

Bulletin Number: MSA 07-52

Distribution: Prepaid Inpatient Health Plans

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Subject: Revisions to Mental Health and Substance Abuse Chapter

Effective: October 1, 2007

Programs Affected: Medicaid

This bulletin describes changes to the Mental Health and Substance Abuse Medicaid service array that were proposed to the Centers for Medicare and Medicaid Services (CMS). Throughout the document, references to the portion of the Mental Health/Substance Abuse Chapter of the Medicaid Provider Manual affected by the change are noted.

THE FOLLOWING CHANGES AFFECT POLICY CURRENTLY CONTAINED IN SECTION 1 GENERAL INFORMATION

Administrative Organization

Information was added to encourage the use of natural supports to meet beneficiaries' needs where family or friends are willing and able to provide this assistance. It also clarified that provision of natural supports should not be held as a condition for receiving specialty mental health supports and services.

Programs Requiring Special Approval

"Wraparound" was added to the list of programs that require special approval from MDCH.

Definition of Terms

Changes were made in the definitions of terms to make them consistent with current law, or to reflect changed Michigan Department of Community Health (MDCH) policy.

The definition of Certificate of Medical Necessity and all other references to it within the chapter were removed because Medicare no longer requires the CMN.

Under definitions of Individual Plan of Services and Medical Necessity, language was added to require that documentation of the medical necessity of each service be included in the individual plan of services.

The definition of Mental Health Professional was revised to be consistent with the 2005 revision of the Michigan Mental Health Code that included licensed professional counselor, added licensed marriage and family therapist, and deleted psychiatric nurse.

The definition of prescription was revised to allow for instances of verbal orders from a physician or other licensed practitioner of the healing arts within their scope of practice, and to set a standard of the written prescription to be obtained within 14 days of the verbal order. The verbal order may be used to initiate Occupational Therapy (OT), Physical Therapy (PT), or Speech, Hearing and Language services or to dispense medically necessary equipment or supplies when a delay would be medically contraindicated.

The definition of Substance Abuse Treatment Specialist was modified to reflect recent changes in licensure of clinicians, and to include all acceptable credential levels within each profession: physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, licensed psychologist (including limited, and temporary limited), licensed professional counselor, temporary limited licensed professional counselor, licensed masters social worker (and limited licensed), licensed bachelor's social worker (and limited licensed). Requirements were also added for certification through the Michigan Certification Board of Addiction Professionals including certified addictions counselor - Level I, Michigan, Level II, and IC & RC; certified advanced addictions counselor; certified clinical supervisor, IC & RC and Michigan; and certified criminal justice professional.

A new allowable Substance Abuse Treatment professional was added to the list of terms called substance abuse treatment practitioner. This is an individual who has completed and passed the Fundamentals of Alcohol and Other Drug Problems (FAODP) exam or the Fundamentals of Substance Abuse Counseling (FASC) exam and has three years of relevant experience in the provision of substance abuse treatment services.

THE FOLLOWING CHANGES AFFECT POLICY CURRENTLY CONTAINED IN SECTION 2 PROGRAM REQUIREMENTS

Mental Health and Developmental Disabilities Services

Requirements were added that prohibit the use of aversive, intrusive, or restrictive techniques in the provision of these services, unless the techniques are identified in the beneficiary's individual plan of service and individually approved and monitored by a behavior management committee.

Location of Services

The location of services was modified to encourage PIHPs to provide mental health and developmental disabilities services in integrated locations in the community other than the providers' sites, such as library, community center, or the beneficiary's own home.

Provider Qualifications

Modifications were made to Licensed Practical Nurse, Physical Therapy Assistant, Registered Nurse and Social Worker to bring the required qualifications into compliance with Michigan law. A chart of provider qualifications by covered service and procedure was added as an attachment to the chapter.

Covered Services

The beginning paragraph in the section was modified to clarify the expectation that PIHPs will offer evidence-based and promising practices as part of the Medicaid covered specialty services where applicable. PIHPs shall assure that these practices are provided by staff that have been appropriately trained in the model(s) and are provided to the population for which the model was intended.

THE FOLLOWING CHANGES AFFECT POLICY CURRENTLY CONTAINED IN SECTION 3 COVERED SERVICES

Assessments

The requirement to use the Child and Adolescent Functional Assessment Scale (CAFAS) for the assessment of children with suspected serious emotional disturbance was added. In addition, the staff who perform the CAFAS must have been trained and certified in the CAFAS and are re-certified every two years.

Behavior Management Review

A number of changes were made to this coverage to reflect assurances per 42 CFR 438.100 (b)(2)(v) the State of Michigan made that to assure that consumers in the PIHPs will "be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints or seclusion." The changes include the determination of whether a comprehensive assessment should be done in order to rule out any physical or environmental cause for the behavior. In addition, there is a new requirement that any proposed aversive, intrusive or restrictive technique not supported by current evidence-based practice must be reviewed and approved by MDCH prior to implementing. There is also a requirement that staff implementing the individual's behavior management plan must be trained in how to implement the plan. Finally, there is clarification that this coverage includes the monitoring of the behavior management plan at a minimum of quarterly, or more frequently as indicated in the individual plan of services.

Individual/group Therapy

Language was added to clarify that evidence-based practices such as Integrated Dual Disorder Treatment for Co-Occurring Disorders (IDDT/COD), Dialectical Behavior Therapy (DBT), and Multi-Systemic Therapy (MST) are included in this coverage.

Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR)

The coverage description was enhanced to clarify the health and rehabilitative services coverage for which PIHPs are responsible, and that they must be provided in a state-licensed facility of 16 beds or less that is certified to meet ICF/MR standards that are specified in 42CFR 483.400 and 42CFR442 Subpart C. The description indicates that beneficiaries must meet ICF/MR level of care criteria and require a continuous active treatment program that is defined in their individual plan of services and coordinated and monitored by a Qualified Mental Retardation Professional (QMRP). It also provides the definition of active treatment from 42CFR483.440 (a)(1)(i & ii) that must include specialized and generic training, treatment, health and related services that are directed toward acquisition of behaviors necessary for the beneficiary to function with as much self determination and independence as possible, and the prevention or deceleration of regression or loss of current optimal functional status. Finally, a requirement was added that treatment services must be provided by qualified professionals within their scope of practice, and that direct care staff must meet aide level qualifications.

