

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy</i> Assessment and Authorization of Community Living Supports (CLS) Services
Department/Committee: Clinical Performance Team	Local Policy Number (if used)
Implementation Date 03/03/2025	Regional Approval Date 11/26/2024

Reviewed by:	Recommendation Date:
ROC	10/09/2024
CMH Board:	Approval Date:
Lenawee	11/20/2024
Livingston	11/26/2024
Monroe	11/20/2024
Washtenaw	10/25/2024

I. PURPOSE

To establish guidelines for the assessment and authorization of community living support (CLS) services within the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

II. REVISION HISTORY

DATE	MODIFICATION
02/07/2020	Original document
11/26/2024	3-year review

III. APPLICATION

This policy applies to:

<input checked="" type="checkbox"/> CMHPSM PIHP Staff, Board Members, Interns & Volunteers
<input checked="" type="checkbox"/> Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
<input type="checkbox"/> Mental Health / Intellectual or Developmental Disability Service Providers
<input type="checkbox"/> SUD Treatment Providers <input type="checkbox"/> SUD Prevention Providers
<input type="checkbox"/> Other as listed:

IV. DEFINITIONS

Activities of Daily Living (ADLs) – defined by MDHHS as: eating, toileting, bathing, grooming, dressing, transferring, and mobility.

Community Mental Health Partnership Of Southeast Michigan (CMHPSM) – The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and

Washtenaw for mental health, developmental disabilities, and substance use services.

Community Mental Health Services Program (CMHSP) – A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Community Living Supports (CLS) – As defined in the current MI Medicaid Provider Manual. Supports include 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, and shopping for food and other necessities of daily living. Supports also include 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; 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 they may reside or be supported in the most integrated, independent community setting.

Expanded Home Help – Expanded home help services can be authorized by MDHS for individuals who have severe functional limitations which require such extensive/complex care that the service cost must be approved by the adult services supervisor/local office designee and/or the MDHHS Home Help Policy Section. (See ASM 120 Adult Services Comprehensive Assessment).

Home Help – Home help services is the Medicaid State Plan for personal care services in the home. Home help services which are eligible for Title XIX funding are limited to Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

Instrumental Activities of Daily Living (IADLs) – Defined by MDHHS as: taking medication; meal preparation/cleanup; shopping for food and other necessities of daily living; laundry; light housecleaning.

Regional Entity – The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

V. POLICY

The CMHPSM shall develop, implement, and maintain a process to access, authorize, and monitor CLS services for individuals living in licensed and non-licensed settings in ways that meet state and federal requirements.

VI. GENERAL STANDARDS

- A. The person-centered planning process as outlined in the MDHHS PIHP/CMHSP contracts and the MI Medicaid Provider Manual shall be followed in the assessment, planning, and monitoring of CLS services.
- B. All consumers/individuals served and/or guardians seeking CLS services shall be informed of their opportunities for self-determination.
- C. CLS cannot supplant services otherwise available through education services, state funded services, or services otherwise available through other insurance benefits.

- D. If beneficiaries living in unlicensed homes need assistance with meal preparation, laundry, routine household care and maintenance, ADLs, and/or shopping, the beneficiary must request Home Help and, if necessary, Expanded Home Help from MDHHS. In such cases, 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.
- E. 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 MDHHS'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
- F. 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.

VII. ASSESSMENT OF CLS SERVICES

- A. All requests for CLS services or CLS authorizations require an assessment of the medical necessity for the service to be completed by the CMHSP prior to approving CLS, authorizing CLS, or identifying CLS-related goals in a consumer/individual's plan of service.
- B. A CLS assessment shall be done at least annually prior to the next full plan of service, or more often if a consumer/individual's needs change, there is a request for additional CLS services, or the IPOS is less than a year in duration.
- C. Any changes in the amount or scope of CLS services requires documentation of the reason for these changes and a new or updated CLS assessment where indicated.
- D. CLS assessment(s) developed and used by CMHSPs shall comply with the definition of the service in the Michigan Medicaid Provider Manual and the MDHHS HCPCS/CPT coding chart. CMHSPs shall make CLS assessment tools available for review upon request of the PIHP, state or federal entities.
- E. The CLS assessment process shall include whether other appropriate, efficacious, less restrictive and cost-effective service options are available to the consumer/individual served that would assist them in achieving their goals.
- F. The medical necessity of the amount and scope of CLS shall be based on the consumer/individual's need, not on the conditions, design, construction or location of the setting where CLS will occur.
- G. The concept of health and safety in assessing for CLS needs to include reviewing whether there exists health and safety needs for the consumer/individual served specific to that task or function of the CLS service and the goal(s) the consumer/individual served is seeking to achieve.
- H. Natural and community supports will be evaluated and utilized prior to approval of Medicaid covered services.
- I. The assessment of CLS for children enrolled in Children's Waiver Program (CWP) requires the additional use of CWP Categories of Care and CWP Decision Guide Table and documentation of how these were applied to CLS service decisions.
- J. Parents/guardians who request CLS services for their minor children living in their home will be expected to provide a portion of the child's daily needs. The proportion of natural supports and CLS services will be included in the assessment process, and parity processes will be followed where applicable.
- K. The CLS assessment process needs to include whether the PERS system is a viable option for the consumer/individual served to achieve his/her goals instead of the use

