

This guide is intended to be a resource for both internal CMHSP staff and external provider staff.



**COMMUNITY MENTAL
HEALTH PARTNERSHIP**
of **Southeast Michigan**

CMHPSM Regional Unlicensed CLS Guide

Version 1.0 Revised:2017

CMHPSM

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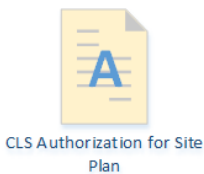
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CMHPSM Regional CLS Guide

The CMHPSM region was required to transition unlicensed CLS service encounter reporting from H2015 to H0043 for the vast majority of consumers during 2017. It was determined that the most consistent, least disruptive manner to do this was to revise the CLS site plan model to export H0043 data rather than H2015 data. In addition to this encounter data revision, the CMHPSM region determined that a number of revisions and updates could be made to increase the efficiency and effectiveness of the CLS site plan model. This guide was developed to document the setup, authorization, billing and claims payment information related to the unlicensed CLS models being utilized within the region.

The CMHPSM currently has three different options for authorizing unlicensed CLS service. All three options will be covered within this CLS guide.

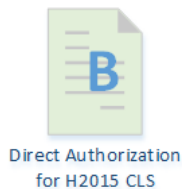
A. [CLS Authorized Site Plan H0043](#)



The CMHPSM region created a unique site plan based system to reimburse unlicensed CLS service providers in 2008. In 2017, the CMHPSM transitioned the site plan encounters from H2015 to H0043 and revised the CLS invoice system.

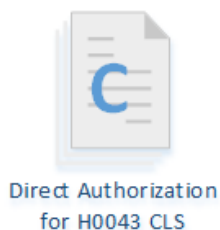
This option is used most frequently within the CMHPSM region to authorize unlicensed CLS services.

B. [Directly Authorized H2015](#)



This option is not used as frequently as site plan CLS, but may be used to authorize for unlicensed CLS for consumers as indicated in the diagram found on the next page.











C. [Directly Authorized H0043](#)

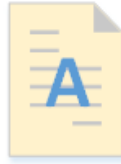


This option is rarely used within the CMHPSM region, but may be used to authorize for unlicensed CLS for consumers as indicated in the diagram found on the following page.

The CLS authorization options chart on the following page will determine the CLS authorization type for most CLS consumers. The CMHSP reserves the right to determine the CLS authorization option for each consumer to best meet the needs of the consumer, payer and provider.

CLS Authorization Options Chart

	 CLS Authorization for Site Plan	 Direct Authorization for H2015 CLS	 Direct Authorization for H0043 CLS
 One Consumer	<div style="border: 1px solid black; padding: 5px;"> One Consumer receiving 3 or more hours of CLS service per day in an unlicensed setting. </div>	<div style="border: 1px solid black; padding: 5px;"> One Consumer receiving less than 3 hours of CLS service per day in an unlicensed setting. </div>	
 Multiple Consumers	<div style="border: 1px solid black; padding: 5px;"> Multiple consumers receiving shared CLS service within a shared living arrangement. </div>		
 Self Determination Fiscal Intermediary	<div style="border: 1px solid black; padding: 5px;"> Consumer that is utilizing Self Determination with a Fiscal Intermediary in Washtenaw. </div>	<div style="border: 1px solid black; padding: 5px;"> Consumer that is utilizing Self Determination with a Fiscal Intermediary in Lenawee, Livingston or Monroe. </div>	
 Other Situations: Enhanced Rate, COFR, Out-of-County Placement, Child Waiver		<div style="border: 1px solid black; padding: 5px;"> One Consumer receiving less than 3 hours of CLS service per day in an unlicensed setting with an enhanced reimbursement rate. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Consumer that is funded through Child Waiver. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Consumer served by multiple providers, both providers must utilize directly authorized H2015 unit reporting. </div>	<div style="border: 1px solid black; padding: 5px;"> One Consumer receiving more than 3 hours of CLS service per day in an unlicensed setting with an enhanced reimbursement rate. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Consumer where another CMHSP is COFR and that CMHSP utilizes an H0043 per diem. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Consumer placed in an out of county placement that utilizes a H0043 per diem. </div>
	 CLS Authorization for Site Plan	 Direct Authorization for H2015 CLS	 Direct Authorization for H0043 CLS



CLS Authorization for Site
Plan

CLS Authorization for Site Plan H0043

What's New in Site Plan CLS (July 1, 2017)

For CMHSPs:

[H0043 per diem code replaces H2015 for encounter data derived from site plan CLS.](#)

[Fee schedule changes and new modifiers.](#)

[Home help is deducted across all days of service rather than the first days of the month.](#)

For Providers:

[CLS site plan document quick link added for billers on site plan invoice.](#)

[Billing for site plan service no more frequently than monthly, and all site plans will be one full month.](#)

[No reimbursement change for providers from the H2015 site plan model to H0043 site plan model.
Hourly staffing reimbursement stays the same.](#)

[Less complicated data entry required for site plan invoice.](#)

Quick Links

[Quick Link to CMHSP Provider Management Staff Section for Site Plan H0043](#)

[Quick Link to CMHSP Authorizing Staff Section for Site Plan H0043](#)

[Quick Link to Provider Section for CLS Site Plan H0043](#)

[Quick Link to CMHSP Claims Payment Staff Section for CLS Site Plan H0043](#)

CMHSP Provider Management Setup

CMHSP Fee Schedule Setup Guide

Fee Schedules for CLS Authorization for Site Plans should be housed within the Supported Living Site Plan contract type for each provider as pictured below:

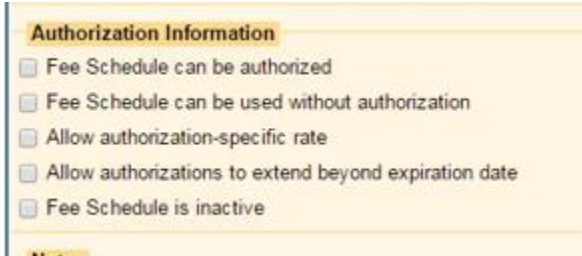
The screenshot shows the 'Service' setup form. Under 'Contract Information', there are fields for Effective Date, Expiration Date, Affiliate, Number, and Days to Bill. The 'Authorization Information' section features a dropdown menu for 'Type' with 'Supported Living Site Plan' selected. The 'PI Information' section includes checkboxes for various authorization types, with 'Supported Living/CLS' and 'Supported Living/CLS (Synod)' checked. Buttons for 'Save & add another Service' and 'Cancel' are located at the bottom of the form.

The fee schedules for each provider should be setup within the Supported Living Site Plan contract type as depicted below:

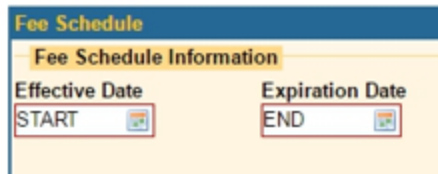
The screenshot shows the 'Fee Schedule' setup form. Under 'Fee Schedule Information', there are fields for Effective Date (START), Expiration Date (END), CPT Code (H0043), and Modifiers. The 'Rate Information' section includes fields for Standard Rate (\$16.64) and Holiday Rate. The 'Authorization Information' section contains several checkboxes for authorization settings. The 'Accounting Information' section includes fields for Business Unit, Number, Program, and Division. A 'Notes' section is at the bottom. Buttons for 'Save & Exit', 'Save', 'Save & add another Fee Schedule', and 'Cancel' are located at the bottom of the form.

