
INTRODUCTION

The adult services worker working with Adult Community Placement (ACP) clients is to act as an advocate for the client but is not to make the actual placement decision unless special circumstances exist.

PRE-PLACEMENT ACTIVITIES

The adult services worker is to inform the client, the authorized representative and family (interested parties) of the adult services program principle of the least restrictive community based care setting by explaining the benefits between the different licensed facilities.

Pre-placement activities serve two categories of individuals:

- Adults who do not currently reside in a licensed facility, but are no longer able to remain in their present living situation safely on their own. Usually a physical and/or mental deterioration has occurred where the adult needs someone available 24 hours.
- Adults who are currently residing in a licensed facility, but now need to move to another licensed facility of the same or different type.

Pre-placement activities include information and referral options as well as assessment of the client's needs and abilities.

Face-to-Face Interview

Conduct a face-to-face interview with the client and interested parties. Obtain information necessary to suggest those facilities that best match needs and choice of the client. Discuss the type of care and services required with the client and interested parties. The greater the client's involvement, the more likely his or her needs and desires will be met. The client and interested parties should be involved in contributing information that will be included in the comprehensive assessment.

The adult services worker needs to consider the physical and emotional needs of the adult along with other client preferences such as:

- Location of the facility (urban, suburban, or rural).

- Facility size (family home, small or large group, or congregate).
- Desire for activities and social interactions (large facilities may have more organized activities than a family home).
- Desire for same gender or mixed gender facility.
- Desire to access public transportation.
- Desire for access to out-of-home programs or activities such as church, recreation or shopping.
- Desire for or aversion of pets.
- Desire for or aversion of smoking.

The more information that can be learned at the face-to-face assessment will assist in locating a facility best suited to the client's needs. The assessment pre-placement interview will allow the adult services worker to locate facility housing resources and options to present to the adult and the interested parties.

Pre-placement process

The adult services worker can contact prospective facilities to inquire if they have vacancies where a referral can be made to have the client and their interested parties contact for admission. Visits to the available facilities are encouraged so the client and their family can make an informed decision.

Payment for care is decided between the facility and the client; however, the adult services worker should initiate the discussion of what is provided with the monthly rate. The client and the facility need to understand what is expected of each other prior to final admission.

The client's source of funding is also an item to be considered. Does the client have private funds to pay the Adult Foster Care/Home for the Aged (AFC/HA) home? If so, arrangements are made between the client and the licensed provider. If the client must rely on federal and state funds for paying the AFC home, the client must discuss with the licensed provider if federal/state funds are acceptable as payment in full.

The two type of federal and state payment fund sources available are:

Supplemental Security Income (SSI)

- Supplemental Security Income (SSI).
- State Disability Assistance (SDA).

If a client is receiving SSI, has social security income or has no income, special payment circumstances may apply for payment of care in a licensed facility. The adult services worker should inform the client his/her total income can be supplemented through Social Security if a licensed facility is chosen and that personal care payment is also available to the facility through the ACP program if the client qualifies for Medicaid. The **DHS-3471, DHS/SSA**, form is used for the request for increase in income.

- SSI funding-If the licensed facility accepts the SSI income amount; the rate available constitutes payment in full by SSI. **No additional funds can be paid to the facility for food, clothing, or shelter.**

Note: Social Security can garnish the SSI payment for previous overpayments. This would affect the total amount received each month and subsequently the total amount to pay an AFC. An adult services worker can check with the guardian and/or payee to see if a garnishment for overpayment is being withheld from the monthly check and inform the potential placement how much the adult would be able to pay the facility.

State Disability Assistance (SDA)

If the client is homeless and does not have any income, then the adult services worker will assist the client in applying for SDA funds by:

- Having the client complete the DHS-1171, Assistance Application.
- Working with the Eligibility Specialist in determining the SDA approval to pay the licensed foster care facility and these rates are set; see **ASM-077, SSI/SDA Provider Rates**.
- The client must apply for any Social Security Disability or other Social Security financial assistance.

For more information on SDA funding refer to **BAM-430, SDA Special Living Arrangement Authorization and Payment**, for eligibility and application information.

In addition to the federal and state rate for AFC/HA monthly payment, a personal care supplement is available to be paid directly to the licensed provider if the client has active Medicaid benefit.

