Community Living Supports Provider Presentation

Community Mental Health
FOR CENTRAL MICHIGAN

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Agenda

- Overview of MPM CLS Definition
- What supports CLS provides
- CLS Reminders
- HCPC code chart: General rules for reporting
- HCPC code chart: same time services
- HCPC code chart: Appendix- CLS H2015
- CLS/OHSS progress note documentation

Overview of MPM CLS Definition

- Per the MPM: Community Living Supports (CLS) are used to increase or maintain personal self-sufficiency, facilitating a beneficiary's achievement of their goals of community inclusion and participation, independence or productivity. The supports may be provided in the beneficiary's residence or in community settings (including, but not limited to, libraries, city pools, camps, etc.).

- Coverage includes: • Assisting (that exceeds State Plan for adults), prompting, reminding, cueing, 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 services otherwise available to the beneficiary through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973 or State Plan services, e.g., Personal Care (assistance with activities of daily living in a certified specialized residential setting) and Home Help (assistance in the beneficiary'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 from MDHHS. CLS may be used for those activities while the beneficiary awaits determination by MDHHS of the amount, scope and duration of Home Help.

CLS Definition cont.

- CLS staff providing 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 beneficiary in order that they may reside or be supported in the most integrated, independent community setting.

- CLS may be provided in a licensed specialized residential setting as a complement to, and in conjunction with, State Plan coverage Personal Care in Specialized Residential Settings. Transportation to medical appointments is covered by Medicaid through Medicaid FFS or the Medicaid Health Plan. Payment for CLS services may not be made, directly or indirectly, to responsible relatives (i.e., spouses, or parents of minor children), or guardian of the beneficiary receiving CLS.

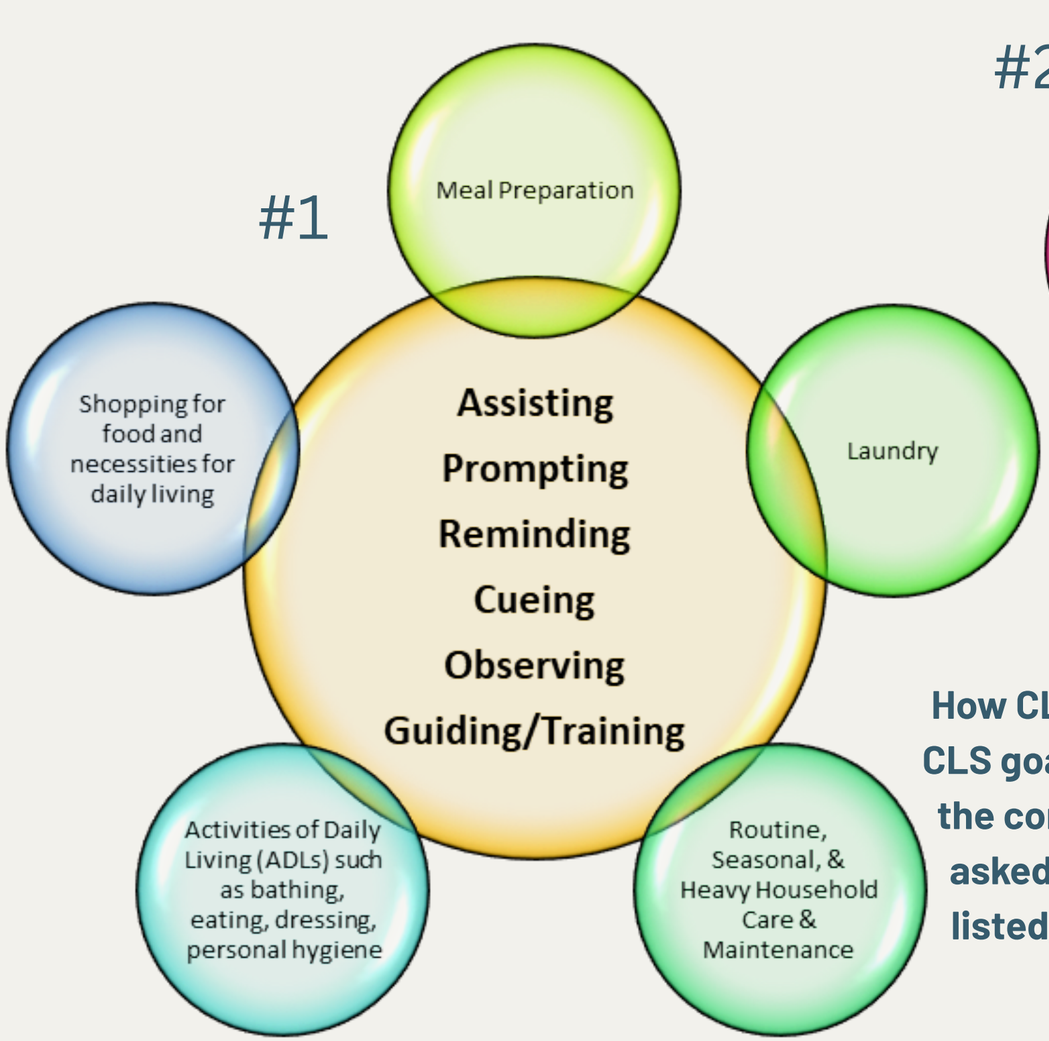
CLS Definition cont.

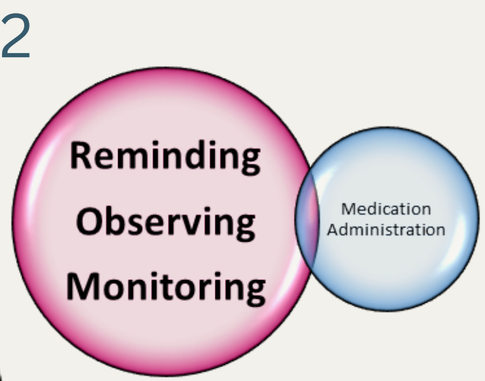
- CLS assistance with meal preparation, laundry, routine household care and maintenance, activities of daily living and/or shopping may be used to complement Home Help services when the beneficiary's need for this assistance has been officially determined to exceed the allowable parameters. CLS may also be used for those activities while the beneficiary awaits the decision from a Fair Hearing of the appeal of a MDHHS decision. Reminding, observing, guiding, and/or training of these activities are CLS coverages that do not supplant Home Help.

- CLS provides support to a beneficiary younger than 18, and the family in the care of their child, while facilitating the beneficiary's independence and integration into the community. This service provides skill development related to activities of daily living, such as bathing, eating, dressing, personal hygiene, household chores and safety skills; and skill development to achieve or maintain mobility, sensory-motor, communication, socialization and relationship-building skills, and participation in leisure and community activities. These supports must be provided directly to, or on behalf of, the beneficiary. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings. For beneficiaries up to age 26 who are enrolled in school, CLS services are not intended to supplant services provided in school or other settings.

What supports CLS provides

Community Living Supports (CLS) facilitate an individual's independence, productivity, and promote inclusion and participation. These services are not done for the consumer, but in conjunction with the consumer.





How CLS staff are to assist with CLS goals needs to be outlined in the consumer's IPOS. If you are asked to provide supports not listed, please reach out to the case holder.

CLS Reminders

- Part of the role of a Case Manager is to assess and document the medical necessity of the service so that it can be authorized. The service needs to be the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. To determine medical necessity:
  - CM must explore what natural supports and community supports are able to provide prior to exploring paid supports.
  - If a consumer is living with family or natural supports, there is an expectation that natural supports will assist the consumer to provide supervision and care.
  - The services are not intended to supplant services provided in school or other settings.
  - CM must ensure Medicaid services are the service of last resort.
  - CM must review and utilize evidence-based practices if available and appropriate.

- Decisions about the methods/skills and amounts of CLS are decided during the person-centered planning process. The amounts are directed by what is medically necessary. Once a medical necessity determination has been made there needs to be a change in need or natural supports to support a change in medical necessity. Basically what has changed and why are more supports needed?

CLS Reminders cont.

- Purpose of CLS is to focus on teaching and training a measurable skill.
- CLS staff work on the skill with the consumer so they can learn the skill, “doing with and not for” to help the person become more independent.
- CLS is a face to face service.
- CLS is required to occur in the community or the individual’s home and cannot occur in the CLS staff person’s home.
- CLS is not allowable while a consumer is in an institutional setting such as the hospital, nursing home, or jail.
- CLS cannot be billed when the CLS provider is sleeping. CLS staff are required to be awake.
- To qualify for CLS the person has to have state approval for a waiver (HSW, SED, CWP or 1915 (i)-spa).

- The skill that is being taught needs to be age appropriate.
  - A young child would not work on being alone in the community as it is not age appropriate.
  - A young child would not work on learning how to wash laundry as it is not age appropriate.

CLS Reminders cont.

- CLS staff are not “paid friends” or “companions”.
  - CLS staff should not be taking consumers to their personal homes or apartments.
  - An important aspect of community integration and socialization is to remind CLS staff that outings should include opportunities for the consumer to invite their own friends or in line with interventions in the IPOS.
- CLS is not a cleaning/housekeeping service. The consumer must be directly involved in cleaning tasks, and it must be written in the consumer’s plan of service as a treatment goal/objective/intervention.
- CLS staff must not perform CLS tasks without the consumer present. For example, if a consumer’s goal is to learn how to prepare a meal, the consumer must be present with the staff to learn the skills associated with this task.
- CLS staff cannot provide help with homework.
- CLS notes that document watching tv, playing video games, consumer is sleeping, or documentation that the consumer is not working on a skill would be red flags to review why the plan is not being followed, as it most likely is not a billable service. The plan may need to be updated or changes need to be made to the times CLS staff are working with the consumer.
- There are 2 code choices for overnight services, and the use relates to what waiver the services are authorized under. If the consumer has 1915 i spa waiver they would use Overnight CLS H2015 UJ. If they have the CWP, HSW or SED waiver the service would be Overnight Health and Safety Support OHSS T2027. The services also are required to be medically necessary.

CLS Reminders cont.

- If the following things are happening please reach out to the case holder:
  - If staff are being asked to do things that are not in the IPOS or if the provider or staff have any concerns.
  - If a provider is not able to provide the amount of service listed in the IPOS.
  - If the consumer starts to refuse to participate in services, or the consumer is sleeping during the time CLS is being provided.

- Transportation: (mileage S0215)
  - Medical appt. CLS staff can bill for H2015 for the time to transport but they can't bill for the mileage to attend a medical appt. to CMHCM (mileage going from the person's home to the medical appt and back is paid by the MHP or DHHS).
  - CLS staff are not allowed to bill CMHCM to transport a person to school (K-12 or ISD) and back. The only time a student can be picked up from school (K-12 or ISD) is if a CLS activity is going to occur right afterwards and this would be considered an exception.
  - CLS staff can only bill for mileage (S0215) and/or CLS (H2015) when the consumer is with them.
  - Out of state travel (mileage) is not a covered service as transportation is to be provided within a consumer's community per the MPM.

- IND18 code: Is an indirect code that does not apply to everyone; it would only apply if the consumer is not able to go in the actual doctor/medical appointment without a CLS (H2015) staff to help provide supports during the appointment (CLS staff would not bill this if they are sitting in the waiting room while the consumer meets with the medical professional). The CLS support also needs to be listed in the plan of service in the intervention section. This code would be used only for medical appointments and only when the CLS staff is present in the appointment and providing CLS activities as defined in the IPOS interventions and there is an IND18 authorization. Medical appointments are defined as doctor, psychiatric, dental, optometrist, OT, PT, speech therapy, medical specialist, labs, urgent care (if you are not sure reach out to the case holder). The one service that would not qualify is Outpatient therapy (OPT) as MSHN has clearly noted that CLS staff attending an OPT appointment is out of the scope of CLS. (Examples will be added to the provider network handbook)
  - Please note that the Emergency Room is considered to be in the community and CLS can bill for that time if the consumer needs that level of support.

HCPC code chart: General rules for reporting

SLEEPING PROVIDERS

There should not be sleeping staff at any time for any service on any waiver, state plan, or 1915 (i). No matter the code/modifier you cannot report it when the staff are asleep. They need to be awake in order to bill for this service.

*For the use of T2036 Respite code, it is MDHHS expectation that camps are sufficiently staffed with staff members who can meet the needs of the waiver population to assure a successful camp experience. This may include the ability for camp staff to sleep while the youth is sleeping but only in circumstances when the youth does not have health and safety needs that would require camp staff to be awake. No other respite service allows for staff to sleep when providing respite services.

Indirect Costs

Per the Same-Time Services Reporting tab there are times where it is permissible that time could be reported as indirect. This means that an encounter is not submitted for this, and the cost is accounted under administrative costs; however, the provider is still being paid and would be reimbursed by PIHP.

Example: Community Living Support staff cannot report their time spent accompanying an individual/beneficiary to a medical visit (including therapeutic activity such as, Recreation, Music and Art Therapy, psychological evaluation, or medication reviews, etc.). CLS staff should account for their time as indirect.

