BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 4	**Care and Treatment Services**		
Section: 29	**Ancillary and Other Services**		
Topic: 12	**Community Living Supports (CLS) Services**		
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that procedures be established for provision of Community Living Supports (CLS) services.

Purpose

This policy and procedure has been established to clearly define CLS services and to provide guidance on criteria for medical necessity, appropriate referrals, authorizations and ongoing monitoring.

Education Applies to:

☐ All BABHA Staff
☒ Selected BABHA Staff, as follows: Clinical Staff
☐ All Contracted Providers: ☐ Policy Only ☐ Policy and Procedure
☒ Selected Contracted Providers, as follows: Primary, Residential, Vocational, CLS providers.
☐ Policy Only ☒ Policy and Procedure
☐ Other:

Definitions

Natural Supports: Family and friends who provide non-paid support to an individual.

Community Supports: Organizations, groups, teams, clubs and associations that a person has an interest in and can be involved in.

Adult Home Help (AHH): Adult Home Help (AHH) is a benefit covered by the Michigan Department of Health and Human Services (MDHHS) and requested through the MDHHS worker. The services covered are Activities of Daily Living/personal care essential to the care of the person and maintenance of the home. Some examples of this service may include feeding, toileting, grooming, bathing, medication administration, meal preparation and clean up, shopping and housecleaning. This service is intended to be more about "doing for" the person. Expanded Home Help/Complex Care services are services that are available through MDHHS to provide

care for conditions requiring intervention with special techniques and/or knowledge. The conditions may require special treatment and equipment for which specific instructions from a health professional may be required in order to perform the necessary treatment.

Community Living Support (CLS) Services: CLS services are Medicaid services 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 are provided in the participant's residence or in community settings. Coverage includes assisting, prompting, reminding, cueing, observing, guiding and/or training on how to perform activities independently. The individual must be present when receiving CLS services. Services available to the individual through a local educational agency under the Individuals with Disabilities Education Act, the Rehabilitation Act of 1973 or state plan services Personal Care, Home Help or Expanded Home Help must be utilized prior to use of CLS services.

Medical Necessity: Defined by the Medicaid Provider Manual, medical necessity is the determination that a specific service is medically (clinically)appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomology and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. Medical necessity must be documented in the individual plan of service.

Community Inclusion: Community Inclusion is the opportunity for the individual with a disability to live and participate in the community, develop meaningful relationships, be valued for their own unique abilities and have similar community presence as others without a disability.

Self-Determination: Self-Determination is a fundamental human right. MDHHS has developed a Technical Advisory to outline the principles and implementation of this philosophy. It is based on the four principles of freedom, authority, support and responsibility.

Direct Support Professional (DSP)/Aide: Individual with specialized training, is able to perform basic first aid procedures; trained in the individual's plan of service (i.e. training shall be provided by; the Primary Case Holder or other qualified staff that are responsible for monitoring the IPOS and are not providers of any other service to that individual and by each specialized professional within the scope of their practiced, as appropriate); is at least 18 years of age; able to prevent transmission of communicable disease; able to expressively and receptively in order to follow individual plan requirements and the beneficiary-specific emergency procedures, and to

report on activities performed; and in good standing with the law. DSP's serving children on the Children's Waiver and the Waiver for Children with Serious Emotional Disturbance, must be trained in recipient rights; be able to perform basic first aid as evidenced by completion of first aid training course, or other method determined by the PIHP to demonstrate competence; able to perform emergency procedures as evidenced by completion of emergency procedures training course, or other method determined by the PIHP to demonstrate competence; has received training in the beneficiary's IPOS (Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes, Jan. 11, 2021).

Primary Case Holder: The staff person who works with the individual to gain access to and coordinate the services, supports and/or treatment that the individual wants or needs. Responsible for the development, coordination, implementation and oversight of the Person-Centered Planning (PCP) process and the Individual Plan of Service (IPOS).

