

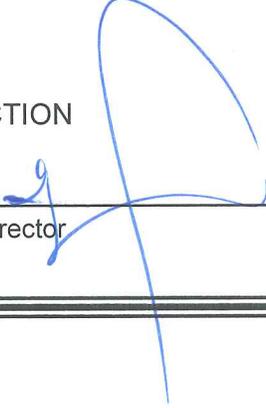
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**Chapter:** CLINICAL PRACTICE  
**Title:** COMMUNITY LIVING SUPPORTS (CLS)

Approved by: BOARD ACTION

Prior Approval Date: 11/24/2015  
Current Approval Date: 06/27/2018

  
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Executive Director

06/27/18  
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**I. Abstract**

This policy establishes the standards by which Macomb County Community Mental Health (MCCMH) determines the utilization of Community Living Support (CLS) services.

**II. Application**

This policy shall apply to all directly operated, contracted network, and non-paneled providers of the MCCMH Board.

**III. Policy**

It is the policy of the Macomb County Community Mental Health Board to ensure that medically necessary Medicaid services are available as outlined in the Medicaid Provider Manual. All services and supports derive from the person centered planning process.

**IV. Definitions**

**A. Activities of Daily Living (ADL)**

Routine activities that people tend to do every day without needing assistance, such as eating, bathing, dressing, toileting, transferring, and continence.

**B. Community Inclusion and Participation**

The individual uses community services and participates in community activities in the same manner as the typical community citizen.

**C. Community Living Supports (CLS)**

Community Living Supports are concentrated support services designed to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his/her goals of community inclusion and participation, independence or productivity. Community living supports services are individualized services which may be provided in the individual's residence or in community settings, as specified in the Individual Plan of Service

**D. Direct Assistance**

“Hands-on” physical care provided to an individual in need of assistance with Activities of Daily Living or Instrumental Activities of Daily Living.

**E. Guiding**

To show, indicate, or influence a course of action for an individual in order to promote independence.

**F. Health and Safety**

For individuals with disabilities, Health and Safety pertains to the potential for serious bodily harm due to an imminent hazard or danger. Health conditions are defined by a documented health diagnosis. In regard to living environment, health care attention that requires more than staff guidance and prompts (i.e. ongoing supervision) requires a more structured setting than independent living. In the event that a living environment/setting would pose such danger as to cause the loss of limb/s or life, this would be considered an imminent danger to the person and would be considered a hazard to their safety. Therefore, individuals who are unable to attend to their current health condition and would be at risk are likely not candidates for independent living. Independent living is defined as an individual's own home or apartment (residence) in which he/she resides with limited or no help from outside agencies.

Assuring the individual is prepared in the event of an emergency is also required to ensure safety. In the event that an individual with disabilities is unable to be trained on any and/or all areas of emergency preparedness, a change in living environment may be warranted. Whether an adult with disabilities remains at home or moves into the community depends in part on his or her ability to manage everyday tasks with little or no help from others. Adults with disabilities who cannot live at home and do not have the skills necessary to live independently may require assistance from their guardian (if applicable) and treatment team to pursue other community supports or a specialized living arrangement.

**G. MDHHS Home Help**

Personal care services provided in the community that are authorized and managed by Michigan Department of Health and Human Services (MDHHS) to individuals who need direct (hands-on) assistance with Activities of Daily Living (ADL's) and assistance with Instrumental Activities of Daily Living (IADL's). MI Health Link Enrollees have Home Help authorized by an Integrated Care Organization, rather than MDHHS.

**H. Independence**

"Freedom from another's influence, control and determination." (Webster's New World College Dictionary, 1996). Independence in the context of CLS means how the individual defines the extent of such freedom for him/herself during person centered planning.

**I. Instrumental Activities of Daily Living (IADL)**

Activities that are not necessary for fundamental functioning, but let an individual live independently in a community, such as housework, taking medications, or managing money.

**J. Medical Necessity**

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.

**J. Natural Supports**

Unpaid, voluntary help and care that the consumer receives from their friends, family, or community.

**K. Observing**

To notice or perceive something and register it as significant.

**L. Productivity**

Engaged in activities that result in or lead to maintenance of or increased self-sufficiency. Those activities are typically going to school and work.

**M. Prompting**

The action of saying something to persuade, encourage, or remind someone to do or say something.

**N. Service Review**

A review of the consumer's plan of service to assess progress or address change in needs.

