MEDICAL POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Safety Beds-OH MCD-MM-1457	11/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are developed from a review of the available evidence-based, clinical information based on and supported by clinical guidelines from medical specialties, peer-reviewed medical and scientific studies, nationally recognized utilization and technology assessment guidelines, and other medical management industry standards to aid in determining the medical necessity of a service. Medically necessary services are defined in the plan-specific Evidence of Coverage, Member Handbooks, Provider Manuals, Medical Policy Statements, and/or other plan policies and procedures.

Medical Policy Statements do not guarantee an authorization or payment of services. Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Medical Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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A. Subject
Safety Beds

B. Background
Adequate sleep, including both quality of sleep and sufficient duration of sleep, is supported by appropriate timing, regularity of schedule, the absence of disturbances, and a conducive, safe environment. Due to medical and/or behavioral health diagnoses, (eg, epilepsy, intracranial injury, hydrocephalus, developmental disability, autism spectrum disorder) an individual may benefit from the use of a safety bed to promote safety during and upon waking from sleep.

A safety bed is an enclosed bed, typically fitted with a mesh canopy and zippered door access, padded walls, and/or a specially designed mattress. The use of enclosed safety beds increases patient safety by reducing falls and injuries and preventing the patient from wandering unattended. Ongoing individual evaluation and monitoring of the patient is necessary to ensure appropriate use of the bed, ongoing patient safety, and to confirm prescribing practices.

C. Definitions
- **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.
- **Hospital Bed** – A bed that can be adjusted to raise the head end, foot end, or middle, as required. The overall bed height is also adjustable.
- **Safety Bed** – A bed, typically enclosed, that prevents individuals from leaving the bed without assistance or supervision with the intention of preventing injuries, falls, and wandering; may be referenced as an enclosed bed.
- **Standard Bed** – A fixed height bed that is typically sold as furniture and consists of a frame, box spring, and mattress.

D. Policy
I. 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 if they were to exit a standard bed without supervision or assistance.
   B. Member is not able to safely remain in a standard bed for an expected duration of sleep without creating significant safety risks.
   C. Routine, periodic, and face-to-face (in-person) monitoring by a caregiver occurs while the member is in the safety bed.
   D. A clinical assessment has been conducted to ensure that less restrictive measures have been tried with ongoing use but found to be ineffective.
   E. The safety bed is to be used for nighttime sleep and shorter duration naps, and is not to be used as a restraint, for playtime, for discipline, or as part of a behavior modification program.
   F. Documentation submitted to CareSource must reflect that the member meets the above criteria and **ALL** of the following:

1. The prior treatment plan, including the use of bed alarms, door alarms, standard rail padding, bed rails, bed on the floor, and/or video/audio monitors; the 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.); and use of child protection devices (eg, locks outside of the reach of the child, alarms, gates, furniture anchors, etc.) all failed to meet the safety needs of the member.
2. The safety bed is for the benefit of the member and not provided for the ease or convenience of the caregiver, family member, or provider and would not take place of supervision.
3. The provider order for the safety bed includes:
   a. evidence of medical necessity for the safety bed
   b. plan for future transition of the member from the safety bed to a standard bed
4. The member-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 using the safety bed
      03. how the member's personal care needs will be met during safety bed use
      04. how medical conditions will be managed during safety bed use
      05. how safety concerns including the potential for entrapment, endangerment, or injury will be addressed
   b. Includes a mental health management plan with member-specific medical/clinical interventions that have been previously implemented to mitigate behaviors, improve quality of sleep, and provide a safe environment for sleeping
   c. Includes emergency preparedness plan to ensure the safety of the member in case of an emergency (eg, natural disaster) as the member would not be able to exit the safety bed without assistance
5. The invoice for the safety bed is retained and submitted along with the prior authorization and reimbursement requests.

G. The recommended safety bed is the lowest cost option to meet both the member's unique and individual clinical needs

II. CareSource considers technology addons and nontechnology accessories as non-medical in nature and therefore not medically necessary.

III. For members with specific medical needs, such as special positioning or IV poles, refer to Ohio Administrative Code 5160-10-18 for hospital beds, bed accessories, and pressure-reducing support surfaces.

E. Conditions of Coverage

NA

F. Related Policies/Rules
Medical Necessity Determinations

G. Review/Revision History

	DATE	ACTION
Date Issued	03/01/2023	New policy. Approved at Committee.
Date Revised	11/08/2023	Annual review. Coverage language refined. Approved at Committee.
	11/06/2024	Annual review: updated background and added documentation requirements. Approved at Committee.
	10/08/2025	Annual review. Added documentation requirements, clinical assessment, and clarification of use. Updated D.I. and references. Added D. II. Approved at Committee.
	07/15/2026	Annual review. Revised background, updated definitions, and modified policy language for clarity. Updated references.
Date Effective	11/01/2026	
Date Archived		

H. References

1. DMEPOS: hospital beds, bed accessories, and pressure-reducing support surfaces, OHIO ADMIN. CODE 5160-10-18 (2024).
2. *Medicaid Evidence-Based Decisions Project: Medicaid Coverage of Enclosed Beds. Center for Evidence-based Policy;* 2024. Accessed June 3, 2026.
3. Paruthi S, Brooks LJ, D'Ambrosio C, et al. Recommended amount of sleep for pediatric populations: a consensus statement of the American Academy of Sleep Medicine. *J Clin Sleep Med*. 2016;2(6):785-786. doi:10.5664/jcsm.5866
4. Services and Supplies Never Covered, OHIO ADMIN. CODE 4123-6-07 (2021).

ODM approved 08/18/2026