Procedure

A. **Natural, Community Supports and Adult Home Help Services**:

CLS is the service of last resort. Natural and Community Supports must be identified, explored, pursued prior to any requests for Adult Home Help (AHH) or CLS. Before referring an individual for CLS services, an AHH Assessment must be requested through the individual's MDHHS case worker. CLS hours cannot replace or supplant AHH or Expanded Home Help services. The primary case holder must attempt to obtain the approval or denial from MDHHS indicating the hours allotted for AHH services and enter in the EHR. In addition to the primary case holder having access to the AHH hours via MDHHS, there are designated BABHA employees who can access this information through the Care Connect 360 system and can assist in this process. In the event that the primary case holder cannot obtain the verification and/or the CC360 system does not have adequate information, attempts will continue to be made to obtain accurate information on the AHH number of hours. The provider receiving the AHH payments is responsible for assuring that CLS is not being used when AHH has been authorized to be used. CLS services can be used to complement AHH services when the individual's needs for assistance have been officially determined to exceed MDHHS's allowable parameters. AHH services are provided to do the tasks for the individual. CLS services cannot supplant services provided in schools.

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B. **General CLS Guidelines**:

CLS services cover assisting (that exceeds the Medicaid State Plan for adults), prompting, reminding, cueing, observing, guiding and/or training in the following activities:

- Meal preparation
- Laundry
- Routine, seasonal, household care and maintenance (where no other party is responsible for these services)
- Activities of Daily Living (bathing, eating, dressing, personal hygiene, etc.)
- Shopping for food and other necessities of daily living

CLS also include staff assistance, support and/or training with activities such as:

- Money management
- Non-medical care
- 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. ~~((e~~Excluding to and from medical appointments that are the responsibility of Medicaid through Medicaid Fee for Service [FFS] or the Medicaid Health Plan [MHP]~~, unless it is deemed medically necessary and the person requires assistance in the appointment to understand or participate in the appointment. This requires prior approval from the CLS Program Manager and must be appropriately identified in the IPOS.)~~
- Leisure choice and participation in regular community activities ~~Participation in regular community activities and recreational activities~~
- Attendance at medical appointments (must be identified in the IPOS and the individual must require assistance, supports, or training by CLS staff in order to participate in medical or psychiatric appointments) ~~to assist the individual with understanding and participating in the appointment~~
- Acquiring goods and/or services other than those listed under shopping and non-medical services
- Reminding, observing and/or monitoring of medication administration
- Assistance with preserving the health and safety of the individual in order that the individual may reside or be supported in the most integrated, independent community setting.

The individual receiving CLS must be directly involved in the task and it must be written in the Individual Plan of Service (IPOS) as a treatment goal/objective/intervention including amount, scope and duration. The CLS staff may not perform CLS tasks without the individual present.

CLS services are authorized and approved on an annual basis within the Person-Centered Planning process and identified in the IPOS or reviewed more frequently if a significant change occurs. The change in CLS services must be addressed through an IPOS Addendum. Clinical review during the PCP process needs to be completed (at a minimum) annually to determine the medical necessity and continuation of the service.

C. **Medical Necessity**:

CLS services are Medicaid covered services and must be assessed to meet criteria for medical necessity. The CLS service must be clinically appropriate to meet the needs of the individual consistent with the person's diagnosis, functioning level, symptomatology. It must also be the most cost-effective option in the least restrictive environment and consistent with clinical standards of care. CLS services must be included in the IPOS and regularly evaluated/assessed, monitored and documented according to Medicaid standards. Biopsychosocial Assessments, Level of Care Utilization System (LOCUS), Personal Care and CLS Assessment in Specialized Residential (3803), Level of Care Assessment for Community Living Support Services, CAFAS, Children's Waiver Decision Guide Table, as well as the Person-Centered Planning process may determine the medical necessity for CLS services.

Denial or adjustment of CLS services may occur:

- If they are deemed ineffective in addressing the identified need,
- If there exists another appropriate, efficacious, less-restrictive and cost-effective service, setting or support that otherwise satisfies the standards for medically-necessary services
- Employ various consistent methods to determine amount, scope and duration of services, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols and guidelines.
- If needs are better met by community and other natural supports.

