MDHHS Michigan Department of Health & Human Services

Medical Services Administration

BULLETIN MSA

Bulletin Number: MSA 20-43

Distribution: All Providers

Issued: June 1, 2020

Subject: Updates to the Medicaid Provider Manual; Non-Emergency Ambulance Transport Clarification; Code Updates

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Children's Waiver, Maternity Outpatient Medical Services, MI Choice Waiver

Updates to the Medicaid Provider Manual

The Michigan Department of Health and Human Services (MDHHS) has completed the July 2020 update of the online version of the Medicaid Provider Manual. The manual will be available July 1, 2020 at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms >> Medicaid Provider Manual.

If changes were made in a chapter, a note will appear in the affected section/subsection title of that chapter's table of contents. If both technical and bulletin incorporation changes apply to the section/subsection, color coding will be limited to reflect a bulletin-related change.

Please refer to the online version of this bulletin at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms to view the attachments that describe the changes made, the location of the changes within the manual and, when appropriate, the reason for the change.

Non-Emergency Ambulance Transport Clarification

The non-emergency ambulance transports described in Bulletin MSA 20-18 specifically refer to interfacility hospital transfers. Consistent with MSA 20-18, only interfacility hospital transfers and transports after hospital discharge may be made without an attending physician written order. An attending physician National Provider Identifier (NPI) must be included in the claim. All other non-emergency ambulance transports still require an attending physician written order.

Code Updates

A. New Coverage of Codes

1. Physicians, Nurse Practitioners, Medical Clinics, Certified Nurse Midwives, Clinical Laboratories, Local Health Departments, Child and Adolescent Health Centers & Programs, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers and Urgent Care Centers

a. Coverage effective February 4, 2020:

U0001 U0002

b. Coverage effective March 13, 2020:

87635

c. Coverage effective April 10, 2020:

86328 86769

d. Coverage effective April 14, 2020:

U0003 U0004

2. Outpatient Prospective Payment System (OPPS)/Ambulatory Payment Classification (APC) and Ambulatory Surgical Centers (ASC)

Codes covered differently than Medicare or specific to Michigan Medicaid services will be identified on the April 2020 version of the OPPS and ASC Wrap-Around Code List on the MDHHS website:

www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Outpatient Hospitals

www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Ambulatory Surgical Centers

B. Prior Authorization for Existing Codes

Effective for dates of service on and after March 1, 2020, the following HCPCS code will require prior authorization: A7000*

*The prior authorization has temporarily been lifted for A7000 per Bulletin MSA 20-14 as a result of the COVID-19 emergency.

Effective for dates of service on and after May 1, 2020, Nursing Facilities will require prior authorization for the following HCPCS code: 97763

C. **Retroactive Discontinuation of Prior Authorization for Existing Codes**

MDHHS will discontinue requiring prior authorization of the following code effective March 31, 2020: K0195-RR

D. **New Coverage of Existing Codes**

Please refer to specific databases/fee schedules for additional information regarding temporary coverage of codes during the COVID-19 emergency.

E. **Modifier Update**

Effective April 1, 2020, MDHHS Outpatient Prospective Payment System (OPPS) Wrap-Around Codes with the UC (Michigan VFC) modifier will change to SL (State Supplied Vaccine). This will not impact the rate or status indicator assigned to the code.

F. **Asynchronous Telemedicine**

MDHHS currently provides coverage for asynchronous telemedicine services, including store and forward, remote patient monitoring, and virtual check-ins. Refer to the Practitioner Fee Schedule at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Physicians/Practitioners/Medical Clinics for current code coverage information.

Manual Maintenance

If utilizing the online version of the MDHHS Medicaid Provider Manual, this bulletin and those referenced in this bulletin may be discarded. If using a CD version of the Medicaid Provider Manual, providers should retain all bulletins issued since the version date of the CD. Providers are encouraged to use the MDHHS Medicaid Provider Manual on the MDHHS website; the online version of the manual is updated on a quarterly basis.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

Approved

Kate Massey, Director
Medical Services Administration

Michigan Department of Health and Human Services

Medicaid Provider Manual
July 2020 Updates

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Beneficiary Eligibility	2.1 Benefit Plans	The following revision was made for Benefit Plan ID **HK-EXP**: **Covered Services:** 1, 33, 35, 47, 48, 50, 71, 86, 88, 98, AL, MH, UC (35: FFS dental only if HK-Dental Benefit Plan is not assigned for DOS)	Clarification.
Beneficiary Eligibility	2.1 Benefit Plans	The following revision was made for Benefit Plan ID **ICO-MC**: **Type:** Managed Care Organization	Correction.
Beneficiary Eligibility	2.1 Benefit Plans	The following revision was made for Benefit Plan ID **MA**: **Covered Services:** 1, 33, 35, 47, 48, 50, 71, 86, 88, 91, 92, 98, AL, MH, UC (35: FFS dental only if HK-Dental Benefit Plan is not assigned for DOS)	Clarification.
Beneficiary Eligibility	2.1 Benefit Plans	The following revision was made for Benefit Plan ID **MA-FTW**: **Covered Services:** 1, 33, 35, 47, 48, 50, 71, 86, 88, 91, 92, 98, AL, MH, UC (35: FFS dental only if HK-Dental Benefit Plan is not assigned for DOS)	Clarification.
Beneficiary Eligibility	2.1 Benefit Plans	The following revision was made for Benefit Plan ID **MA-MICHILD**: **Covered Services:** 1, 33, 35, 47, 48, 50, 71, 86, 88, 98, AL, MH, UC (35: FFS dental only if HK-Dental Benefit Plan is not assigned for DOS)	Clarification.
Beneficiary Eligibility	2.1 Benefit Plans	Information for Benefit Plan ID **MI Choice** was removed.	Removal of obsolete information.
Beneficiary Eligibility	2.1 Benefit Plans	For Benefit Plan ID **PIHP**, the following text was added to the Benefit Plan Description: **NOTE: This benefit plan is obsolete as of 10/01/2019. Beneficiaries are now assigned either the BHMA or BHMA-MHP benefit plan.**	Update.
Beneficiary Eligibility	2.1 Benefit Plans	For Benefit Plan ID **PIHP-HMP**, the following text was added to the Benefit Plan Description: **NOTE: This benefit plan is obsolete as of 10/01/2019. Beneficiaries are now assigned either the BHHMP or BHHMP-MHP benefit plan.**	Update.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

Medicaid Provider Manual
July 2020 Updates

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Beneficiary Eligibility	2.1 Benefit Plans	For Benefit Plan ID **SED-DHS**, the Benefit Plan Description was revised to read: … The SED-DHS Benefit Plan implements a collaborative agreement to expand behavioral health services for children in the foster care system and children adopted from Michigan's Child Welfare system. **NOTE: This benefit plan is obsolete as of 10/01/2019. Beneficiaries are now assigned to the SED-MC benefit plan.**	Update.
Beneficiary Eligibility	2.3 LOC to PET Crosswalk Table	The subsection was deleted. The following subsections were re-numbered.	Removal of obsolete information.
Billing & Reimbursement for Institutional Providers	7.28 Therapies (Occupational, Physical and Speech-Language)	The 1st paragraph was revised to read: Therapy services must be reported using the appropriate procedure code and therapy modifier to distinguish the discipline under which the service is delivered. ~~Services should also~~ In addition, when services are habilitative, they must be billed with the appropriate modifier that represents the nature of the therapy ~~(habilitative vs. rehabilitative)~~ performed. For MHP enrollees, the provider should check with the MHP for PA requirements. Refer to the Therapy Services chapter for additional information related to therapies.	Clarification.
Billing & Reimbursement for Professionals	7.7 Evaluation and Management (E/M) Services	Information for Modifier 21 was removed.	Removal of obsolete information.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

CHAPTER	SECTION	CHANGE	COMMENT
Behavioral Health and Intellectual and Developmental Disability Supports and Services	2.3 Location of Service	The 5th 6th, and 7th paragraphs were revised to read: Medicaid does not cover services delivered in Institutions for Mental Diseases (IMD) for individuals between ages 22 and 64, as specified in §1905(a)(B) of the Social Security Act. Medicaid does not cover services provided to children with serious emotional disturbance in Child Caring Institutions (CCI) unless it is licensed as a "children's therapeutic group home" as defined in Section 722.111 Sec.1(f) under Act No. 116 of the Public Acts of 1973, as amended, or it is for the purpose of transitioning a child out of an institutional setting (CCI). Medicaid may also be used for the purpose of transitioning a child out of Hawthorn Center. For both the CCI and Hawthorn Center, the following mental health services initiated by the PIHP (the ~~case~~ child needs to be open to the PIHP/CMHSP) may be provided within the designated timeframes: • The assessment of a child's eligibility and needs for the purpose of determining the community based services necessary to transition the child out of a CCI or Hawthorn Center. This should occur up to 180 days prior to the anticipated discharge from a CCI or Hawthorn Center. • Wraparound planning, case management or supports coordination. This should occur up to 180 days prior to discharge from a CCI or Hawthorn Center. Medicaid-funded behavioral health ~~does cover~~ services may be provided to support children with intellectual and developmental disabilities (I/DD) in a CCI that exclusively serves children with ~~developmental disabilities~~ I/DD when authorized by the respective PIHP/CMHSP. Authorization by the PIHP/CMHSP includes special considerations, services and/or funding arrangements. Enrollment of the CCI provider is the responsibility of the PIHP/CMHSP to ensure providers rendering services adhere to all state and federal regulations on the~~, and has an enforced policy of prohibiting staff~~ use of seclusion and restraint and are appropriately credentialed to perform I/DD services. Medicaid does not cover services provided to persons/children involuntarily residing in non-medical public facilities (such as jails, prisons or juvenile detention facilities). Refer to the Amount and Scope of Service subsection for additional information regarding Wraparound program expectations.	Provides clarification on being able to provide the assessment to start services, updates the term for I/DD, and clarifies the PIHP/CMHSP's responsibility for I/DD services from the MDHHS behavioral health contract.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