- of CLS staffing.
- L. The CLS assessment will delineate if shared or 1:1 hours are medically necessary, and which of those hours is shared versus 1:1. Any shared CLS hours shall be coded and authorized using the correct coding modifier.
- M. The CLS assessment process shall delineate between overnight and daytime staffing, and the specific CLS-related care needs between overnight and daytime hours. Overnight CLS hours cannot exceed the hours of 8pm to 8am.
- N. CLS requests as out-of-home day activity services shall be reviewed and assessed to ensure the goals and services are not duplicative of in-home CLS services or of other services such as skill-building.
- O. CLS services requested for behavioral care shall require some type or aspect of involvement with a structured type of behavioral plan with a qualified professional, such as a behavior plan developed by a behavioral psychologist, ABA/BHT services, or PMTO.
- P. Each CMHSP shall follow and document the exception process in those cases where CLS services are included in a parity program and the recommended amount of CLS hours exceeds the applicable level of care parameters
- Q. The assessment of CLS as part of placement in a specialized licensed residential requires a distinct review in conjunction with the consumer/individual's personal care needs. The placement and authorization process for CLS in these settings requires a specific referral process and coordination with the local CMHSP provider network manager.

VIII. SERVICE PLANNING

- A. CLS services are to assist the consumer/individual served to be more productive, independent, or integrated in their community. The goal(s) related to CLS should therefore be related to at least one of these aspects of the service and based on the needs and goals of the consumer/individual served, not on the needs of their caretaker/guardian.
- B. The need for CLS needs to be clearly documented in the consumer/individual's record prior to developing goals in a plan of service; goals cannot be written initially in order to justify CLS services.
- C. The consumer/individual's plan of service will delineate which hours are shared or 1:1, the level of supervision staff are to provide, the outcomes/objectives CLS is expected to assist the consumer/individual served in achieving, and the specific tasks and steps CLS staff are to following in assisting the consumer/individual served with reaching their outcomes/objectives.
- D. Consumers/individuals served and/or guardians who are eligible for home help and decline to apply for the service, or who have been approved for home help and decline to use the service, do not meet medical necessity for CLS and will be reviewed by the entity's utilization management program for potential adverse benefit determinations.
- E. Consumers/individuals served seeking CLS care overnight need to have some type of CLS defined treatment occurring at this time. Coordination of service/supports such as home help, PERS, or natural supports would need to be included in the assessment process.
- F. CLS services for minors 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
- G. If CLS is requested for parents to work they need to pursue babysitting/daycare instead (needs to be for something child needs help learning, not for parent coverage)
- H. Parents of minors living in the family home are expected to provide some of the care for the children/child. CLS for children not enrolled in the Children's Waiver Program

will not exceed 6 hours per day without going through the UM exception review process.

- I. The amount of CLS service hours to learn a specific task needs to be relational to the task as well as the learning needs of the consumer/individual served. Any exceptions to this require completion of a UM exception review process. (For example, ADLs that would occur 2-3 times per day or household tasks that would occur weekly versus ongoing or daily needs)
- J. Payments for CLS may not be made, directly or indirectly, to responsible relatives or the legal guardian.

IX. CLS AUTHORIZATIONS

- A. Staff who approve or deny CLS authorizations shall comply with state and federal conflict-free case management requirements.
- B. CLS services that occur daily or weekly are to be authorized as daily or weekly (not monthly authorizations) in order for units to be accurately calculated.
- C. CLS as part of a specialized licensed residential placement is authorized on a per diem basis

X. MONITORING/OVERSIGHT

- A. All providers of CLS services, whether direct operated, contractual, or through self-determination/choice voucher arrangements, shall meet the Medicaid provider requirements prior to billing for CLS services.
- B. All providers of CLS services, whether direct operated, contractual, or through self-determination/choice voucher arrangements, shall document the provision of CLS services including but not limited to date of service, start and stop times, the CLS-related goals and objectives staff assisted the consumer with, and the outcome of or progress towards those goals for each entry.
- C. CMHSPs that have a contractual relationship with CLS providers or manage self-determination arrangements that include CLS are responsible for the monitoring of CLS services, including over utilization and underutilization
- D. CMHSPs that have a contractual relationship with CLS providers or manage self-determination arrangements that include CLS are responsible to ensure services are being provided according to the consumer/individual's IPOS.
- E. The CMHSP clinical team assigned to the consumer/individual served is responsible for the monitoring and oversight of CLS services in the consumer/individual's plan of service.
- F. The CMHPSM UM/UR Committee is responsible for the monitoring and oversight of the utilization of CLS services within the CMHPSM region.

XI. EXHIBITS

None

XII. REFERENCES

MDHHS PIHP Contract - Attachment P7.9.1(XIV)(C)(1-4, 6-7)
MDHHS PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes Chart
MDHHS Adult Services Policy Manual
MI Medicaid Provider Manual
CMHPSM Assessment and Reassessment Policy
CMHPSM Person Centered Planning Policy
CMHPSM Self Determination Policy
CMHPSM Service Verification Policy
CMHPSM Utilization Management Policy
42 CFR §438.330(b)(3)
42 CFR §438.210(b)(2)(i)