Prioritization of CLS referrals include risk of hospitalization, harm due to vulnerability and lack of safety skills, risk of homelessness, risk of out of home placement, risk of a more restrictive living arrangement due to lack of skills and transitioning to independent living.

D. **Community Inclusion and Socialization Guidelines**:

Community Inclusion allows an individual to become more independent in the community by providing a wider range of supports to develop diverse relationships. As individuals develop meaningful relationships, they require less need for paid professionals to assist in this activity. As individuals develop more independent relationships, self-esteem is improved.

The goals of Community Inclusion and increased Socialization are to focus on **skill development.** This means that the CLS staff's job is to teach an individual the skills necessary for participation in the community. The IPOS goals and objectives must be written to identify those **skills** (not an activity) and how that will be accomplished. CLS staff should not be taking individuals into the community just to take them in to the community. CLS staff are not to replace natural or community supports. CLS staff will teach the individual skills to gain independence to become integrated in the community. CLS services are expected to fade as the individual gains the skills needed to participate in the community.

CLS services would not be approved if there is no skill development identified in the IPOS. For example, a goal of going to a movie two times a month would not be approved. There would be no skill development taking place to have a CLS staff sitting in a movie not interacting with the individual to teach them skills.

E. **CLS and Choice of Living Environment:**

Community Mental Health is not responsible for providing one on one supports for a consumer on a 24/7 basis unless there is clinical and medical necessity supported by documentation as to why an individual must live alone with that level of support. Decisions regarding the authorization of services such as CLS must consider the documented capacity to reasonably and equitably serve other Medicaid beneficiaries who also have need for these services.

Adults have many options available for living as independently as possible. It is important to consider all options and responsibilities related to each option prior to pursuing a living environment.

Living Independently/Alone: All individuals have the right to live alone if they choose. Factors that should be considered include the individual's financial resources, natural supports, community resources and cost effectiveness. CLS services will be provided at the level determined to be medically necessary.

Living with Roommates/Shared Housing: Individuals will be provided with a choice in housing location and roommates. Affordability will be discussed as well as sharing supports and CLS staffing are expected. If an individual is living independently, and receiving CLS staffing, a shared living arrangement may be recommended by BABHA based on the individual's level of need and supports.

Living with Family and Natural Supports: If the individual is living with family or natural supports, there is an expectation that natural supports will assist the individual to provide supervision and care within the setting. In the case of an adult, only a spouse has the legal obligation to provide care. In all cases, natural and community supports will be reviewed to determine the amount of assistance that can be provided.

F. **Self-Determination/Self-Direction:**

Self-Determination provides the **freedom** to plan a life based on securing necessary supports rather then being part of a program. This includes the freedom to choose where and with whom one lives, who and how to connect to the community and development of a personal lifestyle. It allows the individual to control a certain amount of dollars in order to purchase supports as needed and the **authority** to control resources. Self-Determination allows the individual the ability to arrange the resources and personnel to assist the person in living his/her desired life in the community and to provide the **support** to develop a life dream and accomplish that dream. The final principle of Self-Determination is based on **responsibility**. The acceptance of the role of a valued member of a community by employment, affiliations, spiritual development and caring for others, as well as accountability for spending public dollars in ways that are life enhancing. This includes the responsibility to use public funds efficiently and to contribute to the community through the expression of responsible citizenship.

As individuals gain greater control over their lives and resources, they assume greater responsibility for their decisions and actions and will receive the support they need to do so.

This support does not always come from a paid support system. The goal is to remove barriers and build self-reliance. CLS services are a part of helping to do this.

Implementing arrangements that support self-determination is a partnership between BABHA and the individual. An IPOS and an individual budget will be developed through the PCP process and agreed to by the individual and BABHA. A Self-Determination Agreement is signed to outline the parameters of the services and budget. Appropriate documentation must be completed in accordance to the MDHHS Self-Determination Implementation Technical Advisory. The individual becomes the employer of the CLS services worker and must have an Employment Agreement with each worker. The Fiscal Intermediary is responsible for assisting with the financial and legal aspects of obtaining and retaining employees to provide the services.

