# MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES[1]

**All providers must be: at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and to report on activities performed; and in good standing with the law (i.e., not a fugitive from justice, a convicted felon who is either under jurisdiction or whose felony relates to the kind of duty to be performed, or an illegal alien). Licensed professionals must act within the scope of practice defined by their licenses. "Supervision" is defined by the Occupational Regulations Section of the Michigan Public Health Code at MCL§333.16109 and, as appropriate, in the administrative rules that govern licensed, certified and registered professionals.**

**The following describes qualifications required in addition to the above for the identified staff.**

**Aide -** Individual is able to perform basic first aid procedures and is trained in the beneficiary's plan of service, as applicable. Aides serving children on the Children's Waiver and the Waiver for Children with Serious Emotional Disturbance (SEDW) must also be trained in recipient rights and emergency procedures. Additionally, aides serving children on the Children's Waiver must be employees of the CMHSP or its contract agency, or be an employee of the parent who is paid through the Choice Voucher arrangement. For BHT/ABA services Behavior Technicians must also complete training in the curriculum outline in the Registered Behavior Technician (RBT) task list, but are not required to register with the BACB upon completion in order to furnish services.

**Child Mental Health Professional (CMHP) -** Individual with specialized training[3] and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, or registered nurse; **or** an individual with at least a bachelor's degree in a mental health-related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; **or** an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or BCaBA or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

**Mental Health Professional [Mental Health Code, Section 330.1100b(15)]** - An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following: a physician, psychologist, registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172 of the public health code (1978 PA 368, MCL 333.17201 to 333.17242), licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code (1978 PA 368, MCL 333.18501 to 333.18518), licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code (1978 PA 368, MCL 333.18101 to 333.18177), or a marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code (1978 PA 368, MCL 333.16901 to 333.16915). **NOTE:** The approved licensures for disciplines identified as a Mental Health Professional include the full, limited and temporary limited categories.

**Parent Support Partner –** Individual who:

- has lived experience as a parent/caregiver of a child with Serious Emotional Disturbance and Intellectual/Developmental Disability, and
- is employed by the PIHP/CMHSP or its contract providers, **and**
- is trained in the Michigan Department of Health and Human Services approved curriculum and ongoing training model.

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[2] Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

[3] Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

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**Peer Support Specialist -** Individual in a journey of recovery who has a serious mental illness who is now receiving or has received services from the public mental health system. [This is a requirement for any Peer Support Specialist certified after July 1, 2011.] Because of their life experience, they provide expertise that professional disciplines cannot replicate. Individuals employed as Peer Support Specialists serving beneficiaries with mental illness must meet MDHHS specialized training and certification requirements. Peer Support Specialists who assist in the provision of a covered service must be trained and supervised by the qualified provider of that service. Peer Support Specialists who provide covered services without supervision must meet the specific provider qualifications.

**Youth Peer Support Specialist –** Individual who:

- is a young adult, ages 18 through age 26, with lived experience who received mental health services as a youth, **and**
- is willing and able to self- identify as a person who has or is receiving behavioral health services and is prepared to use that experience in helping others, **and**
- has experience receiving services as a youth in complex, child serving systems preferred (behavioral health, child welfare, juvenile justice, special education, etc.), **and**
- is employed by PIHP/CMHSP or its contract providers, **and**
- is trained in the Michigan Department of Health and Human Services approved curriculum and ongoing training model

**Psychologist -** References to "psychologist" in this chart and in the Medicaid Provider Manual mean a psychologist who is fully-licensed, limited-licensed or temporary limited-licensed by the State of Michigan.

**Qualified Behavioral Health Professional (QBHP) –**

QBHP must meet one of the following state requirements:

- Must be a physician or licensed practitioner with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD.

OR

- Hold a minimum of a master's degree in a mental health-related field or a BACB approved degree category from an accredited institution who is trained and has one year of experience in the examination, evaluation, and treatment of children with ASD. Must be BCBA certified by 9/30/2020. Works within their scope of practice and have extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having taken documented course work at the graduate level at an accredited university in at least three of the six following areas:

  1. Ethical considerations.
  2. Definitions & characteristics and principles, processes & concepts of behavior.
  3. Behavioral assessment and selecting interventions outcomes and strategies.
  4. Experimental evaluation of interventions.
  5. Measurement of behavior and developing and interpreting behavioral data.
  6. Behavioral change procedures and systems supports.

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[3] Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

# MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES[1]

**Qualified Intellectual Disability Professional (QIDP) -** Individual with specialized training[2] or one year experience in treating or working with a person who has intellectual disability; **and** is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, registered nurse, registered dietician, therapeutic recreation specialist, or a licensed or limited-licensed professional counselor.

An individual with a bachelor's degree in a human services field who was hired prior to January 1, 2008 and performed in the role of a QIDP prior to January 1, 2008 would also qualify. **NOTE:** If an individual was hired and performed the role of a QIDP prior to January 1, 2008 and later transfers to a new agency, his/her QIDP status will be grandfathered in to the new agency.

**Qualified Mental Health Professional (QMHP) -** Individual with specialized training[3] or one year experience in treating or working with a person who has mental illness; **and** is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, registered nurse, therapeutic recreation specialist, licensed or limited-licensed professional counselor, licensed or limited licensed marriage and family therapist, or a licensed physician's assistant.

An individual with a bachelor's degree in a human services field who was hired prior to January 1, 2008 and performed in the role of a QMHP prior to January 1, 2008 would also qualify. **NOTE:** If an individual was hired and performed the role of a QMHP prior to January 1, 2008 and later transfers to a new agency, his/her QMHP status will be grandfathered in to the new agency.

