OASIS · AT A GLANCE

Community Living Supports: how to request more hours

The hours you get are driven by the words in your documentation, not by how tired you sound on the phone. Here is how to word a request so it reads like a level-of-care case instead of a complaint.

BY JIM PALASTY · 11 MIN READ · THE SENTENCE THAT CHANGES THE ANSWER

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WAYS TO WORD A REQUEST

One gets filed and forgotten. The other reads like a level-of-care case an assessor has to answer directly.

How it works

THREE STEPS

STEP 1

You ask informally

A phone call, a general description of exhaustion. It reads as a preference, not a documented need.

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STEP 2

It gets filed as a wish list item

Without specific functional or safety language, most requests default to "noted for next review."

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STEP 3

You reframe it around documented risk

Specific functional deficits and safety risks, written down, move differently through the system.

Bad wording vs. better wording

"He needs more help."	"He requires physical assistance for 3 of 5 daily meal-prep steps and has burned himself twice unsupervised."
"We're exhausted."	"Overnight supervision is currently unfunded and has produced two documented elopement attempts since March."
"She's regressing."	"She has lost 2 of 4 previously independent hygiene steps in the last 60 days, per the attached log."
"We need respite."	"Current authorized respite covers 0 of the 20 weekly hours our documented caregiver strain assessment recommends."

THE REWRITE THAT DOUBLED HER HOURS

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Nadia had asked for more CLS hours twice, verbally, and been told to wait for the annual review both times. Before her third request, she wrote one sentence naming exactly which daily living steps her son could not complete without hands-on assistance, and attached his most recent functional assessment. The same case manager approved an increase within three weeks.

NOTHING ABOUT HER SON HAD CHANGED BETWEEN THE SECOND ASK AND THE THIRD. THE WORDING HAD.

What matters, at a glance

MICHIGAN SPECIFIC

Functional assessments

The specific skills your family member can and cannot do independently drive hour authorizations more than any narrative description.

Safety risk language

Naming a specific, documented safety risk moves a request differently than describing general caregiver fatigue.

The request that gets denied by habit

"We need more hours because we're exhausted" describes your reality accurately and still gets filed as a wish, not a need.

The request that gets read as a case

"He requires hand-over-hand assistance for meal prep and cannot be left unsupervised near the stove" names a specific, assessable need.

Frame it against the standard

Tie your request to the same level of care language your plan is already measured against.

Attach the documentation

A functional assessment, an incident log, or a provider's note attached to your written request carries real weight.

BRING THESE · CHECK AS YOU GO

- [ ] A specific, named functional deficit
- [ ] A recent functional or behavioral assessment
- [ ] A dated follow-up plan if there's no response
- [ ] Documented safety risk or incident history
- [ ] A written request using level-of-care language

YOUR MOVE

When you're ready to request more CLS hours, here is how to frame it

1. Identify the specific functional deficit involved.
2. Document any related safety risk explicitly.
3. Rewrite the request using level-of-care language.
4. Attach a functional assessment or incident log.
5. Submit the request in writing, not just verbally.
6. Follow up in writing if you don't hear back in two weeks.

The need was real either way you phrased it. Only one phrasing gets read as evidence.

RESOURCES NAMED IN THIS POST

lifecoursetools.com · https://www.lifecoursetools.com/

cmham.org · https://cmham.org

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