**V. Standards**

**A. Application of Medical Necessity Criteria for Primary Caseholders** (See Exhibit A, Adult CLS Decision Tree or Exhibit B, Child CLS Decision Tree) Individuals with mental health or substance abuse treatment needs and those with developmental disabilities may receive medically necessary services. (See the most recent version of the Michigan Medicaid Provider Manual for complete Medical Necessity Criteria)

1. Supports and services are intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder.
2. The determination of medically necessary supports, service or treatment must be clinically appropriate in terms of type, frequency, extent, amount, scope, location, and duration of the service(s) to reasonably achieve its/their purpose.

3. The medically necessary supports, services, or treatment must be the most appropriate level of care considering potential benefits and/or harm to the consumer, and known to be effective.
4. Authorization of services is dependent upon the documentation of medical necessity and must address the individual's diagnosis, functional impairment, and clinical presentation. All requests for authorization of services must include this information.
5. The MCCMH document "Level of Care Adults, Children, and Developmental Disabilities Admission Criteria" (Level of Care Criteria) may be utilized as a guideline in the determination of appropriate level of care and development of the Individual Plan of Service. It is not an exhaustive list and does not cover all clinical situations. In the absence of level of care criteria for a specific clinical indication, case consultation shall occur with a supervisor.

#### **B. Application of Medical Necessity Criteria for Service Authorizations**

1. Supports, services, and treatment authorized by MCCMH must be provided in the least restrictive, most integrated setting. Inpatient, licensed residential or other segregated settings shall be used only when less restrictive levels of treatment, service or support have been, for that individual, unsuccessful or cannot be safely provided.
2. MCCMH may deny services for which there exists another appropriate, efficacious, less restrictive and cost-effective service, setting or support that otherwise satisfies the standards for medically necessary services.
3. Authorization of services is dependent upon the documentation of medical necessity and must address the individual's diagnosis, functional impairment, and clinical presentation. A decision regarding service authorizations shall reference the Level of Care Criteria, if available, as a guideline in the determination of appropriate services.
4. Services authorized must be known treatment modalities and not experimental.

#### **C. Community Living Supports Eligibility Criteria**

CLS are designed to provide an individual the opportunity to develop skills to attain or maintain a sufficient level of functioning in order to achieve goals of community inclusion and participation; independence; and/or self care or productivity. The components to determine eligibility for CLS include:

1. An individual may be eligible for services if the individual has been diagnosed with a Serious Emotional Disturbance, Severe Mental Illness, or Developmental Disability;
2. The individual has participated in the Person Centered Planning (PCP) process and has identified goals consistent with the provision of CLS;

3. Based upon identified needs, CLS has been deemed medically necessary in order for the consumer to develop, increase, or maintain necessary skills; and
4. CLS must be documented in the Individual Plan of Service (IPOS). Each goal in the Individual Plan of Service must include time-limited, measurable objectives. Ongoing monitoring of the IPOS is required on a continual basis and must be documented at regular intervals according to the IPOS.
5. CLS may not supplant other waiver or state plan covered services.
6. CLS may be authorized for staff assistance with preserving Health and Safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.
  - a. The extent of independence is defined by the individual, is not a definition imposed by another person, and is documented in the IPOS. (Refer to section IV. Definitions, G. Independence)
  - b. Assistance is the act of teaching an individual to perform a job or task. It does not include the provision of personal care and should be distinguished from the provision of physical “hands-on” care.
7. It is expected that natural supports will be explored and utilized as appropriate to provide assistance and care. The utilization of natural supports shall be documented in the IPOS.
8. MDHHS Home Help and/or Expanded Home Help assistance must be documented in the Individual Plan of Service.
  - a. An application for MDHHS Home Help must be submitted within thirty (30) days of obtaining appropriate signatures on the IPOS for individuals in need of direct (hands-on) assistance with ADL’s and/or IADLs.

#### **D. Community Living Supports Benefits**

The CLS services that may be provided are found in the most updated version of the Michigan Medicaid Provider Manual. (See the most recent version of the Michigan Medicaid Provider Manual for definitions of HAB Waiver and B3 CLS services.)

