LAPEER COUNTY COMMUNITY MENTAL HEALTH **Date Issued** 02/21/2002
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CHAPTER Fiscal Management	**CHAPTER** 06	**SECTION** 003	**SUBJECT** 80
SECTION Reimbursement	**DESCRIPTION** Adult Services Authorized Payments (ASAP): Title XIX Provider Enrollment, Authorizations and Payment Problems		
WRITTEN BY Michael K. Vizena, M.B.A. Executive Director	**REVISED BY** Emma McQuillan, MBA, CFO & Dedra Dunn Budgetary Accountant	**AUTHORIZED BY** 3/16/23 Lauren Emmons, ACSW CEO	

APPLICATION:

☒CMH Staff	☐Board Members	☒Provider Network	☐Employment Services Providers
☐Employment Services Provider Agencies	☐Independent Contractors	☐Students	☐Interns
☐Volunteers	☐Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) adheres to the Michigan Department of Health and Human Services' (MDHHS) Adult Services Assistance Payment (ASAP) system. The ASAP system provides direct payments to licensed foster care providers. These monthly payments are for persons served who reside in generalized adult foster care (AFC) who are Medical Assistance (MA) and Medical Aid recipients.

STANDARDS:

1. The following program criteria must be met by the recipient and providers:
    1. The AFC home must be licensed and meet minimum MDHHS requirements.
    2. The recipient must be Medicaid eligible and have a PAMA (Payment Assistance / Medical Assistance) Code.

3. The recipient must have personal care need documented and certified by a Qualified Mental Health Professional (QMHP) or Qualified Intellectual Disabilities Professional (QIDP).

2. Title XIX provides the legal framework for provider enrollment, authorizations and personal care:

    1. The online Provider Training Guide provides step-by-step instruction for case managers and designees on how to complete their responsibilities to assure providers receive personal care payments in a timely fashion.

    2. Each case manager and designee has a copy of the guides and refer to them for assistance. A copy is also available from the residential services supervisor.

    3. This policy gives only the highlights of Title XIX and ASAP. Title XIX and ASAP Guides should be referred to for more step-by-step instructions.

PROCEDURES:

A. Payments are produced when the following steps are taken:

    1. Verification the recipient has an open MA case in OASIS during the period of service.

    2. The provider is enrolled in ASAP.

    3. The person served has been authorized for personal care services by the QIDP/QMHP.

4. The Licensed AFC provider completes and submits a request for payment each month by phone or electronically through ASAP.

B. Provider Enrollment:

    1. Vendor Self Service (VSS) System allows AFC Providers to manage information and view financial transactions. Once they are registered, they receive their Provider ID Number for the home. No authorizations can take effect prior to this.

C. Authorizations:

1. The completed DHHS-3803 form contains the information needed for the authorization.

2. Authorization information is entered directly into the ASAP online program by the QIDP/QMHP, Case Manager or Administrative Designee. Data is edited against services and PAMA information to ensure eligibility.

3. The pay begin date and pay end date establish the duration of an authorization each month based on Medicaid status.

4. The pay begin date for an authorization is the date of admission to the facility, the date the person served became Medicaid eligible after admission or the date of the QIDP/QMHP signature. The pay begin date for an authorization may change due to changes in Medicaid status, hospitalization or admittance to a nursing home.

5. Authorizations automatically terminate when the end date is reached.

    a. Authorization does not automatically terminate when provider enrollment / license is terminated.

    b. Authorization does not automatically terminate when the person served is no longer eligible for Medicaid.

    c. Only the Administrative Designee can manually add an end date the authorizations.

6. If a new living arrangement for the person served involves placement in a facility or the provision of in-home services funded by Title XIX (nursing home, hospital, AFC, home for the aged or home help), the pay end date for the authorization is the date prior to the date of discharge from the home of the previous provider. Termination of authorization permits the subsequent provider to bill and be paid for the date of admission.

D. End Dating / Terminating Authorizations:

End dates for authorizations are entered into the ASAP System. The Administrative Designee is responsible for assuring authorizations are end dated within a timely manner.

1. End Dating / Terminating a Payment authorization for a provider and establishing a new authorization for another provider:

   The existing authorization must be end dated / terminated when a person served leaves a provider and enters another facility.

2. End Dating / Terminating a Payment for a Provider:

   The authorization should be terminated when a person served leaves the facility, dies or is no longer eligible. Complete form DSS-2355 and enter the end date in the ASAP online system.

