

LAKESHORE REGIONAL ENTITY
Individual/Group Therapy –
MI/DD: Child, Adult, & Family Therapy

This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

1. Definition or Description of Service

- a. Individual/Group Therapy: Treatment activity designed to reduce maladaptive behaviors, maximize behavioral self-control, or restore normalized psychological function, reality orientation, re-motivation, and emotional adjustment, thus enabling improved functioning and more appropriate interpersonal and social relationships. Evidence-based practices such as integrated dual disorder treatment for co-occurring disorders (IDDD/COD) and dialectical behavior therapy (DBT) are included in this coverage. Individual/group therapy is performed by a mental health professional within his/her scope of practice or a limited licensed master's social worker supervised by a full licensed master's social worker.
- b. Family Therapy: Therapy for an Individual and family member(s), or other person(s) significant to the beneficiary, for the purpose of improving the beneficiary/family function. 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.
- c. Group Therapy: Face-to-face counseling with three or more Individuals, and can include didactic lectures, therapeutic interventions/counseling, and other group related activities.
- d. Child Therapy: 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.

2. Practice Principles

- a. Providers are encouraged to offer evidence-based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are provided by staff who have been appropriately trained in the model(s) and are provided to the population for which the model was intended.
- b. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.
- c. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service (IPOS).

3. Credentialing Requirements *Refer to current Medicaid Provider Manual for updated requirements*

- a. Provider will assure that licensed professional staff are licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.
- b. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.

- c. Staff must have appropriate supervision. "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.
- d. Provider shall ensure that all vehicles used for transporting the Individual(s) under this agreement are in safe operating condition and contain first aid equipment.
- e. Provider shall permit only responsible staff with an appropriate valid driver's license and insurance, as required by State law, to operate motor vehicles while transporting Individual(s) as evidenced by annual driving record and insurance checks.
- f. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.
- g. Providers of services must:
 - i. Be at least 18 years of age.
 - ii. Be able to prevent transmission of any communicable disease from self to others in the environment where they are providing supports.
 - iii. Be able to communicate expressively and receptively in order to follow individual plan requirements and Individual-specific emergency procedures, and report on activities performed. Understanding and skill must be documented.
 - iv. Be in good standing with the law as outlined in the MDHHS/PIHP contract.
 - v. Be able to perform basic first aid and emergency procedures.

4. Adult or Child Therapy:

- a. 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 plus one year of experience in examination, evaluation, and treatment of minors and their families. Services to children ages 7-17 with SED, must be provided by a CMHP trained in CAFAS. Services rendered to children ages 4-6 with SED must be provided by a CMHP trained in PECFAS.
- b. Adult individual/group therapy: Mental Health Professional, including a limited-licensed master's social worker supervised by a licensed master's social worker.
- c. Group therapy, adult or child:
 - i. 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 plus one year of experience in examination, evaluation and treatment of minors and their families. Services to children ages 7-17 with SED must be provided by a CMHP trained in CAFAS. Services rendered to children ages 4-6 with SED must be provided by a CMHP trained in PECFAS
 - ii. Adult individual/group therapy: Mental Health Professional, including a limited-licensed master's social worker supervised by a licensed master's social worker.
 - iii. Family Therapy: Mental Health Professional including a limited-licensed master's social worker supervised by a licensed master's social worker.
- d. Dialectical Behavior Therapy (DBT): Mental Health Professional certified in DBT by MDHHS. Skills training by Mental Health Professional plus bachelor's level staff or Peer Support Specialist.
- e. When the Individual receiving Outpatient Services has an identified primary payer source other than the CMHSP, the Individual must be serviced by professional staff that meets credentialing requirements for that payer. For example, an Individual with Medicare insurance must receive services from an LMSW or PhD professional staff.

5. Service Requirements

- a. Provider's supports and services will be based upon the Individual's IPOS, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Said documents are to be present (hard copy or electronically) at the service site, and accessible to Provider's staff responsible for delivering the supports and services.
- b. Provider shall notify the Individual's care manager when the Individual's (IPOS) requires revision or modification.
- c. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that Individual.
- d. Provider shall ensure coordination of care occurs between the Individual's primary health care physician and Medicaid Health Plan (as appropriate). Coordination of care shall include the full array of primary and acute physical health services, behavioral health care, natural or community supports to provide effective treatment, and as specified in an Individual's IPOS.
- e. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.
- f. Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.
- g. The Individual's record must contain sufficient information to document the provision of services, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face. The frequency and scope of contacts must take into consideration the health and safety needs of the Individual.
- h. Provider shall assure upon either telephone or walk-in request for service by an Individual, parent of minor, legal guardian or referral source, a face-to face assessment is scheduled with a professional within 14 calendar days.
 - i. Outliers must be documented in detail.
 - ii. "Reschedules" because consumer cancelled or no-shows who reschedule: count the date of request for reschedule as "first request."
 - iii. CMHSP/PIHP must maintain documentation available for state review of the reasons for exclusions and the dates offered to the Individual. In the case of refused appointments, the dates offered to the Individual must be documented.
- i. Provider shall assure on-going needed and authorized services are started within 14 calendar days after the first non-emergent assessment with a professional.
 - i. Outliers must be documented in detail.
 - ii. "Reschedules" because consumer cancelled or no-shows who reschedule: count the date of request for reschedule as "first request."
 - iii. CMHSP/PIHP must maintain documentation available for state review of the reasons for exclusions and the dates offered to the Individual. In the case of refused appointments, the dates offered to the Individual must be documented.

6. Training Requirements

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.
- b. Provider will ensure and document that each staff is trained on the Individual's IPOS and ancillary plans, prior to delivery of service.

7. Eligibility Criteria/Access Requirements/Authorization Procedures

- a. Individuals with Healthy Michigan Medicaid must first exhaust their benefits with their chosen HMO before contractor will screen for eligibility for Mental Health Outpatient Services.
- b. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- c. Waiver eligibility requires verification of no change in waiver status.
- d. The [Lakeshore Region Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. This document is located on the Lakeshore Regional Entity website at www.lsre.org. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.