Medication Administration, Medication Review, and Nursing Facility Mental Health Monitoring

Qualifications of providers of these services were modified to reflect changes in the Public Health Code and Mental Health Code on licensure of social workers and their scope of practice.

Treatment Planning

The coverage was modified to include clinician monitoring of specific services in the individual plan of service, when not performed by the case manager or supports coordinator.

THE FOLLOWING CHANGES AFFECT POLICY CURRENTLY CONTAINED IN SECTION 5 CLUBHOUSE PSYCHOSOCIAL REHABILITATION PROGRAMS

Changes were made to the staff capacity section to require that there be one full-time on-site clubhouse manager who has a minimum of a bachelor's degree in a health or human services field and two years experience with the target population, or who is a licensed masters social worker with one year experience with the target population; and is licensed, certified or registered by the State of Michigan or a national organization to provide health care services.

THE FOLLOWING CHANGES AFFECT POLICY CURRENTLY CONTAINED IN SECTION 6 CRISIS RESIDENTIAL SERVICES

Child Crisis Residential Services

The requirement that nursing services be available through regular consultation and provided on an individual basis was deleted.

Crisis Residential Services

Changes were made to the qualifications of staff providing crisis residential services. First, treatment services must be clinically supervised by a psychiatrist. A psychiatrist need not be present when services are delivered, but must be available by telephone at all times. In addition, the covered crisis residential services listed in Section 6.2 must be under the immediate direction (i.e., on-site eight hours a day, on-call at all other times) of a mental health professional possessing at least a master's degree in human services with one year experience providing services to beneficiaries with serious mental illness, or a bachelor's degree in human services with at least two years experience providing services to beneficiaries with serious mental illness.

THE FOLLOWING CHANGES AFFECT POLICY CURRENTLY CONTAINED IN SECTION 7 HOME BASED SERVICES

In the Program Approval subsection, under Scope of Services, language was added to clarify that these services are intended to restore or enhance social, psychological, or biophysical functioning of individuals, couples or families.

THE FOLLOWING CHANGES AFFECT POLICY CURRENTLY CONTAINED IN SECTION 11 PERSONAL CARE IN LICENSED SPECIALIZED RESIDENTIAL SETTINGS

In the Documentation subsection, language was added that the specific personal care activities as well as the amount, scope and duration of the personal care services must be included in the individual plan of services.

THE FOLLOWING CHANGES AFFECT POLICY CURRENTLY CONTAINED IN SECTION 12 SUBSTANCE ABUSE SERVICES

Covered Services

Substantial modifications were made to the Substance Abuse coverage. It is now two services, one called Outpatient Care and the other is Office of Pharmacological and Alternative Therapies/Center for Substance Abuse Treatment (OPAT/CSAT) approved Pharmacological Supports. Outpatient Care consists of outpatient treatment that is a non-residential treatment service or an office practice with clinicians educated/trained in providing professionally directed Alcohol and Other Drug (AOD) treatment. The treatment occurs in regularly scheduled sessions, usually totaling fewer than nine contact hours per week, but when medically necessary can total over 20 hours in a week. Individual, family, or group treatment services may be provided individually or in combination.

Treatment must be individualized based on a bio-psycho-social assessment, diagnostic impression and beneficiary characteristics including age, gender, culture, and development. Authorized decisions on length of stay, including continued stay, change in level of care and discharge, must be based on the American Society of Addiction Medicine (ASAM) patient placement criteria. Beneficiary participation in referral and continuing care planning must occur prior to discharge.

Eligibility criteria for the Outpatient Care were established and are defined in the chapter as the beneficiary:

- Meets medical necessity criteria and
- The current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) is used to determine an initial diagnostic impression (also known as provisional diagnosis) - the diagnostic impression must include all five axes and
- Is based on individualized determination of need and
- Is cost effective and
- The American Society of Addiction Medicine (ASAM) Patient Placement Criteria are used to determine substance abuse treatment placement/admission and/or continued stay needs and
- Is based on a level of care determination using the six assessment dimensions of the current ASAM Patient Placement Criteria:
 - Withdrawal potential
 - Medical conditions and complications
 - Emotional, behavioral or cognitive conditions and complications
 - Readiness to change
 - Relapse, continued use or continued problem potential
 - Recovery/living environment

This service is limited to those clients who will benefit from treatment and have been determined to have an acceptable readiness to change level; minimal or manageable medical conditions; minimal or manageable withdrawal risks; emotional, behavioral and cognitive conditions that will not prevent the client benefiting from this level of care; minimal or manageable relapse potential; and a minimally to fully supportive recovery environment. Once the above criteria have been satisfied and the client has demonstrated a willingness to participate in treatment, the following services can be provided in the outpatient setting:

A description of the allowable activities under Outpatient Care has been added to the chapter. They include:

- Individual Assessment - a face-to-face service for the purpose of identifying functional and treatment needs and a basis for formulating the Individualized Treatment Plan. This service is performed by substance abuse treatment specialists.
- Individual Treatment Planning - the client must be directly involved with developing the plan that must include Recovery Support Preparation/Relapse Prevention Activities. This service is provided by a substance abuse treatment specialist or substance abuse treatment practitioner.
- Individual Therapy - face-to-face counseling services with the beneficiary. This service is provided by a substance abuse treatment specialist.
- Group Therapy - face-to-face counseling with three or more beneficiaries, and can include didactic lectures, therapeutic interventions/counseling, and other group related activities. This service is provided by a substance abuse treatment specialist.
- Family Therapy - face-to-face counseling with the beneficiary and the significant other and/or traditional or non-traditional family members. This service is provided by a substance abuse treatment specialist.
- Crisis Intervention - a service for the purpose of addressing problems/issues that may arise during treatment and could result in the client requiring a higher level of care if intervention is not provided. This service is provided by a substance abuse treatment specialist.
- Referral/Linking/Coordinating of Services - for the purpose of ensuring follow through with identified providers, to address other needs identified as part of the assessment and/or to establish the client with another provider and/or level of care. This service is provided by a substance abuse treatment specialist or a substance abuse treatment practitioner.
- Peer Recovery and Recovery Support - to support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for an individual's recovery. Peer recovery programs are designed and delivered primarily by individuals in recovery and offer social emotional and/or educational supportive services to help prevent relapse and promote recovery.
- Compliance Monitoring - for the purpose of identifying abstinence or relapse when it is a part of the treatment plan or an identified part of the treatment program (this excludes laboratory drug testing)
- Early Intervention - including stage-based interventions for individuals with substance use disorders and individuals who may not meet the threshold of abuse or dependence but are experiencing functional/social impairment as a result of use. This service is provided by a substance abuse treatment specialist.
- Detoxification/Withdrawal Monitoring - for the purpose of preventing/alleviating medical complications as they relate to no longer using a substance. This service is provided by a substance abuse treatment specialist.
- Pharmacological and Alternative Therapies/Center for Substance Abuse Treatment (OPAT/CSAT) approved Pharmacological Supports - see section below.
- Substance abuse treatment services that are required to include assessment, treatment planning, stage-based interventions, referral linking and monitoring, recovery support preparation, and treatment based on medical necessity. They may include individual, group and family treatment.

Admission criteria were added to Outpatient Care that requires the services should be authorized based on the number of hours and/or types of services that are medically necessary. Re-authorization or continued treatment should take place when it has been demonstrated that client is benefiting from treatment but additional covered services are needed for the client to be able to sustain recovery independently.

Re-authorization of services can be denied in situations where the client has not been actively involved in their treatment as evidenced by repeatedly missing appointments, not participating/refusing to participate in treatment activities, continued use of substances, and other behavior that is deemed to violate the rules and regulations of the program providing the services. Clients may also be terminated from treatment services based on the previously mentioned violations.

Finally, service intensity levels of care were added to this section that correspond to the frequency and duration of services established by the ASAM levels of care and is referred to as follows:

- Level 0.5 - Early Intervention - Services are not sub-divided by the number of hours received during a week - The amount and type of services provided are based on individual needs based on the client's motivation to change and other risk factors that may be present.
- Level I.0 - Outpatient - Services from one hour to eight hours during a week.
- Level II.1 - Intensive Outpatient - Services from nine to 19 hours in a week - the services are offered at least three days a week to fulfill the minimum nine-hour commitment.
- Level II.5 - Expanded Intensive Outpatient - Services that are offered 20 or more hours in a week

Outpatient services can include any variety of the covered services and are dependent on the individual needs of the client. The assessment, treatment plan and recovery support preparations are the only components that are consistent throughout the outpatient levels of care, as each client must have these as part of the authorized treatment services. As a client's needs increase, more services and/or frequency/duration of services may be utilized if these are medically necessary. The ASAM levels correspond with established hours of services that take place during a week.

The second service called OPAT/CSAT approved Pharmacological Supports includes covered services for Methadone and pharmacological supports and laboratory services, as required by OPAT/CSAT regulations and the Administrative Rules for Substance Abuse Service Programs in Michigan, such as Methadone medication, nursing services, physical examination, physician encounters (monthly), laboratory tests, TB skin test (as ordered by physician)

Opiate-dependent patients may be provided chemotherapy using methadone as an adjunct to therapy. Provision of such services must meet the following criteria:

- Services must be provided under the supervision of a physician licensed to practice medicine in the state of Michigan.
- The physician must be licensed to prescribe controlled substances, as well as licensed to work at a methadone program.
- The methadone component of the substance abuse treatment program must be licensed as such by the state and be certified by the OPAT/CSAT and licensed by the Drug Enforcement Administration (DEA).
- Methadone must be administered by an MD/DO, Physician's Assistant, Nurse Practitioner, Registered Nurse, Licensed Practical Nurse, or Pharmacist.
- MDCH Enrollment Criteria for Methadone Maintenance and Detoxification Program (attached to the MDCH PIHP contract) must be followed.

THE FOLLOWING CHANGES AFFECT POLICY CURRENTLY CONTAINED IN SECTION 13 TARGETED CASE MANAGEMENT

The section was modified to state explicitly that targeted case management may not include direct delivery of ongoing day-to-day supports and/or training, or provision of other Medicaid services. In addition, staff who provide case management for children with serious emotional disturbance must be child mental health professionals.

THE FOLLOWING CHANGES AFFECT POLICY CURRENTLY CONTAINED IN SECTION 15 HABILITATION SUPPORTS WAIVER

Community Living Supports

A change to the Community Living Supports (CLS) prohibits payments for CLS to be made, directly or indirectly, to responsible relatives (spouses or parents of minor children) or the legal guardian of the beneficiary.

Supports Coordination

Clarification has been made that the HSW supports coordinator must be a QMRP.

THE FOLLOWING CHANGES AFFECT POLICY CURRENTLY CONTAINED IN SECTION 17 ADDITIONAL MENTAL HEALTH SERVICES (B3S)

A modification was made in the introductory paragraph to make clear that PIHPs are required to make the 1915(b)(3) supports and services available to Medicaid beneficiaries in their area. Previous language was permissive. In the section on Criteria for Authorizing B3 Supports and Services, language was added to define natural supports as unpaid assistance provided to the beneficiary by people in his/her network (family, friends, neighbors, community volunteers) who are able and willing to provide such assistance. It is reasonable to expect that parents of minor children with disabilities will provide the same level of care they would provide to their children without disabilities. In addition, there is clarification on MDCH's intent that natural supports be used to assist in meeting an individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. PIHPs may not require a beneficiary's natural support network to provide such assistance as a condition for receiving specialty mental health supports and services. The use of natural supports must be documented in the beneficiary's individual plan of service.