Personal Care Supplement (Title XIX funds)

The personal care supplement includes all activities of daily living (ADL) and one instrumental activity of daily living (IADL) medication. The personal care supplement payment is a set monthly rate paid directly to the licensed provider. For the current rate, see **ASM-077, SSI/SDA Monthly Provider Rates**.

In order for the licensed provider to receive the personal care supplement, the client must have an open ACP case and active Medicaid.

Placement

Once the client and the licensed provider have reached an agreement, final arrangements for moving in can be made. The client should have the name, address, and phone number of the adult services worker that helped them in case they have any questions or to report any problem.

After the client moves into the facility, the client or their authorized representative completes the DHS-390 to apply for the Title XIX personal care supplement funds. The adult services worker will visit within 45 days after receipt of the application to complete an assessment of the client. The assessment visit helps determine the needs of the client are being met and the AFC/HA is the best setting.

Responsible Agency

A client moves into a licensed facility applies for the ACP personal care supplement payment. The Michigan Department of Health and Human Services (MDHHS) adult services worker will receive the pending case and assist the client with services. If the client qualifies for the ACP Title XIX personal care supplement, the ACP

case is opened. The MDHHS is considered the responsible agency for that client while he/she resides in the licensed setting and continue to receive Medicaid benefits.

It is important to clarify which agency is responsible for placement and follow up services prior to responding and providing placement assistance.

There are interagency agreements in place that define the department that is responsible to assist the client wishing to have services. If a client has received services from Community Mental Health (CMH) for years and is to be placed in an AFC home as a result of case management from that agency, then it would be the responsibility of the local CMH case specialist to monitor and approve personal care supplement payments for the client.

An adult services worker can contact the local CMH to inquire if the pending MDHHS ACP case client already has an active services case with CMH. When the case is pending in MiAIMS, an adult services worker can also check the payment section to see if the personal care supplement payment has already been authorized by CMH. CMH authorizations will display 402 for the service type.

Note: If all CMH is doing is medication management, then there is usually no CMH case manager assigned to the resident. In this case, MDHHS becomes the responsible agency.

If there has been no previously established agency relationship, then the MDHHS is to assist the client with services and case management. Misunderstandings could exist between CMH and MDHHS regarding the responsible agency relationships. However, MDHHS must always work on behalf of the client to make sure he/she receive services and determine the responsible agency.

ASSISTED PLACEMENT CRITERIA

The adult services worker may act as a placing agent in specific situations only after exhausting every other option. Prior to placement, the adult services worker must first seek assistance from the following potential resources:

- Legal guardian.
- Authorized representative.

- Family members.
- Friends, neighbors, members of the client's church or other social groups.
- Representatives of other agencies, both paid and volunteer, that are involved with the client.
- Any concerned or interested party.

If there appears no resources exist to help the client and the adult services worker believes the client is able to make an informed decision in placement decisions, the adult services worker can provide transportation to visit potential facilities, coordinate resources, and if necessary, assistance with moving the client and possessions.

If the adult services worker believes the adult is not able to make an informed decision and there are no other resources to assist, then a petition needs to be filed to have the local probate court appoint an emergency, temporary, partial, or full guardian.

In an emergency situation, the adult services worker can intervene without exhausting the list of resources to ensure the client has necessary safe protection in a licensed facility.

Placement facility information

The client or guardian has a right to know if there have been any license violations at the licensed facility they are choosing. Facilities that have incurred a violation may be given a set period of time to correct the violation and meet compliance. If the facility does not meet compliance in a specified time, it may result in revocation of the license.

Refer the client and interested parties to the Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems (BCHS) public web site for [online lookups for Adult Foster Care Homes \(AFC\) or Homes for the Aged \(HA\)](#). Any special investigations will be identified on this website. Search for a facility name and bring up that home's information to determine if there have been any special investigation reports. Information on the facility will allow an informed decision as to whether or not to reside in a certain facility.

Community Resources

Every effort should be made to use community resources to enhance the client's quality of life. Clients need to have opportunities to participate in community life and whenever possible contribute to the community. A client's abilities and talents can be utilized in various situations to foster feelings of usefulness and increase a sense of well-being.

Voluntary Relocation

A client or an authorized representative may request relocation. The adult services worker does not initiate the relocation procedures unless the client or the designated representative approve. The ultimate decision to relocate is the client's or the authorized representative, however, if it would seem the current or prospective placement would be detrimental to the client, this should be shared with the parties involved.