- Enter the current hourly service rate in the standard rate field. This rate is used to calculate the custom per diem for each consumer that is on a CLS site plan.

- The CLS site plan module will calculate all reimbursement utilizing this rate, and this rate must tie to the hourly reimbursement level in the provider’s contract with the CMHSP.
- Note that no authorization information fields need to be checked for provider reimbursement to occur. CLS Authorizations and site plans are utilized to ensure proper reimbursement not traditional authorizations.



- Site plan reimbursement will only occur when a fee schedule effective and expiration date covers the entire CLS invoice being submitted.



























- Beginning with reimbursement for services occurring on June 1, 2017 all CLS site plan service will utilize H0043. The system will add all of the appropriate modifiers based upon service data.

Displaying 1 - 1 of 1 CPT Crosswalk

Dates	Category	CPT Code	Service Info	Coverage
10/01/2003 - 09/30/2017	Community Living Supports	H0043 Supported housing, per diem Community Living Supports provided in unlicensed independent living setting or own home, per day	UNIT TYPE Day RANGE (none) ALLOWED MODS TT, TF, TG EXPANDS TO ---	Additional "b3" Services Habilitation/Supports Waiver EPSDT Select

The following fee schedules should be entered for each CLS provider:

Displaying 1 - 6 of 6 Fee Schedules

Code	Description	Panel Type	Unit Type	Dates	Rate	Add Fee Schedule
H0043 TF TT	Supported housing, per diem Community Living Supports Community Living Supports provided in unlicensed independent living setting or own home, per day	Supported Living Site Plan	Day	05/01/2017 - 09/30/2018	16.64	   
H0043 TF	Supported housing, per diem Community Living Supports Community Living Supports provided in unlicensed independent living setting or own home, per day	Supported Living Site Plan	Day	05/01/2017 - 09/30/2018	16.64	   
H0043 TG TT	Supported housing, per diem Community Living Supports Community Living Supports provided in unlicensed independent living setting or own home, per day	Supported Living Site Plan	Day	05/01/2017 - 09/30/2018	16.64	   
H0043 TG	Supported housing, per diem Community Living Supports Community Living Supports provided in unlicensed independent living setting or own home, per day	Supported Living Site Plan	Day	05/01/2017 - 09/30/2018	16.64	   
H0043 TT	Supported housing, per diem Community Living Supports Community Living Supports provided in unlicensed independent living setting or own home, per day	Supported Living Site Plan	Day	05/01/2017 - 09/30/2018	16.64	   
H0043	Supported housing, per diem Community Living Supports Community Living Supports provided in unlicensed independent living setting or own home, per day	Supported Living Site Plan	Day	05/01/2017 - 09/30/2018	16.64	   

System Calculated Modifiers

Modifiers are automatically added to the CLS encounters for the entire month based upon the following guidelines:

Intensity Modifier	Average CLS Hours Per Day Served
No	Less than 3.0
TF	3.0 – 10.0
TG	More than 10.0

Shared Status Modifier	# of Consumers
No	Only one consumer has service entered on a CLS invoice related to a CLS site.
TT	Two or more consumers have service entered on one CLS invoice related to a CLS site.

H0043	H0043 TT	H0043 TF	H0043 TG	H0043 TF TT*	H0043 TG TT*
-------	----------	----------	----------	--------------	--------------

*Please note the order of the modifiers when multiple modifiers are entered into the fee-schedules. The TF or TG needs to be the primary modifier as TT needs to be the secondary modifier.

CMHSP Authorization Guide

CLS Authorization for H0043 Site Plans

CLS Authorization		
Authorization Information		
IPOS Full IPOS (06/13/2016 - 06/12/2017)		Provider Site liv01 PROVIDER Renaissance
Effective Date 03/01/2017	Expiration Date 06/12/2017	
CLS Information		
Hours of Provider provided Home Help per Month	34.50	DHS pays
Hours of Total Need per Week	168.00	Total weekly assessed CLS
Deductions from Total Need		
Hours of Total Need that are PERS per Week	.00	These totals subtract from the Total Need from above
Hours of Total Need that are Day Activity per Week	.00	
Hours of Total Need that are Work per Week	.00	
Hours of Total Need that are Other per Week	6.00	
Hours of Total Need that are IPOS ordered One-On-One <small>EXCLUDING DEDUCTIONS / INCLUDING HOME HELP</small>	7.75	Weekly 1:1 hours
Total Hours of Provider Support per Week <small>INCLUDING HOME HELP</small>		
	162.00	
Hours of Provider Support that are IPOS ordered One-On-One <small>INCLUDING HOME HELP</small>	7.75	Populates from 1:1 box above
Hours of Provider Support that are Unspecified	154.25	
Hours of Total Need that are Home Help per Week		
	7.75	DHS pays
Hours of Total Need that are covered by the CMH per Week		
	154.25	CMH pays
Site History		
Dates	Site	Provider
03/01/2017 - 06/12/2017	liv01	Renaissance
Comments		
<input type="button" value="X Cancel"/>		

Site Plan Authorized Daily Staffing Hours

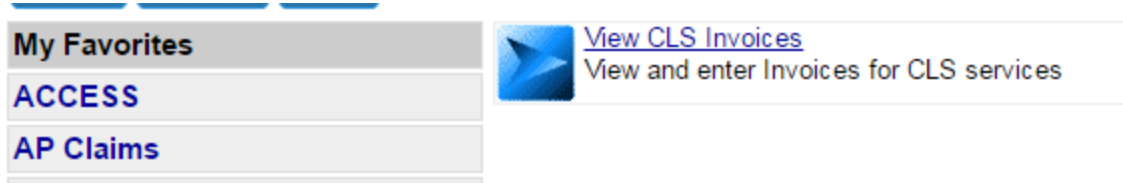
02/01/2017 - (current)	03/28/2017	DAILY Sun Mon Tue Wed Thu Fri Sat 24.00 24.00 24.00 24.00 24.00 24.00 24.00 PER WEEK 168.00 (Max: 168.00) PER MONTH 744.00 (Max: 744.00)
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Network Provider Guide

Providers contracted with one or more of the CMHSPs within the CMHPSM region to provide CLS service will predominantly be issued CLS site plan authorizations. The following guide relates to CLS site plan authorized CLS provision.

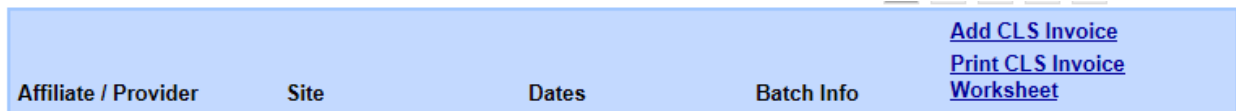
Entering CLS Invoices (allowed one submission per month ONLY)

To Enter Monthly Billings select View CLS Invoices from the:



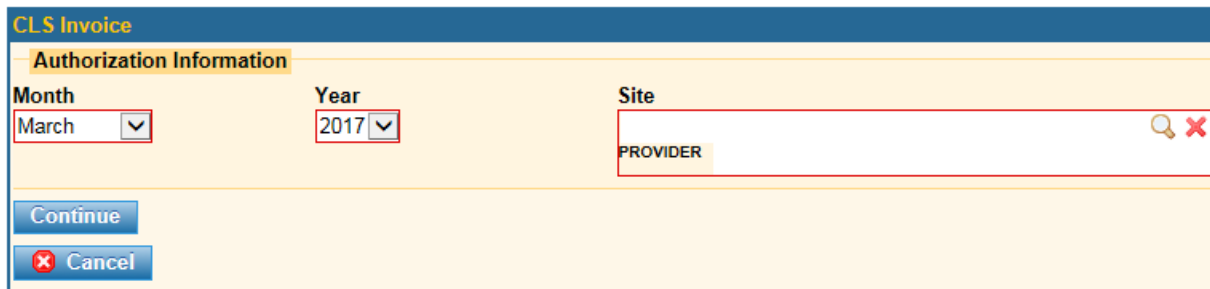
The screenshot shows a navigation menu on the left with three items: 'My Favorites', 'ACCESS', and 'AP Claims'. To the right, there is a blue button with a star icon and the text 'View CLS Invoices' and 'View and enter Invoices for CLS services'.

