

# SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## POLICY AND PROCEDURE MANUAL

Section: Clinical  
Policy Number: 21  
Subject: **Personal Care**

Effective Date: 4/26/99  
Last Revision Date: 12/28/15  
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### **Policy**

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA) that Medicaid reimbursement through the Model Payment System will be obtained for all eligible consumers who require assistance in meeting their personal care needs. Personal care payments to Adult Foster Care (AFC) providers will be ensured when services are provided to eligible consumers in accordance with SCCMHA procedures. Standards for determining need for personal care services, criteria for eligibility and clinical documentation requirements will follow Medicaid standards and technical requirements as stated in MDHHS/PIHP Managed Specialty Supports Services Contract: Attachment 3.11.4, Personal Care in Non-specialized Residential Settings.

### **Purpose**

To establish objective criteria for the authorization of payment through the Model Payment System for personal care services for consumers placed in non-specialized residential foster care settings.

### **Application**

All consumers of SCCMHA who reside or are being placed in a non-specialized residential foster care setting.

### **Standard**

#### **A. Consumer Eligibility**

1. A Qualified Intellectual Disabilities Professional (QIDP) has conducted a face to face specialized assessment of individuals who have a primary diagnosis of a mental illness and has determined the need for personal care services.
2. Personal care services will be authorized in accordance with an Individualized Plan of Service which includes the identification of the personal activities of daily living requiring assistance and the intensity of the provision of services to be delivered by the AFC provider.

3. A re-evaluation for the eligibility for personal care services will be determined at least annually or whenever there is evidence of a change in the services or intensity of services to be provided.
4. A consumer who no longer needs personal care services may elect to remain in AFC settings but personal care services may not be authorized solely to accommodate a consumer's personal decision to stay in this setting.

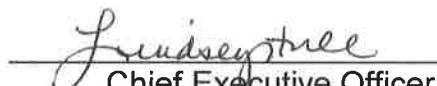
B. Provider Eligibility

1. The AFC home provider is currently licensed and the provider agrees to notify SCCMHA in writing of any change in the status of the license.
2. The AFC home provider maintains a service log that documents specific days on which personal care services were delivered consistent with the consumer's Individual Plan of Service.
3. The AFC home provider makes the service log available for Supports Coordinator's review at least quarterly or according to the frequency identified in the Individual Plan of Service.
4. The AFC home provider is not the consumer's spouse.

Approved by:

  
Board Chairperson

4-14-2016  
Date

  
Chief Executive Officer

4/14/16  
Date

Review/Revision Dates:

Date:	By:
2000 – 2008	Review by Board
10/15/08	Revised by Clinical Leadership
1/11/10	Reviewed by Program Committee
8/21/12	Reviewed by Craig Hause
01/30/14	Reviewed by Craig Hause
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