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

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

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

**Child Mental Health Professional (CMHP)** - Individual with specialized training 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 has 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.

**Health Care Professional** – A physician, registered nurse, physician’s assistant, nurse practitioner, 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 333.18101 to 333.18177), or a marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code (1978 PA 368, MCL 333.16901 to 333.16915). **NOTE:** The approved licensures for disciplines identified as a Mental Health Professional include the full, limited and temporary limited categories.

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

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

Qualified Behavioral Health Professional (QBHP) – QBHP must be BCBA certified by 9/30/2020 and meet one of the following state requirements:

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

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

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

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

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

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

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

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

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

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

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\(^2\) 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.
Substance Abuse Treatment Practitioner (SATP) - An individual who has a registered MCBAP certification development plan (Development Plan – Counselor [DP-C] – approved development plan in place), is timely in its implementation, and is supervised by a Certified Clinical Supervisor – Michigan (CCS-M) or Certified Clinical Supervisor – IC & RC (CCS); or who has a registered development plan to obtain the supervisory credential (Development Plan – Supervisor [DP-S] - approved development plan in place) while completing the requirements of the plan.

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

- Physician (MD/DO), Licensed Physician's Assistant (PA), Nurse Practitioner (NP), Registered Nurse (RN), Licensed Practical Nurse (LPN), Licensed Psychologist (LP), Limited-Licensed Psychologist (LLP), Temporary Limited-Licensed Psychologist (TLLP), Licensed Professional Counselor (LPC), Limited-Licensed Professional Counselor (LLPC), Licensed Marriage and Family Therapist (LMFT), Limited-Licensed Marriage and Family Therapist (LLMFT), Licensed Master's Social Worker (LMSW), Limited-Licensed Master's Social Worker (LLMSW), Licensed Bachelor's Social Worker (LBSW), Limited-Licensed Bachelor's Social Worker (LLBSW)

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:

OR

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

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

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

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

A SATS must be supervised by an individual who is a certified clinical supervisor (a CCS-M or CCS-R) or who has a registered development plan (Development Plan – Supervisor [DP-S]) to obtain the supervisory credential when providing substance abuse treatment services.
# MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES

<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
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<th>Coverage</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
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<tbody>
<tr>
<td>ABA Behavior Identification Assessment</td>
<td>0359T</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>EPSDT State Plan</td>
<td>BCBA, BCaBA, or QBHP, LP/LLP</td>
</tr>
<tr>
<td>ABA Behavioral Follow-up Assessment</td>
<td>0362T, 0363T</td>
<td>Behavioral follow-up assessment (Functional Behavior Analysis/FBA)</td>
<td>EPSDT State Plan</td>
<td>BCBA, BCaBA, or QBHP, LP/LLP</td>
</tr>
<tr>
<td>ABA Adaptive Behavior Treatment</td>
<td>0364T, 0365T</td>
<td>Adaptive behavior treatment by protocol administered by technician, face to face with one individual.</td>
<td>EPSDT State Plan</td>
<td>Behavior Technician (could also include BCBA, BCaBA, or QBHP, or LP/LLP)</td>
</tr>
<tr>
<td>ABA Group Adaptive Behavior Treatment</td>
<td>0366T, 0367T</td>
<td>Group adaptive behavior treatment by protocol, administered by technician, face to-face with two or more individuals.</td>
<td>EPSDT State Plan</td>
<td>Behavior Technician (could also include BCBA, BCaBA, or QBHP, or LP/LLP)</td>
</tr>
<tr>
<td>ABA Clinical Observation and Direction of Adaptive Behavior Treatment</td>
<td>0368T, 0369T</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>EPSDT State Plan</td>
<td>BCBA, BCaBA, or QBHP, LP/LLP</td>
</tr>
<tr>
<td>ABA Family Behavior Treatment Guidance</td>
<td>0370T</td>
<td>Family behavior treatment guidance administered by qualified professional. Untimed.</td>
<td>EPSDT State Plan</td>
<td>BCBA, BCaBA, or QBHP, LP/LLP</td>
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² Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

³ Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.
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<tr>
<td>ABA Multiple Family Behavior Treatment Guidance</td>
<td>0371T</td>
<td>Multiple family behavior treatment guidance administered by qualified professional. Untimed.</td>
<td>EPSDT</td>
<td>BCBA, BCaBA or QBHP, LP/LLP</td>
</tr>
<tr>
<td>ABA Adaptive Behavior Treatment Social Skills Group</td>
<td>0372T</td>
<td>Adaptive behavior treatment social skills group. Untimed.</td>
<td>EPSDT</td>
<td>BCBA, BCaBA or QBHP, LP/LLP</td>
</tr>
<tr>
<td>ABA Exposure Adaptive Behavior Treatment</td>
<td>0373T, 0374T</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>EPSDT</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>State Plan</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, 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>
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<td>Assessments</td>
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<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
<td>Registered nurse, licensed physician's assistant, nurse practitioner, licensed dietician or licensed nutritionist (operating within scope of practice)</td>
</tr>
</tbody>
</table>
| Psychiatric evaluation | 90791, 90792, 90833, 90836, 90838, 90785, 99201-99215, 99304-99310, 99324-99328, 99334-99337, 99341-99350 | Psychiatric evaluation  
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 | State Plan (BHT/ABA where U5 is used) | 90791: Psychiatrist or psychiatric mental health nurse practitioner  
90792: Psychiatrist or psychiatric mental health nurse practitioner  
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, 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, registered nurse, or a licensed practical nurse assisting a physician |
| Psychological testing | 96101, 96102, 96103, 96116, 96118, 96119, 96120 | Psychological testing | State Plan (BHT/ABA where U5 is used) | 96102, 96103, 96119 and 96120: Mental Health Professional or licensed bachelor's social worker or limited-licensed bachelor's or master's social worker acting within their scope of practice under the supervision of a Mental Health Professional who is a fully licensed master's social worker.  
96101, 96116 and 96118: Psychologist |

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<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, 96111, 96127</td>
<td>State Plan</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>
<td></td>
</tr>
<tr>
<td>H0002, H0031, T1023</td>
<td>H0002: Brief screening to non-inpatient mental health programs T1023: Pre-screening for inpatient program</td>
<td>State Plan</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>
<td></td>
</tr>
<tr>
<td>H0031: Assessment by non-physician</td>
<td>H0031: Assessment by non-physician (BHT/ABA where U5 is used)</td>
<td>State Plan</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>
<td></td>
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<tr>
<td></td>
<td>H2000</td>
<td>Comprehensive multidisciplinary evaluation</td>
<td>State Plan</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>
</tbody>
</table>

H0031/HW: for reporting SIS assessments face-to-face with consumer. Qualifications for SIS interviewers:

- Bachelor's degree in Human Services or four years of equivalent work experience in a related field
- At least one year experience with individuals who have a developmental or intellectual disability
- Persons with AAIDD-recognized training and ongoing Quality Assurance which includes:
  - participation in a minimum of one Periodic Drift Review per year (recommend quarterly) conducted by an AAIDD-recognized SIS® Trainer
  - maintain annual Interviewer Reliability Qualification Review (IRQR) status at "Qualified" as determined by an AAIDD-recognized SIS® Trainer
  - attend quarterly Michigan SIS® Assessor conference calls
  - attend annual Michigan SIS® Assessor Continuing Education

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### Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes

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<tr>
<td>Clubhouse Psychosocial Rehabilitation Programs</td>
<td>H2030</td>
<td>Mental Health Clubhouse Services</td>
<td>State Plan</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 | Habilitation Supports Waiver & Additional "b3" Services  
Children’s Waiver  
Waiver for Children with Serious Emotional Disturbance (SEDW)  
EPSDT for individuals under 21 | H0043, H2015, H2016, T2036 & T2037: Aide  
H2015: Children’s Waiver or SEDW aide supervised by the professional disciplines responsible for the individual plan of service (IPOS). |
| Community Transition (Waiver for Children with SED only) | T2038             | Community Transition, waiver, per service              | Waiver for Children with Serious Emotional Disturbance (SEDW) | Licensed builder or utility company; requirements specified in the IPOS. |
| Crisis Intervention                                | H2011, 90839, 90840 | H2011: Crisis Intervention Service  
90839: Psychotherapy for crisis; first 60 minutes  
90840: Psychotherapy for crisis; each additional 30 minutes | State Plan        | H2011, 90839 & 90840: Mental Health Professional or limited-licensed master's social worker, licensed bachelor’s social worker, or limited-licensed bachelor's social worker acting within their scope of practice and supervised by a Mental Health Professional who is a licensed master's social worker. |

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<tr>
<td>Intensive Crisis Stabilization</td>
<td>S9484</td>
<td>Intensive crisis intervention mental health services, per hour. Use for the MDHHS-approved program only.</td>
<td>State Plan</td>
<td>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.</td>
</tr>
<tr>
<td>Crisis Residential Services</td>
<td>H0018</td>
<td>Behavioral health; short-term residential</td>
<td>State Plan</td>
<td>Clinical supervision, psychiatric evaluation and assessment by psychiatrist. On-site medication reviews by physician, licensed physician’s assistant or nurse practitioner under the clinical supervision of the psychiatrist. The program must also be under the immediate direction of a full-time Mental Health Professional who is on-site 8-hours-a-day, M-F, with on-call responsibility for after-hours. The Mental Health Professional must possess at least a master’s degree in a human services field with one year of experience providing services to beneficiaries with serious mental illness, or a bachelor’s degree in a human services field with at least two years’ experience providing services to beneficiaries with serious mental illness. 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>Habilitation Supports Waiver &amp; Additional “b3” Services</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>Habilitation Supports Waiver &amp; Additional “b3” Services</td>
<td>Physician’s prescription. Not a staff service.</td>
</tr>
</tbody>
</table>

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**Service Description** | **HCPCS Codes** | **Reporting Code Description from HCPCS and CPT Manuals\(^1\)** | **Coverage** | **Provider/Staff Qualifications & Minimum Training Requirements**
--- | --- | --- | --- | ---
Environmental Modifications/Accessibility Adaptation | S5165 | Home modification, per service | Habilitation Supports Waiver & Additional "b3" Services Children’s Waiver | Physician’s prescription. Licensed builder, contractor Children's Waiver: Assessment by an occupational therapist