Community Living Supports

This section was modified to make it clear that the beneficiary needs to pursue Home Help services and that if he or she needs assistance in doing so, the PIHP case manager or supports coordinator must assist him/her in requesting Home Help, or in filling out and sending a request for Fair Hearing when the beneficiary believes that the DHS authorization of amount, scope and duration of Home Help does not appear to reflect the beneficiary's needs based on the findings of the DHS assessment.

Family Support and Training

Two changes were made to this section: one to permit the use of the evidence-based practice called Family Psychoeducation, and the other to add a model called Parent-to-Parent Support. This model is designed to support parents/family of children with serious emotional disturbance or developmental disabilities as part of the treatment process to be empowered, confident and have skills that will enable them to assist their child to improve in functioning. The trained parent support partner, who has or had a child with special mental health needs, provides education, training, and support and augments the assessment and mental health treatment process. The parent support partner provides these services to the parents and their family. These activities are provided in the home and in the community. The parent support partner is to be provided regular supervision and team consultation by the treating professionals.

Housing Assistance

This coverage was modified to add transitioning from homelessness to the list of criteria for those beneficiaries eligible to receive this service.

Peer Specialist Services

The qualifications for peer support specialists were changed to reflect that requirement that they must meet MDCH specialized training and certification requirements.

Prevention-Direct Service Models

The provider qualifications for the models in this coverage were revised to be consistent with the Provider Qualifications subsection and the Provider Qualification Chart. The School Success Program and Parent Education model now require a Child Mental Health Professional. The Child Care Expulsion Prevention and Infant Mental Health now require a master's prepared early childhood mental health professional plus specific training that by 10/01/09 must minimally have Endorsement Level 2 by the Michigan Association of Infant Mental Health, Level 3 preferred. For the model Children of Adults with Mental Illness/Integrated Services, the provider qualification is that staff is a mental health professional.

Respite Care Services

Modifications were made to clarify that respite is intended those portions of the day when caregivers (e.g., family members and/or adult family foster care providers) are not being paid to provide care. In addition, MDCH wants to be clear that respite is not intended to be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work elsewhere full time. In those cases, community living supports, or other services of paid support or training staff, should be used.

Supports Coordination

References to case manager assistant and assistant case manager were removed from this section as the terms were creating confusion among PIHPs.

Wraparound Services for Children and Adolescents

Changes were made in this section to reflect the proper procedure code to use for reporting Wraparound (H2021) and to explicitly remind PIHPs that children receiving Wraparound would not also receive, at the same time, the Supports Coordination coverage, or the state plan coverage Targeted Case Management. In addition, PIHPs should not pay for the case management function provided through Home-based services and Wraparound at the same time.

THE FOLLOWING CHANGES AFFECT POLICY CURRENTLY CONTAINED IN SECTION 18
ADDITIONAL SUBSTANCE ABUSE SERVICES (B3S)

Sub-Acute Detoxification

Substantial changes were made to the coverage Sub-Acute Detoxification. The first two paragraphs of the coverage description were replaced with the following language:

"Sub-acute detoxification is defined as supervised care for the purpose of managing the effects of withdrawal from alcohol and/or other drugs as part of a planned sequence of addiction treatment. Detoxification is limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services. Licensure as a sub-acute detoxification program is required.

Sub-acute detoxification is part of a continuum of care for substance use disorders and does not constitute the end goal in the treatment process. The detoxification process consists of three essential components: evaluation, stabilization and fostering client readiness for and entry into treatment. A detoxification process that does not incorporate all three components is considered incomplete and inadequate.

Detoxification can take place in both residential and outpatient settings, and at various levels of intensity within these settings. Client placement to setting and to level of intensity must be based on ASAM Patient Placement Criteria an individualized determination of client need.

The following combinations of sub-acute detoxification settings and levels of intensity correspond to the LOC determination based on the ASAM Patient Placement Criteria:

Outpatient Setting:

Ambulatory Detoxification - without extended onsite monitoring corresponding to ASAM Level I-D or ambulatory detoxification with extended onsite monitoring: (ASAM Level II-D)

Outpatient setting sub-acute detoxification must be provided under the supervision of a Certified Addictions Counselor. Services must have arrangements for access to licensed medical personnel as needed. ASAM Level II-D ambulatory detoxification services must be monitored by appropriately credentialed and licensed nurses.

Residential Setting:

Clinically Managed Residential Detoxification - Non-Medical or Social Detoxification Setting: Emphasizes peer and social support for persons who warrant 24-hour support (ASAM Level III.2-D). These services must be provided under the supervision of a certified addictions counselor. Services must have arrangements for access to licensed medical personnel as needed.

- Medically Managed Residential Detoxification: Freestanding detoxification center. These services must be staffed 24-hours per day, seven-days-per-week by a licensed physician or by the designated representative of a licensed physician. (ASAM Level III.7-D)"

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Paul Reinhart, Director
Medical Services Administration

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES

Service Description (Medicaid Provider Manual, Mental Health & Substance Abuse Chapter)	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals	Coverage	Provider/Staff Qualifications & Minimum Training Requirements (Refer to Medicaid Provider Manual for Definitions)
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, and team coordinator who is clinician with master's degree and appropriate licensure or certification and two years clinical experience with adults with serious mental illness All team staff have a basic knowledge of ACT programs and principles acquired through ACT specific training
Assessments Health Psychiatric Evaluation Psychological testing Other assessments, tests	T1001, 97802, 97803	Nursing or nutrition assessments (refer to code descriptions)	State Plan	Registered nurse, physician assistant, nurse practitioner, licensed dietician or licensed nutritionist (operating within scope of practice)
	90801, 90802	Psychiatric evaluation	State Plan	Psychiatrist
	96101, 96102 96103 96116 96118, 96119, 96120	Psychological testing	State Plan	Full-licensed psychologist; or limited-licensed or temporary-limited-licensed psychologist under the supervision of a full-licensed psychologist
	96110, 96111, 96105, 90887	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 social worker under the supervision of a fully licensed social worker under the supervision of a mental health professional; and acting within their scope of practice Assessments of children with SED are done by a child mental health professional. Assessments of children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS. Assessments of children with DD are done by a QMRP.
	H0031 H0002 T1023	H0031: Assessment by non-physician H0002: Brief screening to non-inpatient mental health programs T1023: Pre-screening for inpatient program	State Plan	H0002, H0031: Mental Health Professional T1023: Mental Health Professional, licensed bachelor's social worker, or limited licensed bachelor's social worker under the supervision of a fully licensed social worker; unit supervised by registered professional nurse or other mental health professional possessing at least a master's degree. Assessments of children with SED are done by a child mental health professional; for children aged 7-17 with SED, child mental health professional must be trained on the CAFAS. Assessments of children with DD are done by a QMRP.
Behavior Management Review	H2000	Comprehensive multidisciplinary evaluation	State Plan	Minimum staffing: Three individuals that include full or limited-licensed psychologist with formal training or experience in applied behavior analysis, and physician or psychiatrist
Chore Services	S5120	Chore services	Habilitation/ Supports Waiver	Aide

