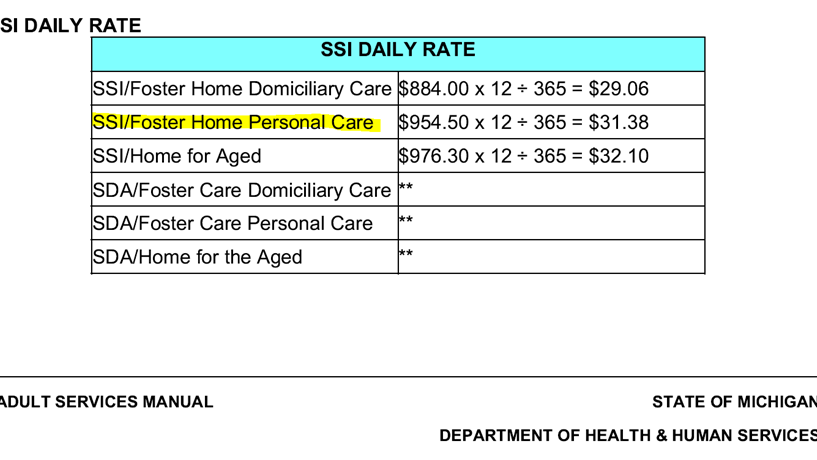
Use of PC in Type A settings

**Problem:** CMH/PIHPs are routinely using the Personal Care code T1020 in residential contracts.

**Conclusion**: They should only use the T1020 code in the contracts in time limited and special circumstances per the Medicaid Provider Manual.

Social Security





**LARA**

**ADULT FOSTER CARE SMALL GROUP HOMES**

(u) "Resident funds" means any monies, securities, bonds, or stocks that are received

by a licensee from, or on behalf of, a resident. Monies include all of the following:

***(i) Payment for adult foster care services.***

(ii) Personal allowance.

(iii) Monies held as a trust obligation.

(iv) Monies in accounts with financial institutions.

(v) "Responsible agency" means a public or private organization that, upon written agreement with a resident or the resident's designated representative, provides either or both of the following:

(i) Assessment planning and the establishment of an individual plan of service.

(ii) Maintenance of ongoing follow-up services while the resident is in the home.

AFC Licensing "Special compensation" means payment to an adult foster 7 care facility to ensure the provision of a specialized program in addition to the basic payment for adult foster care. Special compensation does not include payment received by the adult foster care facility directly from the Medicaid program for personal care services for a resident, or payment received under the supplemental security income program under title XVI of the social security act, 13 42 USC 1381 to 1383f.

**R 400.14206 Staffing requirements.**

Rule 206. (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.

(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

**R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

Rule 301. (1) A licensee shall not accept, retain, or care for a resident who requires continuous nursing care. This does not preclude the accommodation of a resident who becomes temporarily ill while in the home, but who does not require continuous nursing care.

(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:

(a) ***The amount of personal care, supervision, and protection that is required by***

***the resident is available in the home.***

**R 400.14303 Resident care; licensee responsibilities.**

Rule 303. (1) Care and services that are provided to a resident by the home shall be designed to maintain and improve a resident's physical and intellectual functioning and independence. A licensee shall ensure that all interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and normalization.

(2) A licensee shall provide supervision, protection, ***and personal care as defined in the act and as specified in the resident's written assessment plan.***

(3) A licensee shall assure the availability of transportation services as provided for in the resident care agreement.

(4) A licensee shall provide all of the following:

(a) An opportunity for the resident to develop positive social skills.

(b) An opportunity for the resident to have contact with relatives and friends.

(c) An opportunity for community-based recreational activities.

(d) An opportunity for privacy and leisure time.

(e) An opportunity for religious education and attendance at religious services of the resident's choice.

Assessment Plan for AFC Residents

<https://www.michigan.gov/-/media/Project/Websites/lara/bchs/Folder7/AFC_Starter_Packet_Sample_1_16_fillable.pdf?rev=941ac42fbf8f42a6b24610dd1c69b003>