**Social Worker -** Individual who possesses Michigan full or limited licensure as a master's social worker or a bachelor's social worker. Social workers with limited licenses must be supervised by a fully-licensed master's social worker.

**Student Intern** - Individual who:

- is a student in one of the following health profession training programs: counseling; marriage and family therapy; psychology; or social work which has been approved by the appropriate board, **and**
- is performing the duties assigned in the course of training, **and**
- is appropriately supervised according to the standards set by the appropriate board and the training program.

Social work student interns must be pursuing a master's degree in social work and be supervised by a Licensed Master's Social Worker in a manner that meets the requirements of a Council on Social Work Education (CSWE) accredited education program curriculum that prepares an individual for licensure.

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[3] Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES[1]

**Substance Abuse Treatment Practitioner (SATP) -** An individual who has a registered MCBAP certification development plan (Development Plan – Counselor [DP-C] – approved development plan in place), is timely in its implementation, and is supervised by a Certified Clinical Supervisor – Michigan (CCS-M) or Certified Clinical Supervisor – IC & RC (CCS); or who has a registered development plan to obtain the supervisory credential (Development Plan – Supervisor [DP-S] - approved development plan in place) while completing the requirements of the plan.

**Substance Abuse Treatment Specialist (SATS) -**

(1) An individual who has licensure in one of the following areas AND is working within their licensure-specified scope of practice:

Physician (MD/DO), Licensed Physician's Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), Licensed Psychologist (LP), Limited-Licensed Psychologist (LLP), Temporary Limited-Licensed Psychologist (TLLP), Licensed Professional Counselor (LPC), Limited-Licensed Professional Counselor (LLPC), Licensed Marriage and Family Therapist (LMFT), Limited-Licensed Marriage and Family Therapist (LLMFT), Licensed Master's Social Worker (LMSW), Limited-Licensed Master's Social Worker (LLMSW), Licensed Bachelor's Social Worker (LBSW), Limited-Licensed Bachelor's Social Worker (LLBSW) **AND** they have a registered development plan leading to certification and are timely in its implementation **OR** are functioning under a time-limited exception plan approved by the regional PIHP.

**OR**

(2) An individual who has one of the following Michigan Certification Board of Addiction Professionals (MCBAP) or International Certification & Reciprocity Consortium (IC & RC) credentials:

Certified Alcohol and Drug Counselor - Michigan (CADC-M), Certified Alcohol and Drug Counselor (CADC), Certified Advanced Alcohol and Drug Counselor (CAADC), Certified Criminal Justice Professional - IC&RC - Reciprocal (CCJP-R), Certified Co-Occurring Disorders Professional – IC&RC (CCDP) – Bachelor's level only, Certified Co-Occurring Disorders Professional Diplomat – IC&RC (CCDP-D) – Master's level only

**OR**

(3) An individual who has one of the following approved alternative certifications:

- For medical doctors: American Society of Addiction Medicine (ASAM)
- For psychologists: American Psychological Association (APA) specialty in addiction
- For counselors/therapists: Certification through the Upper Midwest Indian Council on Addiction Disorders (UMICAD)
- For Licensed Professional Counselors: National Certified Counselor (NCC) with concurrent Master Addictions Counselor (MAC) certification

A physician (MD/DO), physician assistant, nurse practitioner, registered nurse or licensed practical nurse who provides substance use disorder treatment services within their scope of practice is considered to be specifically-focused treatment staff and is not required to obtain MCBAP credentials. If one of these professionals provides substance use disorder treatment services outside their scope of practice, the appropriate MCBAP/IC & RC credential applies.

A SATS must be supervised by an individual who is a certified clinical supervisor (a CCS-M or CCS-R) or who has a registered development plan (Development Plan – Supervisor [DP-S]) to obtain the supervisory credential when providing substance abuse treatment services.

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[3] Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES[1]

| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| **Behavioral Health Applied Behavior Analysis (ABA)** | H2019, S5108 | H2019: Therapeutic behavioral services direct care | State Plan<br>EPSDT | H2019-U5 (BHT/ABA):<br>• Behavior Technician must work under the observation and direction of a BCBA, BCaBA, LP, LLP, or QBHP overseeing the ABA plan and must receive one hour of supervision for every 10 hours of direct treatment. |
| | | S5108: Home care training to home care client (observation and direction of behavior technician) | | S5108-U5 (BHT/ABA): BCBA or BCaBA or QBHP or other appropriately qualified psychologist (LP, LLP) providing observation and direction to Behavior Techncian1 hour for every 10 hours of direct treatment that is provided by the Behavior Technician. |
| **Assertive Community Treatment (ACT)** | H0039 | ACT | State Plan | Minimum staffing: Physician (MD or DO) to provide psychiatric coverage, registered nurse who provides direct services within scope of practice, team leader who is a Mental Health Professional with a minimum of a master's degree and appropriate certification/licensure to provide clinical supervision, and other QMHPs. Up to one full-time equivalent (FTE) certified Peer Support Specialist may be substituted for one FTE QMHP. One nurse cannot serve as both the team leader and the nurse on the team.<br>All team staff have a basic knowledge of ACT programs and principles acquired through MDHHS-approved ACT-specific training. |