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description (Medicaid Provider Manual, Mental Health & Substance Abuse Chapter)	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals	Coverage	Provider/Staff Qualifications & Minimum Training Requirements (Refer to Medicaid Provider Manual for Definitions)
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 years' experience with adults with serious mental illness and has appropriate licensure.
Community Living Supports	H2015, H2016, H0043, T2036, T2037,	H2015 - comprehensive Community Support Services H2016 - comprehensive Community Support Services in specialized residential settings only; H0043 - Community Living Supports provided in unlicensed independent living setting or own home T2036 - therapeutic camping overnight T2037 - therapeutic camping day	Habituation/ Supports Waiver & Additional or "b3" Services Children's Waiver Waiver for Children with Serious Emotional Disturbance (SEDW)	H2015, H2016, H0043, T2036 & T2037: Aide <u>H2015 Children's Waiver or SEDW aide</u> : 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	H2011: Crisis Intervention Service	State Plan	H2011: Mental Health Professional
Intensive Crisis Stabilization	S9484	S9484: Intensive Crisis intervention mental health services, per hour. Use for the DCH-approved program only.	State Plan	S9484: Team of a physician, psychologist, licensed master's social worker, or a licensed professional counselor, and paraprofessional under the supervision of a psychiatrist
Crisis Observation Care	0762	0762 Outpatient extended observation beds (23 hours)	Additional or "b3" Services	Supervised by a physician/psychiatrist if crisis observation is provided in an inpatient unit. For outpatient emergency room or screening center (with MDCH approval), under the supervision of a psychiatrist on-site 24 hours a day.
Crisis Residential Services	H0018	Behavioral health; short-term residential	State Plan	Supervision by 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 human services with one year of experience providing services to beneficiaries with serious mental illness, or a bachelor's degree in human services with at least two years experience providing services to beneficiaries with serious mental illness. Treatment, other than mental health therapy, may be done by non-degree staff

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description (Medicaid Provider Manual, Mental Health & Substance Abuse Chapter)	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals	Coverage	Provider/Staff Qualifications & Minimum Training Requirements (Refer to Medicaid Provider Manual for Definitions)
Enhanced Medical Equipment and Supplies (also Specialized Medical Equipment and Supplies for Children's Waiver)	T1999, T2028, T2029, S5199, E1399, T2039		Habilitation/Supports Waiver & Additional "b3" Services	Not a staff service
Enhanced Pharmacy	T1999		Habilitation/Supports Waiver & Additional "b3" Services	Not a staff service
Environmental Modifications/Accessibility Adaptation	S5165	Home modification, per service	Habilitation/Supports Waiver & Additional "b3" Services Children's Waiver	Physician's prescription. Licensed builder, contractor CW: Assessment by a professional occupational therapist
Family Training	S5111	S5111 - Home care training	Habilitation/Supports Waiver & Additional "b3" Services Children's Waiver for Children with Serious Emotional Disturbance (SEDW)	Training must be provided by a professional within the scope of their practice. <u>Children's Waiver</u> : family training must be done by a psychologist, licensed master's social worker or a QMRP <u>SEDW</u> : family training must be done by a psychologist or licensed master's social worker or QMHP. <u>Peer training</u> (Parent to parent, or peer to peer) must be provided by a trained parent or peer. Other kinds of non-clinical supports may be provided by an Aide
	G0177	Family Psycho-education: family educational groups	Additional "b3" service	Mental Health Professional or Licensed Bachelor's Social Worker (or limited licensed bachelor's social worker under the supervision of a fully licensed social worker) supervised by a Mental Health Professional, and trained in the SAMHSA model
	S5110	Family Psycho-education: skills workshop		Mental Health Professional or Licensed Bachelor's Social Worker (or limited licensed bachelor's social worker under the supervision of a fully licensed social worker) supervised by a Mental Health Professional, and trained in the SAMHSA model
	T1015	Family Psycho-education: joining		Mental Health Professional or Licensed Bachelor's Social Worker (or limited licensed bachelor's social worker under the supervision of a fully licensed social worker) supervised by a Mental Health Professional, and trained in the SAMHSA model
Fiscal Intermediary Services	T2025	Waiver service NOS. Use for services performed by a fiscal intermediary.	Additional "b3" service	Entity with demonstrated competence in managing budgets and performing other functions and responsibilities of a fiscal intermediary