Then select add CLS Invoice:



The screenshot shows a table header with four columns: 'Affiliate / Provider', 'Site', 'Dates', and 'Batch Info'. To the right of the 'Batch Info' column, there are three links: 'Add CLS Invoice', 'Print CLS Invoice', and 'Worksheet'.

Which will open the following CLS Invoice screen:



The screenshot shows the 'CLS Invoice' screen. It has a title bar 'CLS Invoice' and a section 'Authorization Information'. There are three fields: 'Month' with a dropdown menu showing 'March', 'Year' with a dropdown menu showing '2017', and 'Site' with a search box containing 'PROVIDER'. Below the fields are two buttons: 'Continue' and 'Cancel'.

Then select Month, Year and Provider site of the service you are attempting to bill for and then click

continue: 

New CLS Invoice Sections

[Site Plan Authorization Section](#)

CLS Invoice

Authorization Information

Month: May Year: 2017 Site: Inv01
 PROVIDER: Renaissance

Authorized Staff Hours in Site Plan: 744.00 (Max: 781.25) All Inclusive Rate: \$16.64
[View Site Plan](#)

Staff Hours

Enter the total number of daily staffing hours provided at the site, including both CLS and Home Help

	SUN	MON	TUE	WED	THU	FRI	SAT
May 1-6		<input type="text" value="0"/> 5/1	<input type="text" value="0"/> 5/2	<input type="text" value="0"/> 5/3	<input type="text" value="0"/> 5/4	<input type="text" value="0"/> 5/5	<input type="text" value="0"/> 5/6
May 7-13	<input type="text" value="0"/> 5/7	<input type="text" value="0"/> 5/8	<input type="text" value="0"/> 5/9	<input type="text" value="0"/> 5/10	<input type="text" value="0"/> 5/11	<input type="text" value="0"/> 5/12	<input type="text" value="0"/> 5/13
May 14-20	<input type="text" value="0"/> 5/14	<input type="text" value="0"/> 5/15	<input type="text" value="0"/> 5/16	<input type="text" value="0"/> 5/17	<input type="text" value="0"/> 5/18	<input type="text" value="0"/> 5/19	<input type="text" value="0"/> 5/20
May 21-27	<input type="text" value="0"/> 5/21	<input type="text" value="0"/> 5/22	<input type="text" value="0"/> 5/23	<input type="text" value="0"/> 5/24	<input type="text" value="0"/> 5/25	<input type="text" value="0"/> 5/26	<input type="text" value="0"/> 5/27
May 28-31	<input type="text" value="0"/> 5/28	<input type="text" value="0"/> 5/29	<input type="text" value="0"/> 5/30	<input type="text" value="0"/> 5/31			

Total Monthly Staffing Hours for Site: .00
 Total Monthly Staffing Cost for Site: \$.00

Notes

Consumer A Name

Enter total daily hours of CLS service for consumer (include shared & unshared hours). Do not include Home Help hours.

Case Number: **Consumer A #** Authorized Dates: 05/14/2016 - 05/13/2017 Weekly CLS Hours: 160.00

	SUN	MON	TUE	WED	THU	FRI	SAT
May 1-6		<input type="text" value="0"/> 5/1	<input type="text" value="0"/> 5/2	<input type="text" value="0"/> 5/3	<input type="text" value="0"/> 5/4	<input type="text" value="0"/> 5/5	<input type="text" value="0"/> 5/6
May 7-13	<input type="text" value="0"/> 5/7	<input type="text" value="0"/> 5/8	<input type="text" value="0"/> 5/9	<input type="text" value="0"/> 5/10	<input type="text" value="0"/> 5/11	<input type="text" value="0"/> 5/12	<input type="text" value="0"/> 5/13
May 14-20	<input type="text" value="0"/> 5/14	<input type="text" value="0"/> 5/15	<input type="text" value="0"/> 5/16	<input type="text" value="0"/> 5/17	<input type="text" value="0"/> 5/18	<input type="text" value="0"/> 5/19	<input type="text" value="0"/> 5/20
May 21-27	<input type="text" value="0"/> 5/21	<input type="text" value="0"/> 5/22	<input type="text" value="0"/> 5/23	<input type="text" value="0"/> 5/24	<input type="text" value="0"/> 5/25	<input type="text" value="0"/> 5/26	<input type="text" value="0"/> 5/27
May 28-31	<input type="text" value="0"/> 5/28	<input type="text" value="0"/> 5/29	<input type="text" value="0"/> 5/30	<input type="text" value="0"/> 5/31			

Total CLS Service Hours: .00
 Total CLS Service Days: 0

Consumer B Name

Enter total daily hours of CLS service for consumer (include shared & unshared hours). Do not include Home Help hours.

Case Number: **Consumer B #** Authorized Dates: 03/01/2017 - 05/12/2017 Weekly CLS Hours: 162.00

	SUN	MON	TUE	WED	THU	FRI	SAT
May 1-6		<input type="text" value="0"/> 5/1	<input type="text" value="0"/> 5/2	<input type="text" value="0"/> 5/3	<input type="text" value="0"/> 5/4	<input type="text" value="0"/> 5/5	<input type="text" value="0"/> 5/6
May 7-13	<input type="text" value="0"/> 5/7	<input type="text" value="0"/> 5/8	<input type="text" value="0"/> 5/9	<input type="text" value="0"/> 5/10	<input type="text" value="0"/> 5/11	<input type="text" value="0"/> 5/12	<input type="text" value="0"/> 5/13
May 14-20	<input type="text" value="0"/> 5/14	<input type="text" value="0"/> 5/15	<input type="text" value="0"/> 5/16	<input type="text" value="0"/> 5/17	<input type="text" value="0"/> 5/18	<input type="text" value="0"/> 5/19	<input type="text" value="0"/> 5/20
May 21-27	<input type="text" value="0"/> 5/21	<input type="text" value="0"/> 5/22	<input type="text" value="0"/> 5/23	<input type="text" value="0"/> 5/24	<input type="text" value="0"/> 5/25	<input type="text" value="0"/> 5/26	<input type="text" value="0"/> 5/27
May 28-31	<input type="text" value="0"/> 5/28	<input type="text" value="0"/> 5/29	<input type="text" value="0"/> 5/30	<input type="text" value="0"/> 5/31			

Total CLS Service Hours: .00
 Total CLS Service Days: 0

Consumer Financial & Encounter Information

Click the button to update the calculations below

Average Site Per Diem: \$.00

Consumer	Days	Cost	Adj. Cost	Est. Per Diem	Est. CMH Payment
Consumer A 05/14/2016 - 05/13/2017	0	\$.00	\$.00	\$.00	\$.00
Consumer B 03/01/2017 - 05/12/2017	0	\$.00	\$.00	\$.00	\$.00
Totals:	0	\$.00	\$.00		\$.00

Site Plan Authorization Section

The top portion of the invoice identifies the month, year, provider site, authorized staffing hours and hourly CLS reimbursement rate.