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[3] Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES[1]

| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| **Assessments**<br>• **Health**<br>• **Psychiatric evaluation**<br>• **Psychological testing**<br>• **Other assessments, tests** | T1001, 97802, 97803 | Nursing or nutrition assessments (refer to code descriptions) | State Plan | Registered nurse, licensed physician's assistant, nurse practitioner, licensed dietician or licensed nutritionist (operating within scope of practice) |
| | 90791, 90792, 90833, 90836, 90838, 90785, 99201-99215, 99304-99310 99324-99328, 99334-99337, 99341-99350 | Psychiatric evaluation<br>90791: Psychiatric diagnostic evaluation<br>90792: Psychiatric diagnostic evaluation with medical services<br>90833, 90836, 90838: Psychotherapy with evaluation and management<br>90785: Add-on code for interactive complexity<br>99201-99215, 99304-99310, 99324-99328, 99334-99337, and 99341-99350: Evaluation and management | State Plan<br>(BHT/ABA where U5 is used) | 90791: Psychiatrist or psychiatric mental health nurse practitioner<br>90792, 90833, 90836, 90838, and 90785: Psychiatrist<br>99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337, and 99341-99350: Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician<br>99211: Physician (MD or DO), licensed physician's assistant, nurse practitioner, registered nurse, or a licensed practical nurse assisting a physician |
| | 99241-99255 | Physician consultations (inpatient settings) | State Plan | MD/DO |
| | 96101, 96102, 96103, 96116, 96118, 96119, 96120 | Psychological testing | State Plan<br>(BHT/ABA where U5 is used) | 96102, 96103, 96119 and 96120: Mental Health Professional **or** licensed bachelor's social worker or limited-licensed bachelor's or master's social worker acting within their scope of practice under the supervision of a Mental Health Professional who is a fully licensed master's social worker.<br>96101, 96116 and 96118: Psychologist |

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| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| | 90887, 96105, 96110, 96111, 96127 | Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc.) | State Plan | Mental Health Professional **or** licensed bachelor's social worker or limited-licensed bachelor's or master's social worker acting within their scope of practice under the supervision of a Mental Health Professional who is a fully licensed master's social worker.<br>Assessments of children with SED are done by a CMHP. Assessments of children ages 7-17 with SED must be provided by a CMHP trained in CAFAS. Assessments of children ages 4-6 with SED must be provided by a CMHP trained in PECFAS. Assessments of children with DD are done by a QIDP. |
| | H0002, H0031, T1023 | H0002: Brief screening to non-inpatient mental health programs<br>T1023: Pre-screening for inpatient program | State Plan | H0002 and T1023: Mental Health Professional **or** licensed bachelor's social worker or limited-licensed bachelor's or master's social worker under the supervision of a fully licensed master's social worker; unit supervised by registered professional nurse or other Mental Health Professional possessing at least a master's degree. |

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| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| | | H0031: Assessment by non-physician | State Plan<br><br>(BHT/ABA where U5 is used) | H0031: Mental Health Professional, QMHP, or QIDP if within their licensure scope of practice<br><br>Use H0031-U5 (BHT/ABA) for reporting eligibility assessments related to BHT/ABA services or the re-evaluation of eligibility assessments related to BHT/ABA services.<br><br>• Qualified Licensed Practitioner.<br><br>Use H0031-U5 (BHT/ABA) for Behavioral Assessments. Examples include ABLLS-R, VB-MAPP,FBA, and AFLS:<br><br>• Board Certified Behavior Analyst (BCBA)<br>• Board Certified Assistant Behavior Analyst (BCaBA)<br>• Psychologist who is BCBA certified by 9/30/2020<br>• QBHP<br><br>Use H0031 without a modifier for BCBA or BCaBA completing Functional Behavioral Assessments for consumers eligible for Specialty Mental Health Benefit that are not covered under BHT/ABA services. |
| | | | | H0031/HW: for reporting SIS assessments face-to-face with consumer. Qualifications for SIS interviewers:<br><br>• Bachelor's degree in Human Services or four years of equivalent work experience in a related field<br>• At least one year experience with individuals who have a developmental or intellectual disability |

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|---|---|---|---|---|
| | | | | • Persons with AAIDD-recognized training and ongoing Quality Assurance which includes:<br>➢ participation in a minimum of one Periodic Drift Review per year (recommend quarterly) conducted by an AAIDD-recognized SIS@ Trainer<br>➢ maintain annual Interviewer Reliability Qualification Review (IRQR) status at "Qualified" as determined by an AAIDD-recognized SIS@ Trainer<br>➢ attend quarterly Michigan SIS@ Assessor conference calls<br>➢ attend annual Michigan SIS@ Assessor Continuing Education |
| **Behavior Treatment Plan Review** | H2000 | Comprehensive multidisciplinary evaluation | State Plan | Minimum staffing: Three individuals that include psychologist and physician or psychiatrist. In order to report, at least two of the three must be present. Use TS modifier when a committee member or their designee monitors the activities of the behavior treatment plan. |
| **Clubhouse Psychosocial Rehabilitation Programs** | H2030 | Mental Health Clubhouse Services | State Plan | One full-time on-site clubhouse manager who has a minimum of a bachelor's degree in a human services field and two years' experience with adults with serious mental illness, or a master's degree in a human services field with one year's experience with adults with serious mental illness and has appropriate licensure. |

