

**LAKESHORE REGIONAL ENTITY SERVICE DESCRIPTION**  
**Community Living Supports (CLS) Services**

*This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:*

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

**1. Definition or Description of Service**

- a. Community Living Supports (CLS) are medically necessary supports and services used to increase or maintain personal self-sufficiency to facilitate an Individual's achievement of his/her greatest potential and goals of community inclusion and participation, independence, or productivity when identified in the individual plan of service as one or more goals developed during person-centered planning. Community Living Supports cannot be used for the purpose of relieving an Individual's caregiver. Services may be provided in the Individual's residence or in community settings.
- b. CLS provides training and/or teaching to the Individual on how to do certain activities by assisting, prompting, reminding, cueing, observing, guiding and/or training in the following activities:
  - i. meal preparation
  - ii. laundry
  - iii. routine, seasonal, and heavy household care and maintenance
  - iv. activities of daily living (e.g., bathing, eating, dressing, personal hygiene)
  - v. shopping for food and other necessities of daily living
- c. 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 ADLs 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 MDHHS. CLS may be used for those activities while the beneficiary awaits determination by MDHHS 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 MDHHS authorization of amount, scope and duration of Home Help does not appear to reflect the beneficiary's needs based on the findings of the MDHHS assessment.
- d. Staff assistance, support and/or training 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)
  - v. participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts and events in a park; volunteering; voting)
  - vi. attendance at medical appointments
  - vii. acquiring or procuring goods, other than those listed under shopping, and non-medical services
- e. Reminding, observing and/or monitoring of medication administration.

- f. 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 (per section 17.3.b. of the Medicaid Provider Manual). 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 MDHHS 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 community living supports. 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 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 or Expanded Home Help.
- g. Community Living Supports (CLS) provides support to children and youth younger than 18, and the family in the care of their child, while facilitating the child'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 child. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings. For children and adults up to age 26 who are enrolled in school, CLS services are not intended to supplant services provided in school or other settings or to be provided during the times when the child or adult would typically be in school but for the parent's choice to home-school.

## 2. Practice Principles

- a. Provider shall ensure that services do not supplant Home Help or natural supports. 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 as described in the Medicaid Provider Manual.
- b. Medicaid Recipients: Medicaid must be considered the payer of last resort. Evidence must be present that the Michigan Department of Health and Human Services (MDHHS) Home Help and natural and community supports have been utilized, attempted, or applied for prior to authorization from CMHSP.
- c. CLS cannot be used for the purpose of relieving the Individual's primary caregiver.
- d. Provider is encouraged to offer evidence-based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are provided by staff that have been appropriately trained in the model(s) and are provided to the population for which the model was intended.
- e. Provider will be in compliance with the principles of person-centered planning as outlined in the MDHHS Mental Health and Person-Centered Planning Policy and Practice Guideline.
- f. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service (IPOS).

- 3. Credentialing Requirements** *Refer to current Medicaid Provider Manual for updated requirements.*
- a. Provider will assure that licensed professional staff licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.
  - b. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.
  - c. Provider shall ensure that all vehicles used for transporting the Individual(s) under this agreement are in safe operating condition and contain first aid equipment.
  - d. Provider shall permit only responsible staff with an appropriate valid driver's license and insurance, as required by State law, to operate motor vehicles while transporting Individual(s) as evidenced by annual driving record and insurance checks.
  - e. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.
  - f. Providers of services must:
    - i. Be at least 18 years of age.
    - ii. Be free from communicable disease.
    - iii. Be able to practice prevention techniques to reduce transmission of any communicable diseases in the environment where they are providing support.
    - iv. Have a documented understanding and skill in implementing the individual plan of services and report on activities performed.
    - v. Be in good standing with the law according to the MDHHS/PIHP contract.

**4. Service Requirements**

- a. Provider's supports and services will be based upon the Individual's IPOS, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Said documents are to be present (hard copy or electronically) at the service site, and accessible to the Provider's staff responsible for delivering the supports and services.
- b. Provider shall notify the Individual's care manager when the Individual's IPOS is in need of revision or modification.
- c. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that Individual.
- d. Provider shall ensure coordination of care occurs between the Individual(s) primary health care physician and Medicaid Health Plan (as appropriate). Coordination of care shall include the full array of primary and acute physical health services, behavioral health care, natural or community supports to provide effective treatment, and as specified in an Individual's IPOS.
- e. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.
- f. Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.
- g. The Individual's record must contain sufficient information to document the provision of services, including the nature of the service, the date, start and stop times of the services, and the

location of contacts, including whether the contacts were face-to-face. The frequency and scope of contacts must take into consideration the health and safety needs of the Individual.

- h. As applicable, Provider shall provide supports and services to Individuals under this agreement in direct accordance with the most current Behavioral Treatment Plan of Individual.

**5. Training Requirements**

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.
- b. Provider will ensure and document that each staff is trained on the Individual's IPOS and ancillary plans prior to delivery of service.

**6. Eligibility Criteria/Access Requirements/Authorization Procedures**

- a. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- b. Waiver eligibility requires verification of no change in waiver status.
- c. The [Lakeshore Regional Entity Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.