View Site Plan

CLS Invoice

Authorization Information

Month March	Year 2017	Site liv01 PROVIDER
Authorized Staff Hours in Site Plan 744.00 (Max: 744.00)		All Inclusive Rate ⓘ \$16.64

[View Site Plan](#)

Please note the arrow which shows the link which allows the biller to view the current active site plan.

When you click on [View Site Plan](#) you will see the following site plan information screen:

Site Plan

Dates

Effective Date 02/01/2017	Termination Date [Calendar Icon]
-------------------------------------	--

Staff Hours

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
24.00	24.00	24.00	24.00	24.00	24.00	24.00

Overages

5 % If checked, Provider is allowed to claim staff hours that exceed the max by the percentage indicated

Total Staffing Hours

Per Week	Max per Week	Per Month	Max per Month
168.00	168.00	744.00	744.00

Scanned Documents

Type: Site Authorization [Dropdown] Remove Scan

Scanned Document Notes

CHARACTERS LEFT: 30000

1 Scan [Icon]

Notes

Providers will also be able to view the most recently uploaded/scanned site plan for the site by following the scanned document icon that will be present whenever a scanned site plan document is present in the system. (Please note the sample scanned document section is empty in this example.)

Site Staff Hours Section

The next section of the CLS invoice which is labeled staff hours, is used to report total staffing hours provided at the site.

The calendar within the Staff Hours section will reflect the total number of staffing hours associated with both CMHSP funded unlicensed CLS service hours as well as MDHHS funded Home Help service hours.

Staff Hours							
Enter the total number of daily staffing hours provided at the site, including both CLS and Home Help							
	SUN	MON	TUE	WED	THU	FRI	SAT
Feb 1-4				0 2/1	0 2/2	0 2/3	0 2/4
Feb 5-11	0 2/5	0 2/6	0 2/7	0 2/8	0 2/9	0 2/10	0 2/11
Feb 12-18	0 2/12	0 2/13	0 2/14	0 2/15	0 2/16	0 2/17	0 2/18
Feb 19-25	0 2/19	0 2/20	0 2/21	0 2/22	0 2/23	0 2/24	0 2/25
Feb 26-28	0 2/26	0 2/27	0 2/28				
Total Monthly Staffing Hours for Site:							.00
Total Monthly Staffing Cost for Site:							\$.00

There is also a field for notes within the staff hours section which can be used to provide additional information to CMHSP claims payment staff persons.

Total Monthly Staffing Cost for Site: \$.00	
Notes	
CHARACTERS LEFT: 30000	
Notes	3/14 Additional Staff needed due to appointment

Consumer CLS Hours Section

Below the notes field the CLS invoice screen is customized based upon the number of consumers that our served at a particular unlicensed CLS site. In this example we have a site where two consumers are being served at one site. We have identified these consumers in this example as Consumer A and Consumer B.

Consumer A
Enter total daily hours of CLS service for consumer (include shared & unshared hours). Do not include Home Help hours.
Consumer B
Enter total daily hours of CLS service for consumer (include shared & unshared hours). Do not include Home Help hours.

As of 7/1/2017 the CMHSPs have streamlined the CLS invoice and no longer require reporting of shared versus unshared hours independently.

- The provider should enter the total daily hours of only CMHSP funded CLS service whether it is shared or unshared.
- There should also be no MDHHS authorized Home Help service hours included in the consumer CLS sections of the invoices.
- Enter zero minutes for any day in which the consumer does not receive at least 15 minutes of CLS service.

Consumer A

Enter total daily h

Case Number

Consumer A

The consumer's name and EHR case number will be displayed above CLS service hour calendar for each consumer authorized for services at this site.

Consumer A

Enter total daily hours of CLS service for consumer (include shared & unshared hours). Do not include Home Help hours.

Case Number: Consumer A Authorized Dates: 06/14/2016 - 06/13/2017 Weekly CLS Hours: 160.00

	SUN	MON	TUE	WED	THU	FRI	SAT
Mar 1-4				0 3/1	0 3/2	0 3/3	0 3/4
Mar 5-11	0 3/5	0 3/6	0 3/7	0 3/8	0 3/9	0 3/10	0 3/11
Mar 12-18	0 3/12	0 3/13	0 3/14	0 3/15	0 3/16	0 3/17	0 3/18
Mar 19-25	0 3/19	0 3/20	0 3/21	0 3/22	0 3/23	0 3/24	0 3/25
Mar 26-31	0 3/26	0 3/27	0 3/28	0 3/29	0 3/30	0 3/31	
Total CLS Service Hours:							.00
Total CLS Service Days:							0

Consumer B


Enter total daily hours of CLS service for consumer (include shared & unshared hours). Do not include Home Help hours.



Case Number: Consumer B Authorized Dates: 03/01/2017 - 06/12/2017 Weekly CLS Hours: 162.00


	SUN	MON	TUE	WED	THU	FRI	SAT
Mar 1-4				23 3/1	23 3/2	22.75 3/3	22.75 3/4
Mar 5-11	22.75 3/5	23 3/6	23 3/7	23 3/8	23 3/9	22.75 3/10	22.75 3/11
Mar 12-18	22.75 3/12	23 3/13	23 3/14	23 3/15	23 3/16	22.75 3/17	22.75 3/18
Mar 19-25	22.75 3/19	23 3/20	23 3/21	23 3/22	23 3/23	22.75 3/24	22.75 3/25
Mar 26-31	22.75 3/26	23 3/27	23 3/28	23 3/29	23 3/30	22.75 3/31	
Total CLS Service Hours:							709.75
Total CLS Service Days:							31

Consumer Financial & Encounter Information Section

Consumer Financial & Encounter Information					
Click the  button to update the calculations below					
Average Site Per Diem:					\$0.00
Consumer	Days	Cost	Adj. Cost	Est. Per Diem	Est. CMH Payment
<input type="text"/>	0	\$0.00	\$0.00	\$0.00	\$0.00 
06/14/2016 - 06/13/2017					
<input type="text"/>	0	\$0.00	\$0.00	\$0.00	\$0.00 
06/13/2016 - 06/12/2017					
Totals:	0	\$0.00	\$0.00		\$0.00
<input type="button" value="Save & Exit"/> <input type="button" value="Cancel"/>					

Once all total staffing and consumer CLS calendars are filled out, users must click  in order to get above to view the calculations.

Consumer Financial & Encounter Information					
Average Site Per Diem:					\$210.58
Consumer	Days	Cost	Adj. Cost	Est. Per Diem	Est. CMH Payment
<input type="text"/>	28	\$5,907.51	\$8,751.44	\$241.12	\$6,177.36 
06/13/2016 - 06/12/2017					
<input type="text"/>	25	\$5,274.57	\$4,430.64	\$177.22	\$4,430.64 
06/14/2016 - 06/13/2017					
Totals:	53	\$11,182.08	\$11,182.08		\$10,608.00

Hovering over the  in the Est. CMH Payment column will show the service encounters and the breakdown between CLS and Home Help service payments.