3. End Dating / Terminating Payment Authorization for Provider Death or Selling Facility.

   The existing authorization(s) must be end dated / terminated thirty days after the death of a provider. Also, existing authorization(s) must be end dated / terminated when the license holder sells their foster care facility and does not continue their license. End date the authorization in the ASAP online system. Refer to Provider Authorization Section of this policy to begin a new provider authorization.

4. Extending an Authorization at Redetermination or Prior to the Existing End Date.

   An existing authorization may be extended (re-authorization) if all the items remain the same and the end date has not passed. Verify if DHHS 3803 form has expired. If DHHS 3803 is valid, reauthorize on ASAP online system following procedures in training guide.

E. Transferring MDHHS persons served to LCCMH and transfers from one CMH to another:

1. LCCMH must discuss ALL transfers of persons served from DHHS prior to any mutually agreed action with PCS and get scheduling approval to assure the provider's payments are not interrupted.

2. DHHS should "end date" their authorization period and provide CMH with a copy of their DSS-2355 (turnaround document) including the transaction number showing the actual "end date". CMH must obtain a new plan for the end date.

NOTE: Transferring Agency provides assurance the provider does not have a licensing problem, if person served remains in the same home.

F. Special Problems Delaying Authorization:

1. Circumstances beyond LCCMH's control are handled as follows:

   a. Medicaid spend-downs – Eligibility verifications are done monthly in OASIS System by the Administrative Designee. When a spend down has been met, ASAP authorization is entered for the dates eligible each month.

   b. Retro-active Medicaid – Eligibility for retro-active Medicaid dates are verified monthly in OASIS by the Administrative Designee to determine when the person served has become eligible for Medicaid. Once Medicaid is active, ASAP authorization is entered for the dates eligible.

G. Authorization Conflicts:

1. On occasion when CMH's are attempting to authorize personal care services, the request for authorization conflicts with other MDHHS service code(s) authorizations already on the system. When authorizations conflict with other service codes, the QIDP/QMHP, Case Manager or Administrative Designee should contact:

   Provider Support Line 1-800-292-2550
   or
   CMH's MDHHS Support Designee

2. The Provider Support Line has representatives to verify conflicting services and aid in determining a plan for correction.

H. Authorization Error Notices:

1. If an error code occurs during an authorization in the ASAP System, LCCMH staff should determine what the error is, correct errors, resolve problems and complete the authorization request.

2. LCCMH Staff may use the Provider Support Line at 1-800-292-2550 for troubleshooting errors.

I. Billings and Invoices:

Providers bill directly for services through the ASAP System online or by phone. For the MDHHS ASAP Claim Submission Instructions refer to www.michigan.gov/AFCprovider. For Provider Support call or 1-800-979-4662 or email providersupport@michigan.gov.

J. Solving Payment Problems:

1. Administrative Designee, Case Manager and the Residential Services Supervisor are all responsible for resolving payment problems for foster care providers where their Agency / Staff placed persons served in the provider's home.

2. Staff receiving complaints from providers act immediately to get result(s) on behalf of recipient(s).

K. Payment Inquiries:

1. When resolving payment problems, only the Administrative Designee or the AFC Provider can call the Provider Support Line.

2. The Provider Support Line reviews authorization, MA eligibility and provider eligibility and aid in resolving payment problems.

L. Lost, Destroyed, Not Received and Stolen Warrants:

1. Warrants, reported lost, destroyed, not received or stolen, may be replaced / rewritten after recovery is made on the original warrant.

2. Recovery means the dollar value of the warrant has been credited back to the account it was written from, or if forged warrant has cleared Treasury, the party who cashed the forged warrant has reimbursed the State of Michigan. AFC Providers should contact the Provider Support Line for assistance.

M. Overpayment and Recoupment:

1. LCCMH is responsible for correctly determining eligibility of payments of service program needs, and the amounts of those payments.

2. When an overpayment is discovered, corrective action must be taken to prevent further overpayment and to assure the overpayment is recouped.

3. Providers are responsible for correctly billing for personal care services which were authorized and actually delivered.

4. When an over-payment is discovered, the Designee / Case Manager must:

   a. End authorization: Administrative Designee must end date the ongoing authorization immediately in ASAP.

   b. Corrective Action: Complete and send Overpayment Letter notice to provider at:

Department of Health & Human Services
Bureau of Finance-AFC
P.O. Box 30479
Lansing, MI 48909

DEFINITIONS:

Refer to Policy Number 06.003.85 Adult Services Authorized Payment Definitions for a complete list of definitions.

DD & EM:lr

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This policy supersedes
#02/02007 dated 02/21/2002.
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