The AFC assessment reviews all personal care items

1. SOCIAL/BEHAVIORAL ASSESSMENT PLAN OF ACTION: A. Moves Independently in Community; B. Communicates Needs; C. Understands Verbal Communication; D. Alert to Surroundings; E. Reads and Writes; F. Tells Time; G. Manages Money; H. Follows Instructions; I. Controls Aggressive Behavior; J. Controls Sexual Behavior; K. Gets Along With Others; L. Exhibits Self Injurious Behavior; M. Participants in Social Activities; N. Smokes; and O. Appropriately Uses Alcohol/Drugs
2. Self-Care Skill Assessment: A. Eating/Feeding; B. Toileting; C. Bathing; D. Grooming (hair care, teeth, nails, etc.); E. Dressing; F. Personal Hygiene; G. Walking/Mobility; H. Stair climbing; I. Use of Prosthesis (Dentures, Artificial limbs, etc.); J. Use of Assistive Devices (explain); and K. Other (explain)
3. III. HEALTH CARE ASSESSMENT PLAN OF ACTION: A. Taking medication; B. Special Diets; C. Physical Limitations; D. Special Equipment Used (Wheel chair, Walker, Cane, etc.); E. Other Difficulties (Vision, Weight, Allergies, etc.); and F. Susceptible to Hypothermia or Hyperthermia
4. IV. SOCIAL AND PROGRAM ACTIVITIES PLAN OF ACTION: A. Participates in Religious Practice; B. Participates in Household Chores; C. Adult Activity Program; D. Senior Center; E. Workshop or job; F. School; G. Hobbies/Special Interest; H. Recreation; I. Physical Exercise; J. Family/Friends (Please Address Any Applicable Visitation Prohibitions and/or Other Considerations); and K. Other (explain)

**Specialized Residential AFC**

DATA SHEET AND PRESCRIPTION FOR PERSONAL CARE RECIPIENTS IN ALTERNATIVE RESIDENTIAL SETTINGS MDHHS 3803

<http://198.109.89.71/forms/forms_files/MDHHS/13-MDHHS-3803.pdf>

A screenshot of a computer

Description automatically generated

**History and appearance of now the code T1020**

“Specialized residential” had been a b3-waiver service. Judy Webb (MDCH) split it into the two services we have now so that a portion of specialized residential services could be attributed to state plan dollars. This was in an effort to help with b/b3 cost neutrality as required by CMS which is no longer an issue per CMS.

2015

**DATA INTEGRITY EFFORT: 2015**

**REPORTING OF H2016/T1020**

**TOPIC:**

**Reporting of State Plan Personal Care (T1020) and EPSDT/B3/HSW Community Living Supports(H2016) in a licensed/certified home**

**PURPOSE OF THIS DOCUMENT**

**To provide a succinct but comprehensive description of the use and reporting of residential services/supports - namely Personal Care(PC) and Community Living Services(CLS) in licensed and certified settings.**

The CMH system encounter reporting has evolved over the past few decades, with a major shift in 2004 with the advent of federally defined codes, and again in 2013 with the federal requirement to include financial data on price/cost in the encounter. Over these years descriptions and requirements have been somewhat scattered, plus there have been a number of work groups that have looked at reporting of PC and CLS in these specialized mental health residential settings. The intent here is to pull together all of this into one go-to place for CMH staff involved with reporting and costing in order to drive a more consistent reporting of these services (high volume - i.e. a large % of PIHP/CMHSP spend - approximately 27%) across the state.

**CODES:**

**Community Living Services :** CLS - H2016

**Personal Care :** PC - T1020

Medicaid Provider Manual and Personal Care use:

**3.5 HCBS** Personal Care Services provided while in the community are limited to beneficiaries who are not eligible for State Plan Personal Care Services (Home Help) (revised 4/1/22) or who require personal care services to begin before State Plan Personal Care Services or other HCBS services (e.g., Program of All Inclusive Care for the Elderly [PACE], MI Health Link, MI Choice) can be authorized. ***Beneficiaries must not receive both*** **State Plan Personal Care Services and HCBS Personal Care Services at the same time**. HCBS Personal Care Services may also be authorized when a beneficiary’s needs change and **they are unable to quickly secure other personal care services available through the State Plan or a waiver**. ***Services cannot duplicate, replace or supplant other available State Plan services.*** Beneficiaries enrolled in another HCBS program offering similar services ***must receive personal care services through that program.***

**5.4 ADULT FOSTER CARE HOME** **The beneficiary is in a** **licensed home that provides supervision, assistance, protection, and personal care, in addition to room and board**. This type of home does not provide continuous medical care. Home Help, Home Health, Home for the Aged, Adult Foster Care, and MI Choice Waiver services may be provided singly or in combination, as defined in Medicaid policy.

