MDHHS
Michigan Department of Health & Human Services

BULLETIN

Michigan Medicaid Policy (MMP) | Health Services

Bulletin Number: MMP 26-39

Distribution: Prepaid Inpatient Health Plans, Community Mental Health Services Programs

Issued: October 16, 2026

Subject: §1915(i) State Plan Home and Community-Based Services

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan, MIChild

NOTE: The implementation of this policy is contingent upon approval of a State Plan Amendment (SPA) by the Centers for Medicare & Medicaid Services (CMS).

The §1915(i) SPA operates concurrently with the §1115 Behavioral Health Demonstration for managed care authority. This establishes the provision of behavioral health community-based services through Michigan's managed care contract with the regional Prepaid Inpatient Health Plans (PIHPs). This bulletin outlines the amendments to the State Plan benefit and includes the addition of Overnight Health and Safety Supports (OHSS).

Refer to the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual, General Information section, for an overview of the mental health and developmental disabilities services and supports covered by Medicaid.

Overnight Health and Safety Supports (OHSS)

Effective October 15, 2026, OHSS is being added as a new service.

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 the beneficiary is typically asleep. OHSS is indicated for a beneficiary who is non-self-directing (i.e., struggles to initiate and problem solve issues that may intermittently come up during the time or when they are typically asleep), confused, has a cognitive impairment, or whose physical functioning is such that they are unable to respond appropriately in an emergency (i.e., fire, weather-related events, utility failure, etc.). It is further indicated for beneficiaries who have inconsistency in, or an inability to regulate sleep patterns.

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 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.

OHSS may be appropriate when:

- Service is necessary to safeguard against injury, hazard, or accident, including monitoring for non-life-threatening self-harm behaviors that require redirection.
- Service will allow the beneficiary to remain at home safely after all other available preventive interventions have been undertaken, and the risk of injury, hazard or accident remains.
- Assistance is needed with instrumental activities of daily living (IADL) that cannot be pre-planned or scheduled.
- The need is caused by a medical condition or the form of supervision required is medical in nature (i.e., wound care, sleep apnea, end-stage hospice care, etc.) or in anticipation of a medical emergency (i.e., uncontrolled seizures, serious impairment to bodily functions, etc.).

Payments for OHSS may not be made, directly or indirectly, to responsible relatives (i.e., spouses or parents of minor children) or the legal guardian.

The OHSS service cannot be provided in a licensed residential setting. Community Living Supports (CLS) and Respite may not be provided at the same time as OHSS. If the beneficiary receiving OHSS demonstrates the need for CLS or Respite, the individual plan of service (IPOS) must document coordination of services to assure no duplication of services provision with OHSS.

The following exceptions apply for OHSS:

- It does not include friendly visiting or other social activities.
- It is not available for medical needs beyond provider qualification requirements (aide level staff) for this service.
- It is not available to prevent or control anti-social or aggressive behavior.

Provider Qualifications			
Provider Type	**License**	**Certification**	**Other Standard**
Direct Support Professional	None	None	Individual is able to perform basic first aid procedures and is trained in the beneficiary’s IPOS, as applicable; is at least 18 years of age; is able to

Provider Qualifications			
Provider Type	**License**	**Certification**	**Other Standard**
			prevent transmission of communicable disease; is able to communicate expressively and receptively in order to follow IPOS requirements and beneficiary-specific emergency procedures and report on activities performed; is in good standing with the law; and must be trained in recipient rights.
Verification of Provider Qualifications			
Provider Type	**Entity Responsible for Verification**		**Frequency of Verification**
Direct Support Professional	The PIHP is responsible for ensuring the provider is credentialed as required by the MDHHS/PIHP contract (provider credentialling policy).		Prior to delivery of services and every three years thereafter.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS 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. 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. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



Meghan E. Groen, Chief Deputy Director
Health Services