1. CLS benefits do not include any costs of housing (rent, mortgage, etc.).
2. CLS benefits may not supplant services otherwise available to the individual through another agency or system, including, but not limited to, local educational agency under the Individuals with Disabilities Education Act or the Rehabilitation Act of 1973 or state plan services such as Personal Care (assistance with ADL’s in a certified specialized residential setting) and MDHHS Home Help or Expanded Home Help.

3. CLS benefits are distinct from Personal Care benefits and do not include direct assistance with:
  - a. Food preparation, clothing and laundry, and housekeeping beyond the level required by facility license.
  - b. Eating and/or feeding.
  - c. Toileting.
  - d. Bathing.
  - e. Grooming.
  - f. Dressing.
  - g. Transferring between bed, chair, wheelchair and/or stretcher.
  - h. Ambulation.
  - i. Assistance with self-administered medications.
4. Direct assistance is “hands on” physical care in which the staff performs a task for, or on behalf of, the individual.
5. Assistance with a Home Help or Expanded Home Help application is available according to the process found in Section VI.A.4.-5.
6. CLS may be used for personal care activities ONLY:
  - a. While an individual awaits determination by MDHHS of amount, scope, and duration of Home Help or Expanded Home Help; OR
  - b. While an individual awaits the decision from a Fair Hearing of the appeal of a MDHHS decision regarding Home Help or Expanded Home Help.

**E. CLS Ineligibility**

An individual is no longer eligible for CLS if, through the Person Centered Planning process, it is determined:

1. The individual no longer meets the Service Eligibility Admission Criteria;
2. The individual no longer meets eligibility criteria for this intensity of service;
3. The consumer’s needs and objectives as documented in the Individual Plan of Service have been substantially met and this intensity of service is no longer medically necessary;
4. Natural supports, personal resources, and community or external agency resources are currently sufficient to meet the consumer’s CLS needs;
5. The individual’s needs exceed those that can be reasonably and safely provided utilizing CLS services;
6. Alternative services should be considered if an individual has been unsuccessful at achieving his/her goals within a reasonable amount of time.

**F. Authorization Denials**

Providers shall refer to Policy 2-006 for Provider Appeals. Providers are reminded that the use of a formal appeal mechanism is only intended to be initiated following informal attempts to clarify the decision and is not intended to replace normal day-to-day professional communication regarding planning for services to consumers.

**VI. Procedures**

**A. Primary Caseholder**

1. Complete Plan of Service based on needs identified in the assessment and include specific, time-limited, measurable goals and objectives.
2. Documentation in the IPOS shall include natural supports as appropriate to provide assistance and care.
3. Review CLS service notes and evaluate for progress towards or achievement of established treatment goals.

4. A MDHHS Home Help application is required for any adult requesting CLS services.

**Call the MDHHS Sterling Heights office location at 586-254-8048 to schedule an appointment for a Home Help assessment.**

All assessments for Macomb County residents are scheduled through this location. Home Help determination results shall be entered into the consumer record.

5. The case manager or supports coordinator must assist an adult consumer in requesting MDHHS Home Help or in filling out and sending a request for Fair Hearing when the consumer/guardian believes that the MDHHS authorization of amount, scope and duration of Home Help does not appear to reflect the individual's needs based on the findings of the MDHHS assessment.
6. Meet with the individual/guardian/natural supports and/or staff as frequently as indicated in the IPOS in order to review progress towards CLS goals.
7. Document invitation of CLS provider agency to Person Centered Planning meetings.

**B. Assigned Supervisor**

Assigned supervisor will review IPOS and service review to ensure documentation supports utilization of CLS services.

**C. Access Center**

Authorize services according to medical necessity criteria.

**D. Training Center**

Provide ongoing training regarding the process of identifying consumer needs and writing a person centered individual plan of service specific to CLS including the process for development of goals and objectives.

**E. CLS Provider Agency**

1. Retains ultimate responsibility for CLS service note accuracy.
2. Forwards staff service notes to the primary caseholder on a monthly basis.
3. Conducts a review of CLS service notes to ensure accuracy in service delivery.
4. Participates in the Person Centered Planning Process for the individuals receiving CLS through the provider agency.
5. Obtains clarification in the event that the CLS provider agency is unclear about its responsibilities to the individual.

**F. CLS Direct Care Staff**

Service notes shall reflect the individual's goals and objectives

**VII. References / Legal Authority**

Michigan Medicaid Provider Manual

**VIII. Exhibits**

- A.** Adult CLS Decision Tree
- B.** Child CLS Decision Tree