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<table>
<thead>
<tr>
<th>Family Training</th>
<th>S5111</th>
<th>Home care training</th>
<th>Habilitation Supports Waiver &amp; Additional &quot;b3&quot; Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td>Children’s Waiver</td>
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<tr>
<td>Peer training</td>
<td></td>
<td></td>
<td>Children’s Waiver for Children with Serious Emotional</td>
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<td></td>
<td></td>
<td>Disturbance (SEDW)</td>
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<td></td>
<td>EPSDT for individuals under 21</td>
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<td>Training must be provided by a professional within</td>
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<td></td>
<td></td>
<td>the scope of their practice.</td>
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<td></td>
<td>BCBA and BCaBA’s within their scope of practice.</td>
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<td></td>
<td>Children’s Waiver: Must be either a licensed</td>
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<td></td>
<td></td>
<td></td>
<td>psychologist, Master’s level social worker, or other</td>
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<td></td>
<td></td>
<td></td>
<td>clinician (e.g., occupational therapist, physical</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>therapist, speech therapist or nurse) who is a</td>
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<td></td>
<td>Qualified Intellectual Disabilities Professional</td>
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<tr>
<td></td>
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<td></td>
<td>(QIDP), as defined in CFR 483.430. The service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>provider is selected on the basis of his/her</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>competency in the aspect of the service plan on</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>which they are conducting training.</td>
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<td></td>
<td>SEDW: Must be clinical professional (Psychologist,</td>
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<td></td>
<td></td>
<td></td>
<td>Social Worker, Occupational Therapist, Physical</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Therapist, Speech Therapist, Music Therapist, Art</td>
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<tr>
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<td></td>
<td></td>
<td>Therapist, Therapeutic Recreation Specialist or</td>
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<td></td>
<td></td>
<td>Child Mental Health Professional). The service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>provider is selected on the basis of his/her</td>
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<td></td>
<td>competency in the aspect of the service plan on</td>
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<td></td>
<td>which they are conducting training.</td>
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<td></td>
<td>Peer training must be provided by a trained peer.</td>
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<td></td>
<td>Parent Support Partner – Individual who:</td>
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<tr>
<td></td>
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<td></td>
<td>• has lived experience as a parent/caregiver of a</td>
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<td></td>
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<td></td>
<td>child with behavioral and mental health needs, and/or</td>
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<td></td>
<td></td>
<td>Intellectual/Developmental Disability, including</td>
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<td></td>
<td></td>
<td></td>
<td>autism, and</td>
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<td></td>
<td>• is employed by the PIHP/CMHSP or its</td>
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<td></td>
<td>contract providers, and</td>
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<td></td>
<td></td>
<td></td>
<td>• is trained in the Michigan Department of Health</td>
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<td></td>
<td></td>
<td></td>
<td>and Human Services approved curriculum and</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>ongoing training model.</td>
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<td></td>
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<td></td>
<td>Parent-to-Parent and Resource Parent training</td>
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<tr>
<td></td>
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<td></td>
<td>must be provided by a trained parent using the</td>
</tr>
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<td></td>
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<td></td>
<td>MDHHS-endorsed curriculum.</td>
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<td></td>
<td></td>
<td></td>
<td>Other kinds of non-clinical supports may be provided</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Coverage</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0177</td>
<td>G0177</td>
<td>Family Psycho-education: family educational groups</td>
<td>Additional “b3” Services</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>S5110</td>
<td>S5110</td>
<td>Family Psycho-education: skills workshop</td>
<td>Additional “b3” Services</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</td>
<td>T1015</td>
<td>Family Psycho-education: joining</td>
<td>Additional “b3” Services</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>Fiscal Intermediary Services</td>
<td>T2025</td>
<td>Waiver service NOS. Use for services performed by a fiscal intermediary.</td>
<td>Additional “b3” Services Children’s Waiver</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>Foster Care, Therapeutic (SEDW Only)</td>
<td>S5140 S5145</td>
<td>S5140: Foster Care, Therapeutic, per diem, age 11 and older S5145: Foster Care, Therapeutic, per diem</td>
<td>GF Only Waiver for Children with Serious Emotional Disturbance (SEDW)</td>
<td>Foster care licensure, MDHHS-certified, specialized training, trained in the child’s IPOS.</td>
</tr>
<tr>
<td>Goods and Services</td>
<td>T5999</td>
<td>Waiver service not otherwise specified</td>
<td>Habilitation Supports Waiver</td>
<td>Not a staff service.</td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>Health Services</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>State Plan</td>
<td>Registered nurse, nurse practitioner, registered dietician, or licensed physician's assistant according to their scope of practice.</td>
</tr>
</tbody>
</table>

