

Here is information on what would be considered appropriate levels of supervision over staff members. This is according to state direction outlined in the [Medicaid Provider Manual](#):

Page 21 of manual regarding Adult Day Health Services:

“Each provider must employ a full-time program director with a minimum of a bachelor’s degree in a health or human services field or be a qualified health professional. The provider must continually provide support staff at a ratio of no less than one staff person for every 10 participants. The provider may only provide health support services under the supervision of a registered nurse.”

Page 24 of manual regarding CLS services:

“When the CLS services provided to the participant include tasks identified with an asterisk (*) above, the direct service providers furnishing CLS must also: Be supervised by a RN licensed to practice nursing in Michigan. At the State's discretion, other qualified individuals may supervise CLS providers. For licensed residential settings, persons employed as facility owners or managers qualify to provide this supervision. The direct care worker’s supervisor must be available to the worker at all times the worker is furnishing CLS services.”

CLS Services with an asterisk (*) include:

1. Assisting, reminding, cueing, observing, guiding and/or training in:
 - Activities of Daily Living (ADL) such as bathing, eating, dressing, personal hygiene, toileting, transferring, etc.
 - Non-medical care (not requiring nurse or physician intervention).
 - Training and assistance on activities that promote community participation such as using public transportation, using libraries, or volunteer work.
2. Reminding, cueing, observing, or monitoring of medication administration.
3. Dementia care including, but not limited to, redirection, reminding, modeling, socialization activities, and activities that assist the participant as identified in the individual’s PCSP.
4. Staff assistance with preserving the health and safety of the participant in order that he/she may reside and be supported in the most integrated independent community setting.
5. Observing and reporting any change in the participant’s condition and the home environment to the supports coordinator.

Page 37-38 of manual regarding Nursing Services:

“Nursing Services are covered on an intermittent (separated intervals of time) basis for a participant who requires nursing services for the management of a chronic illness or physical disorder in the participant’s home. These services are provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the direct supervision of an RN.”

Page 51 of manual regarding Self-Determination Direct-Care Workers:

“The MI Choice participant, or designated representative, acts as the employer and provides direct supervision of the chosen workers for self-determined services in the participant’s PCSP. The participant, or designated representative, directly recruits, hires, and manages employees.”

Page 74 of manual regarding Home-Based Service Providers (which includes community living supports, respite services provided in the home, chore services, personal emergency response systems, private duty

nursing/respiratory care, nursing services, counseling, home delivered meals, training services, and community health workers):

“Home-based service providers must always have a supervisor available to direct care workers while the worker is furnishing services to MI Choice participants. The provider may offer supervisor availability by telephone. Home-based service providers must conduct in-home supervision of their staff at least twice each fiscal year. A qualified professional must conduct the supervisory visit.” (not specific).