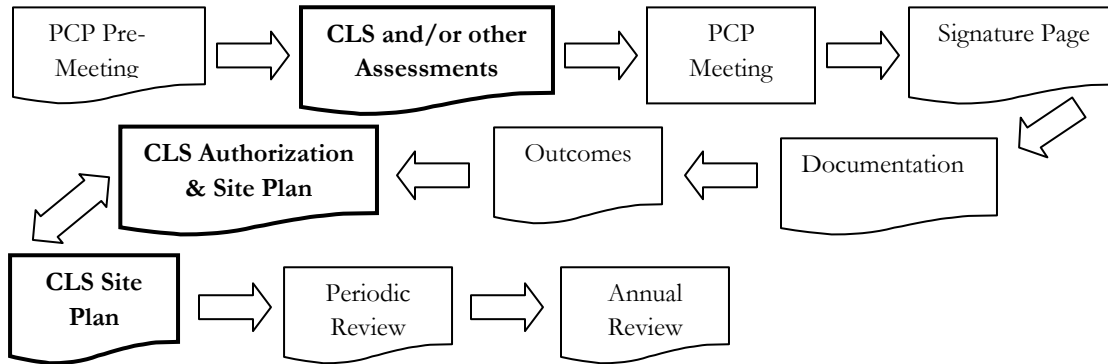


Community Living Support (CLS) Manual

Process Flow:



Definitions:

CLS Site Plan: a form specifying the staffing hours needed at a CLS site during an average week.

CLS Site Planning: a process for determining the schedule of staff providing PCP determined Community Living Support services at the site. The process must include the CMH Supports Coordinator/Case Manager and an identified Provider representative, and may include the CMH Supervisor and the consumer. The needs identified in the Person Centered Plan and Community Living Support assessment tool will be negotiated.

CLS Site: a home where one consumer receives community living support services, or a location where two or more consumers receive services by one or more staff members, either individually or at the same time.

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, paid for by the Michigan Department of Human Services.

One on one service hours: PCP specified individual hours, during which the consumer absolutely requires individual hours.

Personal Emergency Response System (PERS): an automated alert system to provide assistance in case of emergency.

Unspecified service hours: time that a staff person spends with a consumer that could be with that consumer alone, or with other consumers as well.

Significant Change: a significant change is when a consumer desires or experiences a life change that requires a different level of Community Living Support.

Day Activity: services provided in an outpatient congregate setting or in the community, to improve or maintain a consumer's skills and ability to live as independently as possible.

Community Living Support (CLS) Background:

The excerpt below is taken from the Medicaid Provider Manual, and is offered as a definition of CLS services.

17.3.B. COMMUNITY LIVING SUPPORTS

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, reminding, 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 state plan services, e.g., Personal Care (assistance with Activities of Daily Living 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 the Department of Human Services (DHS). CLS may be used for those activities while the beneficiary awaits determination by DHS 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 DHS authorization of amount, scope and duration of Home Help does not appear to reflect the beneficiary's needs based on the findings of the DHS 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 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 DHS decision. Reminding, observing, guiding, and/or training of these activities are CLS coverages that do not supplant Home Help or Expanded Home Help.

Medical Necessity Criteria: Criteria used to establish appropriate intensity of services based on information in the Michigan Medicaid Provider Manual.

- Mental health, developmental disabilities, and substance abuse services are supports, services and treatment intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery or productivity;
- The determination of a medically necessary support, service or treatment must be sufficient in amount, scope and duration of the service(s) to reasonably achieve its/their purpose;
- Supports, services, and treatment authorized by the PIHP 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 beneficiary, unsuccessful or cannot be safely provided;
- Using criteria for medical necessity, a PIHP 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.

Steps in the CLS Process:

1. Community Living Support Assessment

The purpose of the assessment is to assess training and support needs for a person with a developmental disability and/or mental illness who lives in, or is planning to live in, an unlicensed setting. It is also used to identify areas requiring outcome(s) or steps that need to be addressed in the Person Centered Plan. The Community Living Support assessment is completed at the initial request for Community Living Support services, and reviewed at least annually or if there is a significant change. The assessment is used to determine the Community Living Support, Home Help and natural supports needed for the consumer to achieve the desired outcome.