Out-of-county placements

If a client requests a placement out of the county, both counties will work together on behalf of the client. If a new client prefers placement in another county, the person is referred to that county office for assistance in locating the most suitable facility due to that new county adult services worker being more informed of the type and suitability of the facilities available.

Note: The best practice would be for the adult services worker of the county where the adult currently resides to contact the new county MDHHS office for information on facilities. Then visitations, paperwork or applications of the desired facility can be obtained and provided to the client or the authorized representative.

Out-of-county community resources

For clients who wish to receive mental health services, the adult services worker in the adult's residing county should determine if the receiving county has these types of resources for the client. In the event mental health services are not available in the receiving county, the adult services worker is to advise the client, his guardian, or family of the unavailability of these services. Optional resources should be considered, if available, and provided so the clients and their authorized supports can make an informed decision about the move.

**16 and 17 years
old in AFC
placements**

In 1981, Public Act 116 of 1973, as amended, was amended to accommodate placement of a 16 or 17 year old in certain AFC homes. P.A. 116 of 1973, as amended, is a Child Care Organizations Act. This act allows MDHHS to authorize a licensed child placing agency or approved governmental unit to place 16 or 17 year old children in an AFC **family** or **small group home**, if specific conditions have been met.

The definition of an adult as defined in Section 3 of Act 218; Public Acts of 1979 was modified to include such person within its scope.

In order to place a 16 or 17 year old person in an AFC facility, the following conditions must be met:

- The licensed child placing agency or children's services must provide ongoing supervision of the case and prepare certification letters containing the following documentation:
 1. That placement is in the best interest of the child.
 2. That a specifically selected AFC home can meet the particular needs of the child.
 3. That the child will be compatible with the other residents of the AFC home.
- The letter is to be sent to the assigned child welfare and AFC licensing consultants with a copy going to the appropriate AFC family or small group home licensee.
- The child placing agency will periodically reevaluate the placement to determine that all placement criteria continue to be satisfactory.

**Responsible
Agency when a
placed youth turns
18 years old.**

Before the 16 or 17 year old youth is placed, the placing agency must determine whether MDHHS adult services program or CMH is to become the responsible agency after the youth turns 18 years old.

The responsible agency will be determined by:

- When the resident turns 18.
- When Michigan Children's Institute (MCI) status ends which must be addressed in the foster care specialists permanency planning report.
- If the facility can meet the resident's needs with the Title XIX supplement in addition to the SSI funds.
- If the facility cannot continue to meet the now adult resident's care needs for the ACP personal care supplement, then CMH must be approached to meet the needs.

Youth aging out of MDHHS Foster Care services

Local office Adult Community Placement specialists **do not** determine SSI level of care or initiate an SSI application, negotiate AFC agreements, service plans or personal care payments prior to the youth reaching age 18.

All questions from providers regarding the foster child's care should be directed to the appropriate children's services placement specialist. Adult service specialists when contacted by MDHHS foster care specialists should assist placement planning by providing information about appropriate vacancies, compatibility with other residents, and any other pertinent, helpful information of licensed facilities.

- Refer to **FOM-722-03C** for more information on youth aging out of the foster care system and special transition to the adult programs.

DHS-3471 DHS/SSA Referral Form

This form is completed by an adult services worker for a client who receives SSI income and has moved into an AFC. The client will qualify for an increase in his/her monthly SSI to pay a higher rate for his/her care. Authorization of level of care determination is done in the following ways:

- **Domiciliary-** The client does not need any personal care attention and does not take prescription medications and over-the-counter medications of any kind. The client requires supervision only. This reason is rarely used.
- **Personal-** Clients will fall under this category most of the time as they need IADL and ADL care while residing in an AFC.
- **Home for the Aged Care (HA) -** This is only checked if the client has moved into a HA licensed facility.

The adult services worker should complete this form for any AFC resident that receives SSI whether they assisted in placement or if received a DHS-390 application on a new resident in an AFC. By making sure the form has been completed and sent to the local Social Security office will ensure that the highest possible rate is obtained for the client care at the AFC.

The client receives a portion of the expanded payment for personal expenditures; see **ASM-077, ACP SSI/SDA Provider Rates** section for current year authorized amounts.