Scope: State Center Directors
Mental Retardation Unit Directors
Guardian Officers

Purpose:

The purpose of this Bulletin is to define the scope of items/services that a client can expect to receive, in accordance with his/her Individual Habilitation Plan (IHP) and applicable State and Federal regulations, at no additional charge beyond assessed liability. This Bulletin promulgates a general statewide care and services policy and requires the development of individual policies by each State Center and Mental Retardation Unit in accordance with the general principles presented here. The facility policy should focus on the service needs of clients irrespective of how those services are to be reimbursed.

Background:

In the past there have been a variety of methods used by facilities to define what items/services a client can expect to receive at no additional charge beyond assessed liability. This policy establishes a common basis for determining which items/services are to be provided from the facility budget and which items/services are to be provided through other sources.

The policy promulgated herein was previously disseminated for comment under the subject of Care and Maintenance. Through the review process a determination was made that the designation Care and Services is more appropriate.

This Bulletin amends Item 3, page 4 of Mental Retardation Bulletin 99-85-24 by revising the dollar figure for shoes and clothing from $400 yearly to $200, and refers questions to a different contact person.

Discussion:

Each client at a State Center or MR Unit can expect to receive all necessary items/services to implement his/her IHP and any items/services that are generally required to meet applicable State and Federal

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Michael Stauffer, Director, Division of MR Unit Operations, Bureau of Direct Program Operations, Office of Mental Retardation, Room 302 Health & Welfare Bldg., Harrisburg, PA 17120-1409.
regulations. Such items/services are considered the minimum standard for purposes of implementing this policy. The facility must be guided by Department of Public Welfare procurement policies when purchasing items/services.

A client will not be provided any items/services that exceed the minimum standard for items/services provided by the facility. Those that exceed the minimum standard for items/services provided by the facility are to be considered the personal preference of the client. Acquisition of personal preference items/services should be met through the use of client's personal funds, family resources or donated items, services or funds. The facility's policy on care and services must address how a client will be assisted in exercising his/her preference to acquire these items/services.

Facility Directors are responsible to incorporate all care and services costs in the facility's Annual Plan and Budget Estimate. They are also responsible for assuring that any third party billings are made whenever possible.

State Center and MR Unit Requirements:

Each Facility Director is to develop a written policy specifying the items/services that are covered by care and services. Such a policy must adhere to the general policy stated herein and is to include all items/services appearing on the attached list "Items Covered by Care and Services." The policy must specifically address those items which are provided through facility stores or existing contracts. Facilities must consider in their procurement practices quality and variety standards that enhance the normalization of clients. Clients/Guardians/Responsible relatives will be informed in writing of the facility policy on care and services. This will be done within 30 days of approval of the facility policy and at least annually or at the time of liability reassessment thereafter.

Furthermore, each Facility Director must designate the client’s treatment team leader to review and recommend items/services that are required to carry out the client's specific habilitation plan. The team leader must assure that the items/services are a necessary and minimum requirement to implement the plan and must also certify every 90 days that the items/services continue to be required. Documentation must exist in the client's record that supports the need for the items/services. Facility Directors are responsible for the establishment of a procedure to review and monitor the recommendations of the treatment team leader.

Items/Services that are neither required by the client's individual habilitation plan nor required by applicable State and Federal regulations are considered to be a client's personal preference. Such items/services cannot be provided from the facility's budget. A client must be informed how they will be assisted by the facility in obtaining personal preference items/services through other sources. The attached list "Items Not Covered by Care and Services" is included as a guideline to assist facilities in determining items/services that are not to be provided from the facility's budget.
The facility's specific policy is to address the coordination and the implementation of the policy among the facility's Business, Program, Guardian and Collection Offices and provide for input from the above listed Offices in the development of the facility's Annual Plan and Budget Estimate.

Facility Directors will:

1. Establish a facility policy incorporating the general policy on care and services in this bulletin.

2. Submit, within 60 days of the issue date of this bulletin, the facility policy to the Director of Direct Program Operations.