2. Person-Centered Plan

The CLS Assessment tool should provide content for the Person-Centered Plan. The Person-Centered Plan should specifically state consumer's CLS needs and goals, for example, the consumer will have weekly assistance with grocery shopping. If services need to be one-on-one, make this clear in the PCP goal. If the consumer has made it clear which provider they prefer to work with, consider including that provider in the PCP meeting. For additional information about PCP's see the Person-Centered Planning Guidelines or policies and procedures.

Example of Community Living Support Outcome:

Outcome

T would like the opportunity to increase his independence and social skills at home and in the community by completing necessary daily living tasks with assistance as well as having the opportunity to socialize with his peers.

Time Frame

8/11/2009 through 8/10/2010

Outcome Type

Steps

CONSUMER:

1. T will let his provider staff know what he would like to do each day (i.e. school, community events, stay at home) they are scheduled to work. T will communicate his needs/wants to the best of his ability.

NATURAL SUPPORTS:

1. T's parents will continue to coordinate the staff schedule on a weekly/monthly basis and communicate any concerns/issues to the provider.

COMMUNITY SUPPORTS:

1. RLLS (provider of DHS hours) will provide staff for T to complete activities such as daily living skills (bathing, eating, dressing, etc), meal preparation, household care, etc. DHS provide staffing for 108 hours 22 minutes each month.

CMHSP PROVIDER SUPPORTS:

1. CSTS Support Coordinator will meet with T at least once per month to monitor this outcome, any health or safety concerns and provide assistance as requested (monthly contact for a minimum of 15 minutes). CSTS Support coordinator will also communicate with CLS provider of any issues/concerns as they arise.

2. RLLS will provide assistance and support to T on attending events/activities in his community that T chooses and provide the opportunity to socialize with his friends and peers. RLLS is authorized for 53 hours per week of CLS services total, with 21 of those hours for required one on one support and 32 hours of CLS services shared with his brother. This authorization also includes transportation to and from activities/events in the community as well as funding for community participation.

3. Individual Authorization

The authorization must be based on the consumer's Person-Centered Plan. Indicate the number of Community Living Support hours needed. On the Encompass Authorization form, the "Hours of Total Need per Week" should be the total hours of supervision needed each week. (For instructions on completing the authorization in Encompass, see attached instructions or click the View Help link at the top of the Authorization List in Encompass.) Indicate the total consumer need; Encompass will deduct Home Help and other support hours such as Day Activity. Any one-on-one hours entered on an authorization must be defined in a PCP outcome--this is time that the consumer absolutely requires individual hours. Any CLS hours that are not one-on-one and all other Community Living Support hours should be entered as unspecified hours. Authorizations for Fiscal Intermediary services should be entered the same way as authorizations for other Community Living Support services.

Examples:

- a. A consumer is typically home alone while room-mates are out. If a room-mate stayed home from Day Activity and both could be served by one staff person, these are unspecified hours.
- b. If a consumer doesn't need supervision when they're not at their day activity, do not enter the day activity hours. Same for work and other hours on the authorization.
- c. If Home help hours are provided by natural supports, do not enter the hours on the authorization.

- d. If a PCP calls for four outings a month which could be on any day of the month (not necessarily one each week) take an average of hours (total hours divided by the number of weeks). If you're not sure how many hours will be needed in the future, consider how many hours have been used on average during the last several months.
- e. Similarly, if a consumer may or may not go home each weekend (according to the consumer's Person-Centered Plan), look back a few months over the hours of supervision needed during weekends and take an average of hours (total divided by # of weeks).
- f. If you know that a consumers needs will change significantly during specific periods of time (school holidays for example), consider entering more than one authorization. For example, authorize 10 hours a week for 1/1/09 to 2/20/09, and during Winter break 2/21-2/28/09 authorize 20 hours for the week.

