

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Behavioral Health and Developmental Disabilities Administration

PERSONAL CARE IN NON-SPECIALIZED RESIDENTIAL SETTINGS
TECHNICAL REQUIREMENT

NOTE: Replicated from the Michigan Department of Health and Human Services (MDHHS) Personal Care in Non-Specialized Residential Settings Guideline as included in the Public Mental Health Code Manual, Volume 01-C, Section 11 16(j), Subject GL-00, Chapter 01, Dated October 9, 1996.

I. SUMMARY

This guideline establishes operational policy; program, and clinical documentation requirements for issuing payments through the Adult Services Automated Payment (ASAP) (formerly Model Payment Program) program for mental health recipients who need personal care services when placed in a non-specialized residential foster care setting.

II. APPLICATION

- A. Community Mental Health Services Programs (CMHSPs) and Prepaid Inpatient Health Plans (PIHPs) as specified in their contracts with the MDHHS.
- B. Psychiatric Hospitals and Centers operated by, or under contract with, the MDHHS.
- C. Special facilities operated by the MDHHS.
- D. Children's units operated by the MDHHS.

III. POLICY

Upon placement of a mental health recipient into a non-specialized residential foster care setting, the Responsible Mental Health Agency (RMHA) shall insure that any need for personal care services are identified in their IPOS is addressed in keeping with Medicaid standards. In addition, the RMHA shall take the required action(s) to further ensure that payment(s) for personal care services are issued and all payment problems are resolved.

IV. DEFINITIONS

Client Services Management: a related set of activities which link the recipient to the public mental health system, and which staff coordinate to achieve a successful outcome.

Family Member: a parent or stepparent of a minor child, or a spouse.

Individual Plan of Service (IPOS): a written plan which identifies mental health services as defined in Section 712, Act 290 of the Public Acts of 1995.

Medicaid Designated Case Manager: the case manager must be either a qualified mental retardation professional (QMRP) as defined in 42 CFR 483.430, or a qualified mental health professional (QMHP) as defined in Michigan's Medicaid Provider Manual (MPM).

Non-Specialized Residential Foster Care Setting: a licensed dependent living arrangement which provides room, board, and supervision but does not provide in-home specialized mental health services.

Personal Care Services: services provided in accordance with an IPOS that assist a recipient by hands-on assistance, guiding, directing, or prompting of Personal Activities of Daily Living (PADL) in at least one of the following activities:

- A. **EATING/FEEDING:** the process of getting food by any means from the receptacle (plate, cup, or glass) into the body. This item describes the process of eating after food is placed in front of an individual.
- B. **TOILETING:** the process of getting to and from the toilet for elimination of feces and urine, transferring on and off the toilet, cleansing self after elimination, and adjusting clothing.
- C. **BATHING:** the process of washing the body or body parts, including getting to or obtaining the bathing water and or equipment, whether this is in bed, the shower, or bathtub.
- D. **GROOMING:** the activities associated with maintaining personal hygiene and keeping one's appearance neat, including care of teeth, hair, nails, skin, etc.
- E. **DRESSING:** the process of putting on, fastening, and taking off all items of clothing, braces and artificial limbs that are worn daily by the individual, including obtaining and replacing the items from their storage area in the immediate environment. Clothing refers to the clothing usually worn daily by the individual.
- F. **TRANSFERRING:** the process of moving horizontally and/or vertically between the bed, chair, wheelchair, and/or stretcher.
- G. **AMBULATION:** the process of moving about on foot or by means of a device with wheels.
- H. **ASSISTANCE WITH SELF-ADMINISTERED MEDICATION:** the process of assisting the client with medications that are ordinarily self-administered when ordered by the client's physician.

V. STANDARDS

- A. The recipient must be Medicaid-active during the effective dates of service.
- B. Providers of non-specialized residential services must be licensed and meet minimum requirements of the MDHHS as defined and contained therein, Act 117, Public Acts of 1973, as amended and Act 2 18, Public Acts of 1979, as amended, for non-specialized residential settings such as: homes for the aged, adult foster care family home, adult foster care small group home, adult foster care large group home, adult foster care congregate facility, foster family home, foster family group home, and childcare institutions.

- C. Personal care services are covered when ordered by a physician or Medicaid designated case manager based upon face to face contact with the recipient, in accordance to the recipient's IPOS, and rendered by a qualified individual who is not a member of the recipient's family.
- D. Supervision of personal care services is required, and may be provided by a registered nurse, physician assistant, a Medicaid designated case manager supervisor, or a Medicaid designated case manager other than the case manager who ordered the services. Supervision of personal care services is a two-part sign-off process which includes:
 - 1. Approval of covered personal care services occurs after a Medicaid designated case manager or physician has ordered personal care services, which must be either written in the IPOS or on a program approved form.
 - 2. A re-evaluation or review of personal care services must occur within a calendar year of the last plan for personal care services, last re-evaluation, or review, whichever occurred last, based upon either a face-to-face contact with the recipient or an administrative review of the recipient's IPOS. A Medicaid designated case manager shall initiate a re-evaluation or review on a program approved form.
- E. The provider of the service must maintain a service log that documents specific days on which personal care services were delivered consistent with the recipient's IPOS.
- F. Compliance with the Personal Care/Adult Services Automated Payment standards of the MDHHS.

VI. REFERENCES AND LEGAL AUTHORITY

- A. Social Security Act (SSA), Section 1905(a)(17).
- B. 42 CFR 440.170 and 42 CFR 483.430.
- C. Act 258 of the Public Acts of 1974 (MCLA-330.1 116) and Act 290 of the Public Acts of 1995 (MCLA -330.1712).
- D. Michigan's Medicaid State Provisions for Title XIX of the SSA.
- E. The MDHHS, Service Manual, Adult and Family Services Item 314 and 372, Home Help Adult, Community Placement and Personal Care Services, Adults Foster Care (AFC) and Homes for the Aged (HA), Personal Care/Supplemental Payments.
- F. The MDHHS, Personal Care/Adult Services Automated Payment Manual, 1996.