MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES

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). The PIHP or its contracted provider network is responsible for completing the criminal history/background investigation by checking statewide databases and for providing documentation in the employees personnel file, pursuant to federal and state law and regulations. Investigations must be of sufficient scope to conclude that the provider is in good standing with the law. 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.

Direct Support Professional (DSP)/Aide - Individual with specialized training, is able to perform basic first aid procedures; trained in the beneficiary's plan of service (i.e. training shall be provided by; the supports coordinator/case manager or other qualified staff that are responsible for monitoring the IPOS and are not providers of any other service to that individual and by each specialized professional within the scope of their practice, as appropriate), as applicable; is 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. DSPs serving children on the Children’s Waiver and the Waiver for Children with Serious Emotional Disturbance (SEDW), must be trained in recipient rights; able to perform basic first aid as evidenced by completion of first aid training course, or other method determined by the PIHP to demonstrate competence; able to perform emergency procedures as evidenced by completion of emergency procedures training course, or other method determined by the PIHP to demonstrate competence; has received training in the beneficiary’s IPOS.

Behavior Technician (BT) – Individual must have received BACB training, prior to furnishing services, conducted by a professional experienced in BHT services (BCBA, BCaBA, LP, LLP, and/or QBHP), but is not required to register with the BACB upon completion. Works under the supervision of the BCBA or other professional (BCaBA, LP, LLP or QBHP) overseeing the behavioral plan of care, with minimally one hour of clinical observation and direction for every 10 hours of direct treatment. Must be at least 18 years of age; able to practice universal precautions to protect against the 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 be 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). Must be able to perform and be certified in basic first aid procedures and is trained in the IPOS/behavioral plan of care utilizing the person-centered planning process.

Child Mental Health Professional (CMHP) - 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 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.

---

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.
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.
Health Care Professional – A physician, registered nurse, physician assistant, nurse practitioner, clinical nurse specialist, or dietician. Services provided must be relevant to the health care professional’s scope of practice.

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 333.16901 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/primary caregiver of a child with behavioral and mental health needs, and/or Intellectual/Developmental Disability, including autism, 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.

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.

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.

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.
Qualified Behavioral Health Professional (QBHP) – starting January 1, 2020 a QBHP must be certified within two years of successfully completing their ABA graduate coursework or by 9/30/2025 which ever is the shorter time period.

- Must be a physician or licensed practitioner (e.g. Advanced Practice RN, Psychologist, Clinical Social Worker, Physician Assistant, etc.) with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD.

- 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. 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.
  4. Experimental evaluation of interventions.
  5. Measurement of behavior and developing and interpreting behavioral data.
  6. Behavioral change procedures and systems supports.

Qualified Intellectual Disability Professional (QIDP) - Individual with specialized training\(^2\) (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) OR one year of 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, behavior analyst, registered nurse, registered dietician, therapeutic recreation specialist, a licensed/limited-licensed professional counselor, OR a human services professional with at least a bachelor’s degree in a human services field.

Qualified Mental Health Professional (QMHP) - Individual with specialized training\(^3\) (including 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) OR one year of 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, behavior analyst, registered nurse, therapeutic recreation specialist, licensed/limited-licensed professional counselor, licensed or limited licensed marriage and family therapist, a licensed physician’s assistant, OR a human services professional with at least a bachelor’s degree in a human services field.

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.

---

\(^1\) 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.

\(^2\) 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.
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.

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 – 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), Clinical Nurse Specialist (CNS), 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 (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, clinical nurse specialist, 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) or who has a registered development plan (Development Plan – Supervisor [DP-S]) to obtain the supervisory credential when providing substance abuse treatment services.

