

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN	<i>Policy and Procedure</i>		
Department Provider Relations Unit	# of Pages: 7		
Policy Name COMMUNITY LIVING SUPPORTS IN AN UNLICENSED SETTING	Type of Policy: [] WCHO [<input checked="" type="checkbox"/>] Regional [] Network		
Policy Number 08.002	Effective Date	Revision Date	Approval Date 9/04
Administrative/Board of Directors Sign Off			
Administrative Signature:			Date:
Board of Directors Signature:			Date:

I. PURPOSE

To ensure consumer choice and access to Community Living Support services in unlicensed settings.

To ensure consistent and effective service provision by defining these services, establishing a set of regional entry criteria, and describing a common benefit package.

II. APPLICATION

This policy pertains to all affiliates within the Community Mental Health Partnership of Southeastern Michigan (CMHPSM), along with those contracted agencies responsible for screening, assessing and approving admission and subsequent services. This policy would cover all initial authorizations for Community Living Supports and Personal Care in an unlicensed setting.

III. DEFINITIONS

Community Living Supports (CLS): These are concentrated, training and support activities, which focus on encouraging personal self-sufficiency, facilitating independence and promoting the individual's community integration. Community living training and supports are individualized activities, provided outside of licensed residential facilities and separate from similar training/supports provided to participants through other structured programs. The training and supports may be provided either in the consumer's residence (family/own home) or in community settings.

Service Eligibility Criteria: The Service Eligibility Criteria of the Community Mental Health Partnership of Southeast Michigan partnership were developed based upon the Michigan Mental Health code. These criteria define who is eligible to receive services through the Community Mental Health Partnership of Southeast Michigan.

Community Inclusion and Participation: The consumer uses community services and participates in community activities as would the typical community citizen. The consumer's use of and participation in community activities are integrated with that of typical citizens.

Independence: Freedom from another's influence, control and determination as defined by the consumer for him/herself during the person centered planning process.

Productivity: Engaged in activities that result in or lead to maintenance of or increased self-sufficiency – typically school and work.

Medical Necessity: “Medically Necessary” mental health, developmental disabilities, and substance abuse services are supports, services and treatment that are neither more nor less than what is...

- Necessary for screening and assessing the presence of a mental illness or substance abuse disorder and/or,
- Necessary to identify and evaluate a mental illness or substance abuse disorder that is inferred or suspected; and/or,
- Necessary to treat, ameliorate, diminish or stabilize the symptoms of mental illness (or substance abuse) including impairment in functioning; and/or,
- Expected to arrest or delay the progression of a mental illness (or substance abuse) disorder and to forestall or delay relapse: and/or
- Necessary to provide rehabilitation/habilitation for the recipient to attain or maintain an adequate level of functioning.

IV. POLICY

A. Eligibility Criteria

Consumers would be eligible to receive Community Living Support (CLS) in an unlicensed setting through the Community Mental Health Partnership of Southeastern Michigan based on the following:

- The consumer meets general Service Eligibility admission criteria based upon a diagnosis of a Severe and Persistent Mental illness or a developmental disability.
- The consumer has participated in the Person Centered Planning process and has identified goals consistent with the provision of CLS in an unlicensed setting. Natural supports, personal resources, and other community/external

resources (FIA Home Help, Section 8) have been evaluated and are insufficient to meet the consumer's independent living needs.

- Based upon mental health needs, CLS in an unlicensed setting have been deemed medically necessary in order for the consumer to increase or maintain skills necessary for independent living and self-sufficiency.
- Services can be provided in the least restrictive setting while still ensuring health and safety within the benefit package of CLS in an unlicensed setting. Risks and benefits of participating are reviewed with the consumer and/or his family and an informed consent is obtained from the consumer and/or his family.
- If a consumer has recently been unsuccessful at this intensity of service, a more restrictive setting and/or higher intensity of service should be considered.

B. Benefit Package

The following services are allowable under the provision of Supported Independent Living when identified as appropriate and medically necessary through the Person-Centered Planning Process:

1. Community Living Support as defined in the Medicaid Manual, Chapter III as:
 - 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 such as bathing, eating, dressing, personal hygiene; and shopping for food and other necessities of daily living.
 - Assistance, support and/or training with such activities as: money management; non-medical care; socialization and relationship building; transportation (excluding to and from medical appointments) to and from community activities; leisure choice and participation in regular community activities; attendance at medical appointments; and acquiring or procuring goods other than those listed under shopping, and non-medical services.
 - Reminding, observing, and/or monitoring of medication administration
 - Monitoring or protection to insure the health and safety of the individual in order that s/he may reside or be supported in the most integrated community setting.
2. This CLS benefit does not include any costs of housing (rent, mortgage, etc.) but the separate alternative service code of Housing Assistance can be utilized if appropriate.
3. This benefit is not meant to supplant or cover any services that are the responsibility of other agencies or systems (schools, FIA Home Help, etc.). If

a reduction in or denial of FIA Home Help supports results in potential threats to a consumer's health and safety, CMH Community Living Supports may be used to ensure adequate support during an appeal or while other appropriate support options are being sought.