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description (Medicaid Provider Manual, Mental Health & Substance Abuse Chapter)	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals	Coverage	Provider/Staff Qualifications & Minimum Training Requirements (Refer to Medicaid Provider Manual for Definitions)
Foster care, therapeutic (SEDW Waiver Only)	S5140 S5145	Foster Care, Therapeutic, per diem, age 11 and older Foster Care, Therapeutic, per diem, age 0-10	Waiver for Children with Serious Emotional Disturbance (SEDW)	Foster care licensure, DCH- certified, specialized training, trained in the child's IPOS
Health Services	97802, 97803, 97804, H0034, S9445, S9446, S9470, T1002	97802-97804 - medical nutrition therapy H0034 Medication training and support S9445 - Pt education NOC non-physician indiv S9446 - Pt education NOC non-physician group, per session S9470 - Nutritional counseling dietician visit T1002 - RN services	State Plan	Registered nurse, nurse practitioner, licensed dietician, or licensed nutritionist according to their scope of practice
Home Based Services	H0036	Community psychiatric supportive treatment	State Plan	Home-based services worker: Child mental health professional* Home-based services assistant: aide Supervisor: master's prepared child mental health professional with three years professional experience. For children with SED 7-17, must be trained in CAFAS. For infants and toddlers (0-3 years), children mental health professional + 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. For DD, child mental health professional* + must meet QMRP qualifications *Unless providing mental health therapy which requires these qualifications: physician, psychologist, licensed master's social worker, or a licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families
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 QMRP
Housing Assistance	T2038	Community transition, waiver, per service	Additional "b3" services	Not a staff service.
Medication Administration	90772, 99506, 99211	Report using this procedure code only when provided as a separate service.	State Plan	Physician, physician assistant, nurse practitioner, registered nurse; or a licensed practical nurse assisting a physician

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description (Medicaid Provider Manual, Mental Health & Substance Abuse Chapter)	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals	Coverage	Provider/Staff Qualifications & Minimum Training Requirements (Refer to Medicaid Provider Manual for Definitions)
Medication Review	90862, M0064	90862 brief assessment, dosage adjustment, minimal psychotherapy, TD testing by physician, or physician plus a nurse M0064 brief assessment (generally less than 10 minutes), med monitoring or change by nurse, or physician, or physician plus a nurse EPS tardive dyskinesia testing is included in medication review services	State Plan	90862: Physician (MD or DO), M0064: Physician (MD or DO), physician assistant, nurse practitioner, registered nurse, or registered pharmacist. Note: only an MD or DO; or a physician assistant or nurse practitioner under the supervision of a physician (MCL 333.17076(3) may prescribe medications For either service a physician may be assisted by a nurse practitioner, registered nurse, or a licensed practical nurse, or pharmacist
	H2010	Comprehensive Medication Services Please use only with Evidence Based Practice - Medication Algorithm	State Plan	
Nursing Facility Mental Health Monitoring	T1017	Targeted case management	State Plan	Mental Health Professional, or licensed bachelor's social worker (or limited licensed bachelor's social worker under the supervision of a fully licensed social worker) supervised by a Mental Health Professional; or QMRP or QMHP. A child mental health professional is required when delivering service to a child with SED. A QMRP is required when delivering service to a child with DD.
Occupational Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, S8990, 97750, 97755 97760, 97762	OT individual	State Plan	Physician prescription Services provide by an occupational therapist currently registered by the state of Michigan; occupational therapy assistant
	97150	OT group	State Plan	Physician prescription Services provide by an occupational therapist currently registered by the state of Michigan; occupational therapy assistant
	97003, 97004	OT evaluation/re-evaluation	State Plan	Physician prescription Services provide by an occupational therapist currently registered by the state of Michigan
Out of Home Non Vocational Habilitation	H2014	Skills training and development	Habilitation/ Supports Waiver	Aide
Out of Home Prevocational Service	T2015	Habilitation, prevocational.	Habilitation/ Supports Waiver	Aide

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description (Medicaid Provider Manual, Mental Health & Substance Abuse Chapter)	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals	Coverage	Provider/Staff Qualifications & Minimum Training Requirements (Refer to Medicaid Provider Manual for Definitions)
Peer Directed and Operated Support Services	H0023, H0038	H0023 - Drop-in Center H0038 - Peer specialist services	Additional "b3" Services	<p><u>Peer Specialist</u>: Individual in recovery from severe mental illness who is receiving or has received services from the public mental health system. Because of their life experience they provide expertise that professional training cannot replicate. Individuals who are functioning as Peer Support Specialists serving beneficiaries with mental illness must meet MDCH specialized training and certification requirements. Peer specialists who <u>assist</u> in the provision of a covered service must meet the aide qualifications and be trained and supervised by the qualified provider for that service. Peer Specialists who provide covered services without supervision must meet the specific provider qualifications.</p> <p><u>Drop-in Center Director</u>: An individual in recovery from serious mental illness who is receiving or has received public or private mental health services. The individual's life experience provides expertise that professional training alone cannot replicate.</p>
Personal Care in Licensed Specialized Residential Setting	T1020	Personal care services	State Plan	Services are authorized by a physician, case manager, or supports coordinator. Services are provided by an aide supervised by a health care professional
Physical Therapy	97001, 97002	PT Evaluation/re-evaluation	State Plan	Physician or licensed physician assistant prescribed. 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 licensed physician assistant prescribed. Activities performed by a licensed (by state of Michigan) physical therapist or a certified physical therapy assistant supervised by a licensed physical therapist
	97150	PT group	State Plan	Physician or licensed physician assistant prescribed. Activities performed by a licensed (by state of Michigan) physical therapist or a physical therapy assistant supervised by a licensed physical therapist

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description (Medicaid Provider Manual, Mental Health & Substance Abuse Chapter)	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals	Coverage	Provider/Staff Qualifications & Minimum Training Requirements (Refer to Medicaid Provider Manual for Definitions)
Prevention Services - Direct Model	H0025	Behavioral health prevention education service	Additional "b3" Services	<u>Infant Mental Health and Child Care Expulsion</u> : 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. <u>School Success</u> : child mental health professional* <u>Children of adults with MI</u> : mental health professional* <u>Parent Education</u> : child mental health professional* with training in model *Unless providing mental health therapy which requires the qualifications of physician, psychologist, licensed master's social worker, or a 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 S9124: LPN
	T1000	Private duty nursing (Habilitation Supports Waiver) T1000 - private duty/independent nursing service(s), licensed Modifier TD - registered nurse Modifier TE - licensed practical nurse or licensed visiting nurse	Habilitation/Supp orts Waiver	T1000 TD: Registered nurse T1000TE: licensed practical nurse or licensed visiting nurse
Respite Care	T1005	Respite care services, up to 15 minutes. No modifier = all providers (including unskilled, and Family Friend) except RN & LPN TD modifier = RN only TE modifier = LPN only	Habilitation/ Supports Waiver & Additional "b3" Services Children's Waiver Waiver for Children with Serious Emotional Disturbance (SEDW)	Aide Children's Waiver or SEDW aide must also have training in recipient rights T1005 TD: registered nurse T1005 TE: licensed practical nurse
	H0045	Respite care services in out-of-home setting For Children's Waiver: TD modifier = RN only TE modifier = LPN only	Habilitation/ Supports Waiver & Additional "b3" Services Children's Waiver	Aide Children's Waiver or SEDW aide must also have training in recipient rights Children's Waiver: registered nurse or licensed practical nurse