CHAPTER	SECTION	CHANGE	COMMENT
Behavioral Health and Intellectual and Developmental Disability Supports and Services)	3.3 Assessments	Text for **All Other Assessments and Testing** was revised to read: Generally accepted professional assessments or tests, other than psychological tests, that are conducted by a mental health care professional within their scope of practice for the purposes of determining eligibility for specialty services and supports, and the treatment needs of the beneficiary. For children/youth who have experienced trauma or have an elevated score on a trauma screener, a standardized, validated trauma assessment tool, appropriate for the age of the child, is utilized to inform the treatment needs of the beneficiary. The Child and Adolescent Functional Assessment Scale (CAFAS) must be used for the assessment of children 7 to 18 years of age with suspected serious emotional disturbance, and must be performed by staff who have been trained in the implementation of CAFAS. The Preschool and Early Childhood Functional Assessment Scale (PECFAS) must be used for the assessment of young children, 4 to 7 years of age, with suspected serious emotional disturbance, and must be performed by staff who have been trained in the implementation of the PECFAS. The Devereux Early Childhood Assessment (DECA) must be used for the assessment of infants and young children, 1 month to 47 months, with suspected serious emotional disturbance, and must be performed by staff who have been trained in the implementation of the DECA.	The Trauma Policy for CMHSPs in the contract calls for screening of each population as well as assessing for trauma. The Children's Trauma Initiative is training CMHSPs in screening tools/process and encouraging CMHSPs to accept screenings of children being completed on children being served in Child Protective Services as well as foster care. The inclusion of language in the provider manual will validate the contract requirement and facilitate the implementation of assessments.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

CHAPTER	SECTION	CHANGE	COMMENT
Behavioral Health and Intellectual and Developmental Disability Supports and Services	3.5 Child Therapy	Subsection text was revised to read: Treatment activity designed to prevent deterioration, reduce maladaptive behaviors, maximize skills in behavioral self-control, or restore or maintain normalized psychological functioning, reality orientation and emotional adjustment, thus enabling the child to function more appropriately in interpersonal and social relationships. A child mental health professional may provide child therapy on an individual or group basis with a family-driven, youth-guided approach. Telepractice/Telehealth is approved for Individual Therapy or Family Therapy using approved children's evidence-based practices (i.e., Trauma Focused Cognitive Behavioral Therapy, Parent Management Training-Oregon, Parenting Through Change) and utilizes the GT modifier when reporting the service. Qualified providers of children's evidence-based practices have completed their training in the model, its implementation via telehealth, and are able to provide the practice with fidelity. Telepractice/Telehealth is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services (e.g., access or travel to needed therapy services may be prohibitive). Telepractice/Telehealth must be obtained through real-time interaction between the child's/family's physical location and the provider's physical location. Telepractice/Telehealth services are provided to patients through hardwire or internet connection. It is the expectation that providers involved in telepractice/telehealth are trained in the use of equipment and software prior to servicing children/families. The technology used must meet the requirements of audio and visual compliance in accordance with current regulations and industry standards. Refer to the General Information for Providers Chapter of this manual for the complete Health Insurance Portability and Accountability Act (HIPAA) compliance requirements.	Evidence based practices are available via telehealth, and training is provided to ensure the models are implemented with fidelity.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Behavioral Health and Intellectual and Developmental Disability Supports and Services	3.9 Family Therapy	Text was revised to read: Family Therapy is therapy for a beneficiary and family member(s), or other person(s) significant to the beneficiary, for the purpose of improving the beneficiary/family function. For children and youth, a family-driven, youth-guided planning process should be utilized. Family therapy does not include individual psychotherapy or family planning (e.g., birth control) counseling. Family therapy is provided by a mental health professional or limited licensed master's social worker supervised by a fully licensed master's social worker. When providing trauma specific intervention for infants, toddlers (birth through 47 months) and their family member(s) or other person(s) significant to the beneficiary (i.e., Child Parent Psychotherapy), the mental health professional, or limited licensed master's social worker supervised by a fully licensed master's social worker, must minimally have endorsement as an Infant Family Specialist by the Michigan Association of Infant Mental Health; Infant Mental Health Specialist is preferred.	The Children's Trauma Initiative is providing training in Child Parent Psychotherapy. This model can be provided to infants, toddlers, young children and their caregivers in an outpatient setting or Home-based Services. Inserting this language (which is included in the Home-based Services description) will provide for continuity of the qualifications of the providers serving this population.
Behavioral Health and Intellectual and Developmental Disability Supports and Services	3.29 Wraparound Services for Children and Adolescents	The following text was added as a first paragraph: NOTE: This service is a State Plan EPSDT service when delivered to children under 21 years of age.	Adding language consistent with other State Plan EPSDT services to clarify Wraparound is a State Plan EPSDT service.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Behavioral Health and Intellectual and Developmental Disability Supports and Services	3.29.B. Qualified Staff	The last paragraph was revised to read: The Community Team shall: • ~~Provide a gate-keeping role that includes determination of eligibility, review of referrals, review and authorization of Wraparound Plans of Service, and Wraparound budgets.~~ • ~~Provide oversight of model fidelity through the review of Wraparound Plans.~~ • Include representation from system partners, other child serving agencies and local community agencies. • Provide support to Wraparound staff, supervisors, and child/youth and family teams and problem-solve barriers/needs to improve outcomes for children/youth and families. • Work as a collaborative body to improve community service delivery to children, youth and families. • ~~Maintain evidence of the review and approval of Wraparound plans, budget, crisis and safety support plans, and outcomes.~~ • ~~Provide guidance and oversight to Wraparound staff regarding model fidelity and safety assurance.~~ • Provide support to other child serving community agencies who are experiencing challenges meeting the needs of children, youth and families with complex needs. • Implement additional activities and responsibilities that reflect the individual needs of the community.	Removes language that would allow the Community Team to deny services to eligible beneficiaries and removes language making that body responsible for fidelity monitoring. Adds language to clarify the intended purpose of the Community Team and its role.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

