

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

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SECTION Reimbursement		SUBJECT Model Payment System/Adult Services Authorized Payments		
WRITTEN BY Residential Policy Committee		REVIEWED BY Kyle McLeod		AUTHORIZED BY Tracey Pingitore

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 the Model Payment System (MPS)/Adult Services Authorized Payments (ASAP) shall be utilized and implemented as specified in the following procedures.

III. DEFINITIONS:

- A. Model Payment: Model Payment System (MPS)/ASAP is state funds paid to residential providers for personal care services provided to Medicaid eligible individuals.

IV. STANDARDS:

- A. Staff will follow all procedures in accordance with the Michigan Department of Health and Human Services (MDHHS) former Model Payment System/ASAP, Technical Assistance and Instruction Manual.
- B. In order to receive Medicaid Model Payment/ASAP reimbursement, a foster care provider must be enrolled in the ASAP system.
- C. From time to time, individuals moving/transferring from one home to another may result in the need for an authorization change. Further, if authorization changes are not made within 15 days of the current month payment, special authorization must be obtained.
- D. All individuals authorized into the MPS /ASAP program must be annually reauthorized into the program. The date of termination occurs eleven months from the last order or review date.

V. PROCEDURES:

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A. Verification of Enrollment of Existing AFC Homes
Administrative MPS/ASAP Designee

1. Contacts local Michigan Department of Health and Human Services (MDHHS) to see if provider is already enrolled.
 - a. If yes, obtains provider I.D. number.
 - b. If no, processes enrollment according to manual procedure.
2. Ensures DCH-1625-A and Foster Care Agreement are completed and maintained on file.

B. Enrollment of New AFC Homes

AFC Provider / Primary Case Holder

1. Contacts administrative MPS/ASAP designee to have new AFC enrolled in MPS/ASAP program.
2. Forwards the following information to SCCCMHA Designee:
 - a. Copy of MDHHS License;
 - b. Social Security number or if applicable Federal ID #.

Administrative MPS Designee

3. Ensures all enrollment information is available and correctly completed, including the DHHS 2351x.
4. Faxes all new enrollment information to Provider Inquiry Unit.
5. Receives provider I.D. number from Department of Health and Human Services.
6. Maintains file of all enrollments, DCH-1625-A and Foster Care Agreements.

C. Individual Authorization

Primary Case Holder

1. Identifies prospective Medicaid eligible individual for authorization into the ASAP program.
2. Determines if individual is eligible for model payment.
3. Calls administrative ASAP designee to determine if individual is already authorized into the MPS program.

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4. Facilitates the transfer process, if yes.
5. Facilitates completion of MDHHS 2355x (Model Payment Authorization) and MDHHS-3803 (Data Sheet and Prescription for Personal Cares Recipients in Alternative Residential Setting) and forwards to the administrative designee.

Administrative MPS Designee

6. Reviews paperwork to assure all necessary information is present then enters information into Adult Services Authorized Payments billing system.
7. Maintains a copy of MDHHS 2355x in SCCCMHA master registry, returns original MDHHS 2355x to primary case holder for insertion into the case record, with other financial information.

D. Authorization Changes

AFC Provider

1. Contacts primary case holder to notify of individual movement/transfer, hospitalization or death.
2. Specifies date of exit from the home.

Primary Case Holder

3. Notifies Administrative MPS/ASAP designee of end date immediately.
4. Completes the appropriate paper work and forwards to administrative MPS/ASAP designee.

Administrative MPS/ASAP Designee

5. Obtains the SCCCMHA program director's signature for approval if over 15 days past the current month.
6. Makes necessary arrangements for SCCCMHA to reimburse for any lapsed time period that is the result of any non-approved delay.
7. Enters dates into Adult Services Authorized Payments billing system.

E. Annual Individual Authorization

Primary Case Holder

1. Reauthorizes MDHHS- 2355x within eleven months (considered annually) of the MDHHS-

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3803 (Data Sheet and Prescription for Personal Care Recipients in Alternative Residential Setting), or as needed, according to the MPS manual.

2. Updates MDHHS-3803 (Data Sheet and Prescription for Personal Care Recipients in Alternative Residential Setting) within 364 days. Keeps original and sends a copy.
3. Forwards completed forms to administrative MPS/ASAP designee.

**Note: individuals with spenddowns have monthly reauthorizations of 2355. Reauthorization of the MDHHS-3803 is as indicated above.*

F. Individual Closures/Terminations/Transfers

Primary Case Holder

1. Contacts Administrative MPS/ASAP Designee providing notification of termination date. Crosses out end date of MDHHS 2355x; inserts new end date and forwards to designee.

Administrative MPS/ASAP Designee

2. Enters date into Adult Services Authorized Payments billing system.
 - a. For terminations, files copies in closed file and forwards original to primary case holder for individual file.
 - b. For transfers, completes transfer form and forwards copies to Department of Health and Human Services and then files with the closed files.

VI. REFERENCES:

- A. Adult Services Authorized Payments Provider Manual
- B. MDHHS Adult Services Manual

VII. EXHIBITS:

- A. Personal Care Staff Tasks/Responsibilities

VIII. REVISION HISTORY:

Dates issued 04/90, 06/92, 10/93, 03/97, 02/99, 02/01, 02/03, 12/05, 12/07, 12/09, 01/12, 07/13, 07/14, 07/15, 07/16, 07/17, 07/18, 07/19, 07/20, 12/23.

STAFF TASKS AND RESPONSIBILITIES

MPS - PERSONAL CARE

PRIMARY CASE HOLDER TASKS/RESPONSIBILITIES:

- Assess personal care on MDHHS 3803" Personal Care Order & Assessment" prior to any new placement; obtain appropriate signatures as required.
- Reassess personal care (review or order); obtain appropriate signatures as required.
- Crosswalk with Nursing Assessment, when applicable.
- Ensure personal care services are incorporated into the IPOS.
- Complete 2355(Xs) as needed per procedure.
- Forward and receive all documents to / from designee and maintain in individual file.
- Provide providers with training on basic procedures for Model Payment/ASAP Services:
 - notification issues;
 - providing service;
 - completion of invoices; and
 - payment problems.
- Handle payment problems, if possible, or directs provider to administrative designee
- Monitor personal care per IPOS (includes monthly and/or quarterly visits).
- Notify administrative designee **immediately** of end dates.

PROVIDER RESPONSIBILITIES:

- Provide personal care services as indicated per IPOS.
- Notify case holder immediately of any changes;
 - in need areas;
 - problems with implementation of treatment plan;
 - hospitalization; and / or
 - movement.
- Process invoice as received.
- Notify case holder of any payment problems. If case holder is unavailable, contact case holder's supervisor.
- Participate in training when offered.
- Follow CMH/Provider Agreement.