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| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| **Community Living Supports** | H0043, H2015, H2016, T2036, T2037 | H0043: Community Living Supports provided in unlicensed independent living setting or own home<br>H2015: Comprehensive Community Support Services<br>H2016: Comprehensive Community Support Services in specialized residential settings only<br>T2036: Therapeutic camping overnight<br>T2037: Therapeutic camping day | Habilitation Supports Waiver & Additional "b3" Services<br>Children's Waiver<br>Waiver for Children with Serious Emotional Disturbance (SEDW)<br>EPSDT for individuals under 21 | H0043, H2015, H2016, T2036 & T2037: Aide<br>H2015: Children's Waiver or SEDW aide supervised by the professional disciplines responsible for the individual plan of service (IPOS). |
| **Community Transition (Waiver for Children with SED only)** | T2038 | Community Transition, waiver, per service | Waiver for Children with Serious Emotional Disturbance (SEDW) | Licensed builder or utility company; requirements specified in the IPOS. |
| **Crisis Intervention** | H2011, 90839, 90840 | H2011: Crisis Intervention Service<br>90839: Psychotherapy for crisis; first 60 minutes<br>90840: Psychotherapy for crisis; each additional 30 minutes | State Plan | H2011, 90839 & 90840: Mental Health Professional **or** limited-licensed master's social worker, licensed bachelor's social worker, or limited-licensed bachelor's social worker acting within their scope of practice and supervised by a Mental Health Professional who is a licensed master's social worker. |
| **Intensive Crisis Stabilization** | S9484 | Intensive crisis intervention mental health services, per hour. Use for the MDHHS-approved program only. | State Plan | Team of a physician, psychologist, licensed master's social worker, or a licensed or limited-licensed professional counselor and paraprofessional under the supervision of a psychiatrist. |

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| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| **Crisis Residential Services** | H0018 | Behavioral health; short-term residential | State Plan | Clinical supervision, psychiatric evaluation and assessment by psychiatrist. On-site medication reviews by physician, licensed physician's assistant or nurse practitioner under the clinical supervision of the psychiatrist. The program must also be under the immediate direction of a full-time Mental Health Professional who is on-site 8-hours-a-day, M-F, with on-call responsibility for after-hours. The Mental Health Professional must possess at least a master's degree in a human services field with one year of experience providing services to beneficiaries with serious mental illness, or a bachelor's degree in a human services field with at least two years' experience providing services to beneficiaries with serious mental illness.<br>Treatment, other than mental health therapy, may be done by non-degreed staff. |
| **Enhanced Medical Equipment and Supplies / Assistive Technology (also Specialized Medical Equipment and Supplies for Children's Waiver)** | E1399, S5199, T2028, T2029, T2039 | Enhanced medical equipment and supplies that are not available under regular Medicaid coverage or through other insurances. | Habilitation Supports Waiver & Additional "b3" Services | Physician's prescription. Not a staff service. |
| **Enhanced Pharmacy** | T1999 | Physician-ordered, nonprescription "medicine chest" items as specified in the beneficiary's support plan. | Habilitation Supports Waiver & Additional "b3" Services | Physician's prescription. Not a staff service. |
| **Environmental Modifications/Accessibility Adaptation** | S5165 | Home modification, per service | Habilitation Supports Waiver & Additional "b3" Services<br>Children's Waiver | Physician's prescription. Licensed builder, contractor<br>Children's Waiver: Assessment by an occupational therapist |

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| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| **Family Training** | S5111 | Home care training | Habilitation Supports Waiver & Additional "b3" Services<br>Children's Waiver<br>Waiver for Children with Serious Emotional Disturbance (SEDW)<br>EPSDT for individuals under 21<br>BHT/ABA where U5 is used. | Training must be provided by a professional within the scope of their practice.<br>Children's Waiver: Family training must be done by a psychologist, licensed master's social worker or a QIDP.<br>SEDW: Family training must be done by a psychologist or licensed master's social worker or a QMHP.<br>Peer training must be provided by a trained peer.<br>Parent Support Partner – Individual who:<br>• has lived experience as a parent/caregiver of a child with Serious Emotional Disturbance and Intellectual/Developmental Disability, **and**<br>• is employed by the PIHP/CMHSP or its contract providers, **and**<br>• is trained in the Michigan Department of Health and Human Services approved curriculum and ongoing training model.<br>Parent-to-Parent and Resource Parent training must be provided by a trained parent using the MDHHS-endorsed curriculum.<br>Other kinds of non-clinical supports may be provided by an aide.<br>For BHT/ABA services:<br>• Board Certified Behavior Analyst (BCBA)<br>• Board Certified Assistant Behavior Analyst (BCaBA)<br>• Psychologist certified as a BCBA by 9/30/20.<br>• QBHP |

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## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES[1]

| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| | G0177 | Family Psycho-education: family educational groups | Additional "b3" Services | Mental Health Professional **or** Qualified Mental Health Professional trained in the Michigan Family Psychoeducation curriculum and supervised by a Mental Health Professional. |
| | S5110 | Family Psycho-education: skills workshop | Additional "b3" Services | Mental Health Professional **or** Qualified Mental Health Professional trained in the Michigan Family Psychoeducation curriculum and supervised by a Mental Health Professional. |
| | T1015 | Family Psycho-education: joining | Additional "b3" Services | Mental Health Professional **or** Qualified Mental Health Professional trained in the Michigan Family Psychoeducation curriculum and supervised by a Mental Health Professional. |
| **Fiscal Intermediary Services** | T2025 | Waiver service NOS. Use for services performed by a fiscal intermediary. | Additional "b3" Services | Entity with demonstrated competence in managing budgets and performing other functions and responsibilities of a fiscal intermediary. Entity may not be the provider of other covered services for the individual for whom it is providing fiscal intermediary services. |
| **Foster Care, Therapeutic (SEDW Only)** | S5140<br>S5145 | S5140: Foster Care, Therapeutic, per diem, age 11 and older<br>S5145: Foster Care, Therapeutic, per diem, age 0-10 | Waiver for Children with Serious Emotional Disturbance (SEDW) | Foster care licensure, MDHHS-certified, specialized training, trained in the child's IPOS. |
| **Goods and Services** | T5999 | Waiver service not otherwise specified | Habilitation Supports Waiver | Not a staff service. |