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.
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.
NOTE: The Provider Qualifications for both the Children’s Waiver Program (CWP) and Serious Emotional Disturbance (SED) Waiver can be found in the Medicaid Provider Manual. The Michigan Medicaid Provider Manual can be found at the following link: [https://www.michigan.gov/mdhhs/0,5885,7-339--87572--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339--87572--,00.html)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABA Behavior Identification Assessment</td>
<td>97151</td>
<td>Behavior identification assessment by a qualified provider face to face with the individual and caregiver(s); includes interpretation of results and development of the behavioral plan of care.</td>
<td>BCBA, BCaBA, or QBHP, LP/LLP</td>
</tr>
<tr>
<td>ABA Behavioral Follow-up Assessment</td>
<td>0362T</td>
<td>Behavioral follow-up assessment (Functional Behavior Analysis/FBA)</td>
<td>BCBA, BCaBA, or QBHP, LP/LLP</td>
</tr>
<tr>
<td>ABA Adaptive Behavior Treatment</td>
<td>97153</td>
<td>Adaptive behavior treatment by protocol administered by technician, face to face with one individual.</td>
<td>Behavior Technician (could also include BCBA, BCaBA, or QBHP, LP/LLP)</td>
</tr>
<tr>
<td>ABA Group Adaptive Behavior Treatment</td>
<td>97154</td>
<td>Group adaptive behavior treatment by protocol, administered by technician, face to face with two or more individuals.</td>
<td>Behavior Technician (could also include BCBA, BCaBA, or QBHP, LP/LLP)</td>
</tr>
<tr>
<td>ABA Clinical Observation and Direction of Adaptive Behavior Treatment</td>
<td>97155</td>
<td>Clinical observation &amp; direction of adaptive behavior treatment with protocol modification administered by qualified professional, face-to-face with one individual.</td>
<td>BCBA, BCaBA, or QBHP, LP/LLP</td>
</tr>
<tr>
<td>ABA Family Behavior Treatment Guidance</td>
<td>97156</td>
<td>Family behavior treatment guidance administered by qualified professional. Untimed.</td>
<td>BCBA, BCaBA, or QBHP, LP/LLP</td>
</tr>
<tr>
<td>ABA Multiple Family Behavior Treatment Guidance</td>
<td>97157</td>
<td>Multiple family behavior treatment guidance administered by qualified professional. Untimed.</td>
<td>BCBA, BCaBA or QBHP, LP/LLP</td>
</tr>
<tr>
<td>Service Description</td>
<td>HCPCS Codes</td>
<td>Reporting Code Description from HCPCS and CPT Manuals¹</td>
<td>Provider/Staff Qualifications &amp; Minimum Training Requirements</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-------------</td>
<td>--------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ABA Adaptive Behavior Treatment Social Skills Group</td>
<td>97158</td>
<td>Adaptive behavior treatment social skills group. Untimed.</td>
<td>BCBA, BCaBA or QBHP, LP/LLP</td>
</tr>
<tr>
<td>ABA Exposure Adaptive Behavior Treatment</td>
<td>0373T</td>
<td>Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s), face-to-face with individual.</td>
<td>Behavior Technician (could also include BCBA, BCaBA, or QBHP, or LP/LLP)</td>
</tr>
<tr>
<td>Assertive Community Treatment (ACT)</td>
<td>H0039</td>
<td>ACT</td>
<td>Minimum staffing: Physician (MD or DO) to provide psychiatric coverage, physician’s assistant with a legally compliant practice agreement with participating ACT physician, or nurse practitioner working under ACT physician supervision and delegation may provide part of ACT psychiatric coverage, clinical nurse specialist, registered nurse who provides direct services within scope of practice, team leader who is a MHP with a minimum of a master’s degree and appropriate certification/licensure to provide clinical supervision and two years post degree clinical experience, and other QMHPs; up to one full-time equivalent (FTE) certified peer support specialist may be substituted for one FTE QMHP in the staff to beneficiary ratio, up to one FTE paraprofessional staff may additionally be substituted for one QMHP in the staff to beneficiary ratio. One nurse cannot serve as both the team leader and the nurse on the team. All team staff shall have a basic knowledge of ACT programs and principles acquired through MDHHS-approved ACT-specific training within six months of hire to work on an ACT team and at least one MDHHS approved ACT specific training annually thereafter.</td>
</tr>
<tr>
<td>Assessments</td>
<td>T1001, 97802, 97803</td>
<td>Nursing or nutrition assessments (refer to code descriptions)</td>
<td>Registered nurse, licensed physician's assistant, nurse practitioner, clinical nurse specialist, licensed dietician or licensed nutritionist (operating within scope of practice)</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Other assessments, tests</td>
<td>90791, 90792, 90833, 90836, 90838, 90785, 99201-99215, 99304-99310, 99324-99328, 99334-99337, 99341-99350</td>
<td>90791: Psychiatric diagnostic evaluation 90792: Psychiatric diagnostic evaluation with medical services 90833, 90836, 90838: Psychotherapy with evaluation and management 90785: Add-on code for interactive complexity 99201-99215, 99304-99310, 99324-99328, 99334-99337, and 99341-99350: Evaluation and management</td>
<td>90791: Psychiatrist, psychologist, psychiatric mental health nurse practitioner, or appropriately trained clinical nurse specialist 90792: Psychiatrist, psychiatric mental health nurse practitioner, or appropriately trained clinical nurse specialist 90833, 90836, and 90838: Psychiatrist 90785: refer to code requirements for the code that is being added on to. 99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337, and 99341-99350: Physician (MD or DO), licensed physician’s assistant, clinical nurse specialist, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician 99211: Physician (MD or DO), licensed physician's assistant, nurse practitioner, clinical nurse specialist, registered nurse, or a licensed practical nurse assisting a physician</td>
</tr>
<tr>
<td></td>
<td>99241-99255</td>
<td>Physician consultations (inpatient settings)</td>
<td>MD/DO</td>
</tr>
</tbody>
</table>