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description (Medicaid Provider Manual, Mental Health & Substance Abuse Chapter)	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals	Coverage	Provider/Staff Qualifications & Minimum Training Requirements (Refer to Medicaid Provider Manual for Definitions)
	S5150	Respite care by unskilled person (use also for "Family Friend" respite)	GF only	Aide
	S5151	Respite care in-home	Additional "b3" Services Children's Waiver	Aide
	S9125	Respite in home, per diem S9125TD = RN S9125TE = LPN	Children's Waiver	Registered nurse or licensed practical nurse
Skill Building Assistance	H2014	Skills training and development	Additional "b3" Services	Activities identified in the individual plan of service are designed by a professional within their scope of practice. May be delivered by an Aide
Specialty Services (Children's Waiver Only)	G0176	Activity Therapy (music, recreation or art) per session, 45 minutes or more	Children's Waiver	Music therapy: board certified (MT-BC) National Music Therapy Registry (NMTR) Recreation therapy: Certified by the National Council for Therapeutic Recreation (NCTRC) Art: Board certified (ATR-BC) Credentials Board, Inc. (ATCB)
Speech, Hearing & Language Therapy	92506, 92610	Speech & language evaluation	State Plan	Physician referral. Speech-language pathologist or audiologist possessing current Certificate of Clinical Competence or a candidate who has completed the academic program and is acquiring supervised work experience to qualify for the certificate
	92507, 92526,	S&L therapy, individual, per session	State Plan	Speech-language pathologist or audiologist possessing current Certificate of Clinical Competence or a candidate who has completed the academic program and is acquiring supervised work experience to qualify for the certificate Speech-language pathology assistant supervised by the certified speech-language pathologist or audiologist
	92508	S&L therapy, group, per session	State Plan	Speech-language pathologist or audiologist possessing current Certificate of Clinical Competence Speech-language pathology assistant supervised by the certified speech-language pathologist or audiologist
Substance Abuse: Individual assessment	H0001	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	H0001: Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description (Medicaid Provider Manual, Mental Health & Substance Abuse Chapter)	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals	Coverage	Provider/Staff Qualifications & Minimum Training Requirements (Refer to Medicaid Provider Manual for Definitions)
Substance abuse: Outpatient Care	H0004 H0005 H0015 H0022 H2035 H2036 T1012 90804 - 90815 90826 90847 90853 90857	H0004 - Behavioral health counseling and therapy, per 15 minutes 90804-90815 - Psychotherapy (individual) H0005 - Alcohol and/or drug services; group counseling by a clinician 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 H0022 - Early Intervention H2035 - Substance abuse treatment services per hour H2036 - Substance abuse treatment services per diem T1012 - Peer recovery and recovery support 90826 - Interactive individual psychotherapy 90847 - Family psychotherapy 90853 - Group psychotherapy 90857 - Interactive group psychotherapy 0906 - Intensive Outpatient Services - Chemical dependency	State Plan	Provider agency licensed and accredited as substance abuse treatment program. Services provided by Substance Abuse Treatment Specialist H0022, H2035, H2036 provided by Substance Abuse Treatment Specialist or Substance Abuse Treatment Practitioner. T1023 provided by a non-degreed, appropriately trained staff with access to a Substance Abuse Treatment Specialist as supervisor.
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 and MD, DO, physician's assistant, RN, LPN or pharmacist

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description (Medicaid Provider Manual, Mental Health & Substance Abuse Chapter)	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals	Coverage	Provider/Staff Qualifications & Minimum Training Requirements (Refer to Medicaid Provider Manual for Definitions)
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) H0012 - Alcohol and/or drug services; sub-acute detoxification; clinically monitored residential detox; non-medical or social detox setting (ASAM Level III.2-D) H0014 - Alcohol and/or drug services; ambulatory detoxification without extended onsite monitoring (ASAM Level I.D)	Additional “b3” Services	Provider agency licensed and accredited as substance abuse residential detoxification program. Supervision by licensed physician. H0010 - Staffed 24-hours per day, seven-days-per-week by licensed physician or by the designated representative of a licensed physician H0012, H0014 - Provided under the supervision of a certified addictions counselor. Must have arrangements for access to licensed medical personnel as needed. Appropriately credentialed nurses must monitor ASAM Level II-D ambulatory detoxification services under H0014.
Substance abuse: Residential Services	H0018, H0019	H0018 Alcohol and/or drug services; short term residential (non-hospital residential treatment program) 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 substance abuse treatment specialist with licensure as a psychologist, master’s social worker, professional counselor or physician. Non-degreed staff may provide services.
Supported Employment Services	H2023	Supported employment	Habilitation/ Supports Waiver & Additional “b3” Services	Services/activities identified in the individual plan of service. Qualifications of providers depends upon the service: Transportation: Aide
Supports Coordination	T1016	Case management	Habilitation/ Supports Waiver & Additional “b3” Services	<u>HSW Supports coordinator</u> : QMRP <u>B3 Supports Coordinator</u> : bachelor’s degree in human services field and one year of experience with population the supports coordinator will be serving. Services must be provided by a child mental health professional to any child beneficiary with serious emotional disturbance. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS. <u>Assistants or brokers</u> : high school diploma and one year experience and supervised by a qualified supports coordinator or case manager.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