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## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES[1]

| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| **Health Services** | 97802, 97803, 97804, H0034, S9445, S9446, S9470, T1002 | 97802 - 97804: medical nutrition therapy<br>H0034: Medication training and support<br>S9445: Pt education NOC non-physician indiv<br>S9446: Pt education NOC non-physician group, per session<br>S9470: Nutritional counseling dietician visit<br>T1002: RN services | State Plan | Registered nurse, nurse practitioner, registered dietician, or licensed physician's assistant according to their scope of practice. |
| **Home Based Services** | H0036 | Community psychiatric supportive treatment<br>H0036/ST: Trauma-Focused Cognitive Behavioral Therapy (TFCBT) | State Plan | Home-based services worker: CMHP*<br>Home-based services assistant: Aide<br>Supervisor: master's prepared CMHP with three years' professional experience.<br>TFCBT: Master's level home-based clinician, certified by MDHHS to provide this service<br>For children ages 7-17 with SED: must be trained in CAFAS. Services rendered to children ages 4-6 with SED must be provided by a CMHP trained in PECFAS.<br>For infants and toddlers (0-3 years): CMHP + specific training. Effective 10/01/09, training requirement must minimally have Endorsement Level 2 by the Michigan Association of Infant Mental Health, Level 3 preferred.<br>For DD: CMHP* + must meet QIDP qualifications<br>*Unless providing mental health therapy which requires these qualifications: physician, psychologist, licensed master's social worker (or a limited-licensed master's social worker supervised by a licensed master's social worker), or a licensed or limited-licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families. |

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## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES[1]

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|---|---|---|---|---|
| | H2033 | Multi-systemic therapy (MST) in home-based program | State Plan | Master's level clinician who is a CMHP, certified by MST Services |
| **Home Care Training, Non-Family (Children's Waiver Only)** | S5116 | Home Care Training, non-family, per session | Children's Waiver | Psychologist, licensed master's social worker, or a QIDP |
| **Housing Assistance** | T2038 | Community transition, waiver, per service | Additional "b3" Services | Not a staff service. |
| **Medication Administration** | 96372, 99506 | Report procedure code only when provided as a separate service. | State Plan | Physician, licensed physician's assistant, nurse practitioner, registered nurse, or a licensed practical nurse assisting a physician |
| **Medication Review** | 99201-99215<br>99324-99328<br>99304-99310<br>99334-99337<br>99341-99350 | 99201-99215: Psychiatric evaluation and medication management<br>EPS tardive dyskinesia testing is included in medication review services<br>99304-99310: Nursing facility services evaluation and management<br>99324-99328 and 99334-99337: Domiciliary care, rest home, assisted living visits.<br>99341-99350: Home visits | State Plan | 99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337, and 99341-99350: Physician (MD or DO), licensed physician's assistant or nurse practitioner under their scope of practice and under the supervision and delegation of a physician.<br>99211: Physician (MD or DO), licensed physician's assistant, nurse practitioner, registered nurse, or a licensed practical nurse assisting a physician<br>**Note**: Only an MD or DO, or a licensed physician's assistant or nurse practitioner under the supervision of a physician (MCL 333.17076(3)), may prescribe medications. |
| | H2010 | Comprehensive Medication Services<br>Use only with Evidence-Based Practice – Medication Algorithm | State Plan | Physician (MD or DO), licensed physician's assistant, nurse practitioner or registered pharmacist within their scope of practice. |

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## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES[1]

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|---|---|---|---|---|
| **Nursing Facility Mental Health Monitoring** | T1017/SE | Targeted case management | State Plan | Mental Health Professional **or** licensed bachelor's social worker (or limited-licensed bachelor's or master's social worker under the supervision of a fully licensed master's social worker) supervised by a Mental Health Professional **or** a QIDP or a QMHP.<br>A CMHP is required when delivering services to a child with SED.<br>A QIDP is required when delivering services to a child with DD. |
| **Occupational Therapy** | 97003, 97004 | OT evaluation/re-evaluation | State Plan | Physician or physician assistant or nurse practitioner prescription.<br>Services provided by an occupational therapist currently licensed by the State of Michigan. |
| | 97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97762, S8990 | OT individual | State Plan | Physician or physician assistant or nurse practitioner prescription.<br>Services provided by an occupational therapist currently licensed by the State of Michigan **or** an occupational therapy assistant supervised by a licensed occupational therapist. |
| | 97150 | OT group | State Plan | Physician or physician assistant or nurse practitioner prescription.<br>Services provided by an occupational therapist currently licensed by the State of Michigan **or** an occupational therapy assistant supervised by a licensed occupational therapist. |
| **Out-of-Home Non-Vocational Habilitation** | H2014 | Skills training and development | Habilitation Supports Waiver | Aide |

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| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| **Out-of-Home Prevocational Service** | T2015 | Habilitation, prevocational | Habilitation Supports Waiver | Aide |
| **Peer-Directed and -Operated Support Services** | H0023, H0038, H0046 | H0023: Drop-in center<br>H0038: Peer specialist services<br>H0038/HF: Substance Use Disorder Recovery Coach – see "Substance Abuse: Outpatient Care"<br>H0038/TJ: Youth Peer Support Specialist<br>H0046: Peer Mentor | Additional "b3" Services<br>EPSDT for individuals under 21 | Drop-in Center Director: An individual in recovery from serious mental illness who is receiving or has received public mental health services. The individual's life experience provides expertise that professional training alone cannot replicate.<br>Peer Specialist: Must be certified by MDHHS if providing services to an individual with SMI.<br>Youth Peer Support Specialist: a young adult, ages 18 through age 26, with lived experience who received mental health services as a youth, **and** is willing and able to self- identify as a person who has or is receiving behavioral health services and is prepared to use that experience in helping others, **and** has experience receiving services as a youth in complex, child serving systems preferred (behavioral health, child welfare, juvenile justice, special education, etc.), **and** is employed by PIHP/CMHSP or its contract providers, **and** is trained in the Michigan Department of Health and Human Services approved curriculum and ongoing training model<br>Peer Mentor: Must be an individual with developmental disabilities who is trained as a mentor. |
| **Personal Care in Licensed Specialized Residential Setting** | T1020 | Personal care services | State Plan | Services are authorized by a physician or other health care professional. Services are provided by an aide supervised by a health care professional. |

