

<b>SUBJECT:</b> Community Living Supports and Home Help Services Coordination		Page 1 of 3
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<b>Relates To Policy:</b>	01-501-02	

**I. AFFECTED DEPARTMENTS**

All Mental Health Internal and External Case Management/Supports Coordination Providers; Home Based; and Consultative Services (LLP and OT)

**II. PURPOSE**

This procedure is intended to improve service coordination between the mental health Medicaid-covered service referred to as Community Living Supports (CLS) and the Department of Human Services (DHS) Home Help benefit. This procedure will assist in clarifying the purpose of DHS Home Help hours, and when to request them.

Always refer to the current Medicaid Provider Manual for up-to-date information regarding CLS, as there are regular updates.

*“Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual’s achievement of goals of community inclusion and participation, independence, or productivity.”*

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
  - Activates of daily living
  - Shopping for food and other necessities of daily living
  - 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, etc.)
  - 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

**SUBJECT:**

Community Living Supports and Home Help Services Coordination

DHS is responsible for reviewing and authorizing Home Help while Genesee Health System (GHS) Utilization Management (UM) is responsible for reviewing and authorizing CLS. Home Help is designed to give support to individuals who are unable to adequately care for themselves (i.e., unable to perform activities of daily living) by paying a helper to assist with daily activities, which include:

- Eating or feeding
- Toileting
- Bathing
- Grooming/Dressing
- Transferring from one position to another
- Moving around the home
- Taking medications
- Preparing meals and cleaning up
- Shopping for essential items
- Doing laundry
- Light housework

CLS are approved to train individuals on how to complete the various tasks listed above while Home Help is provided through DHS to individuals who are not physically able to complete the above-listed tasks in an unlicensed setting. CLS may not be used to replace Home Help or Expanded Home Help; if such assistance appears to be needed, the individual must request Home Help and, if necessary, Expanded Home Help from DHS.

**III. PROCEDURE**

1. Case managers and supports coordinators are to assess and document the need for CLS to train individuals in the above-listed activities.
2. If an individual is unable to physically complete the activity or needs assistance in completing personal care (in an unlicensed setting), Home Help must be requested through DHS, and UM will deny authorization for CLS for this purpose because UM cannot authorize CLS services to replace Home Help. CLS may be used as a bridge *only* after Home Help has been requested from DHS and the individual is awaiting a decision on amount, scope and duration. Documentation must be in the record of the Home Help request, with a scanned copy of the letter sent to DHS.
3. If an individual is currently receiving Home Help, but has an identified need for training in an area (listed above) where he or she can physically perform the task and is not currently receiving Home Help hours for the task, authorization for CLS can be requested.
4. If an individual is currently receiving Home Help for a specific task, but the amount of Home Help hours is thought to be inadequate, a request for increased Home Help hours will need to be made to DHS by the case manager or supports coordinator. If the request for increased Home Help hours is denied by DHS (or if the initial request for Home Help hours is denied), the primary clinician, must assist the individual and/or guardian in appealing the DHS decision to deny or limit Home Help. Once an appeal for a Fair

**SUBJECT:**

Community Living Supports and Home Help Services Coordination

Hearing is filed (copy of the Request for Hearing must be scanned into CHIP), the primary clinician may request authorization for CLS to be provided while awaiting a Home Help appeal decision. In this situation, CLS may be temporarily approved for 90 calendar days in order for a decision to be rendered by the Administrative Law Judge. The primary case holder will be responsible for relaying the decision to UM for an appropriate authorization.