

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued 1/24

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SECTION Reimbursement	SUBJECT Personal Care and Comprehensive Community Support Services Log and Foster Care Travel Voucher		
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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 services provided are in compliance with the Michigan Department of Health and Human Services (MDHHS) Administrative Rules.

III. DEFINITIONS:

- A. Comprehensive Community Support Services: Verbal guidance or direction (prompts) from staff to a resident, who will then complete a task for himself or herself.
- B. Home Provider: For the purposes of this administrative procedures refers to the specialized foster care home or group home. The home provider may also refer to the administration office of the corporation, a designated employee of the foster home or group home.
- C. Personal Care: Physically providing or assisting an individual in completing personal care needs. Refer to administrative procedures #03-003-0045 Personal Care Services. Physically providing or assisting means “hands-on” service.
- D. Personal Care and Comprehensive Community Support Services Log (PC-CCSS): Form used by adult foster care/group home providers to document care/services provided to an individual.
- E. Specialized Mental Health Program: Services provided to a resident by home provider such as treatment plan monitoring and implementation of in-home goals, documentation of goal status. Provision of specialized mental health programs allows CMH to provide contract monies to home provider for care.
- F. Takeback: When an inappropriate payment for services to an adult foster care/group home payment must be returned by provider when review of PC-CCSS log does not support payment for date of service indicated.

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IV. STANDARDS:

- A. The home provider will only be paid for days that the resident receives at least one personal care and/or community living support service. The home provider will not be reimbursed for a day if the individual transfers to another per diem setting. (e.g. hospital).
- B. If a retrospective record review reveals the Personal Care-Comprehensive Community Support Services (PC-CCSS) log does not support payment(s) for date(s) of service, the home provider must return the inappropriate payment(s).

V. PROCEDURES:

Adult Foster Care / Group Home Provider

1. Completes a monthly (PC-CCSS) log for each resident.
 - a. Follows instructions in Exhibit A. See sample (Exhibit B).
 - b. Indicate on PC-CCSS logs on blank days, where individual entered from or exited to (e.g., “from hospital,” or “exited home”). Refer to Form 1024-A.

Group Home Provider

2. Enters data from PC-CCSS logs into OASIS.
3. Copies PC-CCSS logs for group home files and sends originals to primary case holder for review/approval.

Data Management

4. Enters data from PC-CCSS logs for foster care residents into data entry system.
5. Copies PC-CCSS log sheets and travel vouchers and forwards originals to primary case holder for review/approval.

Primary Case Holder

6. Reviews PC-CCSS logs and Travel Vouchers for accuracy and completion. Resolves discrepancies and makes corrections to PC-CCSS Logs.
7. Signs PC-CCSS Logs and travel voucher with credentials and date, to verify that all information on report(s) is accurate.
8. Sends signed PC-CCSS logs to finance by 25th of the month following the service month.

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9. Ensures, if specialized compensation is being provided to foster care home, that mental health goals are implemented and documented in the home. Also ensures that foster care provider meets all certification requirements, if not, additional payment cannot be paid to provider.

Finance Staff

10. Checks logs received from primary case holder against master list of claims entered.
- a. Follows up with primary case holder to obtain any logs that were not submitted.
 - b. Reviews primary case holder corrections/notes on PC-CCSS logs for possible takebacks.
11. Forwards PC-CCSS logs requiring possible takebacks to finance supervisor for review and action required.
- a. Initiates takeback if required.
 - b. Notifies contract manager if required regarding PC-CCSS log data entry errors.
12. Process PC-CCSS payments to home providers based on data entered into computer system.
13. Marks all PC-CCSS logs as reviewed and forwards to records room for scanning.

Program Clerical Staff

14. Scans all forms and any receipts for the case record.

Contract Manager

15. Monitors home providers' compliance to certification rules. If non-compliance is determined, this may result in a payback of specialized funds.

VI. REFERENCES:

None Available

VII. EXHIBITS:

- A. Instructions (Attendance and Personal Care and Comprehensive Community Support Services)
- B. Personal Care and Comprehensive Community Support Services Log

VIII. REVISION HISTORY:

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Dates issued 12/82, 10/90, 04/92, 01/94, 01/98, 04/99, 05/00, 04/02, 04/04, 10/04, 10/06, 10/08, 10/10, 08/12, 11/13, 11/14, 11/15, 07/17, 07/18, 07/19, 07/20, 01/22, 12/23.

Personal Care and Comprehensive Community Support Services Log INSTRUCTIONS

Home Provider should complete as follows:

1. Individual name, CMH case number, month and year, Personal Care code, and Comprehensive Community Support Services code.
2. Home Provider name, address, and telephone number.
3. Complete a Log sheet for each individual in the home.

Personal Care section

1. Put an "X" in the boxes for each Personal Care service provided on that day.

Comprehensive Community Support Services Section

1. Put an "X" in the boxes for each Comprehensive Community Support service provided on that day.
2. Make sure to complete the bottom line of the table. Put an "X" for each day that the individual received at least one service in the home
 - Exception-Do not put an X in the bottom line if the resident was transferred to another per diem setting. (e.g. hospitalization, transfer to another home.)

Provider – signs and dates the Log sheet.

Submit to CMH Administration by the 3rd working day of the month. Failure to submit Log sheets by the 3rd working day of the month may result in delayed payment.

Maintain a copy for Home's records.

NOTE: If the individual moves in or out during the month, or is hospitalized, note the dates on the PC/CCSS Log sheet.

Administration will enter the data and then forward the original to the Primary Case holder who will review and sign the Log sheet.

St. Clair County Community Mental Health Authority
Specialized Residential Personal Care and Community Living Supports Log

Consumer Name: _____ Provider: _____ Personal Care Code: T1020
 Consumer ID#: _____ Provider Telephone: _____ CLS Code: H2016
 Month: _____ Year: _____

Hands-on Services/Supports	Days of the Month																															
Personal Care (PC) - Provide/Assist	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
A. Eating/Feeding																																
B. Toileting																																
C. Bathing																																
D. Dressing																																
E. Grooming																																
F. Transferring																																
G. Ambulation/Mobility																																
H. Taking Medication																																
Community Living Supports (CLS) -Guide/Direct	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
A. Assisting/Observing/Guiding and/or:																																
1. Meal Preparation																																
2. Laundry																																
3. Routine Household Care/Maintenance																																
4. Activities of Daily Living (bathing, eating, dressing, personal hygiene)																																
5. Shopping																																
B. Assistance/Support/Training the Recipient with:																																
1. Money Management																																
2. Socialization and Relationship Building																																
3. Transportation																																
4. Leisure Choice and Participation in Regular Community Activities and Recreation Opportunities																																
5. Attending Medical Appointments																																
C. Monitoring/Protection of Health and Safety (includes sleeping hours)																																
D. Monitoring Self-Administration of Medications																																
Put "X" for each day resident receives at least one activity in the home *Exception-when consumer transfers to another per diem code (e.g., hospitalizations, transfers to another home)																																

I certify the services named above on the days indicated have been provided. CSM/SC Review Completed By: _____ Date: _____

Providers Signature: _____ Date: _____

Printed Name	Credentials/Job Title
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