The BABHA Self-Determination Coordinator assists the individual and coordinates with the primary case holder and the Fiscal Intermediary to assure that each arrangement and budget complies with the MDHHS Self-Determination Implementation Technical Advisory.

G. **Behavioral Aide Services for Children:**

CLS services are also available for children to assist in the implementation of treatment plan behavioral goals related to positive skill development and the development of age-appropriate social behaviors and to prevent hospitalization and out of home placement. These CLS services are intended to enhance but not replace, the core personal care and custodial services arranged by the child placing agency.

H. **Referral Process:**

A referral and recommendation will be submitted to the designated CLS Review Committee for review and approval. The CLS Assessment along with other relevant assessments, Plan of Service information and Person-Centered Planning meeting information will be submitted to the Committee. The primary case holder may need to participate in the process and will be notified of the determination to follow up for implementation. Any referral may be re-submitted for review for any reason.

Expedited approval may be requested when the need requires immediate service provision. The primary case holder will complete the CLS Assessment Tool consult with their supervisor and obtain signature indicating the supervisor has reviewed and approves the need for expedited CLS services. The CLS Assessment Tool and recommendations will be submitted to the Committee Chair or designee for temporary approval. The request will be reviewed at the next CLS Committee Meeting for final approval. Adjustments may be made at that time based on the Committee review.

The CLS Committee will also review CLS financial and utilization data on a regular basis to inform the Committee of trends and identify areas that may need further attention.

I. Settings, Programs and CLS Arrangements:

CLS services are provided in a variety of programs, settings and service arrangements. Regardless of the setting, the service remains the same throughout the system with the same goals, objectives and parameters. Medical necessity for CLS services for the individual need to be determined through the identified process. Determination of the appropriate provider is made through the PCP process and is authorized, coordinated, monitored and revised by the BABHA Primary Case Holder. Goals and objectives must clearly define the task necessary to complete the goals and objectives and amount, scope and duration of the service. Care must be taken to prevent duplication of services when more than one CLS services provider is involved in an individual's care. The supports coordinator/case manager or qualified staff responsible for monitoring the IPOS and each specialized professional within the scope of their practice will ensure that training for staff implementing the IPOS is completed.

J. Documentation Requirements:

General documentation requirements include the name and ID # of the person receiving services, the dates and times of services, description of the service provided and noted progress or lack of, and the signature and date of the individual providing the service.

Self-Determination documentation is submitted on the Time Sheet and must include the dates, times and nature of the service being provided, signed by the staff person and the employer, and dated.

More specific documentation may be required as needed to comply with Medicaid Standards. Refer to the Documentation Requirements for CLS/PC and Lunch Billing Requirements for CLS, Skill Building and Supported Employment Services documents.

K. **Oversight and Monitoring**:

The primary case holder is the primary clinician responsible for the development, coordination, implementation and oversight of the PCP process and the IPOS.

Implementation, oversight and monitoring of the IPOS include training the appropriate staff in the IPOS, review of Unusual Incident Reports and Progress Notes, observation of staff implementing the plan, attending team/staff meetings, providing guidance and clarifying questions on the IPOS.

The primary case holder is empowered to monitor the IPOS and training process, including those provided by other professional staff without creating any potential individual scope of practice issues.

Oversight of the IPOS shall be determined by the individual needs identified in the assessment and PCP process, not the type of setting, the number of service providers or particular service population (i.e. HSW, ABA, Children's Waiver). For example, individuals in more structured treatment arrangement (i.e. specialized residential) with multiple professional staff involved may only require general oversight by the primary case holder that IPOS objectives are effectively being implemented by the specific team members whereas, persons living in less structured settings (i.e. family homes, own apartment) may require more direct oversight to monitor health and safety needs. In these cases, the primary case holder not only ensues the IPOS is implemented but may have to take additional actions to provide training directly to the consumer, family, parents or caregivers.

