

**Bulletin Number:** MSA 20-04

**Distribution:** Prepaid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs)

**Issued:** February 28, 2020

**Subject:** §1915(c) Renewal Applications for the Children's Waiver Program (CWP), the Habilitation Supports Waiver (HSW), and the Waiver for Children with Serious Emotional Disturbances (SEDW)

**Effective:** As Indicated

**Programs Affected:** Medicaid, Healthy Michigan Plan, MICHild

### **General Information**

Michigan Medicaid's three Behavioral Health Home and Community-Based Services (HCBS) waiver programs are authorized in §1915(c) of the Social Security Act. The programs permit a state to furnish an array of HCBS that assist Medicaid beneficiaries to live in the community and avoid institutionalization. This policy describes the expanded service coverage of Overnight Health and Safety Support (OHSS) included in the latest renewal applications of Behavioral Health's existing HCBS waivers that were effective October 1, 2019. Coverage is based on medical necessity and is provided in an unlicensed setting in the community or an individual's own home (i.e., a setting the person owns, rents or leases that is not operated, owned or leased by a provider of services or supports). Services are provided through the PIHP, its affiliate CMHSPs if applicable, and/or its contracted behavioral health providers.

**NOTE:** OHSS is not available for individuals residing in licensed non-community facilities or settings. Payment of OHSS may not be made directly or indirectly to responsible relatives (i.e., spouses or parents of minor children) or a legal guardian.

### **Eligibility**

To be eligible for OHSS, an individual must:

- be Medicaid eligible;
- be enrolled in one of the following waiver programs: CWP, HSW, or SEDW;
- be living in a community-based setting (not in a hospital, Intermediate Care Facility for Individuals with Intellectual Disabilities or ICF/IID, nursing facility, licensed Adult Foster Care home, correctional facility or child caring institution); and
- require supervision overnight to ensure and maintain the health and safety of an individual living independently.

The need for OHSS must be reviewed and established through the person-centered planning process with the beneficiary's specific needs identified that outline health and safety concerns and a history of behavior or action that has placed the beneficiary at risk of obtaining or maintaining their independent living arrangement. Each provider of OHSS services will ensure the provision of, or provide as its minimum responsibility, overnight supervision activities appropriate to the beneficiary's needs to achieve or maintain independent living, health, welfare, and safety.

### **Coverage**

For purposes of this service, "overnight" includes the hours a beneficiary is typically asleep for no more than 12 hours in a 24-hour period

The purpose of OHSS is to enhance individual safety and independence with an awake provider supervising the health and welfare of a beneficiary overnight. OHSS is defined as the need for an awake provider to be present (i.e., physically on-site) to oversee and be ready to respond to a beneficiary's unscheduled needs if they occur during the overnight hours when they are typically asleep.

OHSS services are generally furnished on a regularly scheduled basis, for multiple days per week, or as specified in the Individual Plan of Service (IPOS), encompassing both health and safety support services needed for the individual to reside successfully in their own home and community-based settings.

OHSS may be appropriate when:

- Service is necessary to safeguard against injury, hazard, or accident.
- A beneficiary has an evaluation that includes medical necessity that determines the need for OHSS and will allow an individual to remain at home safely after all other available preventive interventions/appropriate assistive technology, environmental modifications and specialty supplies and equipment (i.e., Lifeline, Personal Emergency Response System [PERS], electronic devices, etc.) have been undertaken to ensure the least intrusive and cost-effective intervention is implemented.
- A beneficiary requires supervision to prevent or mitigate mental health or disability related behaviors that may impact the beneficiary's overall health and welfare during the night.
- A beneficiary is non-self-directing (i.e., struggles to initiate and problem solve issues that may intermittently come up during the night or when they are typically asleep), confused or whose physical functioning overnight is such that they are unable to respond appropriately in a non-medical emergency (i.e., fire, weather-related events, utility failure, etc.).
- A beneficiary has a documented history of a behavior or action that supports the need to have an awake provider on-site for supported assistance with incidental care activities that may be needed during the night that cannot be pre-planned or scheduled.
- A beneficiary requires overnight supervision in order to maintain living arrangements in the most integrated community setting appropriate for their needs.

The following exceptions apply for OHSS:

- OHSS does not include friendly visiting or other social activities.
- OHSS is not available when the need is caused by a medical condition and the form of supervision required is medical in nature (i.e., nursing facility level of care, wound care, sleep apnea, overnight suctioning, end-stage hospice care, etc.) or in anticipation of a medical emergency (i.e., uncontrolled seizures, serious impairment to bodily functions, etc.) that could be more appropriately covered under PERS or medical specialty supplies.
- OHSS is not intended to supplant other medical or crisis emergency services to address acute injury or illness that poses an immediate risk to a person's life.
- OHSS is not available to prevent, address, treat, or control significantly challenging anti-social or severely aggressive individualized behavior.
- OHSS is not available for an individual who is anxious about being alone at night without a history of a mental health or disability related behavior(s) that indicates a medical need for overnight supports.
- OHSS is not intended to compensate or supplant services for the relief of the primary caregiver or legal guardian living in the same home or to replace a parent's obligations and parental rights of minor children living in a family home
- OHSS is not an alternative to inpatient psychiatric treatment or other appropriate levels of care to meet the beneficiary's needs and is not available to prevent potential suicide or other self-harm behaviors.

### **Coordination of Services and Care**

The service normally involves the co-provision of several services through an awake provider in order to achieve the purpose of the service. OHSS services typically fall into this category of "round-the-clock" by the nature and institutional level of care required for HCBS Waiver participants. OHSS is intended to supplement other HCBS (i.e., Community Living Supports [CLS], respite, etc.) that are provided to the beneficiary as part of a comprehensive array of specialized waiver or developmental disabilities services (i.e., supports coordination, peer-delivered, etc.).

If a beneficiary is receiving CLS or respite supports and demonstrates the need for OHSS, the IPOS must document coordination of services to ensure the scope, nature of supervision and/or provider differ from the other community support services to prevent issues of duplicative services. OHSS is complementary of the other habilitative services, but typically does not comprise the entirety of the supports a beneficiary may need to obtain or maintain their independence in their community. OHSS services are enhanced services that are in addition to or concurrent with other waiver services, as outlined in the IPOS, and allow for the provision of supervision to ensure the health and safety of an individual overnight.

**Provider Services**

Providers have the responsibility for the health, welfare, and safety of the beneficiary overnight and must be awake to have the ability to intervene on behalf of the beneficiary. This assistance may take the form of observation and minor redirection of the beneficiary to perform tasks that will enable the beneficiary to maintain their overnight health and sleep safety.

Providers may perform minor redirection and/or prompting that are incidental to the care and supervision of the beneficiary over the course of the night such as:

- The ability to intervene on behalf of the beneficiary supervision of overnight activities, such as reinforcing independent living skills and minor redirection of their independent daily living tasks.
- Provide the level of supervision needed to ensure a beneficiary’s safety, along with the actions required if a beneficiary’s health or welfare are at risk.
- Safeguard the individualized supports needed overnight appropriate to the beneficiary's needs. Common issues, which include fire and evacuation ability, ability to respond independently to health needs during the night, and safety awareness.

**Provider Qualifications**

<b>Provider Qualifications</b>			
<b>Provider Type</b>	<b>License</b>	<b>Certification</b>	<b>Other Standards</b>
Direct Support Professional/ Aide	None	None	Individual with specialized training; is able to perform basic first-aid procedures; trained in the beneficiary's IPOS, as applicable; is at least 18 years of age; able to prevent transmission of communicable disease; is able to communicate expressively and receptively in order to follow IPOS requirements and beneficiary-specific emergency procedures, and to report on activities performed; and is in good standing with the law.

A copy of the CWP/HSW/SEDW renewal applications can be viewed at [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) >> Keeping Michigan Healthy >> Behavioral Health & Developmental Disability.

## Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## Approved

A handwritten signature in black ink, appearing to read 'K. Massey', followed by a long horizontal flourish.

Kate Massey, Director  
Medical Services Administration