PERSONAL CARE IN NON-SPECIALIZED RESIDENTIAL SETTINGS TECHNICAL REQUIREMENT

I. SUMMARY

This guideline establishes operational policy and program and clinical documentation requirements for issuing payments through the Adult Services Automated Payment (ASAP) program (formerly Model Payment Program) for Medicaid beneficiaries under the following circumstances:

- are 18 years of age or older;
- currently receiving services through a Responsible Mental Health Agency (RMHA); and
- need personal care services when placed in a non-specialized residential foster care setting.

II. APPLICATION

A. Prepaid Inpatient Health Plans (PIHPs) as specified in their contracts with the Michigan Department of Health and Human Services (MDHHS).

III. POLICY

Upon placement of an individual into a non-specialized residential foster care setting, the RMHA delegated by the PIHPs or through one of its contracted providers shall ensure that any need for personal care services is identified in their Individual Plan of Service (IPOS) in keeping with Medicaid (MA) 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: means a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his/her financial support.

Individual Plan of Service (IPOS): a written plan which identifies mental health services as defined in MHC 330.1712 amended in 1996.

Medicaid (MA) Designated Case Manager/Supports Coordinator: case manager or supports coordinator must be either a qualified intellectual disability professional (QIDP) as defined in 42 CFR 483.430, or a qualified mental health professional (QMHP) as defined in Michigan's Medicaid Provider Manual.

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 Activities of Daily Living (ADL) in at least one of the following activities:

A. EATING/FEEDING: Helping with the use of utensils, cup/glass, getting food/drink to mouth, cutting up/manipulating food on plate, swallowing foods and liquids, cleaning face and hands after a meal.
B. TOILETING: helping on/off the toilet, commode, or bedpan; emptying commode, bed pan, or urinal; managing clothing; wiping and cleaning body after toileting; cleaning ostomy and/or catheter tubes/receptacles; and applying diapers and disposable pads. May also include catheter, ostomy, or bowel programs.
C. BATHING: helping with cleaning the body or parts of the body using a tub, shower, or sponge bath; including getting a basin of water, managing faucets, soaping, rinsing, and drying; helping shampoo hair.
D. GROOMING: Maintaining personal hygiene and a neat appearance, including the combing/brushing of hair; brushing/cleaning teeth; shaving; fingernail; and toenail care.
E. DRESSING: Putting on and taking off garments; fastening and unfastening garments/undergarments; assisting with special devices such as back or leg braces, elastic stockings/garments, and artificial limbs or splints.
F. TRANSFERRING: Moving from one sitting or lying position to another; assistance from the bed or wheelchair to the sofa; coming to a standing position; and/or repositioning to prevent skin breakdown.
G. MOBILITY/AMBULATION: Walking or moving around inside the living area; changing locations in a room; assistance with stairs; maneuvering around pets or obstacles including uneven floors.
H. TAKING MEDICATIONS: Taking prescribed and/or over the counter medications.

V. STANDARDS

A. Recipient must be Medicaid active during 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 218, 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 child caring institutions.

C. Personal care services are covered when authorized by the MA designated case manager/supports coordinator based upon face-to-face contact with recipient, and in accordance an IPOS and rendered by a qualified person who is not a member of the individual's family.

D. Supervision of personal care services is required and is provided by the MA designated case manager/supports coordinator who authorized the services. Supervision of personal care services occurs during monthly or quarterly face-to-face visits completed by the MA designated case manager/supports coordinator:

1. Authorization of covered personal care services occurs when the MA designated case manager/supports coordinator has amended the IPOS to indicate the date these services started and what the individual's need for personal care is. The MA designated case manager/supports coordinator will complete the authorization in the ASAP and enter the service start date in the Case Mgr./RN Cert Date section of the ASAP authorization which will trigger the payments to providers.

