



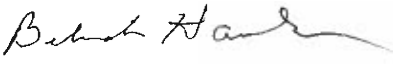
STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

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August 7, 2020

**TO:** Executive Directors of Prepaid Inpatient Health Plans (PIHPs) and  
Community Mental Health Services Programs (CMHSPs)

**FROM:** Belinda Hawks, MPA   
Director  
Division of Quality Management and Planning  
Behavioral Health and Developmental Disabilities Administration (BHDDA)

**SUBJECT:** Community Living Support (CLS) coding with H2015

Per the BHDDA communication on March 23, 2020, Community Living Support services reporting requirements will be transitioned from the code H0043 to H2015, for services delivered in unlicensed settings effective October 1, 2020.

The purpose of this communication is to provide additional clarification on CLS coverage of services delivered in unlicensed settings, currently reported under H0043, and that this change should have no negative impact to currently authorized CLS services.

**Guidance on use of the CLS code for Medicaid beneficiaries in unlicensed settings during overnight hours:**

Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of their goals of community inclusion and participation, independence, or productivity. Coverage includes assisting, prompting, reminding, cueing, observing, guiding, and/or training provided by CLS staff.

CLS may be provided in unlicensed settings to support, observe, and preserve the health and safety of the individual during overnight hours when medically necessary and in order that the individual may reside in the most integrated, independent community setting (i.e. own home or a setting the person rents or leases that is not operated, owned, or leased by a provider of services). The need for CLS staff assistance to observe, direct, and monitor health and safety must be reviewed and established through the person-centered planning process with the beneficiary's specific supports being identified in Individual Plan of Service (IPOS) that will conserve their independent living arrangement. Providers are responsible to evaluate and ensure less intrusive and cost-effective services (i.e. specialty supplies and equipment: Personal Emergency Response System [PERS], electronic devices, assistive tech, etc.) have been reviewed that preserve health and safety, and allow an individual to remain in the most integrated independent community living setting, prior to authorizing this type of CLS staff assistance.

Executive Directors of Prepaid Inpatient Health Plans (PIHPs) and  
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Please look for an L letter related to this clarification to be issued soon. Questions can be sent to Morgan VanDenBerg at [vandenbergm@michigan.gov](mailto:vandenbergm@michigan.gov)

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