

**SERVICE DESCRIPTION**  
**Personal Care (PC) in a Licensed Specialized Residential Setting**

*This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:*

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

**1. Definition or Description of Service**

- a. Personal care services are those services provided in accordance with an individual plan of service to assist an individual in performing his own personal daily activities. Services may be provided only in a licensed foster care setting with a specialized residential program certified by the state. These personal care services are distinctly different from the state plan Home Help program administered by MDHHS.
- b. Personal care services are covered when authorized by a physician or other health care professional in accordance with an individual plan of services, and rendered by a qualified person. Supervision of personal care services must be provided by a health care professional who meets the qualifications contained in this chapter.
- c. Personal care services include assisting the beneficiary to perform the following:
  - i. Assistance with food preparation, clothing and laundry, and housekeeping beyond the level required by facility licensure, (e.g., a beneficiary requires special dietary needs such as pureed food);
  - ii. Eating/feeding;
  - iii. Toileting;
  - iv. Bathing;
  - v. Grooming;
  - vi. Dressing;
  - vii. Transferring (between bed, chair, wheelchair, and/or stretcher);
  - viii. Ambulation; and
  - ix. Assistance with self-administered medications.
- d. “Assisting” means staff performs the personal care tasks for the individual; or performs the tasks along with the individual (i.e., some hands-on); or otherwise assists the Individual to perform the tasks himself/herself by prompting, reminding, or by being in attendance while the beneficiary performs the task(s).
- e. Provider Qualifications
  - i. Personal care may be rendered to a Medicaid beneficiary in an Adult Foster Care setting licensed and certified by the state under the 1987 Department of Mental Health Administrative Rule R330.1801-09 (as amended in 1995).
- f. Documentation
  - i. The following documentation is required in the beneficiary's file in order for reimbursement to be made:
    - (1) An assessment of the beneficiary's need for personal care.
    - (2) An individual plan of services that includes the specific personal care services and activities, including the amount, scope and duration to be delivered that is reviewed and approved at least once per year during person-centered planning.
    - (3) Documentation of the specific days on which personal care services were delivered consistent with the beneficiary's individual plan of service.

**2. Practice Principles**

- a. Providers are encouraged to offer evidence-based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are

provided by staff who have been appropriately trained in the model(s) and are provided to the population for which the model was intended.

- b. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.
- c. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service.

**3. Credentialing Requirements** *Refer to current Medicaid Provider Manual for updated requirements*

- a. Provider will assure that licensed professional staff licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.
- b. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.
- c. Provider shall ensure that all vehicles used for transporting the Individual(s) under this agreement are in safe operating condition and contain first aid equipment.
- d. Provider shall permit only responsible staff with an appropriate valid driver's license and insurance, as required by State law, to operate motor vehicles while transporting Individual(s) as evidenced by annual driving record and insurance checks.
- e. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.
- f. Providers of services must:
  - i. Be free from communicable disease.
  - ii. Be able to prevent transmission of any communicable disease from self to others in the environment where they are providing supports.
  - iii. Be able to communicate expressively and receptively in order to follow individual plan requirements and Individual-specific emergency procedures, and report on activities performed. Understanding and skill must be documented.
  - iv. Be in good standing with the law as outlined in the MDHHS/PIHP contract.
- g. Personal care may be rendered to a Medicaid beneficiary in an Adult Foster Care setting licensed and certified by the state under the 1987 Department of Mental Health Administrative Rule R330.1801-09 (as amended in 1995).

**4. Service Requirements**

- a. Provider's supports and services will be based upon the Individual's plan of service, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Said documents are to be present (hard copy or electronically) at the service site, and accessible to Provider's staff responsible for delivering the supports and services.
- b. Provider shall notify the Individual's care manager when the Individual's plan of service is in need of revision or modification.
- c. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that Individual.
- d. Provider shall ensure coordination of care occurs between the Individual's primary health care physician and Medicaid Health Plan (as appropriate). Coordination of care shall include the full array of primary and acute physical health services, behavioral health care, natural or community supports to provide effective treatment, and as specified in an Individual's plan of service.
- e. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the

particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.

- f. Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.
- g. The Individual's record must contain sufficient information to document the provision of services, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face. The frequency and scope of contacts must take into consideration the health and safety needs of the Individual.
- h. The LRE/CMHSP shall be notified of any change in license status, a change to provisional license, or special investigation.

**5. Training Requirements**

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings
- b. Provider will ensure and document that each staff is trained on the Individual's plan of service and any ancillary plans, prior to delivery of service.

**6. Eligibility Criteria/Access Requirements/Authorization Procedures:**

- a. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- b. Waiver eligibility requires verification of no change in waiver status.
- c. The [PIHP Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites