

MEDICAID HABILITATION SUPPORTS WAIVER (HSW)

SERVICE NAME/AUTHORIZATION LEVEL:

Community Living Supports (CLS) --- All Services/Level I Service

SERVICE DESCRIPTION: In general, Community Living Supports **facilitate an individual's independence and promote integration into the community.** Supports may be provided in the beneficiary's residence (licensed facility, family home, own home, apartment, etc.) or in community based settings. See specific procedure codes below for criteria on the location of service provision. CLS services may not **supplant** other waiver or state plan services (ie: out-of-home non-vocational habilitation, Home Help Program, personal care in specialized residential, respite). Support Strategies should incorporate the following principles:

- * Empowerment
- * Community Inclusion
- * Health/Safety Awareness
- * Use of Natural Supports

Providers should also work closely with beneficiaries to assure their ongoing satisfaction with the process and outcomes of supports, services, and available resources.

STANDARD PROCEDURE CODE:

H0043 Supported Housing: CLS provided in beneficiary's home or in an unlicensed independent living setting

H2015 Comprehensive Community Support Services: Should NOT be utilized when a beneficiary uses nighttime CLS

H2016 Comprehensive Community Support Services---Low Level of Care in a Specialized Residential Setting, includes all foster care settings for children with DD (provided as a complement to, and in conjunction with, State Plan Personal Care Services)

H2016TF Comprehensive Community Support Services---Intermediate level of Care in a Specialized Residential Setting, includes all foster care settings for children with DD (provided as a complement to, and in conjunction with, State Plan Personal Care Services)

H2016TG Comprehensive Community Support Services---High Level of Care in a Specialized Residential Setting, includes all foster care settings for children with DD (provided as a complement to, and in conjunction with, State Plan Personal Care Services)

T2036 Therapeutic Camping---Overnight Care

T2037 Therapeutic Camping---Day Care

UNITS OF MEASURE:

- | | | |
|----------------|------------------------------|--------------|
| * H0043: Day | * H2015: 15 minute increment | * H2016: Day |
| * H2016TF: Day | * H2016TG: Day | * T2036: Day |
| * T2037: Day | | |

ELIGIBILITY CRITERIA AND SERVICE PRIORITIES:

1. Beneficiary is experiencing a developmental disability and meets eligibility requirements for specialty services, as defined in the Population Specific Practice Guidelines/Eligibility Chapter of this manual.
2. Beneficiary is Medicaid eligible
3. Beneficiary is residing in a community setting
4. If not for HSW services, the beneficiary would require ICF/MR level (please refer to specific definition/criteria for this level of care in the Practice Guidelines/Eligibility Chapter for Developmental Disabilities located within this manual) of care service
5. Beneficiary chooses to participate in the HSW in lieu of ICF/MR services
6. The service has been determined to meet Medical Necessity Criteria (see section on “Medical Necessity” for specific criteria, located in the Thumb Alliance Guiding Principles Chapter of this manual)
7. The service has been identified during the person-centered planning process
8. Beneficiary is enrolled in Michigan’s HSW program
9. Beneficiary should examine all first- and third-party resources to pursue all reimbursements to which they may be entitled and to make use of other community resources for non-PIHP covered activities, supports, or services
10. The service must be within the **least restrictive environment** (most integrated home, work, community that meet the individual’s needs and desires), unless previous similar least restrictive arrangements have been demonstrated to be unsuccessful for the beneficiary
11. The service must be within individual’s choice/control, unless there is documentation that health and safety would otherwise be jeopardized
12. The beneficiary has an expressed need relative to **community integration, volunteering, employment, or maintenance of health/safety**
13. Specific Service/Population Eligibility Considerations:

- a. Developmental Disabilities:
 - i) H2016:
 - * Consistent moderate behavioral concerns involving impairments in following directions, minor abusive actions towards others and/or self, pushing, shoving, etc. that requires verbal and physical redirection on at least a weekly basis
 - ii) H2016 TF:
 - * Consistent serious behavioral concerns involving self-abuse, PICA, etc. that requires verbal and physical redirection more than a weekly basis
 - iii) H2016 TG:
 - * Serious and dangerous behavioral concerns that occur on almost a daily basis and that may require active physical intervention
 - iv) For all other CLS services, the beneficiary's need for community living training and supports (as identified in the "typical service utilization pattern section" under 1. a-c must be assessed)