CHAPTER	SECTION	CHANGE	COMMENT
Behavioral Health and Intellectual and Developmental Disability Supports and Services	4.3 Essential Elements	Under **Fixed Point of Responsibility**, text was revised to read: *H0039 indicates provision of ACT service; place of service is indicated as hospital.* The ACT team is the fixed point of responsibility for the development of the individual plan of service (IPOS) using the person-centered planning process and for supporting beneficiaries in all aspects of community living. The process addresses all services and supports to be provided to or obtained for the beneficiary by the team, including consultation with other disciplines and/or coordination of other supportive services as appropriate. Care continuity is maintained with pre-admission screening, team contact during inpatient psychiatric hospitalizations, and team participation in transition and discharge planning.	
Behavioral Health and Intellectual and Developmental Disability Supports and Services	7.1 Program Approval	In the chart after the 2nd paragraph, text was revised as follows: Under **Organizational Structure**, the 1st bullet point was revised to read: • Enrolled home-based services providers are available and sufficient to ensure that home-based services are provided to children ~~ages 0-17~~ beginning prenatally to age 17 and meet the need across the entire catchment area. Under **Qualified Staff**, the 1st paragraph was revised to read: Properly credentialed staff must deliver home-based services. Home-based services professional staff must meet the qualifications of a child mental health professional. The initial training curriculum and 24 hours of annual child-specific training for home-based services staff should be relevant to the age groups served and the needs of the children and families receiving home-based services. For home-based services programs serving infants/toddlers (birth through age three) and their families, staff must be trained in infant mental health interventions and~~, effective October 1, 2009,~~ must minimally have Endorsement ~~Level 2~~ as Infant Family Specialist by the Michigan Association of Infant Mental Health; ~~Level 3~~ Infant Mental Health Specialist is preferred. For home-based services programs serving children with developmental disabilities, the child mental health professional must meet the qualifications, as defined above, and also be a Qualified Intellectual Disability Professional (QIDP).	Updating ages to reflect working with perinatal women, infants upon birth. The insertion of "prenatal" is seen in the criteria below and other sections, as appropriate. Updating language of the endorsement due to changes made by Michigan Association for Infant Mental Health.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

CHAPTER	SECTION	CHANGE	COMMENT
		Under **Plan of Service**, the 1st paragraph was revised to read: Home-based services must be provided in accordance with a plan of service that focuses on the child and his family. The plan of service is a comprehensive plan that identifies child and family strengths and individual needs, determines appropriate interventions, and identifies supports and resources. It is developed in partnership with family members and other agencies through an equitable, person-centered, family-driven and youth-guided planning process. The plan of service should include evidence of a blending of perspectives and information from the child/youth, family, home-based services worker, assessment tools, and other relevant parties. Goals should be based on family needs and priorities and reflect the family culture and voice. Refer to the Family-Driven and Youth-Guided Policy and Practice Guideline (attached to the MDHHS/PIHP contract) for more explicit information on this topic. Under **Amount and Scope of Service**, the 1st and 2nd paragraphs were revised to read: Home-based services programs combine services to restore or enhance social, psychological, or biophysical functioning and promote resilience and optimal mental health of individuals, couples, or families and/or individual therapy, family therapy, group therapy, crisis intervention, case management, and collateral contacts. The family is defined as immediate or extended family or individual(s) acting in the role of family. Services provided in a home-based services program range from assisting beneficiaries to link to other resources that might provide food, housing, and medical care, as well as providing more therapeutic interventions such as family therapy or individual therapy, or services to restore or enhance functioning promote resilience and optimal mental health for individuals, couples, or families.	Revision to reflect the Department's work to ensure an equitable, culturally competent service system. Revision to language to reflect the mitigation of ACEs and build resilience in children we serve.
Behavioral Health and Intellectual and Developmental Disability Supports and Services	7.2 Eligibility Criteria	Text was revised to read: The criteria for home-based services are described below for children birth through age three, children age four through age six, and children age seven through age seventeen. These criteria do not preclude the provision of home-based services to an adult beneficiary prenatally or who is a parent for whom it is determined home-based services would be the treatment modality that would best meet the needs of the adult beneficiary and the child. This would include …	

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Behavioral Health and Intellectual and Developmental Disability Supports and Services	7.2.A. Birth Through Age Three	The subsection title was revised to read: 7.2.A. Prenatal/Birth Through Age Three The 1st paragraph was revised to read: Unique criteria must be applied to define serious emotional disturbance for the prenatal/birth to age three population, given:	

