


<b>CHAPTER</b> Fiscal Management	<b>CHAPTER</b> 06	<b>SECTION</b> 003	<b>SUBJECT</b> 95
<b>SECTION</b> Reimbursement		<b>DESCRIPTION</b> Establishing the Need for Personal Care Services and the Payment Process - Adult Services Authorized Payments (ASAP): Title XIX	
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**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input type="checkbox"/> Interns
<input type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

**POLICY:**

Lapeer County Community Mental Health (LCCMH) assesses need for personal care services for all persons served in a licensed, non-specialized residential facility and those who are Medicaid eligible and assist in the setup of ASAP billing.

**STANDARDS:**

- A. All persons served needing personal care services must have those needs incorporated into their Individual Plan of Services (IPOS).
- B. Paid services must be rendered by a qualified person who is not a family member of the person served.

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**PROCEDURES:**

A. Medicaid Designated Case Manager (CSM)

1. Assesses the need for personal care services.
  - a. Anytime, preferably at intake, at the IPOS meeting, or especially when a substantial change has occurred.
  - b. Annually thereafter (within 364 days).
2. Identifies the need for personal care services as follows:
  - a. Assesses and orders services based upon face-to-face contact with the person served and in accordance with the IPOS.
  - b. Completes Prescription for Personal Care Recipients in Alternative Residential Settings (Form DCH-3803).
3. Completes all pertinent areas of the form.
  - a. Obtains the signature of any of the following: Registered Nurse, Physician Assistant, a Medicaid designated case holder Supervisor or a designated case holder other than CSM who ordered the services, who knows and agrees the person served warrants identified services.

B. Administrative Designee

1. Completes DSS 2355 and enters Authorization information in Adult Services Payment System (ASAP) or instructs Case Manager to enter the authorization into ASAP system.

C. Planning Team

1. Incorporates into the IPOS through goals or care plan(s), once the areas of need have been identified.

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D. Identified Professional Staff

1. Monitors areas of need as determined by the IPOS Team.

E. Primary Case Holder

1. Reassess the need for Personal Care Services as appropriate, at a minimum, on an annual basis.
2. A new plan (Form DCH-3803) is required when:
  - a. The person served moves from a more restrictive environment or specialized setting to a non-specialized setting.
  - b. Upon initial placement or when the person served has never lived in a non-specialized setting before.
  - c. A substantial change has occurred.
  - d. There is a transfer of responsibility between Michigan Department of Health and Human Services (MDHHS) and LCCMH.
3. A new plan (Form DCH-3803) is not required when a person served is released or discharged from a hospital for medical reasons and returns to a non-specialized foster care home, if their personal health care needs have not significantly or substantially changed.
  - a. Upon the return to Adult Foster Care (AFC) after hospitalization, the CSM must choose one or more of the following types of documentation:
    - i. Use clinical and/or case records to record hospitalization and current personal care needs.
    - ii. Meet with Case Management Department Supervisor to review case and aftercare needs. Document via case note.

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iii. Use a new IPOS, Periodic Review, or Amendment, with appropriate signature(s) and dates.

4. The CSM should use one of the following options:

- a. If a person served is released or discharged from a hospital and returns to the same foster care setting and their personal care needs remain the same, then the CSM documents via contact or progress note.
- b. If the person served returns to the same home and their personal care needs have changed, then CSM documents via new IPOS, Periodic review, or Amendment.
- c. If the person served returns to a different home, then CSM or designee completes a new IPOS, Periodic Review, or Amendment.

F. Provider Agreement:

- a. The AFC provider signs up for a Statewide Integrated Government Management Application (SIGMA) Vendor ID. The State of Michigan SIGMA Vendor Self Service (VSS) system allows AFC Providers to manage information and view financial transactions. After this step is completed, the AFC Provider can obtain their Provider ID number for their home. No authorization can take effect prior to this.

G. Temporary absence other than hospital:

- 1. Absences up to eight days a month or 104 days a year are permissible without an adverse effect on the AFC/HA/CI Personal Care / Supplemental Payment. Providers record the dates of absences in the facility resident record (personal services log). Case Managers monitor this at the time of the quarterly and annual reviews. Absences of more than eight days a month but less than 104 days a year must be approved in writing by the case manager and/or supervisor.

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2. In addition, Plan of Services or Case Management Supervisor Reviews upon renewal or change(s) must include the number or what days / times absences are presently noted or documented.

H. Reinstatement of authorization:

1. If a client returns to a facility within 90 days after the services case was closed and payment terminated, it is not necessary to complete a new Plan.
2. The CSM is to re-open the case and reinstate the authorization for the personal care / supplemental payment using the DSS-2355.

**DEFINITIONS:**

Refer to Policy Number 06.003.85 Adult Services Authorized Payment Definitions for a complete list of definitions.

**REFERENCES:**

Adult Services Authorized Payment (ASAP) Statewide Integrated Governmental Management Application (SIGMA) Vendor Self Service (VSS). .  
Exhibit A: DSS Form 2355; Model Payment Authorization;

Exhibit B: DHHS Form 3803; Data Sheet and Prescription for Personal Care Recipients in Alternative Residential Settings

DD & EM:mgr

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This policy supersedes  
#09/04034 dated 09/22/2004.  
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