

**Medicaid Managed Specialty  
Supports and Services  
1915 (b)/(c) Waiver Program**

Contract Attachment

P 6.8.2.4

**Personal Care in Non-Specialized  
Residential Settings  
Technical Requirement**

## **PERSONAL CARE IN NON-SPECIALIZED RESIDENTIAL SETTINGS TECHNICAL REQUIREMENT**

NOTE: Replicated from the MDCH Personal Care in Non-Specialized Residential Settings Guideline as included in the Public Mental Health Manual, Volume 01-C, Section 1116(j), Subject GL-00, Chapter 01, Dated 10/9/96.

### **I. SUMMARY**

This guideline establishes operational policy; program and clinical documentation requirements for issuing payments through the Model Payment System (MPS) 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) when specified in the master contract with the Michigan Department of Community Health (MDCH).
- B. Psychiatric Hospitals and Centers operated by, or under contract with the MDCH.
- C. Special facilities operated by the MDCH.
- D. Children's units operated by the MDCH.

### **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 plan is addressed in keeping with Medicaid (MA) standards. In addition, RMHA shall take the required action(s) to further insure 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 or step-parent of a minor child or spouse.

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

**Medicaid (MA) Designated Case Manager:** 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 Mental Health Clinic Provider Manual, Chapter III.

**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 individualized plan of service 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, 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 room for elimination of feces and urine, transferring on and off the toilet, cleansing self after elimination, and adjusting clothes.
- 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, shower or tub.
- 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. 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 Michigan Department of Consumer and Industry Services (MDCIS) and MDCH as defined and contained therein, Act 117, Public Acts of 1973, as amended and 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 ordered by a physician or Medicaid (MA) designated case manager based upon face to face contact with recipient, and in accordance an Individual Plan of Service (IPS) and rendered by a qualified person who is not a member of the individual family.
- D. Supervision of personal care services is required, and may be provided by a registered nurse, physician assistant, a MA designated case manager supervisor or a MA designated case manager other than the case manager who ordered 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 IPS 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 or last re-evaluation or review whichever occurred last, based upon either a face-to-face contact with recipient or an administrative review of plan of service. A Medicaid designated case manager shall initiate a re-evaluation or review on a program approved form.
- E. Provider of service must maintain a service log that documents specific days on which personal care services were delivered consistent with the recipients individual plan of services.
- F. Compliance with the Personal Care/Model Payments standards of MDCH.

## **VI. REFERENCES AND LEGAL AUTHORITY**

- A. Social Security Act, Section 1905(a) (17).
- B. 42 CFR 440.170 and 42 CFR 483.430.

- C. Act 258 of the Public Acts of 1974 (MCLA -330.1116) and Act 290 of the Public Acts of 1995 (MCLA -330.1712).
- D. Michigan's Medicaid State provisions for Title XIX of the Social Security Act.
- E. Michigan Department of Social Services/Family Independence Agency, 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. Michigan Department of Community Health, Personal Care/Model Payment Manual, 1996.

**VII. EXHIBITS**

None.