



Administrative Policy

Policy Title:	Personal Care Services
Policy #:	03-003-0045
Effective Date:	06/5/2025
Approved by:	Telly Delor, Chief Operating Officer
Functional Area:	Client Services
Responsible Leader:	Kathleen Gallagher, Chief Clinical Officer
Policy Owner:	Service Directors
Applies to:	Community Agency Contractor, Contracted Network Providers, Directly Operated Programs, Specialized Residential Providers, SCCCMH Staff, SCCCMH Board

Purpose: It is the purpose of St. Clair County Community Mental Health (SCCCMH) to ensure that all persons served in a licensed residential facility (specialized and non-specialized), and those who are Medicaid eligible, be assessed on their need for *personal care services*.

I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) to ensure that all persons served in a licensed residential facility (specialized and non-specialized), and those who are Medicaid eligible, be assessed on their need for *personal care services*.

II. Standards

- A.** Any person served that is assessed as needing personal care services must have those needs incorporated into their Individual Plan of Service (IPOS).
- B.** Services must be rendered by a “qualified person,” who is not a member of the individual’s family.

III. Procedures, Definitions, and Other Resources

A. Procedures

Actions

Action Number	Responsible Stakeholder	Details
1.0	Primary Caseholder	<ol style="list-style-type: none"> Assess the need for personal care services, mental health/behavioral and/or comprehensive community support services. <ol style="list-style-type: none"> Anytime, preferably at intake, at the IPOS meeting, or especially when a <i>substantial change</i> has occurred. Annually thereafter (within 364 days) Identify the need for personal care services as follows: <ol style="list-style-type: none"> Assess and order services based upon face-to-face contact with the person served and the group home supervisor/designee and/or AFC provider, and in accordance with the IPOS. Specialized AFC forms go to administrative designee. (Model payment persons served - also complete DSS-2355X and forward both to the administrative designee. Specialized Foster Care and Group Home residents also complete form #0164 Adult Residential Licensing – Resident Assessment for Reimbursement and forward to Administrative Designee). Group Home forms go to supervisor for approval. Upon receipt of form #1024A Specialized Residential Personal Care and Community Living Supports Log from the Licensed Provider, the Caseholder is to review the form, confirm the individual was at the residential facility, sign the form and forward the form to the Finance Department. The Finance Department cross references the log with billing and if correct the log is forwarded to Records Staff to be scanned into the EMR. Complete all pertinent areas of the form. Attain authorization codes from Administrative designee.
2.0	Planning-Team	<ol style="list-style-type: none"> Incorporate all of the procedures A. 1-4, into the IPOS through goals or care plan(s) once the areas of need have been identified.
3.0	Identified Professional Staff	<ol style="list-style-type: none"> Monitor areas of need as determined by the IPOS Team.

Action Number	Responsible Stakeholder	Details
4.0	Primary Caseholder	<p>7. Reassess the need for Personal Care Services as appropriate, at a minimum, on an annual basis.</p> <p>NOTE: For an Overview of Personal Care Flowchart, see EXHIBIT A.</p>

B. Related Policies

N/A

C. Definitions

1. *Approval of Personal Care Services:* This occurs after a Medicaid designated Case Manager (QMHP/QIDP) completes an assessment, documents result on the Adult Residential Licensing-Resident Assessment and Support Plan Form #0164 and incorporates the results in the recipient's IPOS.
2. *Medicaid Designated Caseholder:* A Caseholder who is either a Qualified Intellectual Disability Professional (QIDP) and/or a Qualified Mental Health Professional (QMHP) as defined in 42 CFR 483.430 or Medicaid Chapter III.
3. *Non-Specialized Residential Setting:* A licensed dependent living arrangement providing room, board, and supervision, but not providing in-home mental health services.
4. *Personal Care Services:* Qualifying services must be provided in accordance with the Individual Plan of Service. These services assist persons served by hands-on assistance, guiding, directing, or prompting in at least one of the following activities each day.
 - a. *Eating/Feeding/Drinking:* The process of getting food/fluid by any means from receptacle (plate, cup, glass) into the body. This item describes the process of eating after food is placed in front of an individual.
 - b. *Toileting:* The process of getting to and from the restroom for elimination, transferring on and off the toilet, cleansing self after elimination, and adjusting clothes. A commode in any location may be considered the "restroom" only if in addition to meeting the criteria for "toileting", the individual empties, cleanses and replaces the receptacle without assistance from another person(s).
 - c. *Bathing/Showering:* The process of washing the body or body parts, including getting to or obtaining the bathing water and/or equipment, whether this is in bed, shower, or tub.
 - d. *Dressing:* The process of putting on, fastening, and taking off all items of clothing, braces and artificial limbs that are worn daily by the individual,

including obtaining and replacing the items from their storage area in the immediate environment. Clothing refers to the clothing usually worn daily by the individual. Individuals who wear pajamas or gowns with robe and slippers as their usual attire are considered dressed.

- e. *Grooming*: The activities associated with maintaining personal hygiene and keeping one's appearance neat, including care of teeth, hair, nails, skin, etc.
 - f. *Transferring*: The process of moving horizontally and/or vertically between the bed, chair, wheelchair, and/or stretcher.
 - g. *Ambulation*: The process of moving about on foot or by means of a device with wheels.
 - h. *Taking Medication*: The process of assisting the person served with medications that are ordinarily self-administered, when ordered by the person's physician.
 - i. *Bowel/Bladder Movement*: The process of assisting with urinary/fecal incontinence related issues.
5. *Re-Evaluation or Review of Personal Care Services*: This must occur within a calendar year of the last plan for Personal Care Services or the last re-evaluation. This can only be done based upon a face-to-face contact with the person served and the group home supervisor or designee. A Medicaid designated Case Manager shall initiate a re-evaluation or review on form [#0164 Adult Residential Licensing – Resident Assessment for Reimbursement](#).
6. *Specialized Residential Setting*: A licensed dependent living arrangement providing room board, supervision, and in-home mental health services and/or personal care and/or comprehensive community support services.
7. *Substantial Change*: An oversimplification for defining this type of change is when the person served was previously BLIND at the original certification of need, and NOW has 20/20 vision.... thus, there has been a substantial change. This is an over exaggerated example of CHANGE, but hopefully it may assist you in defining change. Another example is when there was "Need(s)" and now the person served has NO Personal Care needs.

D. Forms

[#0164 Adult Residential Licensing – Resident Assessment for Reimbursement](#)

[#1024A Specialized Residential Personal Care and Community Living Supports Log](#)

E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)

[Exhibit A: DSS-2355X form](#)

[Exhibit B: Instructions for DSS-2355X form](#)

[Exhibit C: Personal Care Services Flowchart](#)

[Exhibit D: DHS/SSA Referral \(DHS-3471\)](#)

F. References

N/A

IV. History

- Initial Approval Date: 06/1991
- Last Revision Date: BY:
- Last Reviewed Date: 05/2025 BY: Kristen Thompson
- Non-Substantive Revisions:
- Key Words: personal care services, residential