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
		In the table after the 3rd paragraph, text for **Functional Impairment** was revised to read: Substantial interference with, or limitation of, the child's proficiency in performing age-appropriate skills as demonstrated by at least one indicator drawn from one of the following areas: • General and/or specific patterns of reoccurring behaviors or expressiveness indicating affect/modulation problems, e.g., uncontrollable crying or screaming, sleeping and eating disturbances, and recklessness; the absence of developmentally expectable affect, such as pleasure, displeasure, joy, anger, fear, curiosity; apathy toward ~~environment and~~ caregiver, absence of or inhibited exploration of environment, inability to maintain consistent placement in child care or other organized groups. • Distinct behavioral patterns coupled with sensory, sensory motor, or organizational processing difficulty (homeostasis concerns) that inhibits the child's daily adaptation and interaction/relationships. For example, ~~a~~ absence or restricted range of exploration and/or play and assertiveness, dislike for changes in routine, and/or a tendency to be frightened and clinging in new situations, coupled with over-reactivity to loud noises or bright lights, inadequate visual-spatial processing ability, etc. • Incapacity to obtain critical nurturing (often in the context of attachment-separation concerns), as determined through the assessment of child, caregiver and environmental characteristics. For example, the infant shows a lack of motor skills and/or language expressiveness; appears diffuse, unfocused and undifferentiated; expresses anger/obstinacy and whines, in the presence of a caregiver who often interferes with and/or suppresses the infant's goals and desires, dominates the infant through over-control, does not reciprocate to the child's gestures, and/or whose anger, depression or anxiety results in inconsistent care giving. An assessment tool specifically targeting social-emotional functioning which can assist in determining functional impairment is the Devereux Early Childhood Assessment, Infant/Toddler or ~~Preschool~~ Clinical Version.	Revised language to reflect current practice. Additional language to ensure that children's behaviors in child care settings are taken into account when determining functional impairment. Update to language is based on current practice in early childhood mental health practice. Revised title of assessment tool being used in this age group.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
		Observational tools to assist in the assessment of infants, toddlers and their caregiver include the Massie Campbell Attachment During Stress (birth to 18 months of age) and Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) (for young children from ~~12~~ 6 to 36 months). Other assessment tools (e.g., Trauma Assessment) may be utilized by the practitioner based on the needs of the infant/toddler or parent(s). In the table after the 3rd paragraph, text for **Duration/History** was revised to read: The very young age and rapid transition of infants and toddlers through developmental stages makes consistent symptomatology over time unlikely. However, indicators that a disorder is not transitory and will endure without intervention include: • The infant/toddler disorder(s) is affected by persistent multiple barriers to normal development (regulatory disorders, inconsistent care giving, chaotic environment, exposure to traumatic events, etc.); or • Infant/toddler did not respond to less intensive, less restrictive intervention.	Revised age of assessment due to new criteria from PICCOLO author/researcher. Example reflects the impact of trauma in young children.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Behavioral Health and Intellectual and Developmental Disability Supports and Services	7.2.B. Age Four Through Six	In the table, text for **Functional Impairment** was revised to read: Substantial interference with, or limitation of, the child's proficiency in performing age-appropriate skills across domains and/or consistently within specific domains as demonstrated by at least one indicator drawn from at least two of the following areas: • Impaired physical development, sensory, sensory motor or organizational processing difficulty, failure to control bodily functions (e.g., bed wetting). • Limited cognitive development, as indicated by restricted vocabulary, memory, cause and effect thinking, ability to distinguish between real and pretend, transitioning from self-centered to more reality-based thinking, etc. • Limited capacity for self-regulation, inability to control impulses and modulate emotions and/or anxieties as indicated by frequent tantrums or aggressiveness toward others, prolonged listlessness or depression, inability to cope with separation from primary caregiver, inflexibility and low frustration tolerance, etc. • Impaired or delayed social development, as indicated by an inability to engage in interactive play with peers, inability to maintain consistent placements in ~~day~~ child care or other organized groups, failure to display social values or empathy toward others, absence of imaginative play or verbalizations commonly used by preschoolers to reduce anxiety or assert order/control on their environment, etc. • Care-giving factors which reinforce the severity or intractability of the childhood disorder and the need for multifaceted intervention strategies (e.g., home-based services) such as a chaotic household/constantly changing care-giving environments (e.g., child care), inappropriate caregiver expectations, abusive/neglectful or inconsistent care-giving, occurrence of traumatic events, subjection to others' violent or otherwise harmful behavior.	Revised language in this section reflects the current practice in mental health services to young children.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
		The standardized assessment tool specifically targeting social-emotional functioning for children 4 through 6 years of age ~~recommended~~ for use in determining degree of functional impairment is the Pre-School and Early Childhood Functional Assessment Scale (PECFAS). Additional assessment tools (e.g., Trauma Assessment) may be utilized based on the needs of the child and/or parent(s).	Example reflects the impact of trauma in young children.
Behavioral Health and Intellectual and Developmental Disability Supports and Services	17.3.H. Prevention-Direct Service Models	The 1st paragraph and 1st bullet point were revised to read: Prevention-direct service models are programs using individual, family and group interventions designed to reduce the incidence of behavioral, social, emotional or cognitive dysfunction and increase the beneficiary's behavioral functionality, resilience and optimal mental health , thus reducing the need for individuals to seek treatment through the public mental health system. ~~One or more of the following direct prevention models must be made available by the PIHP or its provider network~~ Prevention-direct service models are: • Child Care Expulsion Prevention (NOTE: This program is also known as Infant and Early Childhood Mental Health Consultation.)	Revised language to reflect current practice. Title change reflects current practice.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
		In the table, text for **Child Care Expulsion Prevention (CCEP)** was revised to read: **Child Care Expulsion Prevention (CCEP) (Infant and Early Childhood Mental Health Consultation)** CCEP, an infant and early childhood mental health consultation model, provides consultation to child care providers and parents/caregivers who care for children under the age of six who are experiencing behavioral and emotional challenges in their child care settings (non K-12 settings). Sometimes these challenges may put children at risk of suspension and/or expulsion from the child care setting. CCEP aims to reduce suspension and/or expulsion and increase the number of ~~families~~ parents/caregivers and child care providers who successfully nurture the social and emotional development of children 0-5 in child care settings. CCEP programs provide short-term child/family-centered mental health consultation for children with challenging behaviors which includes: • Observation and functional assessment at home and at child care • Individualized plan of service developed by a team comprised of the family, child care provider, other identified support person(s) that the family identifies. • Intervention (e.g., coaching, training and support for parents/caregivers and providers to build their reflective capacity, learn~~ing~~ new ways to interact with the child to build their social-emotional skills and resilience, by providing educational resources for parents and providers, modifying the physical environment, connecting family to community resources, providing counseling for families in crisis, and referral for ongoing mental health services, if needed). Provider qualifications: • Master's prepared early childhood mental health professional plus specific training in the evaluated model as approved by MDHHS. ~~Effective October 1, 2009,~~ Training requirement must, at a minimum, include Endorsement~~, at Level 2,~~ as Infant Family Specialist by the Michigan Association of Infant Mental Health; ~~Level 3~~ Infant Mental Health Specialist is preferred.	Revised language to clarify service recipients, location of serve, as well as language (suspensions) used by providers. Language revised to reflect current practice. Updating language of the endorsement due to changes made by Michigan Association for Infant Mental Health.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