Any time a consumer's needs significantly change, early terminate the existing authorization and enter a new authorization (be sure to also update the PCP.) Because CLS providers are on a monthly billing cycle, new authorizations should be entered before the end of the month in which the consumers need changed. A significant change is when a consumer desires or experiences a major life change. Examples include obtaining employment, retirement, transitioning from school to adulthood, transitioning out of an institution to the community, transitioning from a hospital back to one's home, and planning for end of life. The planning process should be used to determine what needs to occur to safely make the change happen. When any of the following occur, it is a significant change:

- Adding or changing a Community Living Support related Outcome;
- Adding or changing a service (e.g., someone begins receiving respite or moves);
- Taking any other type of adverse action (e.g., canceling a service, or termination from the waiver).

From a technical standpoint, significant change is one that will require a 5% or greater change in services. This formula can be used to determine if the change is significant:

$$\text{Difference between old and new Hours} / \text{Current weekly hours} = .05 \text{ or greater.}$$

For example, a consumer's weekly hours are changing from 10 to 12. The difference between old and new hours is 2 (12-10). Since $2/10 = .2$, the change is greater than .05, so a new authorization should be entered.

4. CLS Site Plan

The purpose of a CLS site plan is to outline the staffing needs for a CLS site that will adequately support the consumers at the site. A Site Plan also assists CMH and provider staff in staying within budget and communicates CMH expectations to the provider. All provider claims will be referenced against the CLS Site Plan. The process must include the CMH Supports Coordinator/Case Manager and an identified Provider representative, and may include the CMH Supervisor and the consumer. The site plan should be developed or reviewed (and changed as needed) anytime there is a significant change in the home, for example, a client moves out or one or more consumers require staffing changes. When a new authorization is entered, the site plan needs to be updated if there are changes needed in total staff hours for the site. Both the provider and the CMH staff will discuss the needs for all clients at the site, and determine minimum staffing hours required to meet those needs. This discussion should include the one-on-one hours required for each consumer at the site, and the total unspecified hours needed. The expectation is that a CMH staff will complete the site plan on paper during the meeting. The initial meeting for all sites should be face to face. Subsequent meetings could be by phone or face to face. The paper Site Plan form must be signed by all involved staff when complete. If

additional administrative approval is needed, this must be done within seven business days. Once the plan is approved it will be entered by a CMH staff into Encompass, along with a scanned copy of the paper Site Plan, within one business day of the Site Plan approval.

When a significant change occurs provider staff should contact the CMH Supports Coordinator/Case Manager within one business day. The Supports Coordinator/Case Manager will arrange an in person or phone meeting with the provider and the Supports Coordinator/Case Manager for any other consumers at a shared site within four business days. CMH must have a new negotiated site plan entered into Encompass within seven business days of the reported significant change.

If either party does not agree the clinical dispute process will be followed. If an agreement can't be reached the provider and CMH staff will work to find a new provider or a new placement within 30 to 60 days. Please note that if an agreement cannot be reached **SERVICES MUST CONTINUE AS OUTLINED IN THE CONSUMERS PERSON CENTERED PLAN** while the CLS provider and CMH staff will work to find a new provider.

Site Plans for Fiscal Intermediary agencies should be developed by the CMH Supports Coordinator/Case Manager and the consumer and/or family.

5. Billing

CLS Provider staff will enter the actual hours of services provided at each site, including Home Help, on the CLS Staff Invoice in Encompass. In addition, the client hours will be recorded in the H2015 and H2015 TT rows.

CLS service providers should be sure to include an explanation in the comments section if hours entered on the CLS Staff Invoice vary from the usual hours on a Site Plan on any day.

When a provider saves the claims, hours entered will be compared to the CLS Site Plan. An error message will be shown if the hours claimed are more than 5% over the monthly hours on the site plan.

6. Monitoring

Monitoring reports are available for CMH staff and providers to track units and dollars used. Reports include the "auth expires within" 30 days report and the "CLS auth vs paid" report, #1437. Clinical and finance staff can also use the CLS auth vs paid report for monitoring.

CMH Supervisor and Case Managers will need to monitor clinical utilization using report 1745.

Use the CLS Site Plan Utilization report (1745) to identify: a) site plans that are overstated based on past utilization, b) sites that do not have a current site plan (look for a blank authorization section). Past utilization should be looked at using report 1532.

Providers can monitor client utilization using the CLS Site Plan Utilization report 1532 and 1745.