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|---|---|---|---|---|
| **Physical Therapy** | 97001, 97002 | PT evaluation/re-evaluation | State Plan | Physician or physician assistant or nurse practitioner prescribed.<br>Evaluation must be done by a licensed (by State of Michigan) physical therapist. |
| | 97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, S8990 | PT individual | State Plan | Physician or physician assistant or nurse practitioner prescribed.<br>Activities performed by a licensed (by State of Michigan) physical therapist or a physical therapy assistant supervised by a licensed physical therapist. |
| | 97150 | PT group | State Plan | Physician or physician assistant or nurse practitioner prescribed.<br>Activities performed by a licensed (by State of Michigan) physical therapist or a physical therapy assistant supervised by a licensed physical therapist. |
| **Prevention Services - Direct Model** | H0025, S9482, T2024, T1027, H2027 | Behavioral health prevention education service<br>H0025: School Success & Child Care Expulsion<br>H2027: Family skills training/group for children of adults with mental illness<br>S9482: Infant mental health<br>T1027: Parent education | Additional "b3" Services<br>EPSDT for individuals under 21 | Infant Mental Health and Child Care Expulsion: master's prepared Early Childhood Mental Health Professional plus specific training. Effective 10/01/09, training requirement must minimally have Endorsement Level 2 by the Michigan Association of Infant Mental Health, Level 3 preferred.<br>School Success: CMHP*<br>Children of Adults with MI: Mental Health Professional* |

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| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| | | T2024: Children of adults with mental illness | | Parent Education: CMHP* with training in the Parent Education model<br>* Unless providing mental health therapy which requires the qualifications of physician, psychologist, licensed master's social worker (or a limited-licensed master's social worker supervised by a licensed master's social worker), or a licensed or limited-licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families. |
| **Private Duty Nursing** | S9123, S9124 | Private duty nursing, Habilitation Supports Waiver (individual nurse only), 21 years and over ONLY | Habilitation Supports Waiver | S9123: Registered nurse<br>S9124: Licensed practical nurse |
| | T1000 | Private duty nursing (Habilitation Supports Waiver)<br>Private duty/independent nursing service(s), licensed | Habilitation Supports Waiver | T1000 TD: Registered nurse<br>T1000 TE: Licensed practical nurse or licensed visiting nurse |
| **Respite Care** | H0045 | Respite care services in out-of-home setting | Habilitation Supports Waiver & Additional "b3" Services<br>Children's Waiver<br>Waiver for Children with Serious Emotional Disturbance (SEDW) | Aide<br>Children's Waiver or SEDW: Aide must also have training in recipient rights<br>Children's Waiver: registered nurse or licensed practical nurse<br>Children's Waiver:<br>• TD modifier – RN only<br>• TE modifier – LPN only |
| | S5150 | Respite care by unskilled person (use also for "Family Friend" respite) | GF only | Aide |

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| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| | S5151 | Respite care in home | Additional "b3" Services<br>Children's Waiver | Aide |
| | S9125 | Respite care in home, per diem | Children's Waiver | Registered nurse or licensed practical nurse<br>S9125 TD: RN<br>S9125 TE: LPN |
| | T1005 | Respite care services, up to 15 minutes<br>No modifier = all providers (including unskilled and "Family Friend") except RN & LPN | Habilitation Supports Waiver & Additional "b3" Services<br>Children's Waiver<br>Waiver for Children with Serious Emotional Disturbance (SEDW) | Aide<br>Children's Waiver or SEDW: Aide must also have training in recipient rights<br>T1005 TD: Registered nurse<br>T1005 TE: Licensed practical nurse |
| | T2036, T2037 | T2036: Therapeutic camping overnight<br>T2037: Therapeutic camping day | Habilitation Supports Waiver & Additional "b3" Services | Aide |
| **Skill Building Assistance** | H2014 | Skills training and development | Additional "b3" Services<br>EPSDT for individuals under 21 | Activities identified in the IPOS are designed by a professional within their scope of practice. May be delivered by an Aide. |

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| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| **Specialty Services**<br>**(Children's Waiver and Waiver for Children with Serious Emotional Disturbance Only)** | G0176 | Activity Therapy (music, recreation or art), per session, 45 minutes or more | Children's Waiver<br>Waiver for Children with Serious Emotional Disturbance (SEDW) | Music therapy: board certified (MT-BC) National Music Therapy Registry (NMTR)<br>Recreation therapy: Certified by the National Council for Therapeutic Recreation Certification (NCTRC)<br>Art: Board certified (ATR-BC) Art Therapy Credentials Board, Inc. (ATCB) |
| **Speech, Hearing & Language Therapy** | 92610 | Evaluation of oral and pharyngeal swallowing function | State Plan | Physician or physician assistant or nurse practitioner referral<br>Speech-language pathologist or audiologist possessing a current license, or a candidate who has completed the academic program and is acquiring supervised work experience to qualify for the license. |
| | 92521 | Evaluation of speech fluency | State Plan | Physician or physician assistant or nurse practitioner referral<br>Speech-language pathologist or audiologist possessing a current license, or a candidate who has completed the academic program and is acquiring supervised work experience to qualify for the license. |
| | 92522 | Evaluation of speech sound production | State Plan | Physician or physician assistant or nurse practitioner referral<br>Speech-language pathologist or audiologist possessing a current license, or a candidate who has completed the academic program and is acquiring supervised work experience to qualify for the license. |