2. A review of personal care services must occur within a calendar year of the authorization for personal care services based upon a face-to-face contact with recipient to review if the need for personal care is still required. The MA designated case manager/supports coordinator will complete the review and update the IPOS accordingly, in addition to completing a new authorization in the ASAP.

3. It is important that the ASAP authorizations are kept current. If an individual moves out of the AFC, changes providers, ends services with the RMHA, or there is a break in services such as a hospitalization, the MA designated case manager/supports coordinator needs to end the authorization in the ASAP on the effective date.

4. If the individual ends RMHA services, the MA designated case manager/supports coordinator will notify the MDHHS Adult Services Worker (ASW) and coordinate with the AFC provider to transfer the case over to the MDHHS ASW.

5. Retroactive payment requests/authorizations cannot span beyond 365 days of the current date.

6. Temporary Absence Other Than Hospital or nursing home are permissible up to 104 days a year and are permissible without impacting authorizations or payments in situations where the individual is visiting family, away on weekends, or on vacations. Providers will need to record the dates of absences in the facility resident record. The MA designated case manager/supports coordinator will monitor this during face-to-face visits. The MA designated case manager/supports must be made aware

of any absence greater than 8 days a month and the reason for the absences.

7. Recoupment for overpayments needs to occur when a provider is paid for days when an individual is no longer residing in their home or for absences related to hospitalization or nursing home placement. When this occurs, the MA designated case manager/supports coordinator will need to write a Recoupment Letter for Title XIX Payments and include the following:

   - The letter should always be completed on RMHA letterhead.
   - Fax a copy of the completed and signed letter to MDHHS-Overpayments and Collections Unit-ASAP at 517-346-9890.
   - Mail two copies of the letter to the AFC provider.
   - Overpayments that have not been cashed are not considered overpayments, not recoupments. These warrants can be returned to the Department of Treasury:
     Department of Treasury
     Office of Financial Services
     P.O. Box 30788
     Lansing, MI 48909
   - Keep a copy of the letter for the individual's record.
   - One letter is needed for each individual.

E. Provider of 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 MDHHS, which includes the following:

1. All RMHAs have at least one employee in the role of the lead CMH Liaison in the ASAP. A back-up CMH Liaison is encouraged for each RMHA.
2. CMH Worker roles are assigned to the MA designated case manager/supports coordinator who will be responsible to complete authorizations in the ASAP. CMH Liaisons can also complete the ASAP payment authorizations.
3. CMH Liaisons will approve/deny access of CMH Workers requests in the ASAP and oversee CMH Worker roles in the ASAP.
4. CMH Liaison approval/denial is completed at the State level so open communication with MDHHS and CMH Liaisons is important and critical to the approval/denial of CMH Liaisons.

G. Provider Process:

1. AFC or HFA providers who wish to receive the MA personal care supplement payment must first be licensed with the Michigan

Department of Licensing and Regulatory Affairs (MDLARA), enrolled in the Statewide Integrated Governmental Management Applications system (SIGMA), and enrolled in Bridges.

2. The DHS-2351-X is an internal form and must be completed by an MDHHS worker or approved RMHA. Please make sure to use the most current DHS-2351-X version.
3. For issues related to provider enrollment, please email ProviderSupport@michigan.gov for assistance.

VI. REFERENCES AND LEGAL AUTHORITY

A. Social Security Act, Section 1905(a) (17).
B. 42 CFR 440.170 and 42 CFR 483.430.
C. MHC 330.1712 Individualized Written Plan of Services (amended 1996), MHC 330.1100a Definitions; a to e (amended 2019), MHC 330.1100b Definitions; f to n (to be amended on 03/24/21) and MHC 330.1100c Definitions; p to r (to be amended on 03/24/21)
D. Michigan's Medicaid state provisions for Title XIX of the Social Security Act
E. Michigan Department of Health & Human Services, Adult Services Manual (ASM) Policies; ASM 004, ASM 010, ASM 030, ASM 045, ASM 065, ASM 075 and ASM 121.