



Policy Title: **Personal Care and Comprehensive Community Support Services Log**

Policy #: **07-003-0055**

Effective Date: 03/14/2025

Approved by: Karen Farr, Chief Financial Officer

Functional Area: Finance

Responsible Leader: Karen Farr, Chief Financial Officer

Policy Owner: Kyle McLeod, Administrative Specialist, Financial Management

Applies to: Contract Providers, Direct Operated Programs, Residential Programs, Specialized Foster Care

Purpose: To comply with Michigan Department of Health and Human Services (MDHHS) Administrative Rules, Medicare requirements, and third-party reimbursor requirements related to reimbursement of Personal Care and Comprehensive Community Support Services.

I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) that a contractor's/ provider's submittal of a Specialized Residential and AFC group home [form #1024A Personal Care and Comprehensive Community Support Services Log \(PC-CCSS\)](#) monthly billing statement for any reimbursement shall constitute the contractor's/ provider's verification that the required services and documentation have been completed, in compliance with the reimbursement requirements of SCCCMMH, MDHHS, Medicaid, Medicare, and/or third party reimbursors and shall be kept on file.

II. Standards

- A. A home provider will only be paid for days that a 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 that [form #1024A 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).

III. Procedures, Definitions, and Other Resources

A. Procedures

Responsibilities

Position	Responsibilities
Contractor/Provider	Complete and submit monthly PC-CCSS logs and data
Data Management	Enter data from PC-CCSS logs into OASIS for providers without access to OASIS
Primary Caseholder	Verify PC-CCSS log accuracy and correct identified errors
Finance Staff	Track PC-CCSS logs and administer payments and takebacks
Program Clerical Staff	Perform clerical duties for recordkeeping and maintaining data
Contract Manager	Monitor contract and regulatory compliance

Actions

Action Number	Responsible Stakeholder	Details
1.0	Adult Foster Care Provider/ Group Home Provider	<ol style="list-style-type: none"> 1. Complete a monthly (PC-CCSS) log for each resident. <ol style="list-style-type: none"> 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 #1024A Specialized Residential Personal Care and Community Living Supports Log.
2.0	Adult Foster Care Provider	<ol style="list-style-type: none"> 2. Submit PC-CCSS log to SCCCMH Data Management.
3.0	Group Home Provider	<ol style="list-style-type: none"> 3. Enter data from PC-CCSS logs into OASIS. 4. Copy PC-CCSS logs for group home files and sends originals to primary caseholder for review/approval.
4.0	Data Management	<ol style="list-style-type: none"> 5. Enter data from PC-CCSS logs for foster care residents into data entry system. 6. Copy PC-CCSS log sheets; forward originals to Primary Caseholder for review/approval.
4.0	Primary Caseholder	<ol style="list-style-type: none"> 7. Review PC-CCSS logs for accuracy and completion. Resolve discrepancies and make corrections to PC-CCSS Logs.

Action Number	Responsible Stakeholder	Details
		<ul style="list-style-type: none"> 8. Sign PC-CCSS Logs with credentials and date, to verify that all information on report(s) is accurate. 9. Send signed PC-CCSS logs to finance by 25th of the month following the service month. 10. Ensure, if specialized compensation is being provided to foster care home, that mental health goals are implemented and documented in the home. Also ensure that foster care provider meets all certification requirements, if not, additional payment cannot be paid to provider.
5.0	Finance Staff	<ul style="list-style-type: none"> 11. Check logs received from Primary Caseholder against master list of claims entered. <ul style="list-style-type: none"> a. Follow up with Primary Caseholder to obtain any logs that were not submitted. b. Review Primary Caseholder corrections/notes on PC-CCSS logs for possible takebacks. 12. Forward PC-CCSS logs requiring possible takebacks to finance supervisor for review and action required. <ul style="list-style-type: none"> a. Initiate takeback if required. b. Notify contract manager if required regarding PC-CCSS log data entry errors. 13. Process PC-CCSS payments to home providers based on data entered into computer system. 14. Mark all PC-CCSS logs as reviewed and forward to records room for scanning.
6.0	Program Clerical Staff	<ul style="list-style-type: none"> 15. Scan all forms and any receipts for the case record.
7.0	Contract Manager	<ul style="list-style-type: none"> 16. Monitor home providers' compliance to certification rules. If non-compliance is determined, this may result in a payback of specialized funds.

B. Related Policies

[Administrative Policy #03-003-0045, Personal Care Services](#)

C. Definitions

1. *Comprehensive Community Support Services*: Verbal guidance or direction (prompts) from staff to a resident, who will then complete a task for themselves.
2. *Home Provider*: For the purposes of this administrative policy 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.

3. *Personal Care*: Physically providing or assisting an individual in completing personal care needs. Refer to [Administrative Policy #03-003-0045, Personal Care Services](#). Physically providing or assisting means “hands-on” service.
4. *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.
5. *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 SCCCMH to provide contract monies to home provider for care.
6. *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.

D. Forms

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

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

[Exhibit A: Instructions \(Attendance and Personal Care and Comprehensive Community Support Services\)](#)

[Exhibit B: Personal Care and Comprehensive Community Support Services Log](#)

F. References

N/A

IV. History

- Initial Approval Date: 12/1982
- Last Revision Date: 02/2025 BY: Kyle McLeod
- Last Reviewed Date: 12/2024 BY: Danielle Hazlewood
- Non-Substantive Revisions: N/A
- Key Words: personal care, comprehensive community support services, home provider