L. **<u>Complaints and Appeals:</u>**

If the individual/guardian does not agree with the services authorized through BABHA, they have the right to do any or all the following:

- Ask to review with your primary case holder or their supervisor and/or,
- Contact BABHA Recipient Rights Office and/or
- Request a Local Appeal by contacting Customer Service Department and/or,
- Request a Medicaid Fair Hearing

H. Event Visit Verification (EVV)

Behavioral Health services that are in-scope for EVV include **Community Living Supports (H2015) and Respite services (T1005) that start and/or stop in the beneficiary's home** (place of service/location code 12 pursuant to current code chart language). Services provided outside of this scope, and those that have been approved for exemption in accordance with MDHHS policy and practice standards, do not require EVV. EVV should not disrupt community-based service delivery, which should be delivered in accordance with the beneficiary's individual plan of service. Event Visit Verification requires providers of service to use an app (or telephony) to record start and stop times of service provision.

EVV PCS Exclusions

The following sections contain information on congregate living setting, live-in caregivers, and beneficiaries who receive PCS through Home Help and Behavioral Health during the same visit. PCS provided to beneficiaries who live in these settings, live with their caregiver(s), or receive Home Help and Behavioral Health services, as described below, are exempt from EVV.

Beneficiaries Receiving Home Help and Behavioral Health Services

Beneficiaries who receive PCS through both Home Help and Behavioral Health in the same visit rendered by the same caregiver are excluded from EVV at this time. When only one of these program's (Home Help OR Behavioral Health) services is rendered during a visit, EVV must be used.

Congregate Living

Congregate residential setting that provide PCS that do not require EVV include:

- Adult Foster Care Homes;
- Child Foster Care Homes;

- Homes for the Aged;
- Licensed Respite; and
- Residential settings (including unlicensed provider-owned and/or operated and privately-owned/leased settings) with 24 hours per day 7 days per week service available to two or more unrelated individuals throughout a shift.
    - Home Help services provided in room and board settings do not qualify for the congregate living exemptions.

Live-in Caregivers

Live-in caregivers employed through a provider agency (i.e., home care agency, fiscal intermediary, etc.) may be required to use an EVV system for business purposes, such as service verification and payroll. The live-in caregiver exemption does not prevent an agency from requiring their caregivers to use EVV for business purposes.

Approving entities are identified as follows and for Behavioral Health it was determined that CMHSP designee would be responsible for completing:

Program	Approving Entity
MI Choice Waiver	MI Choice Waiver Agencies
Behavioral Health Services	Prepaid Inpatient Health Plan (PIHP) or Community Mental Health Services Program (CMHSP) designee
MI Health Link	Integrated Care Organization (ICC) or designee
Home Help	MDHHS Adult Services Worker

The live-in caregiver must complete the Live-in Caregiver Attestation form (BPHASA-2421) and submit it to CMHSP/Approving Entity. Initial approval completed as follows:

1. Case manager completes BPHASA-2421 with consumer and live in care giver and forwards form to Self Determination Coordinator, primary approver, and Director of Integrated Care Services, secondary approver.
    a. If email is used, it must be sent securely.
2. Self Determination Coordinator or secondary approver reviews and make the decision to approve or deny within ten (10) calendar days of receipt of the documentation.

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a. If request If the request is denied, the Approving Entity must indicate a Reason for Denial or BPHASA-2421. The reason for denial must be detailed so the caregiver understands why it is denied.
b. Self Determination Coordinator shares the approved or denied BPHASA-2421 with the provider agency or FI, live-in caregiver, and the beneficiary. Caregivers must use EVV until an approval is received. NOTE: Home Help caregivers who have submitted the BPHASA-2421 to their Home Help client's MDHHS adult services worker (ASW) are exempt from using EVV until a determination is made.

Provider agencies are required to complete initial set-up within the HHAeXchange system that reflects the beneficiary has an approved live-in caregiver exemption. This requires the provider agency, FI, or CMHSP (depending on system access allowed) to enter the live-in caregiver as a "Residing Caregiver" in the appropriate field in the HHAeXchange system. This step will support pre- and post-payment reconciliation needs.

The CMHSP is required to ensure that documentation is maintained and must be shared with MDHHS upon request for audit or monitoring purposes.

BPHASA-2421 includes space for the caregiver to enter their CHAMPS Provider ID Number. For programs other than Home Help, caregivers may not have a CHAMPS Provider ID. Caregivers without a CHAMPS Provider ID may leave tis filed blank or write "N/A" in the field.