CHAPTER	SECTION	CHANGE	COMMENT
		In the table, the 1st paragraph for **School Success Program** was revised to read: Works with parents of children, 6 years and above, so that they can be more involved in their child's life, monitor and supervise their child's behaviors; works with youth to develop pro-social behaviors, coping mechanisms, and problem solving skills; and consults with K-12 teachers, administrators and support staff in order to assist them in developing relationships with these students. Mental Health staff also act as a liaison between home and school.	Revised language to clarify age of children that School Success is provided to/for, as well as the school personnel intended to be involved.
		In the table, text for **Infant Mental Health** was revised to read: Provides home-based parent-infant support and intervention services to families where the parent's condition and life circumstances, or the characteristics of the infant, threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. Services reduce the incidence and prevalence of abuse, neglect, developmental delay, behavioral and emotional disorder and promote healthy attachment, resilience and optimal mental health for both the infant and parent/primary caregiver. PIHPs or their provider networks may provide infant mental health services as a specific service when it is not part of a ~~Department~~ MDHHS-certified home-based program. Provider qualifications: • Masters-prepared early childhood mental health professional plus specific training. ~~Effective October 1, 2009,~~ Training requirement must minimally have Endorsement ~~Level 2~~ as Infant Family Specialist by the Michigan Association of Infant Mental Health; ~~Level 3~~ Infant Mental Health Specialist is preferred.	Updated language to reflect intervention's focus. Updating language of the endorsement due to changes made by Michigan Association for Infant Mental Health.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Behavioral Health and Intellectual and Developmental Disability Supports and Services Children's Serious Emotional Disturbance Home and Community-Based Services Waiver Appendix	1.1 Key Provisions	The 1st paragraph was revised to read: The SEDW enables Medicaid to fund necessary home and community-based services for children up to age 21 with SED who meet the criteria for admission to a state inpatient psychiatric hospital and/or who are at risk of hospitalization without waiver services. The CMHSP is responsible for assessment of potential waiver candidates.	Clarifies the SEDW criteria language for providers.
Behavioral Health and Intellectual and Developmental Disability Supports and Services Children's Serious Emotional Disturbance Home and Community-Based Services Waiver Appendix	2.3 Family Support and Training	The last paragraph was revised to read: The parent support partner must complete the MDHHS endorsed statewide training curriculum and be provided regular supervision and team consultation by the treating professionals. Completion of the initial three-day training curriculum is documented by a Certificate of Completion which must be maintained in the parent support partner's personnel file. Parent Support Partners may not have more than one provider role with any one family (i.e., may not be both Parent Support Partner and Peer Support Specialist for the same family).	Ensures the provider will only have one formal role with the family to eliminate role confusion for the family and the provider.
Federally Qualified Health Centers	1.1 Enrollment	The following paragraph was added at the end of current text: In accordance with 42 CFR 455.104 and the Provider Ownership and Control Disclosures subsection of the General Information for Providers chapter of this Manual, clinics are required to disclose ownership information to MDHHS within 35 days of a change of ownership. Failure to notify MDHHS of any change in identification information may result in the loss of Medicaid enrollment, lapse of provider eligibility, or nonpayment of services.	Adding language to point providers to Change of Ownership notification requirements listed in the Manual.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