Date of Service	Per Diem	Home Help	Est. Payment
02/01/2017	\$103.54	\$101.69	\$1.85
02/02/2017	\$103.54	\$101.69	\$1.85
02/03/2017	\$103.53	\$101.69	\$1.84
02/04/2017	\$103.54	\$101.69	\$1.85
02/05/2017	\$103.54	\$101.68	\$1.86
02/06/2017	\$103.54	\$101.69	\$1.85
02/07/2017	\$103.53	\$101.69	\$1.84
02/08/2017	\$103.54	\$101.69	\$1.85
02/09/2017	\$103.54	\$101.69	\$1.85
02/10/2017	\$103.54	\$101.69	\$1.85
02/11/2017	\$103.54	\$101.69	\$1.85
02/12/2017	\$103.53	\$101.69	\$1.84
02/13/2017	\$103.54	\$101.69	\$1.85
02/14/2017	\$103.54	\$101.68	\$1.86
02/15/2017	\$103.54	\$101.69	\$1.85
02/16/2017	\$103.53	\$101.69	\$1.84
02/17/2017	\$103.54	\$101.69	\$1.85
02/18/2017	\$103.54	\$101.69	\$1.85
Total Est Payment			\$33.28

Please note:

- The MDHHS funded Home Help Hours will be deducted from the staffing hours eligible for reimbursement.
- Please note that MDHHS pays a lesser rate than the CMHPSM region on an hourly basis. While the deduction of Home Help service hours should correlate with what MDHHS authorizes your provider agency to provide on an hourly basis, the reimbursement amount resulting from those Home Help hours will be exaggerated in the CLS invoice as we don't calculate Home Help at the MDHHS rate in our system.

Enter total daily hours of CLS service for consumer (include shared & unshared hours). Do not include Home Help hours.

Case Number	Authorized Dates							Weekly CLS Hours
	06/13/2016 - 06/12/2017							162.00
	SUN	MON	TUE	WED	THU	FRI	SAT	
Feb 1-4				24.00 2/1	24.00 2/2	24.00 2/3	24.00 2/4	
Feb 5-11	24.00 2/5	24.00 2/6	24.00 2/7	24.00 2/8	24.00 2/9	24.00 2/10	24.00 2/11	
Feb 12-18	24.00 2/12	24.00 2/13	24.00 2/14	24.00 2/15	24.00 2/16	24.00 2/17	24.00 2/18	
Feb 19-25	24.00 2/19	24.00 2/20	24.00 2/21	24.00 2/22	24.00 2/23	24.00 2/24	24.00 2/25	
Feb 26-28	24.00 2/26	24.00 2/27	24.00 2/28					
Total CLS Service Hours:							672.00	
Total CLS Service Days:							28	

Enter total daily hours of CLS service for consumer (include shared & unshared hours). Do not include Home Help hours.

Case Number	Authorized Dates							Weekly CLS Hours
	06/14/2016 - 06/13/2017							160.00
	SUN	MON	TUE	WED	THU	FRI	SAT	
Feb 1-4				19.00 2/1	19.00 2/2	20.00 2/3	7.00 2/4	
Feb 5-11	-- 2/5	6.00 2/6	24.00 2/7	24.00 2/8	19.50 2/9	24.00 2/10	12.00 2/11	
Feb 12-18	-- 2/12	13.00 2/13	18.50 2/14	20.00 2/15	19.00 2/16	24.00 2/17	17.00 2/18	
Feb 19-25	-- 2/19	10.00 2/20	21.00 2/21	19.00 2/22	18.00 2/23	24.00 2/24	11.00 2/25	
Feb 26-28	9.00 2/26	24.00 2/27	19.00 2/28					
Total CLS Service Hours:							441.00	
Total CLS Service Days:							25	

Consumer Financial & Encounter Information

Average Site Per Diem: \$210.38

Consumer	Days	Cost	Adj. Cost	Est. Per Diem	Est. CMH Payment
06/13/2016 - 06/12/2017	28	\$5,907.51	\$6,751.44	\$241.12	\$8,177.36 ⓘ
06/14/2016 - 06/13/2017	25	\$5,274.57	\$4,430.64	\$177.22	\$4,430.64 ⓘ
Totals:	53	\$11,182.08	\$11,182.08		\$10,608.00

Then Click Save & Exit

If you get this error it means the hours have exceeded the site plan hours. So you do not have to re-enter everything just tweak a day to get it to accept and contact your local CMH. Then you will have to go back to this CLS invoice and possibly make corrections.

Please correct the following errors:




- ⓘ The Staff Hours entered exceed the maximum allowed for the month

If you get the yellow message/warning it just means that one of the days was entered with more than 24 hours. It is possible to have more than 24 hours of staffing in a day due double staffing. Add a note if this is not a common occurrence for this site. Then click Save & Exit again.

Please review the following messages/warnings:

- ⚠ Day 14: The Hours evaluate to more than 1 day. Please verify the correct number of hours have been entered

After you clicked Save and Exit you will come back to this which is where you can make changes, delete, or view. Please do not send batch to CMH from this point. See next step.

AFFILIATE Livingston PROVIDER	liv01	03/01/2017 - 03/31/2017	NUMBER 1139811 CLAIMS 2 STATUS Claim Data Entry ACTION Idle	   Send batch to CMH
-------------------------------------	-------	----------------------------	--	--

1 - Create batches and enter AP claims

Create and enter AP claims into batches.

Go back to

			Add AP Claim in new batch
			Upload batch via 837
Batch	Batch Info	Vendor	
NUMBER 1139811 CLAIMS 2 CHARGED \$12,446.72 ALLOWED \$0.00	STATUS Claim Data Entry ACTION Idle OWNER FROM 03/01/2017 THRU 03/31/2017	AFFILIATE Livingston VENDOR PROVIDERS	Batch Information View AP Claims in Batch Send batch to CMH Adjudicate Batch

Click Adjudicate Batch so you can be sure there are no errors. If after adjudication you show an allowed amount that is not matching what you expect to get paid you should click on View AP Claims in Batch and review possible errors. If the allowed amount is as expected then click Send batch to CMH.

When you view AP Claims in the batch they will now have the H0043 code along with modifiers that are being attached automatically based on the CLS Invoice that was submitted.

SERVICE DATES (FROM - THRU)	POS	SERVICE (PRI / SEC)	MODIFIERS	DGN	UNITS	CHARGES
03/01/2017 - 03/01/2017	12	H0043	TG TT -- --	1	1	\$230.74
Service Times		Coordination of Benefits		Rendering Staff		Referring Staff
FROM: --- THRU: ---		REASON: 22 ALLOWED: --- PAID: \$18.52		NAME: --- PRIMARY ID: -----		NAME: --- PRIMARY ID: -----
		03/01/2017 Reduction per Coordination of Benefits - Prior Paid amount		0		\$18.52
		Total Allowed		1		\$212.22
03/02/2017 - 03/02/2017	12	H0043	TG TT -- --	1	1	\$230.75
Service Times		Coordination of Benefits		Rendering Staff		Referring Staff
FROM: --- THRU: ---		REASON: 22 ALLOWED: --- PAID: \$18.52		NAME: --- PRIMARY ID: -----		NAME: --- PRIMARY ID: -----
		03/02/2017 Reduction per Coordination of Benefits - Prior Paid amount		0		\$18.52
		Total Allowed		1		\$212.23

The deductions above are based on an individual that receives Home Help and this deduction matches what you currently see on your claims.