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## Home Based Services

<table>
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<th>Coverage</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&lt;br&gt;H0036/ST: Trauma-Focused Cognitive Behavioral Therapy (TFCBT)</td>
<td>State Plan, EPSDT</td>
<td>Home-based services worker: CMHP*&lt;br&gt;Home-based services assistant: Aide&lt;br&gt;Supervisor: master's prepared CMHP with three years' professional experience.&lt;br&gt;TFCBT: Master's level home-based clinician, certified by MDHHS to provide this service&lt;br&gt;For children ages 7 through 17 with SED: must be trained in CAFAS. Services rendered to children ages 4 through 6 with SED must be provided by a CMHP trained in PECFAS.&lt;br&gt;For infants and toddlers (0-3 years): Services rendered to a young child, birth through age 3, must be provided by a CMHP trained in the Devereux Early Childhood Assessment (DECA) CMHP + specific training. Effective 10/01/09, training requirement must minimally have Endorsement Level 2 by the Michigan Association of Infant Mental Health, Level 3 preferred.&lt;br&gt;For DD: CMHP* + must meet QIDP qualifications&lt;br&gt;*Unless providing mental health therapy which requires these qualifications: physician, psychologist, licensed master’s social worker (or a limited-licensed master’s social worker supervised by a licensed master’s social worker), or a licensed or limited-licensed professional counselor + one year of experience in examination, evaluation and treatment of minors and their families.</td>
</tr>
</tbody>
</table>

H2033 | Multi-systemic therapy (MST) in home-based program | State Plan | Master's level clinician who is a CMHP, certified by MST Services |

<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals</th>
<th>Coverage</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care Training, Non-Family (Children's Waiver Only)</td>
<td>S5116</td>
<td>Home Care Training, non-family, per session</td>
<td>Children's Waiver</td>
<td>Psychologist, licensed master's social worker, or a QIDP</td>
</tr>
<tr>
<td>Service Description</td>
<td>HCPCS Codes</td>
<td>Reporting Code Description from HCPCS and CPT Manuals¹</td>
<td>Coverage</td>
<td>Provider/Staff Qualifications &amp; Minimum Training Requirements</td>
</tr>
<tr>
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</tr>
<tr>
<td>Housing Assistance</td>
<td>T2038</td>
<td>Community transition, waiver, per service</td>
<td>Additional &quot;b3&quot; Services</td>
<td>Not a staff service.</td>
</tr>
<tr>
<td>Medication Administration</td>
<td>96372, 99506</td>
<td>Report procedure code only when provided as a separate service.</td>
<td>State Plan</td>
<td>Physician, licensed physician's assistant, nurse practitioner, registered nurse, or a licensed practical nurse assisting a physician</td>
</tr>
</tbody>
</table>
| Medication Review                   | 99201-99215, 99324-99328, 99304-99310, 99334-99337, 99341-99350 | 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 | State Plan | 99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337, and 99341-99350: Physician (MD or DO), licensed physician's assistant or nurse practitioner under their scope of practice and under the supervision and delegation of a physician.
99211: Physician (MD or DO), licensed physician's assistant, nurse practitioner, registered nurse, or a licensed practical nurse assisting a physician
**Note:** Only an MD or DO, or a licensed physician's assistant or nurse practitioner under the supervision of a physician (MCL 333.17076(3)), may prescribe medications. | Physician (MD or DO), licensed physician's assistant, nurse practitioner or registered pharmacist within their scope of practice. |
| H2010                               |                | Comprehensive Medication Services
Use only with Evidence-Based Practice – Medication Algorithm | State Plan | | |
| Nursing Facility Mental Health Monitoring | T1017/SE | Targeted case management | State Plan | Mental Health Professional or licensed bachelor’s social worker (or limited-licensed bachelor’s or master’s social worker under the supervision of a fully licensed master’s social worker) supervised by a Mental Health Professional or a QIDP or a QMHP.
A CMHP is required when delivering services to a child with SED.
A QIDP is required when delivering services to a child with DD. | |

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<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>State Plan</td>
<td>Physician or physician assistant or nurse practitioner 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>State Plan</td>
<td>Physician or physician assistant or nurse practitioner 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>State Plan</td>
<td>Physician or physician assistant or nurse practitioner 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>Habilitation Supports Waiver</td>
<td>Aide</td>
</tr>
<tr>
<td>Out-of-Home Prevocational Service</td>
<td>T2015</td>
<td>Habilitation, prevocational</td>
<td>Habilitation Supports Waiver</td>
<td>Aide</td>
</tr>
</tbody>
</table>