CHAPTER	SECTION	CHANGE	COMMENT
Nursing Facility Cost Reporting & Reimbursement Appendix	5.3 Plant Cost Certification Effective Period	In the table at the end of the subsection, under **Nursing Facility Final Rates for Plant Cost Reimbursement**, text for **Rate Year: October 2018 – September 2019** (last column) was revised to read: January 2019 – September 2019: Plant cost for the cost report year end December ~~2017~~ 2019	Correction.
Nursing Facility Cost Reporting & Reimbursement Appendix	10.3.B.7. Tenure Factor	The 6th and 7th paragraphs were revised to read: When ~~ownership~~ licensure has changed but there has been no effective change in operator/provider, and there has been no transaction that would affect Medicaid reimbursement other than the tenure factor, the provider may request that Medicaid recognize the continuous tenure such that the tenure schedule would not revert to zero years at the time of the ~~ownership~~ licensure change. The provider's written request must be submitted at the time ~~ownership~~ licensure is changed. **Exception**: Where ~~ownership~~ licensure does not change after a sale of nursing facility assets, the nursing facility provider (new owner) must choose either to retain the original tenure schedule and forego increased reimbursement for interest expense, or to receive increased reimbursement for interest expense, subject to the DEFRA Reimbursement Limit, and allow the tenure schedule to revert to zero years and a tenure factor of .0250. Should the provider …	Clarification of a tenure factor requirement.
Rural Health Clinics	2.1 Provider Enrollment	The following paragraph was added at the end of current text: In accordance with 42 CFR 455.104 and the Provider Ownership and Control Disclosures subsection of the General Information for Providers chapter of this Manual, clinics are required to disclose ownership information to MDHHS within 35 days of a change of ownership. Failure to notify MDHHS of any change in identification information may result in the loss of Medicaid enrollment, lapse of provider eligibility, or nonpayment of services.	Adding language to point providers to Change of Ownership notification requirements listed in the Manual.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Therapy Services	4.3.G. Evaluations and Follow-Up for Speech-Generating Devices/Voice Prostheses	The 2nd paragraph was revised to read: SGD set-up, programming, and modification services that require the skills of a speech-language pathologist (beyond those provided by the SGD vendor) are covered as part of the beneficiary's ST benefit and may be billed up to ~~two times~~ 36 visits per calendar year.	Correction.
Tribal Health Centers	2.1 Provider Enrollment	The following paragraph was added at the end of current text: In accordance with 42 CFR 455.104 and the Provider Ownership and Control Disclosures subsection of the General Information for Providers chapter of this Manual, clinics are required to disclose ownership information to MDHHS within 35 days of a change of ownership. Failure to notify MDHHS of any change in identification information may result in the loss of Medicaid enrollment, lapse of provider eligibility, or nonpayment of services.	Adding language to point providers to Change of Ownership notification requirements listed in the Manual.

* Technical Updates/Clarifications are always highlighted in yellow in the online manual.

BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 20-02	1/31/2020	Behavioral Health and Intellectual and Developmental Disability Supports and Services Non-Physician Behavioral Health Appendix	Section 2 – Provider Qualifications	The 1st, 2nd, and 3rd paragraphs were revised to read: ~~Providers in Michigan must be currently licensed by the Department of Licensing and Regulatory Affairs (LARA). Licensed psychologists (including Master's Limited or Doctoral Limited level), social workers (Master's level), professional counselors (Master's or Doctoral level), and marriage and family therapists (Master's or Doctoral level) who serve Medicaid Fee for Service beneficiaries are required to enroll as Medicaid providers. The NPI of the psychologist, social worker, professional counselor, or marriage and family therapist must be uniquely identified on all claims. (Refer to the Billing & Reimbursement for Professionals Chapter for billing information.) Individuals holding temporary or educational limited licenses or student interns in these professions are not eligible to enroll as providers or be directly reimbursed by Medicaid. (Refer to the General Information for Providers Chapter for enrollment information).~~ ~~Services performed by limited licensed psychologists (except as noted in Section 333.18223 of the Public Health Code), social workers, professional counselors, marriage and family therapists or student interns must be performed under the supervision of an enrolled, fully licensed provider of the same profession. Supervision is defined by Section 333.16109 of the Public Health Code (Act 368 of 1978). Services are billed to Medicaid under the National Provider Identifier (NPI) of the supervising psychologist, social worker, professional counselor, or marriage and family therapist.~~ ~~A student intern is an individual who is currently enrolled in a health profession training program for psychology, social work, counseling, or marriage and family therapy that has been approved by the appropriate board, 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~~.

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green; January 1 = Orange)

BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
				Medicaid covers non-physician behavioral health services when performed by any of the following provider types: • Licensed Psychologist (Doctoral Level) • Licensed Social Worker (Master's level) • Licensed Marriage and Family Therapist (Master's or Doctoral level) • Licensed Professional Counselor (Master's or Doctoral level), • Limited Licensed Psychologist (Master's or Doctoral Educational level) (LLPs) under the supervision of an enrolled, fully licensed psychologist (except as noted in Section 333.18223 of the Public Health Code). These practitioners are required to be currently licensed by the Department of Licensing and Regulatory Affairs (LARA), enroll as Medicaid providers, and be uniquely identified on all claims. (Refer to the Billing & Reimbursement for Professionals Chapter for billing information.) LLPs must enroll as Rendering/Servicing Only providers and associate themselves to at least one Billing Provider within CHAMPS. Associated Billing Providers may be either employers or organizations the LLP is contracted with to perform services (i.e., Community Mental Health Services Programs [CMHSPs], Prepaid Inpatient Health Plans [PIHPs]). Non-physician behavioral health services may also be performed by any of the following provider types under the supervision of an enrolled, fully licensed provider of the same profession: • Temporary Limited License Psychologist (Master's or Doctoral Level) • Educational or Temporary Limited License Social Worker, Marriage and Family Therapist, or Professional Counselor

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green; January 1 = Orange)

BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
				• Student Intern. A student intern is an individual who is currently enrolled in a health profession training program for psychology, social work, counseling, or marriage and family therapy that has been approved by the appropriate board, 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. These temporary or educational limited licensed providers or student interns are not eligible to enroll or be directly reimbursed by Medicaid. Services should be billed to Medicaid under the National Provider Identifier (NPI) of the supervising provider. Supervision is defined by Section 333.16109 of the Public Health Code (Act 368 of 1978) when required.