Service Description (Medicaid Provider Manual, Mental Health & Substance Abuse Chapter)	HCPCS Codes	Reporting Code Description from HCPCS and CPT Manuals	Coverage	Provider/Staff Qualifications & Minimum Training Requirements (Refer to Medicaid Provider Manual for Definitions)
Targeted Case Management	T1017	Targeted Case management	State Plan	QMRP or QMHP; if case manager has only bachelor's degree without specialized training or experience they must be supervised by a QMHP or QMRP. Services must be provided by a child mental health professional to any child beneficiary with serious emotional disturbance. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS.
Therapy (mental health) Child & Adult, Individual, Family, Group	90808, 90809, 90814, 90815, 90821, 90822, 90828, 90829	Individual therapy, adult or child, 75-80 minutes	State Plan	<u>Child therapy:</u> A physician, full-licensed, limited –licensed or limited term licensed psychologist, licensed master's social worker, or a licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families. . Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS. <u>Adult individual/group therapy:</u> Mental Health Professional
	90804, 90810, 90811, 90816, 90817, 90823, 90824	Individual therapy, adult or child, 20-30 minutes	State Plan	<u>Child therapy:</u> A physician, full-licensed, limited –licensed or limited term licensed psychologist, licensed master's social worker, or a licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS. <u>Adult individual/group therapy:</u> Mental Health Professional
	90806, 90807, 90812, 90813, 90818, 90819, 90826, 90827	Individual therapy, adult or child, 45-50 minutes	State Plan	<u>Child therapy:</u> A physician, full-licensed, limited –licensed or limited term licensed psychologist, licensed master's social worker, or a licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS. <u>Adult individual/group therapy:</u> Mental Health Professional
	90853, 90857	Group therapy, adult or child, per session	State Plan	<u>Child therapy:</u> A physician, full-licensed, limited –licensed or limited term licensed psychologist, licensed master's social worker, or a licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS. <u>Adult individual/group therapy:</u> Mental Health Professional
	90846, 90847, 90849	Family therapy, per session	State Plan	Family therapy: Mental Health Professional

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES**

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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 S2015 Children's Waiver	State plan and "b3" services: Aide with valid Michigan driver's license appropriate to the vehicle being driven 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. Independent facilitator: aide level qualifications with training in person-centered planning
Wraparound Services	H2021 H2022 (SEDW only)	Specialized Wraparound Facilitation Community-based wrap-around service, per diem (SEDW only)	Additional "b3" Services Waiver for Children with Serious Emotional Disturbance (SEDW)	<u>Facilitator/Supports coordinator</u> : Child mental health professional. Services to children aged 7-17 with SED must be provided by a child mental health professional trained in CAFAS. <u>Assistants or brokers</u> : high school diploma and one year experience and supervised by Child mental health professional. Training: Both the facilitator and the Assistant Facilitator or Broker must complete MDCH three-day Wraparound Facilitator training; complete one additional Wraparound training per year; demonstrate proficiency in facilitating the Wraparound process. The supervisor must complete the three-day Wraparound facilitator training or one-day Wraparound orientation and one supervisory training annually.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICE & HCPCS/CPT CODES

All providers: 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 report on activities performed; and in good standing with the law (i.e., not a fugitive from justice, a convicted felon or illegal alien).

Aide: In addition to above, able to perform basic first aid procedures and is trained in the individual's plan of service, as applicable. Aides serving children on the Children's Waiver and Children's SED Waiver, must also be trained in recipient rights and emergency procedures.

Child Mental Health Professional: Individual with specialized training and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed master's social worker, or registered nurse; or an individual with a 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 a person 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.

Mental Health Professional [Mental Health Code, Section 330.1100b(14), revised 2005]: A physician, psychologist, licensed master's social worker, professional counselor, licensed marriage and family therapist, or registered professional nurse;

Psychologist: References to "psychologist" in this chart and the Medicaid Provider Manual mean a psychologist fully-licensed, limited-licensed or temporary limited licensed by the state of Michigan. LLPs and TLLPs must be supervised by a fully licensed psychologist; or when one is not available by a psychologist with a master's degree and three years of experience. Where Limited Licensed Psychologists (LLP) and Temporary Limited Licensed Psychologists (TLLP) are not permissible, it is duly noted.

QMHP: Individual with specialized training 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 pathologist, or audiologist, registered nurse, therapeutic recreation specialist, or rehabilitation counselor.

QMRP: Individual with specialized training or one year experience in treating or working with a person who has mental retardation; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech pathologist, or audiologist, registered nurse, therapeutic recreation specialist, or rehabilitation counselor

Substance Abuse Treatment Specialist: An individual who has specialized training or one year (2000 hours) of experience in treating or working with a persons who has a substance use disorder, has licensure in one of the following, and is working within their scope of practice: physician, physician assistant, nurse practitioner, registered nurse, licensed practical nurse, licensed psychologist, limited licensed psychologist, temporary limited licensed psychologist, licensed professional counselor, temporary limited licensed professional counselor, licensed master's social worker, limited licensed master's social worker, licensed bachelor's social worker, limited licensed bachelor's social worker; or an individual who has been certified through the Michigan Certification Board for Addiction Professionals and has one (or more) of the following credentials: Certified Addictions Counselor - Level I (CAC-I), or Michigan (CAC-M), or Level II (CAC-II), or IC & RC (CAC-R), or Certified Advanced Addictions Counselor (CAAC-M), Certified Clinical Supervisor (CCS), Certified Clinical Supervisor - IC & RC (CCS-R), Certified Clinical Supervisor - Michigan (CCS-M), Certified Criminal Justice Professional.

Substance Abuse Treatment Practitioner: An individual who has completed and passed the Fundamentals of Alcohol and Other Drug Problems (FAODP) exam or the Fundamentals of Substance Abuse Counseling (FASC) exam and has three years of relevant experience in the provision of substance abuse treatment services.