4. This CLS benefit is distinct from the Personal Care benefit package and, thus, does not include the following:
 - Assistance with food preparation, clothing and laundry, and housekeeping beyond the level required by facility licensure, (e.g., a beneficiary requires special dietary needs such as pureed food);
 - Eating/feeding;
 - Toileting;
 - Bathing;
 - Grooming;
 - Dressing;
 - Transferring (between bed, chair, wheelchair, and/or stretcher);
 - Ambulation; and
 - Assistance with self-administered medications.

C. Initial Authorization

The authorization for CLS services can be from 1 to 12 hours per day per individual. These hours may be in combination with other consumers' hours to meet the level of intensity needed for the consumer. Should the number of hours be over 0-12 but are in combination with another consumer's hours, special utilization management approval is not required. However, if the number of proposed hours is over 12 for one consumer, that request will need to go through the utilization management team. If the Program Administrator within the local county feels that a consumer will require more than this intensity of authorization for more than three months and that, based on clinical needs, provision of CLS in an unlicensed setting is the most appropriate intensity of service, the case will be brought to a regional review committee for a consensus determination.

D. Continuing Criteria

CLS services in an unlicensed setting will continue to be authorized when:

- A consumer continues to meet Service Eligibility Admission Criteria.
- A consumer continues to meet eligibility criteria for this intensity of service.
- A consumer's Person Centered Plan continues to define and identify needs, objectives, and outcomes which can be met by this intensity of service.
- The consumer's needs can be met within the defined benefit package.
- Any change(s) in the level of care and service authorization is documented in the Person Centered Plan or an addendum.

- If a consumer has been unsuccessful at this level of care and within the defined benefit package, a higher intensity of service authorization should be considered.

E. Exit Criteria

A consumer would no longer be eligible for CLS in an unlicensed setting if:

- A consumer no longer meets the Service Eligibility Admission Criteria.
- A consumer no longer meets eligibility criteria for this intensity of service.
- A consumer’s needs and objectives as documented in the Person Centered Plan have been substantially met and this intensity of service is no longer medically necessary.
- Natural supports, personal resources, and community or external agency resources are currently sufficient to meet the consumer’s CLS needs.
- A consumer’s needs exceed those that can be reasonably and safely provided within this benefit package.
- If a consumer has been unsuccessful at this level of care and within the defined benefit package, a higher intensity of service authorization should be considered.

V. EXHIBITS

None

V. REFERENCES

- A. Michigan Department of Community Health (January, 2004), Medicaid Provider Manual.
- B. Community Mental Health Partnership of Southeastern Michigan CPT Code Manual.
- C. Service Eligibility Criteria of the Community Mental Health Partnership of Southeastern Michigan.

VI. PROCEDURES

<u>WHO</u>	<u>DOES WHAT</u>
CSM/SC/Lead Clinician	Completes Assessment with consumer. Works with consumer to develop goals, objectives, and amounts of service needed. Explores natural supports & community resources with consumer (including FIA Home Help hours). If consumer qualifies for and would benefit from CLS, assists consumer in applying for all other appropriate resources, including FIA Home

Program Administrator or designee:	<p>Help. If initial authorization for CLS is less than or equal to 12 hours/day, follows local authorization procedures. If over 12 hours/day, forwards to Program administrator/coordinator for review.</p> <p>Reviews all requests for service authorizations of over 12 hours/day of CLS in an unlicensed setting and evaluates need for this level of authorization. Discusses alternatives with CSM/SC and clinical staff. If Program Administrator feels this level of authorization is the most appropriate level of care and this authorization will remain at this intensity for more than 3 months, refers to Regional Utilization Review Manager.</p>
Regional Utilization Review Committee Chair:	<p>Within 10 business days of initial request, convenes Ad Hoc sub-committee & requests nomination for one representative from each affiliate. Requests representation from ORR and Finance. Coordinates meeting. Requests that Program Administrator or designee fill out “Request for CLS Authorization Outside of Benefit Package Request” form (Attached) and provide any additional pertinent clinical information (Assessment, PCP, etc.).</p>
Ad Hoc Peer Review Committee:	<p>Reviews request. Explores any other clinically appropriate options. Reaches a consensus recommendation the day the review is held.</p>
Regional Utilization Review Committee Chair:	<p>Coordinates documentation of committee’s consensus recommendation. Presents recommendations to AEC.</p>
Affiliation Executive Committee (AEC):	<p>A determination is made on the recommendation the day it is presented.</p>
Regional Utilization Review Committee Chair: Program Administrator or Designee:	<p>Notifies requesting Program Administrator or designee of AEC’s decision</p> <p>Issues authorization and/or follows Grievance and Appeals Policy as appropriate.</p>
Emergency Situations:	<p>Should there be an emergency situation where a consumer would need more than the 0-12 hours of CLS services, the CSM and the Program Administrator or Designee</p>

will make the necessary arrangements for provision of services for the consumer until the Ad Hoc Peer Review Committee is able to convene.