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| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| | 92523 | Evaluation of speech sound production with evaluation of language comprehension and expression | State Plan | Physician or physician assistant or nurse practitioner referral<br>Speech-language pathologist or audiologist possessing a current license, or a candidate who has completed the academic program and is acquiring supervised work experience to qualify for the license. |
| | 92524 | Behavioral and qualitative analysis of voice and resonance | State Plan | Physician or physician assistant or nurse practitioner referral<br>Speech-language pathologist or audiologist possessing a current license, or a candidate who has completed the academic program and is acquiring supervised work experience to qualify for the license. |
| | 92507, 92526 | S & L therapy, individual, per session | State Plan | Speech-language pathologist or audiologist possessing a current license, or a candidate who has completed the academic program and is acquiring supervised work experience to qualify for the license.<br>Speech-language pathology assistant supervised by the licensed speech-language pathologist or audiologist. |
| | 92508 | S & L therapy, group, per session | State Plan | Speech-language pathologist or audiologist possessing a current license.<br>Speech-language pathology assistant supervised by the licensed speech-language pathologist or audiologist. |

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## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES[1]

| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| **Substance Abuse: Individual Assessment** | H0001 | Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan | State Plan | Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS. |
| **Substance Abuse: Outpatient Care** | H0004, H0005, H0015, H0022, H0038, H2011, H2027, H2035, H2036, T1007, T1012, 90785, 90832, 90834, 90837, 90846, 90847, 90849, 90853, 0906 (Revenue Code) | H0004: Behavioral health counseling and therapy, per 15 minutes<br>H0005: Alcohol and/or drug services; group counseling by a clinician<br>H0015: Alcohol and/or drug services; intensive outpatient (from 9 to 19 hours of structured programming per week based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education<br>H0022: Early Intervention<br>H2011/HF: Crisis intervention<br>H2027/HF: Didactics<br>H2035: Outpatient alcohol and/or other drug treatment service in which the client participates in accordance with an approved individualized treatment plan. It may include assessment, individual and group counseling, occupational therapy, activity therapies, expressive therapies (art, drama, poetry, music, and movements), referral and information, drug screening urinalysis, medication administration, medical services, case management services, and nutrition counseling – per hour | State Plan | Provider agency licensed and accredited as substance abuse treatment program<br>For all "H" and "T" HCPCS Codes: Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.<br>Non-clinical services under H0015, H0038, H2035, H2036, T1007, T1012, and 0906 revenue code: Services can be provided by appropriately trained staff when working under the supervision of a SATS or SATP.<br>A recovery coach or SUD peer specialist must be certified through an MDHHS-approved training program.<br>H0038: qualified peer specialist - Substance Use Disorder (SUD) |

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|---|---|---|---|---|
| | | H2036: Outpatient alcohol and/or other drug treatment service in which the client participates in accordance with an approved individualized treatment plan. It may include assessment, individual and group counseling, occupational therapy, activity therapies, expressive therapies (art, drama, poetry, music, and movements), referral and information, drug screening urinalysis, medication administration, medical services, case management services, and nutrition counseling – per diem<br>H0038/HF, T1012: Recovery support<br>T1007: Treatment planning | | . |
| | | 90785/HF: interactive complexity (add-on code)<br>90832: Psychotherapy, 30 minutes with individual and/or family member<br>90834/HF: Interactive individual psychotherapy<br>90837: Psychotherapy, 60 minutes with individual and/or family member<br>90846/HF: Family psychotherapy<br>90847/HF: Family psychotherapy<br>90849/HF: Family psychotherapy<br>90853/HF: Interactive group psychotherapy | | For psychotherapy (908xx series codes): SATS – Only Master's prepared with appropriate licensure and working under appropriate supervision may provide services. |

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|---|---|---|---|---|
| | | 0906: Intensive Outpatient Services – Chemical dependency<br>Use modifier HF to signify that these codes were used for substance abuse treatment, because they are also used for reporting mental health services. | | |
| **Substance Abuse: Methadone** | H0020 | Alcohol and/or drug services; Methadone administration and/or service (provision of the drug by a licensed program) | State Plan | Provider agency licensed and accredited as methadone clinic. Supervision by licensed physician. Administration of methadone by an MD, DO, licensed physician's assistant, RN, LPN or pharmacist. |
| **Substance Abuse: Sub-Acute Detoxification** | H0010, H0012, H0014 | H0010: Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level III.7-D)<br>H0012: Alcohol and/or drug services; sub-acute detoxification; clinically monitored residential detox; non-medical or social detox setting (ASAM Level III.2-D)<br>H0014: Alcohol and/or drug services; ambulatory detoxification without extended on-site monitoring (ASAM Level I-D) and ambulatory detoxification with extended on-site monitoring (ASAM Level II-D) | Additional "b3" Services | For residential settings (H0010 and H0012): provider agency licensed and accredited as substance abuse residential detoxification program. Supervision by licensed physician.<br>H0010: Staffed 24-hours-per-day, 7-days-per-week by licensed physician or by the designated representative of a licensed physician.<br>H0012: Provided under the supervision of a Substance Abuse Treatment Specialist. Must have arrangements for access to licensed medical personnel as needed.<br>H0014: Provided under the supervision of a Substance Abuse Treatment Specialist. Must have arrangements for access to licensed medical personnel as needed. Appropriately certified and licensed nurses must monitor ASAM Level II-D ambulatory detoxification services under H0014. |