PROVIDER QUALIFICATIONS:

- 1. All services may be Delivered by an Aide/Peer Support Specialist (must be basic requirements of all providers and be able to perform Basic First Aid Procedures)
 - a. Aides should receive ongoing training in the needs/goals of individual beneficiaries

TYPICAL SERVICE UTILIZATION PATTERN:

- 1. Community Living Supports Coverage Includes:
 - a. **Assisting, reminding, observing, guiding, and/or training the beneficiary with following activities:**
 - i) Meal Preparation
 - ii) Laundry
 - iii) Routine, Seasonal, and Heavy Household Care and Maintenance
 - iv) Activities of Daily Living (ie: bathing, eating, dressing, personal hygiene)
 - v) Shopping for food and other necessities of daily living
 - b. **Assistance, Support, and/or Training the beneficiary with activities** such as:
 - i) Money management
 - ii) Non-Medical Care (not requiring nurse or physician intervention)
 - iii) Socialization and relationship building
 - iv) 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 and is covered by Medicaid through DHS or the Medicaid Health Plan**).
- v) Leisure choice and participation in regular community activities
 - vi) Attendance at Medical Appointments
 - vii) Acquiring or procuring goods, other than those listed under shopping, and non-medical services

c. **Reminding, observing, and/or monitoring of medication administration**

2. Other Considerations for CLS Services:

- a. CLS services may **NOT** supplant state plan services, such as:
 - * **Personal Care**---assistance with ADLs in a certified specialized residential setting; and
 - * **Home Help/Expanded Home Help**---assistance in the individual's own, unlicensed home with meal prep., laundry, routine household care and maintenance, ADLs and shopping)
 - i) If such above assistance appears to be needed, the beneficiary must request Home Help/Expanded Home Help from the Department of Human Services.
 - ii) CLS, However, may be used for above activities while the beneficiary awaits determination by DHS of the amount, scope, and duration of Home Help/Expanded Home Help
 - iii) If the beneficiary requests it, the case manager/supports coordinator Must assist the beneficiary in requesting Home Help or in filling out and sending a request for Fair Hearing when the beneficiary believes that the DHS authorization of amount, scope, and duration of Home Help does not appear to reflect the beneficiary's needs based on the findings in the DHS assessment.
 - iv) However, CLS **assistance** meal prep., laundry, routine household care and maintenance, ADLs 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 parameter. This must be clearly documented in the individual's case record
 - v) Reminding, observing, guiding, and/or training of these above activities are CLS coverages that do not supplant Home Help or Expanded Home Help
- b. CLS services do **NOT** include the costs associated with room and board

3. **Service provision:**

- a. Services should occur on a regularly scheduled basis (minimally, several hours per day, one or more days per week) as determined in the individual plan of service
- b. Services should be coordinated with any physical, occupational, or speech therapies listed in the plan of supports/services
- c. Services may serve to Reinforce skills/lessons taught in school, therapy, etc.

- d. **Typical Service utilization is 5-7 hours per week.**
- e. *****Services in excess of 15 hours/week require local CSSN administration approval--CMH designated Community Living Supports Coordinator shall authorize services in excess of these 15 hours/week.**
- f. *****For services in excess of 7 hours per week, there should be evidence of consultation and approval with program supervisor or designee (ie: clinical coordinator/program coordinator), located in the case record (ie: documentation on a “Case Consultation” form).**

ASSOCIATED OUTCOMES:

- * Increased Recovery
- * Increased Community Integration
- * Increased Independence
- * Increased Productivity
- * Increased ability to function adaptively in interpersonal and social relationships, within a safe and healthy environment in the community
- * Increased Economic Self-Sufficiency
- * Increased Psychological/Natural Supports to assist beneficiaries in assessing/obtaining needed services/supports
- * Demonstration of behavioral stability or improvement
- * Increased independence in accessing needed services/supports within the community
- * Evidence of increased practical living and coping skills

NOTE: The above outcomes indicate potential results, based on individual needs. Some of these potential outcomes may not be applicable to particular beneficiaries of Community Living Supports.

TRANSFER/DISCHARGE CRITERIA:

1. When beneficiary has reached some of their treatment goals, applicable outcomes, and their functional/behavioral status has demonstrated marked improvement/stability, transfer to lesser services or discharge should be considered