Memorandum

To: Medicaid providers

From: Emma Sandoe, Medicaid Director

Date: Nov. 1, 2024

Subject: Oregon Health Authority (OHA) policy regarding safety beds (enclosed beds)

As the state Medicaid authority, OHA has reviewed and come to the following policy decision on the issue of safety beds and whether they will be paid for by the Oregon Health Plan.

To comply with EPSDT requirements, prior authorizations for enclosed beds must be reviewed on a case-by-case basis and must be contingent on the evidence that **less restrictive interventions failed to address safety risks** of the patients. Oregon Department of Human Services (ODHS) does not approve the enclosed beds and **will not approve or provide** any services related to safety beds under its K Plan and waiver authorities due to their restrictive nature.

There are several safety bed manufacturers registered by the Food and Drug Administration (FDA) and a variety of beds that are marketed by them. The safety beds are listed as class I and class II devices which are exempt from premarket notification 510(k) requirements, which means that 510(k) is not required to provide assurance of safety and effectiveness for these devices. The safety beds are used for patients in acute care, long-term care, or home care settings. The FDA Hospital Bed Safety Workgroup recommends that home caregivers must be provided with education and training about the bed.

The Centers for Medicare & Medicaid Services requires training for use of these beds in Home and Community-Based Services settings. Medicaid does not cover the cost for training and certification for caregivers.

Criteria for prior authorization request:

OHA will only approve beds that have been FDA-approved for the appropriate setting.

A prior authorization must be required to ensure appropriate provision, prevent misuse of restraints and with the documentation that less costly alternatives and less restrictive measures have been tried and have not been successful. Medical necessity documentation should clearly demonstrate that the enclosed bed will be used to mitigate or treat episodes of acute instances when restraint is necessary for the safety of the individual. The enclosed beds should not be used for longer than needed, including an initial assessment of the situation, a follow-up visit to assess the home condition, and reassessments within a year to evaluate if the reason for the need of a safety bed is still present.

I. **Specialized training:** The home caregivers must be trained to provide care to the member using the enclosed bed, but Medicaid will not cover the training cost. Links for Provider Training for Community-Based Care Providers by ODHS and some approved restraint and seclusion training programs.

II. **Monitoring plan:** A written monitoring plan is required and must be approved by the ordering and treating practitioners addressing i) time duration of use, ii) specified time intervals the member will be monitored, iii) how all of the member's personal care needs be met, iv) caregivers providing care to the member and an explanation of how v) any medical conditions will be managed while the member is in the enclosed bed, and vi) safety concerns of potential entrapment and endangerment in case of emergency.

III. **Mental health management plan:** Adequate mental health treatment for the members with complex care needs is essential. This includes members with mental health conditions resulting in challenging and behaviors amplified by intellectual/developmental disabilities and/or neurodevelopmental disorders.

IV. **Medical necessity:** Documentations of medical necessity to prove that the restraint is required. There must also be a documented plan for transitioning away from the safety bed.

During follow-up visits, if it is found that the member was not monitored and assisted according to the monitoring plan, we may refer to Child Protective Services.