/support under current protocols. Approval for service supports and/or funding from Medicaid Funds and General Funds must be based on individual needs as identified through a person-centered Individual Plan of Service (IPOS) process. Documentation in the IPOS, assessments, or staff notes must clearly identify the need for the service, support and/or funding, any safety or health issues, and the individual's wishes.
- 9) The supervisor will be responsible for reviewing the electronic Funding, Support & Service Request within a timely manner after receiving an electronic notification and make a recommendation to administration regarding the request. After signing the electronic form, the Chief Operating Officer, and/or designee in their absence, Chief Financial Officer, Chief Information Officer and the Chief Executive Officer will review and approve or deny the request.
- 10) The Chief Operating Officer, Chief Information Officer, Chief Financial Officer, and Chief Executive Officer (or their designee) shall be responsible for reviewing the electronic form within a timely manner of receiving an electronic notification and complete the "Administrative Response" section of the form. They will be responsible for ensuring that the individual's need for the support/service or funding is substantiated, and that these needs are consistent with the array of services provided under the agency service and funding guidelines. Furthermore, they will be responsible for ensuring that the request falls within a range of reasonable responses to the identified need.
- 11) When the Administrative response is a denial, the reason for the denial shall be indicated on the "Administrative Response" page and the primary staff must complete the appropriate ABD and grievance and appeal notification process.
- 12) When there is a lack of consistency in the administrative recommendations (i.e., a split in recommendations for approval and denial), the Chief Operating Officer, Chief Information Officer, Chief Financial Officer, and Chief Executive Officer will meet and attempt to reach consensus. If consensus is reached, the decision will be indicated on the form along with any rationale. In cases where consensus cannot be reached, the recommendation of the Chief Executive Officer will be the final determination and will be indicated on the electronic form along with any rationale. Once the final recommendation has been documented, the process will be followed as noted above.
- 13) The primary staff must complete any needed follow-up in a timely manner. Follow-up may include the need to:
  - obtain any necessary authorizations and ensure that the IPOS is updated in a timely manner to include a measurable goal related to this service
  - refer the proposed Provider to the agency Privileging and Credentialing committee for review of their qualifications
  - initiate any necessary paperwork and notifications including

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- providing a copy of the form to the individual as needed
- sending ABD, grievance and appeal notices
- completing requisitions and requesting a contract be initiated by the Chief Operating Officer
- requesting provider/location codes from data management or billing staff
- notifying provider of approval
- informing Provider of necessary documentation and/or invoices

### **VI. ATTACHMENTS**

None

### **VII. REFERENCES**

Electronic Funding Support & Service Request Form  
Electronic Funding Support & Service Renewal Request Form  
BA080 Procurement and Bid Policy  
Electronic Medical/Clinical Needs Worksheet Form