Batch		Batch Info	Vendor	
NUMBER	1139805	STATUS	Adjudication Review	AFFILIATE
CLAIMS	2	ACTION	Idle / Adjudicated	Livingston
CHARGED	\$11,182.08	OWNER		VENDOR
ALLOWED	\$10,608.00	PROVIDER ID		PROVIDERS
		FROM	02/01/2017	
		THRU	02/28/2017	
Batch Information View AP Claims in Batch Send batch to supervisor Return batch to provider Adjudicate Batch				

Displaying 1 - 2 of 2 AP Claims

Claim	Provider	Client	Service Dates	Amounts	
E.II CLAIM # 1463177	PROVIDER [REDACTED]	NAME [REDACTED]	FROM DATE 02/01/2017	CHARGED \$6,751.44	🔍
VENDOR CLAIM # 1463177	PROVIDER ID 1000552	CASE # [REDACTED]	THROUGH DATE 02/28/2017	ALLOWED \$6,177.36	
E.II CLAIM # 1463176	PROVIDER [REDACTED]	NAME [REDACTED]	FROM DATE 02/01/2017	CHARGED \$4,430.64	🔍
VENDOR CLAIM # 1463176	PROVIDER ID 1000552	CASE # [REDACTED]	THROUGH DATE 02/28/2017	ALLOWED \$4,430.64	

Displaying 1 - 1 of 1 AP Batch

Batch		Batch Info	Vendor	
NUMBER	1147618	STATUS	Paid	AFFILIATE
CLAIMS	2	ACTION	Idle / Adjudicated	Livingston
CHARGED	\$11,198.72	OWNER		VENDOR
ALLOWED	\$10,624.64	PROVIDER ID		PROVIDERS
		FROM	02/01/2017	
		THRU	02/28/2017	
Batch Information Print EOBs for this batch View AP Claims in Batch				

Displaying 1 - 2 of 2 AP Claims

Claim	Provider	Client	Service Dates	Amounts	
E.II CLAIM # 1488252	PROVIDER [REDACTED]	NAME [REDACTED]	FROM DATE 02/01/2017	CHARGED \$7,075.62	🔍
VENDOR CLAIM # 1488252	PROVIDER ID 1000552	CASE # [REDACTED]	THROUGH DATE 02/28/2017	ALLOWED \$6,501.54	
				Reconsider Claim Print EOB for this claim View Encounter Void Encounter	
E.II CLAIM # 1488251	PROVIDER [REDACTED]	NAME [REDACTED]	FROM DATE 02/01/2017	CHARGED \$4,123.10	🔍
VENDOR CLAIM # 1488251	PROVIDER ID 1000552	CASE # [REDACTED]	THROUGH DATE 02/28/2017	ALLOWED \$4,123.10	
				Reconsider Claim Print EOB for this claim View Encounter Void Encounter	

H0043 Site Plan Vs H2015 Site Plan Reimbursement

H0043 Site Plan:

Batch		Batch Info	Vendor	
NUMBER	1139811	STATUS	Adjudication Review	AFFILIATE
CLAIMS	2	ACTION	Idle / Not Adjudicated	Livingston
CHARGED	\$12,446.72	OWNER	[REDACTED]	VENDOR
ALLOWED	\$11,872.64	FROM	03/01/2017	PROVIDERS
		THRU	03/31/2017	
				Batch Information View AP Claims in Batch Return batch to provider Adjudicate Batch

H2015 Site Plan:

Batch		Batch Info	Vendor	
NUMBER	1150781	STATUS	Paid	AFFILIATE
CLAIMS	2	ACTION	Idle / Adjudicated	Livingston
CHARGED	\$12,446.72	OWNER	[REDACTED]	VENDOR
ALLOWED	\$11,872.64	FROM	03/01/2017	PROVIDERS
		THRU	03/31/2017	
				Batch Information Print EOBs for this batch View AP Claims in Batch

Difference between charged and allowed is any home help deduction (at CMH rate) and/or errors on claim.

H0043 Home Help Reduction:

Claim Information							
Source			Type				
Claim was generated by the system.			Professional Services claim 837P				
AP Batch Number	E.II Claim ID	Vendor Claim Number	Received Date				
1139805 (Adjudication Review)	1463177	1463177	03/28/2017				
Diagnosis 1	Diagnosis 2	Diagnosis 3	Diagnosis 4	Hospital Admission Date	Hospital Discharge Date		
F639	F73	F639	F73	---	---		
Service Information							
SERVICE DATES (FROM - THRU)	POS	SERVICE (PRI / SEC)	MODIFIERS	DGN	UNITS	CHARGES	
02/01/2017	02/01/2017	12	H0043	---	1	1	\$241.12
Service Times		Coordination of Benefits		Rendering Staff		Referring Staff	
FROM: ---	REASON: 22	NAME: ---		NAME: ---			
THRU: ---	ALLOWED: ---	PRIMARY ID: -----		PRIMARY ID: -----			
		PAID: \$20.50					
		02/01/2017		Reduction per Coordination of Benefits - Prior Paid amount		\$20.50	
				Total Allowed		\$220.62	
02/02/2017	02/02/2017	12	H0043	---	1	1	\$241.13
Service Times		Coordination of Benefits		Rendering Staff		Referring Staff	
FROM: ---	REASON: 22	NAME: ---		NAME: ---			
THRU: ---	ALLOWED: ---	PRIMARY ID: -----		PRIMARY ID: -----			
		PAID: \$20.51					
		02/02/2017		Reduction per Coordination of Benefits - Prior Paid amount		\$20.51	
				Total Allowed		\$220.62	

H2015 Home Help Reduction:

Claim Information						
Source Claim was generated by the system.			Type Professional Services claim 837P			
AP Batch Number 1147618 (Paid)	E.II Claim ID 1488252	Vendor Claim Number 1488252	Received Date 03/03/2017			
Diagnosis 1 F639	Diagnosis 2 F73	Diagnosis 3 F639	Diagnosis 4 F73	Hospital Admission Date ---	Hospital Discharge Date ---	
Service Information SHOW HELP						
SERVICE DATES (FROM - THRU)	POS	SERVICE (PRI / SEC)	MODIFIERS	DGN	UNITS	CHARGES
02/01/2017	02/01/2017	12	H2015	TT -- --	1	76 \$176.46
Service Times		Coordination of Benefits		Rendering Staff		Referring Staff
FROM: --- THRU: ---		REASON: 22 ALLOWED: --- PAID: \$176.46		NAME: --- PRIMARY ID: -----		NAME: --- PRIMARY ID: -----
		02/01/2017		Reduction per Coordination of Benefits - Prior Paid amount		0 \$176.46
				Total Allowed		76 \$0.00
02/01/2017	02/01/2017	12	H2015	-- -- --	1	20 \$46.44
Service Times		Coordination of Benefits		Rendering Staff		Referring Staff
FROM: --- THRU: ---		REASON: 22 ALLOWED: --- PAID: \$46.44		NAME: --- PRIMARY ID: -----		NAME: --- PRIMARY ID: -----
		02/01/2017		Reduction per Coordination of Benefits - Prior Paid amount		0 \$46.44
				Total Allowed		20 \$0.00

CMHSP Claims Payment

Claims payment is no different than all other CMHSP authorized services and are paid on a unit by unit basis.