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green; January 1 = Orange)

BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
			Section 3 – Covered Services	Text was revised to read: ~~Behavioral health professionals may receive direct reimbursement for Medicaid covered services when provided within their specific profession's scope of practice guidelines as defined by State law.~~ Medicaid beneficiaries who are not enrolled in a Medicaid Health Plan, and whose needs do not render them eligible for specialty services and supports through the PIHPs/CMHSPs, may receive outpatient mental health services through the Medicaid Fee-for-Service (FFS) program. Providers should refer to the Beneficiary Eligibility subsection in the General Information section of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter for information on which services are covered by Medicaid FFS. FFS non-physician behavioral health services are ~~only~~ covered when performed in a non-facility setting or outpatient hospital clinic and provided within their specific profession's scope of practice guidelines as defined by State law. Services covered by the PIHPs/CMHSPs are available and reimbursed through the PIHP/CMHSP. Providers should refer to the Medicaid Code and Rate Reference tool and the Non-Physician Behavioral Health Provider fee schedule on the MDHHS website for the current list of covered procedure codes. The list of allowable services is reviewed annually and updated as applicable.

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green; January 1 = Orange)

BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
			Section 5 – Claims Processing and Reimbursement Amounts	Text was revised to read: Information regarding claims processing is available in the Billing & Reimbursement for Professionals chapter of this manual. Licensed Psychologist (Doctoral level), Licensed Social Worker (Master's level), Licensed Marriage and Family Therapist (Master's or Doctoral level), or Licensed Professional Counselor (Master's or Doctoral level) behavioral health professionals may receive direct reimbursement for Medicaid covered services. Limited License Psychologists (LLPs) (Master's and Doctoral Educational level) are not eligible to be directly reimbursed by Medicaid and must associate themselves to at least one billing provider within CHAMPS. LLP services requiring supervision and billed on a professional claim form must include the NPI of the LLP in the Rendering Provider field and the NPI of the Medicaid enrolled supervising Licensed Psychologist in the Supervising Provider field. All temporary limited licensees, educational limited licensees other than Doctoral Educational Limited License Psychologists, and student interns are not eligible to be directly reimbursed by Medicaid. Services should be billed to Medicaid under the NPI of the supervising provider. The supervising provider must be listed as the Rendering Provider on the claim. Non-physician behavioral health payment rates are established by MDHHS as a fee screen for each procedure. Services performed by non-physician behavioral health providers are reimbursed at a percentage of the Medicaid practitioner fee schedule rate. Refer to the Medicaid Non-Physician Behavioral Health fee schedule or the Community Health Automated Medicaid Processing System (CHAMPS) Medicaid Rate and Reference tool for additional information. The fee schedule is reviewed and updated at least annually.

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green; January 1 = Orange)

BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 20-03	1/31/2020	Pharmacy	14.4 Compounded Drugs	Text was revised to read: Medicaid defines a compounded drug as the combination of two or more ingredients not available from any Labeler in the combination prescribed. Compounded prescriptions must contain at least one product manufactured by an approved Labeler. The following compounded drug policies do not apply to infusion therapy. Additionally, certain Active Pharmaceutical Ingredients (APIs) and excipients utilized in compounded drug claims are covered. MDHHS maintains a list of these covered products on the Michigan Medicaid Pharmacy Benefits Manager (PBM) website. (Refer to the Directory Appendix for PBM website information to obtain the list of covered products.)
		Acronym Appendix		Addition of: API - Active Pharmaceutical Ingredients
MSA 20-04	2/28/2020	Behavioral Health and Intellectual and Developmental Disability Supports and Services	14.3 Covered Waiver Services	Addition of the following text: **Overnight Health and Safety Supports** — For information regarding Overnight Health and Safety Support (OHSS) Services, refer to the Covered Waiver Services section of the Children's Serious Emotional Disturbance Home and Community-Based Services Waiver Appendix of this chapter.

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green; January 1 = Orange)

BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
			15.1 Waiver Supports and Services	Addition of the following text: **Overnight Health and Safety Supports** — For information regarding Overnight Health and Safety Support (OHSS) Services, refer to the Covered Waiver Services section of the Children's Serious Emotional Disturbance Home and Community-Based Services Waiver Appendix of this chapter.
		Behavioral Health and Intellectual and Developmental Disability Supports and Services Children's Serious Emotional Disturbance Home and Community-Based Services Waiver Appendix	2.11 Overnight Health and Safety Support [OHSS] Services (new subsection)	Addition of new subsection.

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green; January 1 = Orange)