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|---|---|---|---|---|
| **Substance Abuse: Residential Services** | H0018, H0019 | H0018: Alcohol and/or drug services; short-term residential (non-hospital residential treatment program)<br>H0019: Alcohol and/or drug services; long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days) | Additional "b3" Services | Provider agency licensed and accredited as substance abuse treatment program. The clinical program must be provided under the supervision of a SATS with licensure as a psychologist, master's social worker, licensed or limited-licensed professional counselor, physician, or licensed marriage and family therapist. |
| **Supported Employment Services** | H2023 | Supported employment | Habilitation Supports Waiver & Additional "b3" Services<br>EPSDT for individuals under 21 | Services/activities identified in the IPOS. Qualifications of providers depends upon the service.<br>Transportation: Aide |
| **Supports Coordination** | T1016 | Case management | Habilitation Supports Waiver (HSW) & Additional "b3" Services<br>EPSDT for individuals under 21 | HSW Supports Coordinator: QIDP<br>"b3" Supports Coordinator: bachelor's degree in a human services field and one year of experience with population the supports coordinator will be serving.<br>Services must be provided by a CMHP to any child beneficiary with serious emotional disturbance. Services to children ages 7-17 with SED must be provided by a CMHP trained in CAFAS. Services rendered to children ages 4-6 with SED must be provided by a CMHP trained in PECFAS.<br>Assistants or brokers: high school diploma and one year experience, and supervised by a qualified supports coordinator or case manager. |

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|---|---|---|---|---|
| **Targeted Case Management** | T1017 | Targeted case management | State Plan | QIDP or QMHP: if case manager has only bachelor's degree without specialized training or experience, they must be supervised by a QMHP or QIDP. Services must be provided by a CMHP to any child beneficiary with SED. Services to children ages 7-17 with SED must be provided by a CMHP trained in CAFAS. Services rendered to children ages 4-6 with SED must be provided by a CMHP trained in PECFAS. |
| **Therapy (mental health) Child & Adult, Individual, Family, Group** | 90832, 90834, 90837 | Individual therapy, adult or child | State Plan | Child therapy: A physician, psychologist, licensed master's social worker (or limited-licensed master's social worker supervised by a licensed master's social worker), or a licensed or limited-licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families. Services to children ages 7-17 with SED must be provided by a CMHP trained in CAFAS. Services rendered to children ages 4-6 with SED must be provided by a CMHP trained in PECFAS.<br>Adult individual/group therapy: Mental Health Professional, including a limited-licensed master's social worker supervised by a licensed master's social worker. |
| | 90853 | Group therapy, adult or child, per session | State Plan | Child therapy: A physician, psychologist, licensed master's social worker (or limited-licensed master's social worker supervised by a licensed master's social worker), or a licensed or limited-licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families. Services to children ages 7-17 with SED must be provided by a CMHP trained in CAFAS. Services rendered to children ages 4-6 with SED must be provided by a CMHP trained in PECFAS. |

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|---|---|---|---|---|
| | | | | Adult individual/group therapy: Mental Health Professional, including a limited-licensed master's social worker supervised by a licensed master's social worker. |
| | 90846, 90847, 90849 | Family therapy, per session | State Plan | Family therapy: Mental Health Professional, including a limited-licensed master's social worker supervised by a licensed master's social worker. |
| | H2019 | Dialectical Behavior Therapy (DBT) | State Plan | Mental Health Professional certified in DBT by MDHHS. Skills training (H2019/TT) by Mental Health Professional + bachelor's level staff or Peer Support Specialist. |
| **Transportation** | A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0209, S0215, T2001-T2005 | Non-emergency transportation services. Refer to code descriptions. | State Plan & Additional "b3" Services<br>S0215: Children's Waiver | State Plan and "b3" Services: Aide with valid Michigan driver's license appropriate to the vehicle being driven.<br>Children's Waiver: can be provided by paid staff with a valid Michigan driver's license. It cannot be billed when provided by the CLS worker or case manager. |
| **Treatment Planning** | H0032 | Mental health service plan development by non-physician | State Plan | Qualifications of professionals in attendance will depend upon their scope of practice.<br>Independent facilitator: aide level qualifications with training in person-centered planning.<br>Peers who participate or assist in treatment planning must meet the qualifications of Peer Specialist or Peer Mentor.<br>Board Certified Behavior Analyst (BCBA) |

[1] Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

## MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES[1]

| Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals[1] | Coverage | Provider/Staff Qualifications & Minimum Training Requirements |
|---|---|---|---|---|
| **Wraparound Services** | H2021, H2022 (SEDW) | Specialized Wraparound Facilitation<br>Community-based wraparound services, per diem (SEDW only) | EPSDT<br>Waiver for Children with Serious Emotional Disturbance (SEDW) | Facilitator/Supports Coordinator: CMHP. Services to children ages 7-17 with SED must be provided by a CMHP trained in CAFAS. Services rendered to children ages 4-6 with SED must be provided by a CMHP trained in PECFAS.<br>Assistant Facilitator or Broker: High school diploma and one year experience and supervised by a CMHP.<br>Training: Both the Facilitator/Supports Coordinator and the Assistant Facilitator or Broker must complete MDHHS three-day Wraparound Facilitator training within 90 days of hire, complete a minimum of two MDHHS Wraparound training per calendar year, and demonstrate proficiency in facilitating the Wraparound process. The supervisor must complete the three-day Wraparound Facilitator training and one additional MDHHS supervisory training and attend two MDHHS Wraparound trainings annually, one of which shall be a Wraparound supervisor training. |

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