HCPC code chart: same time services

10. Face-to-face interactive Case Management monitoring (T1017) can be reported at the same time as community living support and personal care, and certain day-time activity services (clubhouse, supported employment, prevocational service, skill building, community activities). Professionals and specialty providers will report treatment plan monitoring (H0032-TS) at the same time that the individual/beneficiary is receiving the service for which they are being monitored in the above settings.

12. Community Living Support staff cannot report their time spent accompanying an individual/beneficiary to a medical visit (including therapeutic activity such as, Recreation, Music and Art Therapy, psychological evaluation, or medication reviews, etc.). CLS staff should account for their time as indirect.

- Community Living Support (CLS) staff invited to participate in the Individual Plan of Service (IPOS) meeting cannot report CLS services as this would be reported as indirect time. CLS can only be reported during this time when providing direct CLS support to the beneficiary.

HCPC code chart: Appendix- CLS H2015

CLS as Primarily an In-Home Support in Non-licensed Living Arrangements

This is when CLS qualified staff provide CLS supports to persons living in non-licensed homes. This includes apartments, condominiums, houses, where the consumer and their "room" mates (if they have any) lease/rent the residence, and also includes when the consumer lives with their family or others where someone else may be responsible for the house/rent payment. The key is that the residence is **not** a licensed setting. As of 10/1/16, H2015 is never provided in a general AFC or licensed/certified AFC.

This CLS is not limited to just the staff time spent in the residence. As part of the overall goal of community inclusion, the CLS staff will also accompany the consumer to community activities (shopping, recreation, church etc.). However, the preponderance of staff time is intended to assist the consumer to live within their own home (i.e., a non-licensed living arrangement).

Home Help

Persons in non-licensed residential settings are eligible for **Home Help** from the local MDHHS office. To be eligible for Home Help a person must be eligible for Medicaid and require physical assistance with at least one activity of daily living. This is a form of personal care. The distinction between CLS and Home Help personal care is that CLS has a teaching, guiding, prompting component that Home Help does not have – sometimes described as “doing with vs doing for”.The hours of Home Help a person gets should be deducted from the hours needed for supports to derive the CLS level of need.

Community Mental Health for Central Michigan

Community Living Supports (CLS)/Overnight Health & Safety Services (OHSS)

Consumer Name: _____ **Date of Service:** _____ **Consumer ID:** _____

Staff Name (please print): **Provider:**

☐ **This note spans overnight**

☐ CLS ☐ OHSS	☐ CLS ☐ OHSS	☐ CLS ☐ OHSS	☐ CLS ☐ OHSS
START TIME:	**START TIME:**	**START TIME:**	**START TIME:**
☐AM ☐ PM	☐AM ☐ PM	☐AM ☐ PM	☐AM ☐ PM
END TIME:	**END TIME:**	**END TIME:**	**END TIME:**
☐AM ☐ PM	☐AM ☐ PM	☐AM ☐ PM	☐AM ☐ PM
Staff to Consumer Ratio:	**Staff to Consumer Ratio:**	**Staff to Consumer Ratio:**	**Staff to Consumer Ratio:**
☐1:1 ☐1:2 ☐1:3 ☐1:4 ☐1:5 ☐1:6+	☐1:1 ☐1:2 ☐1:3 ☐1:4 ☐1:5 ☐1:6+	☐1:1 ☐1:2 ☐1:3 ☐1:4 ☐1:5 ☐1:6+	☐2:1 Dedicated staffing only as approved by BTC (Ensure both staff sign below)
Location: _____	**Location:** _____	**Location:** _____	**Location:** _____

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift) If additional space is needed, please use the back of this progress note.

Number of Miles	**Location/Purpose**

_____ _____

Staff Signature/Credentials *Date*

_____ _____

**Staff Signature/Credentials* *Date*

**Second staff signature only required when 2:1 staffing is provided as approved by BTC and indicated in the checkbox above*

If CLS was provided during a MEDICAL APPOINTMENT:
START TIME _____ am/pm END TIME _____ am/pm
(includes Doctor, Psychiatrist, Dentist, Optometrist, OT, PT, Speech Therapy, Medical Specialist)

If Home Help (HH) was provided, please include the start and stop time OR total HH hours for the day:	
START TIME:	**START TIME:**
☐AM ☐ PM	☐AM ☐ PM
END TIME:	**END TIME:**
☐AM ☐ PM	☐AM ☐ PM

TOTAL HOURS:	


ANY
QUESTIONS ?