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<th>Coverage</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
</table>
| Peer-Directed and -Operated Support Services | H0023, H0038, H0046 | H0023: Drop-in center  
H0038: Peer specialist services  
H0038/HF: Substance Use Disorder Recovery Coach – see "Substance Abuse: Outpatient Care"  
H0038/TJ: Youth Peer Support Specialist  
H0046: Peer Mentor | Additional "b3" Services  
EPSDT for individuals under 21 | Drop-in Center Director: An individual in recovery from serious mental illness who is receiving or has received public mental health services. The individual's life experience provides expertise that professional training alone cannot replicate.  
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. |
| Personal Care in Licensed Specialized Residential Setting | T1020 | Personal care services | State Plan | Services are authorized by a physician or other health care professional. Services are provided by an aide supervised by a health care professional. |
| Physical Therapy | 97161, 97162, 97163, and 97164 | PT evaluation/re-evaluation | State Plan | Physician or physician assistant or nurse practitioner prescribed. Evaluation must be done by a licensed (by State of Michigan) physical therapist. |

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<th>Coverage</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>State Plan</td>
<td>Physician or physician assistant or nurse practitioner 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>State Plan</td>
<td>Physician or physician assistant or nurse practitioner 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>Additional &quot;b3&quot; Services EPSDT for individuals under 21</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>

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### Private Duty Nursing

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<tr>
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<th>HCPCS Codes</th>
<th>Reporting Code Description from HCPCS and CPT Manuals¹</th>
<th>Coverage</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 | Habilitation Supports Waiver | S9123: Registered nurse  
S9124: Licensed practical nurse                                   |
| T1000                     |             | Private duty nursing (Habilitation Supports Waiver)     | Habilitation Supports Waiver | T1000 TD: Registered nurse  
T1000 TE: Licensed practical nurse or licensed visiting nurse       |

### Respite Care

<table>
<thead>
<tr>
<th>Service Description</th>
<th>HCPCS Codes</th>
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<th>Coverage</th>
<th>Provider/Staff Qualifications &amp; Minimum Training Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite Care</td>
<td>H0045</td>
<td>Respite care services in out-of-home setting</td>
<td>Habilitation Supports Waiver &amp; Additional &quot;b3&quot; Services</td>
<td>Aide</td>
</tr>
<tr>
<td></td>
<td>S5150</td>
<td>Respite care by unskilled person (use also for &quot;Family Friend&quot; respite)</td>
<td>GF only</td>
<td>Aide</td>
</tr>
<tr>
<td></td>
<td>S5151</td>
<td>Respite care in home</td>
<td>Additional &quot;b3&quot; Services</td>
<td>Aide</td>
</tr>
</tbody>
</table>
| T1005                     |             | Respite care services, up to 15 minutes No modifier = all providers (including unskilled and "Family Friend") except RN & LPN | 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 |
| T2036, T2037              | T2036       | Therapeutic camping overnight                         | Habilitation Supports Waiver & Additional "b3" Services | Aide                                                          |
|                           | T2037       | Therapeutic camping day                               | Habilitation Supports Waiver & Additional "b3" Services | Aide                                                          |

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<tbody>
<tr>
<td>Skill Building Assistance</td>
<td>H2014</td>
<td>Skills training and development</td>
<td>Additional &quot;b3&quot; Services EPSDT for individuals under 21</td>
<td>Activities identified in the IPOS are designed by a professional within their scope of practice. May be delivered by an Aide.</td>
</tr>
</tbody>
</table>
| Specialty Services (Children’s Waiver and Waiver for Children with Serious Emotion | G0176       | Activity Therapy (music, recreation or art), per session, 45 minutes or more | Children’s Waiver Waiver for Children with Serious Emotional Disturbance (SEDW) | 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)                                                                 |
| Disturbance Only)                                                                   |             |                                                          |                                                                          |                                                                                                                                                      |
| Speech, Hearing & Language Therapy                                                 | 92610       | Evaluation of oral and pharyngeal swallowing function    | State Plan                                                              | Physician or physician assistant or nurse practitioner 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                             | State Plan                                                              | Physician or physician assistant or nurse practitioner 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. |

