

## **MEDICAL POLICY STATEMENT**

### **Michigan Medicaid**

<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Safety Beds-MI MCD-MM-1549	01/01/2026
<b>Policy Type</b>	
<b>MEDICAL</b>	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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**A. Subject****Safety Beds****B. Background**

Healthy sleep requires adequate duration, appropriate timing, good quality, regularity, and the absence of sleep disturbances. The American Academy of Sleep Medicine has issued recommendations for sleep needs by age. An individual's bedtime environment is an important consideration, with factors, such as the bed and mattress, affecting the quality and duration of sleep.

A safety bed is an enclosed bed, typically fitted with a mesh canopy, padded walls, and/or a specially designed mattress. A safety bed may be necessary to ensure the safety of an individual with a variety of medical or behavioral health problems (eg, epilepsy, intracranial injury, hydrocephalus, intellectual disabilities, autistic spectrum disorder). The use of these beds increases patient safety by eliminating falls and preventing injuries and wandering when the patient should be sleeping. Ongoing individual evaluation and monitoring is recommended for appropriate use and prescribing.

**C. Definitions**

- **Certificate of Medical Necessity (CMN)** – A document required by Centers for Medicare and Medicaid Services that detail the medical necessity of a durable medical equipment item or service for a member.
- **Crib Canopy** – A cover that attaches to the top of a crib that prevents a toddler from climbing out of the crib or, in some cases, pets from climbing into the crib.
- **Durable Medical Equipment (DME)** – Equipment that can withstand repeated use that aids in the completion of activities of daily living.
- **Hospital Bed** – A bed used for patients that can be adjusted to raise the head end, foot end, or middle, as required. The overall bed height is also adjustable.
- **Michigan Department of Health and Human Services (MDHHS)** – A government body that oversees health policy and management in the state of Michigan. MDHHS also provides public assistance and welfare services.
- **Safety Bed** – A bed to prevent individuals from leaving a bed at night without supervision, preventing injuries, falls, and wandering, and can be called institutional, adaptive, enclosure bed, enclosed bed system, net bed, or special needs beds.
- **Standard Bed** – A fixed height bed that is typically sold as furniture and consists of a frame, box spring, and mattress.

**D. Policy**

- I. HAP CareSource considers a safety bed medically necessary when **ALL** the following criteria are met:
  - A. Member has a behavioral health or medical diagnosis that may lead to safety concerns.

- B. Member requires a safety bed that prevents the member from leaving the bed at night without a supervisor.
  - C. There should be regular, periodic face-to-face (in-person) monitoring while the member is in the safety bed.
  - D. An in-home assessment has been conducted to ensure that less restrictive measures have been tried and are in place.
  - E. The safety bed is to be used for sleep and short naps and not to be used as a restraint, for playtime, for discipline, or as part of a behavior modification program.
  - F. The safety bed must be the lowest cost alternative that addresses the member's health condition.
- II. HAP CareSource considers technology addons as non-medical in nature and therefore not medically necessary.
- III. The following is required to obtain a prior authorization for the safety bed:
- A. The safety bed must meet the standards of coverage published by MDHHS and meets the definition of DME as defined MDHHS Medicaid Provider Manual.
  - B. Safety beds and/or accessories require a prior authorization as specified in the Medicaid Code and Rate Reference tool.
  - C. A replacement for a safety bed or accessory is needed within 5 years.
  - D. The member must have a face-to-face visit with a provider within 6 months prior to the initial written order for **ALL** of the following:
    - 1. initial order for purchase
    - 2. replacement of the base equipment
    - 3. when there is change in the order for the item
    - 4. when there is a change in the supplier of the item and the new supplier is unable to obtain a copy of the original order and documentation from the original supplier
    - 5. when there is a change in federal or state law, policies, or regulation
    - 6. plan for transitioning away from the safety bed
  - E. Medical documentation of the face-to-face visit may be indicated on the prescription/order, the CMN, or other medical record. The health provider must maintain documentation of the face-to-face visit, including the following information:
    - 1. the name of the provider performing the evaluation
    - 2. the clinical findings that support the need for the safety bed
    - 3. confirmation of the primary reason for the visit that relates to the need for the safety bed
    - 4. alternatives that have been tried and failed or ruled out (eg, bed alarms, door alarms, and standard rail padding, bed rails, bed on the floor, video/audio monitors, removal of safety hazards from the member's room (eg, small ingestible items, items that can fall on the child or they can climb and jump off of including unsecured dressers, bookcases, TVs, etc.), child protection

- devices (eg, locks outside of the reach of the child, alarms, gates, furniture anchors, etc.), treatment plan to help with calming and sleep)
5. the person-centered service plan is retained and updated
    - a. includes a safety bed monitoring plan
      01. defined duration of safety bed use
      02. time intervals member will be monitored while inside the safety bed
      03. how member's personal care needs will be met during safety bed use
      04. how medical conditions will be managed during safety bed use
      05. safety concerns of potential entrapment and endangerment or injury
    - b. includes a mental health management plan with member-specific medical/clinical interventions that have been tried to mitigate behaviors, improve quality of sleep and safety when sleeping
    - c. includes emergency preparedness plan to ensure the safety of the member in case of emergency (eg, natural disaster) as the member is not able to exit the enclosure independently
  6. the invoice for the safety bed
- F. If the provider conducting the face-to-face does not write the initial order, the treating provider must communicate the details of the visit to the ordering provider.
- G. A copy of the face-to-face visit must be kept in the member's file and the original sent to the DME supplier. The DME supplier must date stamp the face-to-face documentation and maintain it in the member's file. The face-to-face documentation must be available upon request by MDHHS at any time and accompany other documentation required for the prior authorization request.
- H. Medical suppliers must maintain documentation of the following for 7 years:
1. Equipment use logs or other provider required documentation as stated in the MDHHS
  2. Purchased items, proof of purchase (eg, delivery slips, sales slips, vouchers)
  3. Rented items, set-up slips and pick-up slips with signature of member or legal representative, and maintenance records
  4. Items shipped directly to the member need the delivery date maintained in the records with the delivery slip. It is the provider's responsibility to replace a service for which the member states was not received without additional cost to MDHHS, HAP CareSource, or the member.
  5. Proof of education and instruction to the member and/or caregiver regarding the proper usage of equipment and/or supplies when applicable (eg, delivery slip signed by member).
- I. A CMN must contain **ALL** the following:
1. member's name and address
  2. member's date of birth
  3. member's ID number (if initiated by the provider) or social security number
  4. face-to-face provider's signature, date of signature, and telephone number
  5. the supplier's name and address
  6. the expected start date of the service
  7. a complete description of the item

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

8. the amount and expected length of time the safety bed will be needed
9. member's diagnosis
10. the medical necessity of the safety bed

#### E. Conditions of Coverage

NA

#### F. Related Policies/Rules

Medical Necessity Determinations

#### G. Review/Revision History

DATE		ACTION
Date Issued	09/13/2023	New policy. Approved at Committee.
Date Revised	11/06/2024	Annual review: documentation requirements added, references updated. Approved at Committee.
	10/08/2025	Annual review. Added documentation requirements, in-home assessment, and clarification of use. Updated references. Approved at Committee.
Date Effective	01/01/2026	
Date Archived		

#### H. References

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