

Downsize Request Form

Provider Name: _____

Home Name: _____ Month & Year of Requested Downsize: _____

Total Beds: _____ # of Vacancies: _____ Date of Vacancy: _____

Case Numbers of Consumers Residing in the Home:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Can the base hours in the staffing schedule be reduced due to the vacancy? Explain how many base hours are needed on a weekly basis.

Completed by: _____ Date: _____ Phone: _____

PROVIDERS – Stop here and submit to the supervisor overseeing the home by the 3rd Monday of the month in which the downsize is being requested for.

For use by CMHCM staff only:

Could the base hours in the staffing schedule have been reduced due to the vacancy? Yes No

If Yes, what is the minimum number of hours needed per week and was an adjustment made? _____

If No, explain why: _____

Were any referrals made in the month the downsize is being requested for? _____

If a referral was not accepted, please explain why:

Completed by: _____ Date: _____

This form must be sent to Provider Network Management by the 4th Tuesday of the month in which the downsize is being requested for.

Residential Review Approval:

Downsize Approved: _____

Residential Review Meeting Date: _____

Authorizations & Rates Changes By: _____ Date: _____

Community Mental Health for Central Michigan
Guideline for Type B Specialized Residential Admissions, Discharges and Transfers

Provider: When there has been a vacancy for an entire month, the provider will complete the Downsize Request Form and send it to the supervisor overseeing the home by the **3rd Monday of the month.**

When vacancies occur during the month, provider consults with clinical staff (supervisor) to determine appropriate level of staffing for those remaining in the home.

Supervisor: Downsize Request Form—Supervisor will document all referrals made to fill the vacancy and whether the referrals were determined to be appropriate or not on the form. Provider acceptance or refusal for each referral will also be documented. Supervisor forwards the form to Provider Network Management by the **4th Tuesday of the month.**

For vacancies occurring during the month, the supervisor will notify Provider Network Management when adjustments are needed due to required staffing levels for those remaining in the home.

Provider Network Management: Provider Network Management will bring the information to the monthly Residential Review Committee meeting (**4th Friday of the month**). Each home will be reviewed and decisions made on a case-by-case basis.