

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 1/24

Page 1

CHAPTER Fiscal Management	CHAPTER 07	SECTION 003	SUBJECT 0035
SECTION Reimbursement	SUBJECT Specialized Foster Care Rate Determination		
WRITTEN BY Lisa K. Ferguson	REVISED BY Kyle McLeod	AUTHORIZED BY Tracey Pingitore	

I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure that each individual placed into a contractual foster care bed will be assessed to determine a proposed level of care rate for Specialized Foster Care reimbursement.

III. DEFINITIONS:

Specialized Foster Care: Licensed Adult Foster Care Home with a Specialized Certification through the State of Michigan to provide care to a specific population.

IV. STANDARDS:

- A. Rate determination must be completed for every individual residing in a Specialized Residential Home.
- B. Exceptions to the rate may be granted to reimburse providers at a rate outside the regularly set federal levels of care when appropriate.
- C. Rate determination using the scale(s) is only a proposal; any rate is subject to the final approval and determination of SCCCMHA's Program Director or Chief Executive Officer. Current rates are available from Administration.
- D. Re-determinations may be done at any time.
- E. Rate determination will be reviewed and re-done annually, or as needed

CHAPTER Fiscal Management	CHAPTER 07	SECTION 003	SUBJECT 0035
SECTION Reimbursement	SUBJECT Specialized Foster Care Rate Determination		

V. PROCEDURES:

Primary Case Holder of Individuals Residing in Specialized Residential Foster Care

1. Provides Specialized Foster Care Provider with the Adult Residential Licensing – Resident Assessment and Support Plan (Form #0164).

Specialized Foster Care Provider

2. Receives completed Adult Resident Licensing – Resident Assessment and Support Plan.
3. Provides input to Primary Case Manager regarding the completion of the form(s). Signs form for approval.
4. Provides input to Primary Case Manager regarding the completion of Resident Assessment and Support Plan any time an individual requires a revision to their current ‘level of care’ and/or need.
5. Contact the Primary Case Manager’s supervisor* with the initial resolution attempt, if disagree with the ‘determined rate’ and opting to appeal.

*If it cannot be resolved at this level, submits rationale, in writing, to the SCCCMHA’s Chief Executive Officer.

Primary Case Holder

6. Forwards approved, signed Adult Residential Licensing – Resident Assessment and Support Plan form to Finance designee.

Finance Designee

7. Receives/tracks all approved Adult Residential Licensing – Resident Assessment and Support Plan.
8. Determines rates for future payments to Specialized Foster Care Provider, based on Resident Assessment and Support Plan.
9. Notifies Contract Manager and Primary Case Manager of approved rates and codes to authorize.
10. Forwards original forms to be scanned into case record.

Primary Case Holder

11. Authorizes “Personal Care” and “Comprehensive Community Support Service” codes in OASIS, under individual’s Service Authorization.

Specialized Foster Care Contract Manager

12. Processes contract/contract amendment.

CHAPTER Fiscal Management	CHAPTER 07	SECTION 003	SUBJECT 0035
SECTION Reimbursement	SUBJECT Specialized Foster Care Rate Determination		

13. Provides contract rate information to Data Management designee, via “Request for New Location Code” form (Form #0282), if new location.

Data Management Designee

15. Updates OASIS computer system.

VI. REFERENCES:

None available

VII. EXHIBITS:

None available

VIII. REVISION HISTORY:

Dates issued 07/20, 12/22, 12/23.