



MEMO

Department of **DISABILITY & AGING**

To: 1915(c) Waiver Providers and Independent Support Coordinators

From: Dr. Bruce Davis, Deputy Commissioner of Clinical Services, Dr. Lindsey Brady, Director of Therapeutic Services, and Jordan Allen, Deputy Commissioner of Program Operations

Date: May 30, 2025

Subject: Memo 2025-6, Sleep Data Guidance

Sleep Data Guidance

This memo is intended to clarify requirements for the collection of sleep data. In October of 2024, DDA released a memo giving [Human Rights Guidance](#), which clarified that bed checks are not required in the 1915c waivers. It was further clarified that bed checks are considered a rights violation and require a human rights review unless they are performed to carry out physician-ordered treatments. The guidance was released to protect the rights of the people we support.

As a result, the Department needs to adjust the requirement for the submission of 90 days of sleep data with plans requesting a Level of Need (LON) that requires awake, overnight staff. Moving forward sleep data will no longer be required. Instead, we would expect to see justification in the PCSP or supporting documentation that would necessitate overnight awake staff. Supporting documentation can include daily notes, the LON request form, caregiver support form, etc., or anything else demonstrating an ongoing need that the person requires help during the overnight hours. Below are some examples of what we are looking for when we say a person needs awake staff:

- Support needed with using the restroom overnight
- Mobility issues/fall risk
- Brief changes
- Repositioning
- Support needed for use of overnight medical equipment (i.e. CPAP, BIPAP)
- History of elopement
- Other behavioral concerns

Please note that Plans Review may request additional information. For example, if a request is submitted for a LON increase, Plans Review may request information about what additional assistance is needed during the overnight hours. If the COS determines that information needs to be submitted in the form of sleep data, the recommendation is that HRC approval would need to be obtained OR the emergency use of rights restriction process detailed in the [Human Rights Review Policy](#) is used.

Other recommendations:

Less invasive methods of support, including Enabling Technology solutions, are now widely used throughout HCBS service systems. These technologies are paid for through the Waiver budget and are immediately available to all approved 1915(c) participants. These solutions can be used to identify falls, detect irregular sleep activity, and provide immediate and on-demand emergency response as needed. This approach to services both assures the person's needs are met but also respects a right to



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independence. Please reach out to the DDA Enabling Technology program by emailing DDA.Enabling.Technology@tn.gov for guidance and recommendations on these technology solutions.

Feel free to contact Kimberly.J.Black@tn.gov or Lindsey.Brady@tn.gov.

Sleep Data FAQs

1. What is sleep data? What is a bed check?

Sleep data is the documentation of how a person sleeps. Historically, this data has been utilized to justify overnight awake staff. This data can include when the person goes to sleep, how long they sleep, what position they sleep in, any activities they engage in overnight instead of sleeping, any assistance staff provided overnight, and when they wake up.

Bed Checks are routine safety checks performed by staff to ensure the individual is in bed, safe, and free from immediate harm or distress. These are typically done at 15-, 30-, or 60-minute intervals, the focus is on presence and safety, not sleep quality.

2. Why is collecting sleep data or completing a bed check a restriction?

While not specifically listed in the Provider Manual, sleep data has been utilized to justify the provision of overnight awake staff. Typically, 90 days of sleep data assisted in justifying this service. Many agencies collect sleep data by observing the person while they are sleeping in their bed so they can document how the person is sleeping. Bed Checks have been implemented to ensure a person's safety overnight by observing the person in their room at various intervals. The people we support have a right to privacy within their bedroom. Bed checks or collecting sleep data without the person's consent is a violation of their rights to privacy. As overnight hours in their room can be the only privacy many people we support receive, the protection of this privacy is very important.

3. Are there other methods for collecting sleep data that are not considered restrictions?

Yes, there are several smart technology devices such as health trackers, smart watches, sleep mats, sensor technology, etc. that can be used to collect sleep data. There is also a smart sleep tracking mat that can interface with the Therap Connect platform to streamline the sleep data collection. The Enabling Technology department is available to discuss and answer any questions about these smart technology options and can be contacted by sending an email to DDA.Enabling.Technology@tn.gov.

4. Is there a process to follow if we still want/need to collect sleep data or complete bed checks?

Yes, if a person still needs sleep data or bed checks, the circle of support should follow the human rights review process outlined in Human Rights Policy 80.6.1.



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5. **Is there a process for beginning to collect sleep data or conducting bed checks prior to completing the full human rights review process? Examples include behavioral concerns, safety concerns, health concerns.**

Yes, if a person needs sleep data collected or bed checks completed starting immediately, a member of the circle of support can begin implementing the emergency rights review process outlined in Human Rights Policy 80.6.1.