**15.1 Waiver Support Services**

**15.1.A. C OMMUNITY L IVING S UPPORTS (CLS) [FORMATTED AS S UBSECTION & CHANGES M ADE 4/1/24]**

NOTE: This is a habilitative service.

Community Living Supports (CLS) facilitate an individual’s independence, productivity, and promote inclusion and participation. The supports can be provided in the beneficiary’s residence (licensed facility, family home, own home or apartment) and in community settings (including, but not limited to, libraries, city pools, camps, etc.), *and may not supplant* other waiver or Medicaid State Plan covered services (e.g., out-of-home non-vocational habilitation, Home Help Program, personal care in specialized

residential setting, respite).

§ Assisting (that exceeds state plan for adults), prompting, reminding, cueing, observing, guiding and/or training the beneficiary with:

Meal preparation; Laundry; Routine, seasonal, and heavy household care and maintenance (where no other party, such as a landlord or licensee, has responsibility for provision of these services); Activities of daily living, such as bathing, eating, dressing, personal hygiene; and Shopping for food and other necessities of daily living.

§ Assisting, supporting and/or training the beneficiary with: Money management; Non-medical care (not requiring nurse or physician intervention); Socialization and relationship building; Transportation (excluding to and from medical appointments that are the responsibility of Medicaid through MDHHS or health plan) from the beneficiary’s residence to community activities, among community activities, and from the community activities back to the beneficiary’s residence); Leisure choice and participation in regular community activities; Attendance at medical appointments; and Acquiring goods and/or services other than those listed under shopping and non-medical services.

§ Reminding, observing, and/or monitoring of medication administration.

The CLS do not include the costs associated with room and board. Payments for CLS may not be made, directly or indirectly, to responsible relatives (i.e., spouses or parents of minor children) or the legal guardian. For beneficiaries living in unlicensed homes, CLS assistance with meal preparation, laundry, routine household care and maintenance, ADL, and/or shopping may be used to complement Home Help services when **MDHHS** has determined the individual’s need for this assistance exceeds Home Help service limits. Reminding, observing, guiding, and/or training of these activities are CLS coverages that do not supplant Home Help. (revised 4/1/22) CLS **may be** provided in a licensed specialized residential setting as a complement to, and in conjunction with, State Plan coverage of Personal Care in Specialized Residential Settings (See 3.5 above)

**17.4.A. C OMMUNITY L IVING S UPPORTS (CLS)**

**NOTE: This service is a State Plan EPSDT service when delivered to children birth-21 years.**

Community Living Supports (CLS) are used to increase or maintain personal self-sufficiency, facilitating a beneficiary’s achievement of their goals of community inclusion and participation, independence or productivity. The supports may be provided in the beneficiary’s residence or in community settings (including, but not limited to, libraries, city pools, camps, etc.).

Coverage includes:

* Assisting (that exceeds State Plan for adults), prompting, reminding, cueing, observing, guiding and/or training in the following activities:
* meal preparation
* laundry
* routine, seasonal, and heavy household care and maintenance
* activities of daily living (e.g., bathing, eating, dressing, personal hygiene)
* shopping for food and other necessities of daily living

CLS services may not supplant services otherwise available to the beneficiary through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973 or State Plan services, e.g., *Personal Care (assistance with activities of daily living in a certified*

*specialized residential setting)* and Home Help (assistance in the beneficiary’s own, unlicensed home with meal preparation, laundry, routine household care and maintenance, activities of daily living and shopping). If such assistance appears to be needed, the beneficiary must request Home Help from MDHHS. CLS may be used for those activities while the beneficiary awaits determination by MDHHS of the amount, scope and duration of Home Help. If the beneficiary requests it, the PIHP case manager or supports coordinator must assist them in requesting Home Help or in filling out and sending a request for Fair Hearing when the beneficiary believes that the MDHHS authorization of amount, scope

and duration of Home Help does not appear to reflect the beneficiary’s needs based on the findings of the MDHHS assessment.

HCBS

Requirements CLS includes:

CLS provided in a residential setting like assisted living, Adult Foster Care, or Homes for the Aged, includes only those services and supports that are in addition to, and must not replace, usual and customary supports and services furnished to residents in the licensed setting. CLS does not include the costs associated with room and board.

Documentation in the participant’s record must clearly identify the participant’s need for additional supports and services not covered by licensure. The PCSP must clearly identify the portion of the participant’s supports and services covered by CLS.

Homemaking tasks incidental to the provision of assistance with ADL may also be included in CLS but must not replace usual and customary homemaking tasks required by licensure.