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<tr>
<td>92522</td>
<td>92522</td>
<td>Evaluation of speech sound production</td>
<td>State Plan</td>
<td>Physician or physician assistant or nurse practitioner referral&lt;br&gt;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>
</tr>
<tr>
<td>92523</td>
<td>92523</td>
<td>Evaluation of speech sound production with evaluation of language comprehension and expression</td>
<td>State Plan</td>
<td>Physician or physician assistant or nurse practitioner referral&lt;br&gt;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>
</tr>
<tr>
<td>92524</td>
<td>92524</td>
<td>Behavioral and qualitative analysis of voice and resonance</td>
<td>State Plan</td>
<td>Physician or physician assistant or nurse practitioner referral&lt;br&gt;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>
</tr>
<tr>
<td>92507, 92526</td>
<td>92507, 92526</td>
<td>S &amp; L therapy, individual, per session</td>
<td>State Plan</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.&lt;br&gt;Speech-language pathology assistant supervised by the licensed speech-language pathologist or audiologist.</td>
</tr>
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<tr>
<td>92508</td>
<td>92508</td>
<td>S &amp; L therapy, group, per session</td>
<td>State Plan</td>
<td>Speech-language pathologist or audiologist possessing a current license. Speech-language pathology assistant supervised by the licensed speech-language pathologist or audiologist.</td>
</tr>
<tr>
<td>92607</td>
<td>92607</td>
<td>Evaluation for prescription for speech-generating augmentative and alternative communication devices</td>
<td>State Plan</td>
<td>Physician or physician assistant or nurse practitioner 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.</td>
</tr>
<tr>
<td>92608</td>
<td>92608</td>
<td>Add-on code for 92067, each additional 30 minutes</td>
<td>State Plan</td>
<td>Physician or physician assistant or nurse practitioner 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.</td>
</tr>
<tr>
<td>92609</td>
<td>92609</td>
<td>Therapeutic services for the use of speech-generating device, including programming and modification</td>
<td>State Plan</td>
<td>Physician or physician assistant or nurse practitioner 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.</td>
</tr>
<tr>
<td>Substance Abuse: Individual Assessment</td>
<td>H0001</td>
<td>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</td>
<td>State Plan</td>
<td>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>
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### Service Description | HCPCS Codes | Reporting Code Description from HCPCS and CPT Manuals¹ | Coverage | Provider/Staff Qualifications & Minimum Training Requirements
--- | --- | --- | --- | ---
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 | State Plan | 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.
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<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></td>
<td></td>
<td></td>
<td>For psychotherapy (908xx series codes): SATS – Only Master’s prepared with appropriate licensure and working under appropriate supervision may provide services.</td>
</tr>
<tr>
<td>H0038/HF, T1012: Recovery support</td>
<td></td>
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<tr>
<td>T1007: Treatment planning</td>
<td></td>
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<tr>
<td>90785/HF: interactive complexity (add-on code)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90832: Psychotherapy, 30 minutes with individual and/or family member</td>
<td></td>
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<td></td>
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<tr>
<td>90834/HF: Interactive individual psychotherapy</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>90837: Psychotherapy, 60 minutes with individual and/or family member</td>
<td></td>
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<tr>
<td>90846/HF: Family psychotherapy</td>
<td></td>
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<tr>
<td>90847/HF: Family psychotherapy</td>
<td></td>
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<tr>
<td>90849/HF: Family psychotherapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90853/HF: Interactive group psychotherapy</td>
<td></td>
<td></td>
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<td></td>
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</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>State Plan</td>
<td>Provider agency licensed and accredited as methadone clinic. Supervision by licensed physician. Administration of methadone by an MD, DO, licensed physician's assistant, RN, LPN or pharmacist.</td>
</tr>
</tbody>
</table>
| 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 on-site monitoring (ASAM Level I-D) and ambulatory detoxification with extended on-site monitoring (ASAM Level II-D) | State Plan     | For residential settings (H0010 and H0012): provider agency licensed and accredited as substance abuse residential detoxification program. Supervision by licensed physician.  
H0010: Staffed 24-hours-per-day, 7-days-per-week by licensed physician or by the designated representative of a licensed physician.  
H0012: Provided under the supervision of a Substance Abuse Treatment Specialist. Must have arrangements for access to licensed medical personnel as needed.  
H0014: Provided under the supervision of a Substance Abuse Treatment Specialist. Must have arrangements for access to licensed medical personnel as needed. Appropriately certified and licensed nurses must monitor ASAM Level II-D ambulatory detoxification services under H0014. |