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.
### Service Description
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological testing</td>
<td>96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146</td>
<td></td>
<td>996138, 96139 and 96146: 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. 96116, 96121, 96130, 96131, 96132, 96133, 96136, and 96137 Psychologist</td>
</tr>
<tr>
<td>Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc.)</td>
<td>90887, 96105, 96110, 96112, 96113, 96127</td>
<td></td>
<td>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. Assessments of children with SED are done by a CMHP. Assessments of children ages 7 through 17 with SED must be provided by a CMHP trained in CAFAS. Assessments of children ages 4 through 6 with SED must be provided by a CMHP trained in PECFAS. Services rendered to a young child, birth through age 3, must be provided by a CMHP trained in the Devereux Early Childhood Assessment (DECA) Assessments of children with DD are done by a QIDP.</td>
</tr>
<tr>
<td>H0002: Brief screening to non-inpatient mental health programs</td>
<td>H0002, H0031, T1023</td>
<td>H0002: Brief screening to non-inpatient mental health programs T1023: Pre-screening for inpatient program</td>
<td>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.</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>H0031: Assessment by non-physician</td>
<td>H0031: Mental Health Professional, QMHP, or QIDP if within their licensure scope of practice. BCBA and BCaBA's within their scope of practice. Use H0031-U5 for reporting BHT/ABA eligibility assessments and re-evaluation assessments related to Autism by a Qualified Licensed Practitioner, working within their scope of practice with training, experience, and expertise in ASD.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>H0031/HW: for reporting SIS assessments face-to-face with consumer. Qualifications for SIS interviewers:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bachelor's degree in Human Services or four years of equivalent work experience in a related field</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• At least one year experience with individuals who have a developmental or intellectual disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Persons with AAIDD-recognized training and ongoing Quality Assurance which includes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- participation in a minimum of one Periodic Drift Review per year (recommend quarterly) conducted by an AAIDD-recognized SIS® Trainer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- maintain annual Interviewer Reliability Qualification Review (IRQR) status at &quot;Qualified&quot; as determined by an AAIDD-recognized SIS® Trainer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- attend quarterly Michigan SIS® Assessor conference calls</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- attend annual Michigan SIS® Assessor Continuing Education</td>
<td></td>
</tr>
<tr>
<td>Behavior Treatment Plan</td>
<td>H2000</td>
<td>Comprehensive multidisciplinary evaluation</td>
<td>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.</td>
</tr>
<tr>
<td>Review</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clubhouse Psychosocial Rehabilitation Programs</td>
<td>H2030</td>
<td>Mental Health Clubhouse Services</td>
<td>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.</td>
</tr>
</tbody>
</table>
| Community Living Supports                  | H0043, H2015, H2016, T2036, T2037 | H0043: Community Living Supports provided in unlicensed independent living setting or own home  
H2015: Comprehensive Community Support Services  
H2016: Comprehensive Community Support Services in specialized residential settings only  
T2036: Therapeutic camping overnight  
T2037: Therapeutic camping day | H0043, H2015, H2016, T2036 & T2037: DSP  
H2015: Children’s Waiver or SEDW DSP 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             | Licensed builder or utility company; requirements specified in the IPOS.                                                   |
| Crisis Intervention                         | H2011, 90839, 90840 | H2011: Crisis Intervention Service  
90839: Psychotherapy for crisis; first 60 minutes  
90840: Psychotherapy for crisis; each additional 30 minutes | 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. | 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. |