Direct Authorization
for H2015 CLS

Direct Authorization for H2015

What's New in Direct Authorization H2015 CLS (July 1, 2017)

For CMHSPs:
No substantial changes
For Providers:
No substantial changes

Quick Links

[Quick Link to CMHSP Provider Management Staff Section for Directly Authorized H2015](#)

[Quick Link to CMHSP Authorizing Staff Section for Directly Authorized H2015](#)

[Quick Link to Provider Section for Directly Authorized H2015](#)

[Quick Link to CMHSP Claims Payment Staff Section for Directly Authorized H2015](#)

CMHSP Setup

CMHSP Fee Schedule Setup Guide

Service

Contract Information

Effective Date: [] Expiration Date: [] Affiliate: []

Number: [] Name: []

Days to Bill: []

Authorization Information

Type: * Select a Type

- Community Center
- Consultant
- Day Supports
- Family Friend Respite
- Fiscal Intermediary
- Group Home
- Hospitals
- Language Services
- Miscellaneous
- OBRA
- Pharmacy Management
- PORT
- Respite
- Specialty Services
- State Facility
- Supported Employment
- Supported Living Direct Auth**
- Supported Living Site Plan
- Supported Living (Per Diem)
- Variable Rate

PI Information

- Case Management/Outpatient
- Children's Waiver (professional)
- Psychosocial rehab/Clubhouse
- Crisis Residential (CRS)
- Drop-In Center
- Fiscal Intermediary
- Hospitals
- Licensed Setting
- Substance Use Disorder Treatment
- Supported Employment
- Supported Living/CLS
- Supported Living/CLS (Synod)

Save & add another Service Cancel

Fee-schedules should be setup within the “Supported Living Direct Auth” service contract type within the EHR.

Fee Schedule

Fee Schedule Information

Effective Date: START Expiration Date: END CPT Code: H2015 Modifiers: [] [] [] []

Comprehensive Community Support
10/01/2003 - 09/30/2017
Community Living Supports

Rate Information

Standard Rate: \$4.16 Holiday Rate: []

Authorization Information

- Fee Schedule can be authorized
- Fee Schedule can be used without authorization
- Allow authorization-specific rate
- Allow authorizations to extend beyond expiration date
- Fee Schedule is inactive

Accounting Information

Business Unit: []

NUMBER: [] PROGRAM: [] DIVISION: []

Notes: []

CHARACTERS LEFT: 30000

Save & Exit Save Save & add another Fee Schedule Cancel

Displaying 1 - 1 of 1 CPT Crosswalk

Dates	Category	CPT Code	Service Info	Coverage	
10/01/2003 - 09/30/2017	Community Living Supports	H2015 Comprehensive Comm. Comprehensive Community Support	UNIT TYPE 15 Minutes RANGE (none) ALLOWED MODS TT, HN, HO, TG, HE EXPANDS TO ---	Additional "b3" Services Habilitation/Supports Waiver EPSDT Child Waiver	Select

CMHSP Authorization Guide

Authorizations for directly authorized CLS service are no different than any other service authorization within the E.II EHR.

Network Provider Guide

Providers submit claims no different than all other service claims that are paid on a unit by unit basis.

CMHSP Claims Payment

Claims payment is no different than all other CMHSP authorized services and are paid on a unit by unit basis.



Direct Authorization
for H0043 CLS

Direct Authorization for H0043

What's New in Direct Authorization H2015 CLS (July 1, 2017)

For CMHSPs:

No changes

For Providers:

No changes

Quick Links

[Quick Link to CMHSP Provider Management Staff Section for Directly Authorized H0043](#)

[Quick Link to CMHSP Authorizing Staff Section for Directly Authorized H0043](#)

[Quick Link to Provider Section for Directly Authorized H0043](#)

[Quick Link to CMHSP Claims Payment Staff for Directly Authorized H0043](#)

CMHSP Fee Schedule Setup Guide

Service

Contract Information

Effective Date: [] Expiration Date: [] Affiliate: []

Number: [] Name: []

Days to Bill: []

Authorization Information

Type: * Select a Type

- Community Center
- Consultant
- Day Supports
- Family Friend Respite
- Fiscal Intermediary
- Group Home
- Hospitals
- Language Services
- Miscellaneous
- OBRA
- Pharmacy Management
- PORT
- Respite
- Specialty Services
- State Facility
- Supported Employment
- Supported Living Direct Auth
- Supported Living Site Plan
- Supported Living (Per Diem)**
- Variable Rate

PI Information

- Case Management/Outpatient
- Children's Waiver (professional)
- Psychosocial rehab/Clubhouse
- Crisis Residential (CRS)
- Drop-In Center
- Fiscal Intermediary
- Hospitals
- Licensed Setting
- Substance Use Disorder Treatment
- Supported Employment
- Supported Living/CLS
- Supported Living/CLS (Synod)

Buttons: Save & add another Service, Cancel

Directly authorized H0043 CLS should be setup within the Supported Living (Per Diem) contract type.

Fee schedules for directly authorized H0043:

Fee Schedule

Fee Schedule Information

Effective Date: START Expiration Date: END CPT Code: H0043 Modifiers: [] [] [] []

Community Living Supports provided in unlicensed independent living setting c
10/01/2003 - 09/30/2017
Community Living Supports

Rate Information

Standard Rate: DAILY RATE Holiday Rate: []

Authorization Information

- Fee Schedule can be authorized
- Fee Schedule can be used without authorization
- Allow authorization-specific rate
- Allow authorizations to extend beyond expiration date
- Fee Schedule is inactive

Accounting Information

Business Unit: []

NUMBER: [] PROGRAM: [] DIVISION: []

Notes: []

CHARACTERS LEFT: 30000

Buttons: Save & Exit, Save, Save & add another Fee Schedule, Cancel

Displaying 1 - 1 of 1 CPT Crosswalk

Dates	Category	CPT Code	Service Info	Coverage	
10/01/2003 - 09/30/2017	Community Living Supports	H0043 Supported housing, per diem Community Living Supports provided in unlicensed independent living setting or own home, per day	UNIT TYPE Day RANGE (none) ALLOWED MODS TT, TF, TG EXPANDS TO ---	Additional "b3" Services Habilitation/Supports Waiver EPSDT	Select

CMHSP Authorization Guide

Authorizations for directly authorized CLS service are no different than any other service authorization within the E.II EHR.

Network Provider Guide

Providers submit claims no different than all other service claims that are paid on a unit by unit basis.

CMHSP Claims Payment

Claims payment is no different than all other CMHSP authorized services and are paid on a unit by unit basis.

Appendix A: General Information on Community Living Supports

Community Living Supports Definition

Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity. The supports may be provided in the participant's residence or in community settings (including, but not limited to, libraries, city pools, camps, etc.).

Coverage includes:

- Assisting (that exceeds state plan for adults), prompting, reminding, cueing, observing, guiding and/or training in the following activities:
 - meal preparation
 - laundry
 - routine, seasonal, and heavy household care and maintenance
 - activities of daily living (e.g., bathing, eating, dressing, personal hygiene)
 - shopping for food and other necessities of daily living

CLS services may not supplant services otherwise available to the beneficiary through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973 or state plan services, e.g., Personal Care (assistance with ADLs in a certified specialized residential setting) and Home Help or Expanded Home Help (assistance in the individual's own, unlicensed home with meal preparation, laundry, routine household care and maintenance, activities of daily living and shopping). If such assistance appears to be needed, the beneficiary must request Home Help and, if necessary, Expanded Home Help from MDHHS. CLS may be used for those activities while the beneficiary awaits determination by MDHHS of the amount, scope and duration of Home Help or Expanded Home Help. If the beneficiary requests it, the PIHP case manager or supports coordinator must assist him/her in requesting Home Help or in filling out and sending a request for Fair Hearing when the beneficiary believes that the MDHHS authorization of amount, scope and duration of Home Help does not appear to reflect the beneficiary's needs based on the findings of the MDHHS assessment.