Renewal of Live-in Caregiver Status for Managed Care Programs

As stated in MMP 24-21, renewal of live-in status must be done annually. The renewal process is as follows:

1) Self Determination Coordinator will notify the caregiver of the upcoming end date of their approved BPHASA-2421 so the caregiver can timely submit the annual renewal documentation by sending a letter and a copy of the BPHASA-2421. The notifying letter is sent to the caregiver, provider agency or FI, and beneficiary. This letter is sent at least thirty (30) calendar days prior to the end date of the existing Attestation.

If the caregiver fails to submit renewal documentation, this must not delay services. The caregiver would no longer be exempt from using EVV and would have thirty (30) days to get

set-up with EVV. If EVV is not used after the thirty (30) day grace period, the CMHSP is held responsible for non-compliance and potential recoupment of funds.

If a beneficiary moves with a caregiver, and the caregiver does not notify the CMHSP within ten (10) calendar days, the CMSHP must provide notice that the current BPHASA-2421 form will end and on what date. The caregiver will have thirty (30) calendar days to submit a new BPHASA-2421 and documentation to maintain the live-in caregiver exemption. If documentation is not provided, the caregiver must begin using EVV. The EVV set-up will occur within that thirty (30) day period after the Approving Entity is notified of the move.

During the transition/move, a United State Postal Service (USPS) issued Change of Address form or Michigan Secretary of State issued temporary State ID are acceptable forms of documentation.

If a provider has recurring issues with non-compliance, the CMSHP must address the issues with the provider. The CMHSP must allow time for the provider to make corrections.

Attachments

CLS/Personal Care Assessment Tool
PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes
Notification of Upcoming End Date for Electronic Visit Verification Live In Caregiver Attestation Document Letter

Related Forms

Residential/CLS Referral Form (MCF-Residential Folder)
Personal Care and Community Living Supports Assessment (3803)- (EHR)
Documentation for Community Living Supports and Person Care Services
Lunch Billing Requirements for CLS, Skill Building and Supported Employment Services (Master Clinical Files-Other Clinical Services Folder)
Transportation Time Billing Requirements for CLS, Skill Building, Clubhouse, and Supported Employment Services (Master Clinical Files-Other Clinical Services Folder)
~~Transportation Billing Requirements for (Master Clinical Files-Other Clinical Services Folder)~~

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Related Materials

Level of Care Utilization System (LOCUS) Assessment
Supports Intensity Scale (SIS) Assessment
CAFAS
Documentation for Community Living Supports and Personal Care
Policy and Procedures:

- C04-S12-T02: Residential Services-General Description
- C04-S12-T04: Community Mental Health Specialized Residential Programs
- C04-S12-T08: Admission and Exclusion Criteria for Residential Services/Settings
- C04-S12-T15: Entrance Criteria Adults in Residential
- C04-S12-T16: Continuing Stay Criteria-Adults in Residential Care
- C04-S29-T11: Behavior Aide Services for Children

References/Legal Authority

Medicaid Provider Manual
MDHHS Self Determination Implementation Technical Advisory
Medicaid Bulletin MMP 24-34

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SUBMISSION FORM				
AUTHOR/ REVIEWER	**APPROVING BODY/COMMITTEE/ SUPERVISOR**	**APPROVAL /REVIEW DATE**	**ACTION (Deletion, New, No Changes, Replacement or Revision)**	**REASON FOR ACTION - If replacement list policy to be replaced**
K. Amon	SLT	1/7/2020	New	To outline the procedures for the implementation of CLS Services.
K Amon	SLT/CLS Committee C. Pinter	5/12/21 6/18/21	Revision	To include the Provider Qualifications Clarify oversight and training on the IPOS
K. Amon	CLS Committee	10/19/22	Revision	Include language about not being able to obtain AHH documentation
H. Beson	C. Pinter	7/5/23	Revisions	Clarified primary case holder and defined, more clearly, transportation and when that can be done.
H. Beson	H. Beson	9/23/24	Revisions	Clarified transportation and added information on EVV.