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Residential Services</td>
<td>H0018</td>
<td>Behavioral health; short-term residential</td>
<td>Clinical supervision, psychiatric evaluation and assessment by psychiatrist. On-site medication reviews by physician, licensed physician’s assistant, clinical nurse specialist, 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. Treatment, other than mental health therapy, may be done by non-degreed staff.</td>
</tr>
<tr>
<td>Enhanced Medical Equipment and Supplies / Assistive Technology (also Specialized Medical Equipment and Supplies for Children’s Waiver)</td>
<td>E1399, S5199, T2028, T2029, T2039</td>
<td>Enhanced medical equipment and supplies that are not available under regular Medicaid coverage or through other insurances.</td>
<td>Physician’s prescription. Not a staff service.</td>
</tr>
<tr>
<td>Enhanced Pharmacy</td>
<td>T1999</td>
<td>Physician-ordered, nonprescription “medicine chest” items as specified in the beneficiary’s support plan.</td>
<td>Physician’s prescription. Not a staff service.</td>
</tr>
<tr>
<td>Environmental Modifications/Accessibility Adaptation</td>
<td>S5165</td>
<td>Home modification, per service</td>
<td>Physician’s prescription. Licensed builder, contractor Children's Waiver: Assessment by an occupational therapist</td>
</tr>
<tr>
<td>Family Training</td>
<td>S5111</td>
<td>Home care training</td>
<td>Training must be provided by a professional within the scope of their practice. BCBA and BCaBA’s within their scope of practice. Children's Waiver: Must be either a licensed psychologist, Master's level social worker, or other</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>clinician (e.g., occupational therapist, physical therapist, speech therapist or nurse) who is a Qualified Intellectual Disabilities Professional (QIDP), as defined in CFR 483.430. The service provider is selected on the basis of his/her competency in the aspect of the service plan on which they are conducting training.</td>
<td>G0177</td>
<td>Family Psycho-education: family educational groups</td>
<td>Mental Health Professional or Qualified Mental Health Professional trained in the Michigan Family Psychoeducation curriculum and supervised by a Mental Health Professional.</td>
</tr>
<tr>
<td>SEDW: Must be clinical professional (Psychologist, Social Worker, Occupational Therapist, Physical Therapist, Speech Therapist, Music Therapist, Art Therapist, Therapeutic Recreation Specialist or Child Mental Health Professional). The service provider is selected on the basis of his/her competency in the aspect of the service plan on which they are conducting training.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer training must be provided by a trained peer.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent Support Partner – Individual who:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• has lived experience as a parent/caregiver of a child with behavioral and mental health needs, and/or Intellectual/Developmental Disability, including autism, and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• is employed by the PIHP/CMHSP or its contract providers, and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• is trained in the Michigan Department of Health and Human Services approved curriculum and ongoing training model.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent-to-Parent and Resource Parent training must be provided by a trained parent using the MDHHS-endorsed curriculum.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other kinds of non-clinical supports may be provided by an DSP.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>S5110 Family Psycho-education: skills workshop</td>
<td>S5110</td>
<td></td>
<td>Mental Health Professional or Qualified Mental Health Professional trained in the Michigan Family Psychoeducation curriculum and supervised by a Mental Health Professional.</td>
</tr>
<tr>
<td>T1015 Family Psycho-education: joining</td>
<td>T1015</td>
<td></td>
<td>Mental Health Professional or Qualified Mental Health Professional trained in the Michigan Family Psychoeducation curriculum and supervised by a Mental Health Professional.</td>
</tr>
<tr>
<td><strong>Fiscal Intermediary Services</strong></td>
<td>T2025</td>
<td>Waiver service NOS. Use for services performed by a fiscal intermediary.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Foster Care, Therapeutic (SEDW Only)</strong></td>
<td>S5140, S5145</td>
<td>S5140: Foster Care, Therapeutic, per diem, age 11 and older S5145: Foster Care, Therapeutic, per diem</td>
<td>Foster care licensure, MDHHS-certified, specialized training, trained in the child's IPOS.</td>
</tr>
<tr>
<td><strong>Goods and Services</strong></td>
<td>T5999</td>
<td>Waiver service not otherwise specified</td>
<td>Not a staff service.</td>
</tr>
<tr>
<td><strong>Health Services</strong></td>
<td>97802, 97803, 97804, H0034, S9445, S9446, S9470, T1002</td>
<td>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</td>
<td>Registered nurse, nurse practitioner, clinical nurse specialist, registered dietician, or licensed physician’s assistant according to their scope of practice.</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Based Services</td>
<td>H0036</td>
<td>Community psychiatric supportive treatment</td>
<td>Home-based services worker: CMHP*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>H0036/ST: Trauma-Focused Cognitive Behavioral Therapy (TFCBT)</td>
<td>Home-based services assistant: DSP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Supervisor: master's prepared CMHP with three years'</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>professional experience.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TFCBT: Master's level home-based clinician, certified by</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MDHHS to provide this service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For children ages 7 through 17 with SED: must be trained</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>in CAFAS. Services rendered to children ages 4 through 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>with SED must be provided by a CMHP trained in PECFAS.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For infants and toddlers (0-3 years): Services rendered to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>a young child, birth through age 3, must be provided by a</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CMHP trained in the Devereux Early Childhood Assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(DECA) CMHP + specific training. Effective 10/01/09,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>training requirement must minimally have Endorsement Level 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>by the Michigan Association of Infant Mental Health, Level 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>preferred.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For DD: CMHP* + must meet QIDP qualifications</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Unless providing mental health therapy which requires</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>these qualifications: physician, psychologist, licensed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>master’s social worker (or a limited-licensed master’s</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>social worker supervised by a licensed master’s social</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>worker), or a licensed or limited-licensed professional</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>counselor + one year of experience in examination,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>evaluation and treatment of minors and their families.</td>
</tr>
<tr>
<td></td>
<td>H2033</td>
<td>Multi-systemic therapy (MST) in home-based program</td>
<td>Master's level clinician who is a CMHP, certified by MST</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Services</td>
</tr>
<tr>
<td>Home Care Training, Non-Family (Children’s</td>
<td>S5116</td>
<td>Home Care Training, non-family, per session</td>
<td>Psychologist, licensed master’s social worker, or a QIDP</td>
</tr>
<tr>
<td>Waiver Only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>T2038</td>
<td>Community transition, waiver, per service</td>
<td>Not a staff service.</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Administration</td>
<td>96372, 99506</td>
<td>Report procedure code only when provided as a separate service.</td>
<td>Physician, licensed physician’s assistant, nurse practitioner, clinical nurse specialist, registered nurse, or a licensed practical nurse assisting a physician</td>
</tr>
<tr>
<td>Medication Review</td>
<td>99201-99215, 99324-99328, 99304-99310, 99334-99337, 99341-99350</td>
<td>99201-99215: Psychiatric evaluation and medication management, EPS tardive dyskinesia testing is included in medication review services, 99304-99310: Nursing facility services evaluation and management, 99324-99328 and 99334-99337: Domiciliary care, rest home, assisted living visits, 99341-99350: Home visits</td>
<td>99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337, and 99341-99350: Physician (MD or DO), licensed physician’s assistant, nurse practitioner, or clinical nurse specialist under their scope of practice and under the supervision and delegation of a physician, 99211: Physician (MD or DO), licensed physician’s assistant, nurse practitioner, clinical nurse specialist, registered nurse, or a licensed practical nurse assisting a physician. <strong>Note:</strong> 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.</td>
</tr>
<tr>
<td>Comprehensive Medication Services</td>
<td>H2010</td>
<td>Use only with Evidence-Based Practice – Medication Algorithm</td>
<td>Physician (MD or DO), licensed physician's assistant, nurse practitioner, clinical nurse specialist, or registered pharmacist within their scope of practice.</td>
</tr>
<tr>
<td>Non Family Training/ Family Home Care Training</td>
<td>S5116</td>
<td>Home care training, nonfamily, per session</td>
<td>QMHP or QIDP or CMHP</td>
</tr>
<tr>
<td>Nursing Facility Mental Health Monitoring</td>
<td>T1017/SE</td>
<td>Targeted case management</td>
<td>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. A CMHP is required when delivering services to a child with SED. A QIDP is required when delivering services to a child with DD.</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy</td>
<td>97165, 97166, 97167, and 97168</td>
<td>OT evaluation/re-evaluation</td>
<td>Physician or physician assistant or nurse practitioner or clinical nurse specialist prescription. Services provided by an occupational therapist currently licensed by the State of Michigan.</td>
</tr>
<tr>
<td></td>
<td>97110, 97112, 97113, 97116, 97124, 97140, 97530, 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97763, G0515</td>
<td>OT individual</td>
<td>Physician or physician assistant or nurse practitioner or clinical nurse specialist prescription. Services provided by an occupational therapist currently licensed by the State of Michigan or an occupational therapy assistant supervised by a licensed occupational therapist.</td>
</tr>
<tr>
<td></td>
<td>97150</td>
<td>OT group</td>
<td>Physician or physician assistant or nurse practitioner or clinical nurse specialist prescription. Services provided by an occupational therapist currently licensed by the State of Michigan or an occupational therapy assistant supervised by a licensed occupational therapist.</td>
</tr>
<tr>
<td>Out-of-Home Non-Vocational Habilitation</td>
<td>H2014</td>
<td>Skills training and development</td>
<td>DSP</td>
</tr>
<tr>
<td>Out-of-Home Prevocational Service</td>
<td>T2015</td>
<td>Habilitation, prevocational</td>
<td>DSP</td>
</tr>
<tr>
<td>Overnight Health and Safety</td>
<td>T2027</td>
<td>Specialized childcare, waiver, per 15 minutes T2027/HB indicate if consumer is an adult.</td>
<td>DSP</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer-Directed and Operated Support Services</td>
<td>H0023, H0038, H0046</td>
<td>H0023: Drop-in center</td>
<td>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. Peer Specialist: Must be certified by MDHHS if providing services to an individual with SMI. 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 Peer Mentor: Must be an individual with developmental disabilities who is trained as a mentor.</td>
</tr>
<tr>
<td>Personal Care in Licensed Specialized Residential Setting</td>
<td>T1020</td>
<td>Personal care services</td>
<td>Services are authorized by a physician or other health care professional. Services are provided by an DSP supervised by a health care professional.</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>97161, 97162, 97163, and 97164</td>
<td>PT evaluation/re-evaluation</td>
<td>Physician or physician assistant or nurse practitioner or clinical nurse specialist prescribed. Evaluation must be done by a licensed (by State of Michigan) physical therapist.</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals(^1)</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT individual</td>
<td>97110, 97112, 97113, 97116, 97124, 97140, 97530, 97533, 97535, 97537, 97542, 97750, 97760, 97763, S8990</td>
<td>PT individual</td>
<td>Physician or physician assistant or nurse practitioner or clinical nurse specialist prescribed. Activities performed by a licensed (by State of Michigan) physical therapist or a physical therapy assistant supervised by a licensed physical therapist.</td>
</tr>
<tr>
<td>PT group</td>
<td>97150</td>
<td>PT group</td>
<td>Physician or physician assistant or nurse practitioner or clinical nurse specialist prescribed. Activities performed by a licensed (by State of Michigan) physical therapist or a physical therapy assistant supervised by a licensed physical therapist.</td>
</tr>
<tr>
<td>Prevention Services - Direct Model</td>
<td>H0025, S9482, T2024, T1027, H2027</td>
<td>Behavioral health prevention education service H0025: School Success &amp; Child Care Expulsion H2027: Family skills training/group for children of adults with mental illness S9482: Infant mental health T1027: Parent education T2024: Children of adults with mental illness</td>
<td>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. School Success: CMHP* Children of Adults with MI: Mental Health Professional* Parent Education: CMHP* with training in the Parent Education model * 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.</td>
</tr>
</tbody>
</table>

\(^1\) 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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals(^1)</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
</table>
| Private Duty Nursing        | S9123, S9124| Private duty nursing, Habilitation Supports Waiver (individual nurse only), 21 years and over ONLY | S9123: Registered nurse  
S9124: Licensed practical nurse |
|                             | T1000       | Private duty nursing (Habilitation Supports Waiver)  
Private duty/independent nursing service(s), licensed | T1000 TD: Registered nurse  
T1000 TE: Licensed practical nurse or licensed visiting nurse |
| Respite Care                | H0045       | Respite care services in out-of-home setting | DSP |
|                             | S5150       | Respite care by unskilled person (use also for "Family Friend" respite) | DSP |
|                             | S5151       | Respite care in home | DSP |
|                             | T1005       | Respite care services, up to 15 minutes  
No modifier = all providers (including unskilled and "Family Friend") except RN & LPN | DSP  
Children's Waiver or SEDW: DSP must also have training in recipient rights  
T1005 TD: Registered nurse  
T1005 TE: Licensed practical nurse |
|                             | T2036, T2037| T2036: Therapeutic camping overnight  
T2037: Therapeutic camping day | DSP |
| Skill Building Assistance   | H2014       | Skills training and development | Activities identified in the IPOS are designed by a professional within their scope of practice. May be delivered by an DSP. |

\(^1\) 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.

January 2, 2020
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
</table>
| Specialty Services  | G0176       | Activity Therapy (music, recreation or art), per session, 45 minutes or more | Music therapy: board certified (MT-BC) National Music Therapy Registry (NMTR)  
Recreation therapy: Certified by the National Council for Therapeutic Recreation Certification (NCTRC)  
Art: Board certified (ATR-BC) Art Therapy Credentials Board, Inc. (ATCB) |
| (Children’s Waiver and Waiver for Children with Serious Emotional Disturbance Only) | | | |
| Speech, Hearing & Language Therapy | 92610 | Evaluation of oral and pharyngeal swallowing function | Physician or physician assistant or nurse practitioner or clinical nurse specialist referral  
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 | Physician or physician assistant or nurse practitioner or clinical nurse specialist referral  
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 | Physician or physician assistant or nurse practitioner or clinical nurse specialist referral  
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. |
| | 92523 | Evaluation of speech sound production with evaluation of language comprehension and expression | Physician or physician assistant or nurse practitioner or clinical nurse specialist referral  
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. |
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
</table>
| 92524               | 92524       | Behavioral and qualitative analysis of voice and resonance | Physician or physician assistant or nurse practitioner or clinical nurse specialist referral  
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        | 92507, 92526 | S & L therapy, individual, per session                   | 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.  
Speech-language pathology assistant supervised by the licensed speech-language pathologist or audiologist. |
| 92508               | 92508       | S & L therapy, group, per session                        | Speech-language pathologist or audiologist possessing a current license.  
Speech-language pathology assistant supervised by the licensed speech-language pathologist or audiologist. |
| 92607               | 92607       | Evaluation for prescription for speech-generating augmentative and alternative communication devices | Physician or physician assistant or nurse practitioner or clinical nurse specialist referral  
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. |
| 92608               | 92608       | Add-on code for 92067, each additional 30 minutes        | Physician or physician assistant or nurse practitioner or clinical nurse specialist referral  
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. |
| 92609               | 92609       | Therapeutic services for the use of speech-generating device, including programming and modification | Physician or physician assistant or nurse practitioner or clinical nurse specialist referral |

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>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.</td>
<td>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 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.</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
</table>
| Substance Abuse: Outpatient Care    | H0004, H0005, H0015, H0022, H0050, 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  
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  
H2011/HF: Crisis intervention  
H2027/HF: Didactics  
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 | Provider agency licensed and accredited as substance abuse treatment program  
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.  
Non-clinical services under H0015, H0038, H0050, 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.  
H0038: qualified peer specialist - must be certified through an MDHHS-approved training program.  
T1012: recovery support services can be delivered by appropriately trained/supervised staff who are not certified peers. |

---

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>H0038/HF, T1012: Recovery support T1007: Treatment planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90785/HF: interactive complexity (add-on code) 90832: Psychotherapy, 30 minutes with individual and/or family member 90834/HF: Interactive individual psychotherapy 90837: Psychotherapy, 60 minutes with individual and/or family member 90846/HF: Family psychotherapy 90847/HF: Family psychotherapy 90849/HF: Family psychotherapy 90853/HF: Interactive group psychotherapy</td>
<td>90906: Intensive Outpatient Services – Chemical dependency Use modifier HF to signify that these codes were used for substance abuse treatment, because they are also used for reporting mental health services.</td>
<td>For psychotherapy (908xx series codes): SATS – Only Master’s prepared with appropriate licensure and working under appropriate supervision may provide services.</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse: Methadone</td>
<td>H0020</td>
<td>Alcohol and/or drug services; Methadone administration and/or service (provision of the drug by a licensed program)</td>
<td>Provider agency licensed and accredited as methadone clinic. Supervision by licensed physician. Administration of methadone by an MD, DO, licensed physician’s</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals(^1)</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse:</td>
<td>H0010, H0012,</td>
<td>H0010: Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level III.7-D)</td>
<td>For residential settings (H0010 and H0012): provider agency licensed and accredited as substance abuse residential detoxification program. Supervision by licensed physician.</td>
</tr>
<tr>
<td>Sub-Acute Detoxification</td>
<td>H0014</td>
<td>H0012: Alcohol and/or drug services; sub-acute detoxification; clinically monitored residential detox; non-medical or social detox setting (ASAM Level III.2-D)</td>
<td>H0010: Staffed 24-hours-per-day, 7-days-per-week by licensed physician or by the designated representative of a licensed physician.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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)</td>
<td>H0012: Provided under the supervision of a Substance Abuse Treatment Specialist. Must have arrangements for access to licensed medical personnel as needed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Substance Abuse:</td>
<td>H0018, H0019</td>
<td>H0018: Alcohol and/or drug services; short-term residential (non-hospital residential treatment program)</td>
<td>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.</td>
</tr>
<tr>
<td>Residential Services</td>
<td></td>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>Supported Employment Services</td>
<td>H2023</td>
<td>Supported employment</td>
<td>Services/activities identified in the IPOS. Qualifications of providers depends upon the service.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transportation: DSP</td>
</tr>
</tbody>
</table>

\(^1\) 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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports Coordination</td>
<td>T1016</td>
<td>Case management</td>
<td>Supports Coordinator, support coordinator assistants, independent services and supports brokers. Assistants or brokers: high school diploma and one year experience, and supervised by a qualified supports coordinator or case manager.</td>
</tr>
<tr>
<td>Targeted Case Management</td>
<td>T1017</td>
<td>Targeted case management</td>
<td>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 or is supervised by a CMHP while the individual is working towards becoming a CMHP to any child beneficiary with SED. Services to children ages 7 through 17 with SED must be provided by a CMHP trained in CAFAS. Services rendered to children ages 4 through 6 with SED must be provided by a CMHP trained in PEFCFAS. Services rendered to a young child, birth through age 3, must be provided by a CMHP trained in the Devereux Early Childhood Assessment (DECA)</td>
</tr>
<tr>
<td>Therapy (mental health) Child &amp; Adult, Individual, Family, Group</td>
<td>90832, 90834, 90837, 90785</td>
<td>Individual therapy, adult or child 90785: Add-on code for interactive complexity</td>
<td>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 through 17 with SED must be provided by a CMHP trained in CAFAS. Services rendered to children ages 4 through 6 with SED must be provided by a CMHP trained in PEFCFAS. Services rendered to a young child, birth through age 3, must be provided by a CMHP trained in the Devereux Early Childhood Assessment (DECA)</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90853, 90785</td>
<td>Group therapy, adult or child, per session</td>
<td>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 through 17 with SED must be provided by a CMHP trained in CAFAS. Services rendered to children ages 4 through 6 with SED must be provided by a CMHP trained in PECFAS. Services rendered to a young child, birth through age 3, must be provided by a CMHP trained in the Devereux Early Childhood Assessment (DECA)</td>
</tr>
<tr>
<td></td>
<td>90846, 90847, 90849</td>
<td>Family therapy, per session</td>
<td>Family therapy: Mental Health Professional, including a limited-licensed master’s social worker supervised by a licensed master’s social worker.</td>
</tr>
<tr>
<td></td>
<td>H2019</td>
<td>Dialectical Behavior Therapy (DBT)</td>
<td>Mental Health Professional certified in DBT by MDHHS. Skills training (H2019/TT) by Mental Health Professional + bachelor’s level staff or Peer Support Specialist.</td>
</tr>
<tr>
<td></td>
<td>A0080, A0090, A0100, A0120, A0130, A0140, A0170, S0209, S0215, T2001-T2005</td>
<td>Non-emergency transportation services. Refer to code descriptions.</td>
<td>State Plan: For Provider Qualifications please see the Non-Emergency Medical Transportation Chapter. 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.</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Planning</td>
<td>H0032</td>
<td>Mental health service plan development by non-physician</td>
<td>Qualifications of professionals in attendance will depend upon their scope of practice. BCBA and BCaBA's within their scope of practice. Independent facilitator: Minimum of a high school diploma and one year experience, with training in person-centered planning. Peers who participate or assist in treatment planning must meet the qualifications of Peer Specialist or Peer Mentor.</td>
</tr>
<tr>
<td>Wraparound Services</td>
<td>H2021, H2022 (SEDW)</td>
<td>Specialized Wraparound Facilitation Community-based wraparound services, per diem (SEDW only)</td>
<td>Facilitator/Supports Coordinator: CMHP. Services to children ages 7 through 17 with SED must be provided by an individual who possesses a minimum of a bachelor’s degree, is a CMHP or is supervised by a CMHP and is trained in CAFAS. Services rendered to children ages 4 through 6 with SED must be provided by an individual who possesses a minimum of a bachelor’s degree, is a CMHP or is supervised by a CMHP, and is trained in PECFAS. Services rendered to a young child, birth through age 3, must be provided by a CMHP trained in the Devereux Early Childhood Assessment (DECA) Training: The Facilitator/Supports Coordinator 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.</td>
</tr>
</tbody>
</table>

<sup>1</sup> 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.