- Staff assistance, support and/or training with activities such as:
 - money management
 - non-medical care (not requiring nurse or physician intervention)
 - socialization and relationship building
 - transportation from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence (transportation to and from medical appointments is excluded)
 - participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts and events in a park; volunteering; voting)
 - attendance at medical appointments
 - acquiring or procuring goods, other than those listed under shopping, and non-medical services
- Reminding, observing and/or monitoring of medication administration

- Staff assistance with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

CLS may be provided in a licensed specialized residential setting as a complement to, and in conjunction with, state plan coverage Personal Care in Specialized Residential Settings. Transportation to medical appointments is covered by Medicaid through MDHHS or the Medicaid Health Plan. Payment for CLS services may not be made, directly or indirectly, to responsible relatives (i.e., spouses, or parents of minor children), or guardian of the beneficiary receiving community living supports.

CLS assistance with meal preparation, laundry, routine household care and maintenance, activities of daily living and/or shopping may be used to complement Home Help or Expanded Home Help services when the individual's needs for this assistance have been officially determined to exceed the DHS's allowable parameters. CLS may also be used for those activities while the beneficiary awaits the decision from a Fair Hearing of the appeal of a MDHHS decision. Reminding, observing, guiding, and/or training of these activities are CLS coverages that do not supplant Home Help or Expanded Home Help.

Community Living Supports (CLS) provides support to a beneficiary younger than 18, and the family in the care of their child, while facilitating the child's independence and integration into the community. This service provides skill development related to activities of daily living, such as bathing, eating, dressing, personal hygiene, household chores and safety skills; and skill development to achieve or maintain mobility, sensory motor, communication, socialization and relationship-building skills, and participation in leisure and community activities. These supports must be provided directly to, or on behalf of, the child. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings. For children and adults up to age 26 who are enrolled in school, CLS services are not intended to supplant services provided in school or other settings or to be provided during the times when the child or adult would typically be in school but for the parent's choice to home-school.

[Reference:](#)

April 1, 2017 [Medicaid Provider Manual](#)

Appendix B. Old Site Plan Document Blank

[LINK TO PAGE HOSTING THIS DOCUMENT](#)

Weekly Staffing for Site (Including Home Help)							
Provider Name:					Site Name:		
Effective Date:							
Provider Contact Person:				Phone:			
Consumer ID and Initials:				Home Help Hours	Per Month		
Consumer ID and Initials:				Home Help Hours	Per Month		
Consumer ID and Initials:				Home Help Hours	Per Month		
Consumer ID and Initials:				Home Help Hours	Per Month		
					0.00	Total Per Month	
Total number of consumers at this site							
<p>Enter an "x" for each staff on duty at the site that hour, indicate one-on-one staffing by entering the consumers initials Add all "x" for the day = Total staff hours for the day</p>							
				Staffing			
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
12mid							
1a							
2a							
3a							
4a							
5a							
6a							
7a							
8a							
9a							
10a							
11a							
12noon							
1p							
2p							
3p							
4p							
5p							
6p							
7p							
8p							
9p							
10p							
11p							
Total Staff Hours							
NOTES							
Prepared & Signed By (Provider):							
Prepared & Signed By (CMH Case Mgr):							
Signed By (CMH Supervisor):							

Appendix D. Site Reimbursement Estimator

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Enter Site Plan Average Hours Service Per Day:						
Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
10	8	8	8	8	8	10

Enter:
Rate Per Hour
16.64

Month	# of "Days" in Month							Monthly Hours	Monthly Cost
	Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays		
Jan-17	5	5	5	4	4	4	4	266	\$ 4,426.24
Feb-17	4	4	4	4	4	4	4	240	\$ 3,993.60
Mar-17	4	4	4	5	5	5	4	264	\$ 4,392.96
Apr-17	5	4	4	4	4	4	5	260	\$ 4,326.40
May-17	4	5	5	5	4	4	4	264	\$ 4,392.96
Jun-17	4	4	4	4	5	5	4	256	\$ 4,259.84
Jul-17	5	5	4	4	4	4	5	268	\$ 4,459.52
Aug-17	4	4	5	5	5	4	4	264	\$ 4,392.96
Sep-17	4	4	4	4	4	5	5	258	\$ 4,293.12
Oct-17	5	5	5	4	4	4	4	266	\$ 4,426.24
Nov-17	4	4	4	5	5	4	4	256	\$ 4,259.84
Dec-17	5	4	4	4	4	5	5	268	\$ 4,459.52
Jan-18	4	5	5	5	4	4	4	264	\$ 4,392.96
Feb-18	4	4	4	4	4	4	4	240	\$ 3,993.60
Mar-18	4	4	4	4	5	5	5	266	\$ 4,426.24
Apr-18	5	5	4	4	4	4	4	258	\$ 4,293.12
May-18	4	4	5	5	5	4	4	264	\$ 4,392.96
Jun-18	4	4	4	4	4	5	5	258	\$ 4,293.12
Jul-18	5	5	5	4	4	4	4	266	\$ 4,426.24
Aug-18	4	4	4	5	5	5	4	264	\$ 4,392.96
Sep-18	5	4	4	4	4	4	5	260	\$ 4,326.40
Oct-18	4	5	5	5	4	4	4	264	\$ 4,392.96
Nov-18	4	4	4	4	5	5	4	256	\$ 4,259.84
Dec-18	5	5	4	4	4	4	5	268	\$ 4,459.52
Jan-19	4	4	5	5	5	4	4	264	\$ 4,392.96
Feb-19	4	4	4	4	4	4	4	240	\$ 3,993.60
Mar-19	5	4	4	4	4	5	5	268	\$ 4,459.52
Apr-19	4	5	5	4	4	4	4	256	\$ 4,259.84
May-19	4	4	4	5	5	5	4	264	\$ 4,392.96
Jun-19	5	4	4	4	4	4	5	260	\$ 4,326.40
Jul-19	4	5	5	5	4	4	4	264	\$ 4,392.96
Aug-19	4	4	4	4	5	5	5	266	\$ 4,426.24
Sep-19	5	5	4	4	4	4	4	258	\$ 4,293.12
Oct-19	4	4	5	5	5	4	4	264	\$ 4,392.96
Nov-19	4	4	4	4	4	5	5	258	\$ 4,293.12
Dec-19	5	5	5	4	4	4	4	266	\$ 4,426.24
Jan-20	4	4	4	5	5	5	4	264	\$ 4,392.96
Feb-20	4	4	4	4	4	4	5	250	\$ 4,160.00
Mar-20	5	5	5	4	4	4	4	266	\$ 4,426.24
Apr-20	4	4	4	5	5	4	4	256	\$ 4,259.84
May-20	5	4	4	4	4	5	5	268	\$ 4,459.52
Jun-20	4	5	5	4	4	4	4	256	\$ 4,259.84
Jul-20	4	4	4	5	5	5	4	264	\$ 4,392.96
Aug-20	5	5	4	4	4	4	5	268	\$ 4,459.52
Sep-20	4	4	5	5	4	4	4	256	\$ 4,259.84
Oct-20	4	4	4	4	5	5	5	266	\$ 4,426.24
Nov-20	5	5	4	4	4	4	4	258	\$ 4,293.12
Dec-20	4	4	5	5	5	4	4	264	\$ 4,392.96
Jan-21	5	4	4	4	4	5	5	268	\$ 4,459.52
Feb-21	4	4	4	4	4	4	4	240	\$ 3,993.60
Mar-21	4	5	5	5	4	4	4	264	\$ 4,392.96
Apr-21	4	4	4	4	5	5	4	256	\$ 4,259.84