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| Substance Abuse: Residential Services | H0018, H0019 | H0018: Alcohol and/or drug services; short-term residential (non-hospital residential treatment program)  
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) | State Plan        | Provider agency licensed and accredited as substance abuse treatment program. The clinical program must be provided under the supervision of a SATS with licensure as a psychologist, master’s social worker, licensed or limited-licensed professional counselor, physician, or licensed marriage and family therapist. |
| Supported Employment Services     | H2023       | Supported employment                                      | Habilitation      | Services/activities identified in the IPOS. Qualifications of providers depends upon the service.                                                                                                                                                                                                                                      |
|                                   |             |                                                         | Supports Waiver & Additional "b3" Services  
EPSDT for individuals under 21 | Services: Aide                                                                                                                                                                                                                                                     |
| Supports Coordination             | T1016       | Case management                                          | Habilitation      | HSW Supports Coordinator: QIDP  
"b3" Supports Coordinator: bachelor’s degree in a human services field and one year of experience with population the supports coordinator will be serving.  
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 serious emotional disturbance.  
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).  
Assistants or brokers: high school diploma and one year experience, and supervised by a qualified supports coordinator or case manager. |

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<tr>
<td>Targeted Case Management</td>
<td>T1017</td>
<td>Targeted case management</td>
<td>State Plan</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 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>Therapy (mental health)</td>
<td>90832, 90834, 90837, 90785</td>
<td>Individual therapy, adult or child</td>
<td>State Plan</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>90853, 90785</td>
<td>Group therapy, adult or child, per session</td>
<td>State Plan</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</td>
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<tr>
<td>Family therapy, per session</td>
<td>90846, 90847, 90849</td>
<td></td>
<td>State Plan</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>Dialectical Behavior Therapy (DBT)</td>
<td>H2019</td>
<td></td>
<td>State Plan</td>
<td>Mental Health Professional certified in DBT by MDHHS. Skills training (H2019/T) by Mental Health Professional + bachelor’s level staff or Peer Support Specialist.</td>
</tr>
<tr>
<td>Non-emergency transportation services. Refer to code descriptions.</td>
<td>A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0209, S0215, T2001-T2005</td>
<td></td>
<td>State Plan &amp; Additional &quot;b3&quot; Services S0215: Children’s Waiver</td>
<td>State Plan and &quot;b3&quot; 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.</td>
</tr>
<tr>
<td>Mental health service plan development by non-physician</td>
<td>H0032</td>
<td></td>
<td>State Plan</td>
<td>Qualifications of professionals in attendance will depend upon their scope of practice. BCBA and BCaBA’s within their scope of practice.</td>
</tr>
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<td>Wraparound Services</td>
<td>H2021, H2022 (SEDW)</td>
<td>Specialized Wraparound Facilitation</td>
<td>EPSDT</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>
<tr>
<td></td>
<td></td>
<td>Community-based wraparound services, per diem (SEDW only)</td>
<td></td>
<td></td>
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