3. Consider costs associated with the implementation of this bulletin in the preparation of the Fiscal Year 1989-90 Budget Estimate and the Fiscal Year 1990-91 Annual Plan.

4. Inform in writing Clients/Guardians/Responsible relatives of the facility's policy within 30 days of notice of approval of the facility policy by the Director of MR Direct Program Operations.

5. Submit questions concerning specific items/services to be covered to the Director of MR Direct Program Operations for interpretation when the Facility Director is unable to make a determination.

Bureau of Direct Program Operations will:

1. Review individual facility policies for compliance with the bulletin.

2. Approve/disapprove facility policies within 30 days of receipt. Disapproved policies will be returned to Facility Directors with reasons for disapproval.

3. Provide, on the advice of appropriate Bureaus, policy interpretations to Facility Director requests within 30 days of receipt.

4. Provide responses to the Facility Directors' questions and maintain a record of the items/services that required an interpretation.

5. Issue revisions to the Care and Services Bulletin policy annually based upon review of issues and comments addressed during the period covered by the bulletin.
ITEMS COVERED BY CARE AND SERVICES

1. Housing including heat, light, sanitary facilities and furnishings which remain fixed assets of the facility.

2. Food to meet the nutritional and dietary needs of each client.

3. Clothing and shoes, which are normalized and seasonal, required to meet basic needs. As a general rule, facilities may provide approximately $200/year per client.

4. Supervision and training as required by the client's individual habilitation plan.

5. Routine medical care including consultations when services are provided through a Service Purchase Contract.

6. Laboratory services as required by physician/consultant.

7. Radiological services as required by the physician/consultant.

8. Pharmaceutical supplies and drugs including those supplies and drugs stocked by the facility and those nonstocked drugs prescribed by the physician in accordance with the client's individual habilitation plan.

9. Psychological services, including assessment, treatment and evaluation as provided in accordance with the client's individual habilitation plan.

10. Social services, including assessment, treatment and evaluation as provided in accordance with the client's individual habilitation plan.

11. Therapeutic activities including occupational, recreational, music, physical therapies and speech and hearing services provided by the facility in accordance with the client's individual habilitation plan.

12. Religious services.

13. Acquisition and maintenance of wheelchairs, including adaptations required to conform to the client's individual physical/therapeutic needs, which will remain fixed assets of the facility.

14. Dental Services including periodontic and orthodontic work as required by the facility's dentist or attending physician.

15. Ambulance service.
ITEMS COVERED BY CARE AND SERVICES (cont'd)

16. Personal services and personal care items/commodities.

17. Acquisition and maintenance of glasses and corrective lenses, dentures, prosthetic appliances/devices, orthopedic shoes, hearing aids, therapeutic/adapted equipment and other devices required to meet the habilitative/medical needs of the client as determined by the interdisciplinary team and prescribed by the appropriate physician/consultant.

18. State provided transportation (state vehicle or contracted) to carry out requirements of the client's individual habilitation plan.
ITEMS NOT COVERED BY CARE AND SERVICES

1. Acute care including surgical services when provided outside the facility and general hospitalization.

2. Special pharmaceutical supplies or drugs requested by the client or family which are not a part of the individual habilitation/treatment plan.

3. Consultations requested by the client/family which are a) not part of the individual habilitation/treatment plan, or b) not ordered by the primary/consulting physician.

4. Deductible/co-insurance.

5. Personal preference items/services that exceed items on the preceding list, including, but not limited to, clothing, furniture, appliances and food.

6. Off-grounds shelter, e.g. rental or lease of rooms or housing.

7. Dry cleaning.

8. Burial services and costs, including purchase of tomb stones, grave markers, etc.

9. Personal spending money.

10. Admission to social and recreational events not arranged for and provided at the facility.

11. Vacation/camp which is not required as part of the client's individual habilitation plan.

12. Nonstate provided transportation.

13. Decorations, ornaments, affects based upon personal preference of the client or family.

OBsolete: