

# MEDICAID POLICY INFORMATION SHEET

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Initial

Public Comment

Final

## Brief description of policy:

The Michigan Department of Health and Human Services (MDHHS) received approval for a State Plan Amendment (SPA) to move behavioral health community based services that were previously authorized under the Managed Specialty Services & Supports §1915(b1)(b3) waivers to a §1915(i) State Plan Home and Community-Based Services (HCBS). Due to COVID-19 and the need to transition staff resources to address the public health emergency, MDHHS is now seeking an additional year to come into compliance with the eligibility determination requirements. On October 1, 2023, the 1915(i) SPA will operate concurrently with the 1115 Behavioral Health Demonstration Waiver.

## Reason for policy (problem being addressed):

To address challenges with cost-effectiveness of the §1915(b1)(b3) waiver using the state's methodology.

## Budget implication:

budget neutral

will cost MDHHS \$ \_\_\_\_\_, and (select one) budgeted in current appropriation

will save MDHHS \$ \_\_\_\_\_

## Is this policy change mandated per federal requirements?

This Medicaid authority change was based on guidance received by CMS as a way to transition services from the §1915(b1)(b3) waiver.

## Does policy have operational implications on other parts of MDHHS?

The §1915(i)SPA authority requirements have significant operational and resource (i.e., staffing, Information Technology [IT], etc.) implications for the Behavioral and Physical Health and Aging Services Administration (BPHASA) that cannot be delegated to the PIHPs under other authorities.

## Does policy have operational implications on other departments?

No.

## Summary of input:

controversial

acceptable to most/all groups

limited public interest/comment

## Supporting Documentation:

State Plan Amendment Required:  Yes  No

If Yes, please provide status:

Approved  Pending  Denied

Date: 9/27/19

Approval

Date:

Public Notice Required:  Yes  No

If yes,  
Submission Date:

<b>DRAFT FOR PUBLIC COMMENT</b>  Michigan Department of Health and Human Services		
	<b>Project Number:</b> 2153-BH	<b>Date:</b> July 8, 2022

**Comments Due:** August 12, 2022  
**Proposed Effective Date:** As Indicated  
**Direct Comments To:** Monica Erickson  
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<p><b>Policy Subject:</b> §1915(i) State Plan Home and Community-Based Services</p> <p><b>Affected Programs:</b> Medicaid, Healthy Michigan Plan, MICHild</p> <p><b>Distribution:</b> Prepaid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs)</p> <p><b>Summary:</b> The Michigan Department of Health and Human Services (MDHHS) has received approval for a State Plan Amendment to move behavioral health community based services that were previously authorized under the Managed Specialty Services &amp; Supports §1915(b1)(b3) waivers to a §1915(i) State Plan Home and Community-Based Services (HCBS) benefit as directed by the Centers for Medicare &amp; Medicaid Services (CMS).</p> <p><b>Purpose:</b> This policy outlines the transition of HCBS into a §1915(i) State Plan benefit.</p> <p><b>Cost Implications:</b> Budget neutral</p> <p><b>Potential Hearings &amp; Appeal Issues:</b></p>
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<b>State Plan Amendment Required:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, date submitted: August 1, 2019	<b>Public Notice Required:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Submitted date: June 14, 2019
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**Tribal Notification:** Yes  No  - **Date:** April 18, 2019

**THIS SECTION COMPLETED BY RECEIVER**

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b>	<b>Phone Number</b>
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**Signature Printed:**

<b>Bureau/Administration</b> <i>(please print)</i>	<b>Date</b>
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# Proposed Policy Draft

Michigan Department of Health and Human Services  
Behavioral & Physical Health and Aging Services Administration

**Distribution:** Prepaid Inpatient Health Plans, Community Mental Health Services Programs

**Issued:** September 1, 2022 (Proposed)

**Subject:** §1915(i) State Plan Home and Community-Based Services

**Effective:** As Indicated (Proposed)

**Programs Affected:** Medicaid, Healthy Michigan Plan, MICHild

Effective October 1, 2019, behavioral health community-based services that were previously authorized under the Managed Specialty Services & Supports §1915(b1)(b3) waivers moved authorities to the §1915(i) State Plan Home and Community-Based Services (HCBS) as directed by the Centers for Medicare & Medicaid Services (CMS). Effective October 1, 2023, the §1915(i) State Plan Amendment will operate concurrently with the §1115 Behavioral Health Demonstration Waiver, which establishes the provision of behavioral health community-based services through Michigan's managed care contract with the regional Prepaid Inpatient Health Plans (PIHPs). This bulletin outlines the transition of State Waiver Authority for HCBS into a §1915(i) State Plan benefit. Refer to the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the [Michigan Department of Health and Human Services \(MDHHS\) Medicaid Provider Manual](#), General Information section, for an overview of the mental health and developmental disabilities services and supports covered by Medicaid.

## I. General Information

HCBS provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted population groups, such as people with intellectual or developmental disabilities, serious emotional disturbance and/or serious mental illnesses. CMS works with states to ensure and improve quality in Medicaid HCBS waiver programs.

## II. Eligibility

The §1915(i) State Plan HCBS benefit is available to individual beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability who are currently residing in a HCBS setting and meet the needs-based criteria.

## A. Needs-Based Criteria

1. Have a substantial functional limitation in one or more of the following areas of major life activity:
  - (a) Self-care
  - (b) Communication
  - (c) Learning
  - (d) Mobility
  - (e) Self-direction
  - (f) Capacity for independent living
  - (g) Economic self-sufficiency
2. Without §1915(i) services, a beneficiary is at risk of not increasing or maintaining a sufficient level of functioning in order to achieve their individual goals of independence, recovery, productivity, and/or community inclusion and participation.

**NOTE:** On October 1, 2023, the §1915(i)SPA will operate concurrently with the §1115 Behavioral Health Demonstration Waiver.

The PIHP provider network will perform the face-to face assessments, compile required documentation, and submit findings to the MDHHS Behavioral and Physical Health and Aging Services Administration (BPHASA). BPHASA will make the determination of needs-based criteria through an independent evaluation and re-evaluation. The PIHPs must have a network of qualified providers responsible for conducting the assessment, including specific training in an individual's needs for HCBS.

These providers must meet one of the following qualifications:

- **Mental Health Professional:** 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 (PA 368 of 1978, 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 (PA 368 of 1978, 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 (PA 368 of 1978, 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 (PA 368 of 1978, 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.
- **Qualified Intellectual Disability Professional (QIDP):** Individual with specialized training (including fieldwork and/or internships associated with the

academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) or one year of experience in treating or working with a person who has intellectual disability; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, registered dietician, therapeutic recreation specialist, a licensed or limited-licensed professional counselor, or a human services professional with at least a bachelor's degree or higher in a human services field.

- **Qualified Mental Health Professional (QMHP):** Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience) or one year of experience in treating or working with a person who has mental illness; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, therapeutic recreation specialist, licensed or limited-licensed professional counselor, licensed or limited-licensed marriage and family therapist, a licensed physician's assistant, or a human services professional with at least a bachelor's degree or higher in a human services field.

## **B. Independent Evaluations and Re-evaluations**

For an independent evaluation/re-evaluation, BPHASA staff will apply the needs-based criteria to determine whether the individual in the targeted group is eligible for §1915(i) benefit services. The PIHP network will utilize standardized instruments to assist in identifying level of need (i.e., Level of Care Utilization System [LOCUS], Supports Intensity Scale [SIS], American Society of Addiction Medicine [ASAM], Global Appraisal of Individual Needs Initial [GAIN-I]), administer other face-to-face assessments related to the individual's functional abilities (i.e., Essential for Living [EFL], Assessment of Functional Living Skills [AFLS], administer other adaptive behavior/global functioning scales, etc.), and identify services and supports required to reach the expected outcomes of community inclusion and participation. The PIHP network will provide evidence to BPHASA for making the needs-based eligibility determination through a Waiver Support Application (WSA) portal.

BPHASA will conduct evaluations using standardized instruments that identify the individual meets all the eligibility requirements for §1915(i) service(s).

- For children and adolescents with Serious Emotional Disturbance (SED), standardized tools (i.e., the Preschool and Early Childhood Functional Assessment Scale [PECFAS], the Child Adolescent Functional Assessment Scale [CAFAS], etc.) are utilized.

- For children and adolescents with intellectual or developmental disability, standardized tools to identify functional abilities, adaptive behavior/global functioning, and level of support needs (i.e., Developmental Disabilities Children's Global Assessment Scale [DD-CGAS], Vineland, Supports Intensity Scale – Children's Version [SIS-C], etc.) are utilized.
- For adults with mental health and co-occurring mental health and substance use disorder related needs, LOCUS is applied. For adults with intellectual or developmental disability-related needs, SIS-A is used. For adults presenting with needs only involving substance use disorders, the GAIN-I core assessment is utilized as it directly supports the ASAM level of care criteria that this service system is based on.

Re-evaluation for eligibility is conducted annually. Formal review of the Individual Plan of Service (IPOS) will occur no less than annually with the individual and any other person chosen to participate by the individual or guardian. BPHASA will make determination of continuing eligibility based on evidence provided by the PIHP and an independent evaluation that the individual still meets the needs-based criteria.

BPHASA staff must have a minimum of a bachelor's degree, preferably in a health or social services field. Staff are trained in the needs-based criteria outlined for these §1915(i) HCBS State Plan services and are able to evaluate documentation to determine whether each applicant meets these criteria. Staff will have access to State systems to verify that individuals are Medicaid eligible and currently residing in a HCBS setting.

### **C. Person-Centered Planning & Individual Plan of Service**

For more detail, refer to the Home and Community Based Services Chapter of the MDHHS Medicaid Provider Manual under Section 2 - Person-Centered Planning.

The Michigan Mental Health Code establishes the right for all individuals to have an IPOS developed through a person-centered planning (PCP) process. The PIHP shall monitor quality of implementation of the PCP by its sub-contracted network of providers in accordance with the MDHHS Person-Centered Planning Practice Guidelines. The PIHP shall inform the beneficiary/guardian or authorized representative(s) of their rights to choose among providers for individual case management/supports coordination, including the option for self-direction. If the beneficiary/guardian or authorized representative(s) prefers an independent facilitator to assist them, the PIHP Customer Services Unit maintains a list of PCP independent facilitators.

The Community Mental Health Services Program (CMHSP) or local contracted provider agency chosen by the beneficiary/guardian, under contract with the PIHP, is responsible for the development and implementation of the IPOS.

The case manager, supports coordinator, or other qualified staff that assists in developing the IPOS is not a provider of any other service for that individual. Qualified staff must be able to perform the following functions:

1. Planning and/or facilitating planning using person-centered process. This function may be delegated to an independent facilitator chosen by the beneficiary/guardian, or authorized representative(s).
2. Developing an IPOS using the PCP process, including revisions to the IPOS at the request of the beneficiary/guardian or authorized representative(s) or as changing circumstances may warrant.
3. Linking to, coordinating with, follow-up of, and advocacy with all medically necessary supports and services, including the Medicaid Health Plan, Medicaid Fee-for-Service (FFS), or other health care providers.
4. Monitoring of the §1915(i) services and other mental health services the beneficiary receives.
5. Brokering of providers of services/supports.
6. Assistance with access to entitlements and/or legal representation.

The strengths, needs, preferences, abilities, interests, goals, and health status of the beneficiary are determined through pre-planning and the PCP process. Results from the independent assessment and any other medically necessary assessments by qualified providers, including but not limited to behavioral, psychosocial, speech, occupational and/or physical therapy, social/recreational, and physical and mental health care, are information used to inform the PCP process. The PCP process considers all life domains of the beneficiary, including emotional, psychological and behavioral health; health and welfare; education/needs; financial and other resources; cultural and spiritual needs; crisis and safety planning; housing and home; meaningful relationships and attachments; legal issues and planning; daily living; family; social, recreational and community inclusion; and other life domains as identified by the beneficiary/guardian or authorized representative(s), or assessors.

The IPOS is developed based on findings of all assessments and input from the beneficiary/guardian or authorized representative(s). It includes the identification of outcomes based on the beneficiary's stated goals, (if applicable), age, interests, desires and preferences; establishment of meaningful and measurable goals to achieve identified outcomes; determination of the amount, scope, and duration of all medically-necessary services for those supports and services provided through the public mental health system; identification of other services and supports the beneficiary, guardian or authorized representative(s) may require to which the public mental health system will assist with linking to the necessary resources. The IPOS directs the provision of supports and services to be provided through the CMHSP in the amount, scope, and duration required to assist the beneficiary in achieving the identified outcomes.

For children, the concepts of PCP are incorporated into a family-driven, youth-guided approach that encompasses the belief that the family is at the center of the service planning process and the service providers are collaborators. The PCP process is an individualized, needs-driven, strengths-based process for children and their families or

authorized representative(s). Consistent with Michigan's strong focus on a family-driven/youth-guided service planning process, all meetings are scheduled at times and locations convenient to the child and family or authorized representative(s). The family or authorized representative(s) of the minor child identify other people to participate in planning, such as extended family members, friends, neighbors and other health and supports professionals. The IPOS must specify how identified supports and services will be provided as part of an overall, comprehensive set of supports and services that does not duplicate services that are the responsibility of another entity, such as a private insurance or other funding authority.

The IPOS must address the health and welfare of the beneficiary. This may include coordination and oversight of any identified medical care needs to ensure health and safety, such as medication complications, changes in psychotropic medications, medical observation of unmanageable side effects of psychotropic medications or co-occurring medical conditions requiring care. The IPOS is a dynamic document that is revised based on changing needs, newly identified or developed strengths and/or the result of periodic reviews and/or assessments. The IPOS shall be kept current and modified when needed (reflecting changes in the intensity of the beneficiary's health and welfare needs or changes in the beneficiary's preferences for support). A beneficiary or their guardian or authorized representative may request and review the plan at any time. A formal review of the plan with the beneficiary and their guardian or authorized representative shall occur not less than annually to review progress toward goals and objectives and to assess beneficiary satisfaction.

### **III. Coverage and Provider Qualifications**

#### **A. Specialized Medical Equipment and Supplies**

Specialized medical equipment and supplies include an item or set of items that enable the beneficiary to increase their ability to perform activities of daily living with a greater degree of independence than without them and to perceive, control, or communicate with the environment in which they live. These are items that are not available through other Medicaid coverage or through other insurances. These items must be specified in the IPOS. All items must be ordered by a physician on a prescription as defined within the MDHHS Medicaid Provider Manual. An order is valid for one year from the date it was signed. Coverage includes:

- Items necessary for independent living (e.g., Lifeline, sensory integration equipment, electronic devices for emergencies/personal emergency response systems [PERS], etc.)
- Communication devices
- Special personal care items that accommodate the beneficiary's disability (e.g., reachers, full-spectrum lamp)
- Prostheses necessary to ameliorate negative visual impact of serious facial disfigurements and/or skin conditions

- Ancillary supplies and equipment necessary for proper functioning of equipment and supply items
- Repairs to covered supplies and equipment that are not covered benefits through other insurances

Assessments by an appropriate health care professional, specialized training needed in conjunction with the use of the equipment, and warranted upkeep will be considered as part of the cost of the services.

Coverage excludes:

- Furnishings (e.g., furniture, appliances, bedding) and other non-custom items (e.g., wall and floor coverings, decorative items) that are routinely found in a home.
- Items that are considered family recreational choices.
- Educational supplies required to be provided by the school as specified in the child’s Individualized Education Plan.

Covered items must meet applicable standards of manufacture, design, and installation. There must be documentation that the best value in warranty coverage was obtained for the item at the time of purchase.

In order to cover repairs of items, there must be documentation in the IPOS that the specialized equipment and supplies continue to be medically necessary. All applicable warranty and insurance coverages must be sought and denied before paying for repairs. The PIHP must document that the repair is the most cost-effective solution when compared with replacement or purchase of a new item. If the equipment requires repairs due to misuse or abuse, the PIHP must provide evidence of training in the use of the equipment to prevent future incidents.

<b>Provider Qualifications</b>			
<b>Provider Type</b>	<b>License</b>	<b>Certification</b>	<b>Other Standard</b>
Physician	Licensed as a Physician in the State of Michigan under section 333.17001 of the public health code (PA 368 of 1978)	Not applicable	Prescribed by a Licensed Physician within the scope of his or her practice under Michigan law.
Retail or medical supply stores	Not applicable	Not applicable	Items purchased must meet the specialized equipment and supplies service definition

## **B. Vehicle Modification**

Vehicle modifications include adaptations or alterations to an automobile or van that is the beneficiary's primary means of transportation in order to accommodate the special and medical needs of the beneficiary. These adaptations must be specified in the IPOS and enable the beneficiary to integrate more fully into the community and to ensure the health, welfare and safety of the beneficiary. All items must be ordered by a physician on a prescription as defined within the MDHHS Medicaid Provider Manual. An order is valid for one year from the date it was signed.

Coverage includes:

- Adaptations to a vehicle
- Assessments by an appropriate health care professional, specialized training needed in conjunction with the use of the adaptations, and alterations will be considered as part of the cost of the services.

Coverage excludes:

- The purchase or lease of a vehicle;
- Adaptations or improvements to the vehicle that are not of direct medical or remedial benefit to the beneficiary;
- Regularly scheduled upkeep and maintenance of a vehicle, except upkeep and maintenance of the modification(s).

Covered items must meet applicable standards of manufacture, design, and installation. There must be documentation that the best value in warranty coverage was obtained for the item at the time of purchase. In order to cover repairs of vehicle modifications, there must be documentation in the IPOS that the alterations continue to be medically necessary. All applicable warranty and insurance coverages must be sought and denied before authorization is approved to pay for repairs. The PIHP must document that the repair is the most cost-effective solution when compared with replacement or purchase of a new item. If the equipment requires repairs due to misuse or abuse, the PIHP must provide evidence of training in the use of the equipment to prevent future incidents.

Provider Qualifications			
Provider Type	License	Certification	Other Standard
Physician	Licensed as a Physician in the State of Michigan under section 333.17001 of the public health code (PA 368 of 1978)	Not applicable	Prescribed by a Licensed Physician within the scope of his or her practice under Michigan law.
Agency or business	Not applicable	Not applicable	Must meet the vehicle modification service definition, may be certified or licensed with the Michigan Department of Licensing and Regulatory Affairs (LARA) annually.

### C. Enhanced Pharmacy Items

Enhanced pharmacy items are physician-ordered, nonprescription "medicine chest" items as specified in the IPOS. There must be documented evidence that the item is not available through Medicaid or other insurances and is the most cost-effective alternative to meet the beneficiary's need.

The following items are covered only for adult beneficiaries living in independent settings (i.e., own home, apartment where deed or lease is signed by the beneficiary):

- Cough, cold, pain, headache, allergy, and/or gastrointestinal distress remedies
- First-aid supplies (e.g., band-aids, iodine, rubbing alcohol, cotton swabs, gauze, antiseptic cleansing pads)

The following items are covered for beneficiaries living in independent settings, with family, or in licensed dependent care settings:

- Special oral care products to treat specific oral conditions beyond routine mouth care (e.g., special toothpaste, toothbrushes, anti-plaque rinses, antiseptic mouthwashes)
- Vitamins and minerals
- Special dietary juices and foods that augment, but do not replace, a regular diet
- Thickening agents for safe swallowing when the beneficiary has a diagnosis of dysphagia and either:
  - A history of aspiration pneumonia, or
  - Documentation that the beneficiary is at risk of insertion of a feeding tube without the thickening agents for safe swallowing.

Coverage excludes:

- Routine cosmetic products (e.g., make-up base, aftershave, mascara, and similar products)

<b>Provider Qualifications</b>			
<b>Provider Type</b>	<b>License</b>	<b>Certification</b>	<b>Other Standard</b>
Physician	Licensed as a Physician in the State of Michigan under section 333.17001 of the public health code (PA 368 of 1978)	Not applicable	Prescribed by a Licensed Physician within the scope of their practice under Michigan law.
Retail or medical supply stores	N/A	N/A	Items purchased must meet the enhanced pharmacy service definition

#### **D. Environmental Modifications**

Physical adaptations to the beneficiary’s own home or apartment and/or workplace. There must be documented evidence that the modification is the most cost-effective alternative to meet the beneficiary’s need/goal based on the results of a review of all options, including a change in the use of rooms within the home or alternative housing, or in the case of vehicle modification, alternative transportation. All modifications must be prescribed by a physician. Prior to the environmental modification being authorized, the PIHP may require that the beneficiary apply to all applicable funding sources (e.g., housing commission grants, Michigan State Housing Development Authority (MSHDA), and community development block grants) for assistance. It is expected that the CMHSP case manager/supports coordinator will assist the beneficiary in the pursuit of these resources. Acceptances or denials by these funding sources must be documented in the beneficiary’s records. Medicaid is a funding source of last resort.

Coverage includes:

- The installation of ramps and grab bars.
- Widening of doorways.
- Modification of bathroom facilities.
- Special floor, wall or window covering that will enable the beneficiary more independence or control over their environment and/or ensure health and safety.

- Installation of specialized electrical and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the welfare of the beneficiary.
- Assessments by an appropriate health care professional and specialized training needed in conjunction with the use of such environmental modifications.
- Central air conditioning when prescribed by a physician and specified as to how it is essential in the treatment of the beneficiary's illness or condition. This supporting documentation must demonstrate the cost-effectiveness of central air compared to the cost of window units in all rooms that the beneficiary must use.
- Environmental modifications that are required to support proper functioning of medical equipment, such as electrical upgrades, limited to the requirements for safe operation of the specified equipment.
- Adaptations to the work environment limited to those necessary to accommodate the beneficiary's individualized needs.

Coverage excludes:

- Adaptations or improvements to the home that are not of direct medical or remedial benefit to the beneficiary, or do not support the identified goals of community inclusion and participation, independence or productivity.
- Adaptations or improvements to the home that are of general utility or cosmetic value and are considered to be standard housing obligations of the beneficiary. Examples of exclusions include, but are not limited to, carpeting (see exception, under the fourth bullet point above), roof repair, sidewalks, driveways, heating, central air conditioning, garages, raised garage doors, storage and organizers, landscaping and general home repairs.
- Cost for construction of a new home or new construction (e.g., additions) in an existing home.
- Environmental modifications costs for improvements exclusively required to meet local building codes.
- Adaptations to the work environment that are the requirements of Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, or are the responsibilities of Michigan Rehabilitation Services.

The PIHP must ensure there is a signed contract with the builder for an environmental modification and the homeowner. It is the responsibility of the PIHP to work with the beneficiary and the builder to ensure that the work is completed as outlined in the contract and that issues are resolved among all parties. In the event that the contract is terminated prior to the completion of the work, Medicaid capitation payments may not be used to pay for any additional costs resulting from the termination of the contract.

The existing structure must have the capability to accept and support the proposed changes. The "infrastructure" of the home (e.g., electrical system, plumbing, well/septic, foundation, heating/cooling, smoke detector systems, roof) must follow all local codes. If the home is not code compliant, other funding sources must be secured to bring the home into compliance.

The environmental modification must incorporate reasonable and necessary construction standards and comply with applicable state or local building codes. The adaptation cannot result in valuation of the structure significantly above comparable neighborhood real estate values.

Adaptations may be made to rental properties when the property owner agrees to the adaptation in writing. A written agreement between the landowner and the beneficiary must specify any requirements for restoration of the property to its original condition if the occupant moves and must indicate that Medicaid is not obligated for any restoration costs.

If a beneficiary purchases an existing home while receiving Medicaid services, it is the beneficiary's responsibility to ensure that the home will meet basic needs, such as having a ground floor bath/bedroom if the beneficiary has mobility limitations. Medicaid funds may be authorized to assist with the adaptations noted above (e.g., ramps, grab bars, widening doorways) for a recently purchased existing home.

<b>Provider Qualifications</b>			
<b>Provider Type</b>	<b>License</b>	<b>Certification</b>	<b>Other Standard</b>
Physician	Licensed as a Physician in the State of Michigan under section 333.17001 of the public health code (PA 368 of 1978)	Not applicable	Prescribed by a Licensed Physician within the scope of their practice under Michigan law.
Agency or business	MCL 339.601(1) MCL 339.601.2401 (1) MCL 339.601.2403(3)	Licensed builder or licensed contractor	Must meet environmental modification service definition

## E. Family Support and Training

Family-focused services are provided to family (natural or adoptive parents, spouse, children, siblings, relatives, foster family, in-laws, and other unpaid caregivers) of persons with serious mental illness, serious emotional disturbance or developmental disability for the purpose of assisting the family in relating to and caring for a beneficiary with one of these disabilities. The services target the family members who are caring for and/or living with a beneficiary receiving mental health services. The service is to be used in cases where the beneficiary is hindered or at risk of being hindered in their ability to achieve goals of:

- Performing activities of daily living;
- Perceiving, controlling, or communicating with the environment in which the beneficiary lives; or
- Improving the beneficiary's inclusion and participation in the community or productive activity, or opportunities for independent living.

The training and counseling goals, content, frequency and duration of the training must be identified in the beneficiary's IPOS, along with the beneficiary's goal(s) that is being facilitated by this service.

Coverage includes:

- Education and training, including instructions about treatment regimens, and use of assistive technology and/or medical equipment needed to safely maintain the beneficiary at home as specified in the IPOS.
- Counseling and peer support provided by a trained counselor or peer one-on-one or in a group for assistance with identifying coping strategies for successfully caring for or living with a person with disabilities.
- Family Psycho-Education (Substance Abuse and Mental Health Services Administration [SAMHSA] model – specific information is found in the GUIDE TO FAMILY PSYCHOEDUCATION, Requirements for Certification, Sustainability, and Fidelity) for individuals with serious mental illness and their families. This evidence-based practice includes family educational groups, skills workshops, and joining.
- Parent-to-Parent Support - is designed to support parents/family of children with serious emotional disturbance or developmental disabilities as part of the treatment process to be empowered, confident and have skills that will enable them to assist their child to improve in functioning. The trained parent support partner who has or had a child with special mental health needs provides education, training, and support, and augments the assessment and mental health treatment process. The parent support partner provides these services to the parents/family. These activities are provided in the home and in the community. The parent support partner is to be provided regular supervision and team consultation by the treating professionals.

Provider Qualifications			
Provider Type	License	Certification	Other Standard
Mental Health Professional	Dependent on scope of practice	Dependent on scope of practice	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 (PA 368 of 1978, 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 (PA 368 of 1978, 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 (PA 368 of 1978, 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 (PA 368 of 1978, MCL 333.16901 to 333.16915). <b>NOTE:</b> The approved licensures for disciplines identified as a Mental Health Professional include the full, limited and temporary limited categories.
Child Mental Health Professional	Dependent on scope of practice	Dependent on scope of practice	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; <b>or</b> an individual

<b>Provider Qualifications</b>			
<b>Provider Type</b>	<b>License</b>	<b>Certification</b>	<b>Other Standard</b>
			with at least a bachelor's degree in a mental health-related field from an accredited school who is trained and has three years of supervised experience in the examination, evaluation, and treatment of minors and their families; <b>or</b> an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families.
Qualified Mental Health Professional	Dependent on scope of practice	Dependent on scope of practice	Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience) or one year of experience in treating or working with a person who has mental illness; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, therapeutic recreation specialist, licensed or limited-licensed professional counselor, licensed or limited licensed marriage and family therapist, a licensed physician's assistant, or a human services professional with at least a bachelor's degree in a human services field.
Qualified Intellectual Disability Professional	Dependent on scope of practice	Dependent on scope of practice	Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the

<b>Provider Qualifications</b>			
<b>Provider Type</b>	<b>License</b>	<b>Certification</b>	<b>Other Standard</b>
			student works directly with persons with intellectual or developmental disabilities as part of that experience) or one year of experience in treating or working with a person who has intellectual disability; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, registered dietician, therapeutic recreation specialist, a licensed or limited-licensed professional counselor, or a human services professional with at least a bachelor's degree in a human services field.
Parent Support Partner	None	None	Individual who: has lived experience as a parent/caregiver of a child with Serious Emotional Disturbance and Intellectual/Developmental Disability and is employed by the PIHP/CMHSP or its contracted providers and is trained in the Michigan Department of Health and Human Services approved curriculum and ongoing training model.

**F. Fiscal Intermediary**

Fiscal Intermediary services are defined as services that assist the beneficiary, or a representative identified in the beneficiary's IPOS, to meet the beneficiary's goals of community participation and integration, independence or productivity while controlling their individual budget and choosing staff who will provide the services and supports identified in the IPOS and authorized by the PIHP. The fiscal intermediary helps the beneficiary manage and distribute funds contained in the individual budget. Fiscal intermediary services include, but are not limited to:

- Facilitation of the employment of service workers by the beneficiary, including federal, state and local tax withholding/payments, unemployment compensation fees, wage settlements, and fiscal accounting;
- Tracking and monitoring participant-directed budget expenditures and identifying potential over- and under-expenditures;
- Ensuring adherence to federal and state laws and regulations; and
- Ensuring compliance with documentation requirements related to management of public funds.

The fiscal intermediary may also perform other supportive functions that enable the beneficiary to self-direct needed services and supports. These functions may include selecting, contracting with or employing and directing providers of services, verification of provider qualifications (including reference and background checks), and assisting the beneficiary to understand billing and documentation requirements.

Fiscal intermediary services may not be authorized for use by a beneficiary’s representative where that representative is not conducting tasks in ways that fit the beneficiary’s preferences and/or do not promote achievement of the goals contained in the beneficiary’s IPOS so as to promote independence and inclusive community living for the beneficiary, or when they are acting in a manner that is in conflict with the interests of the beneficiary.

Fiscal intermediary services must be performed by entities with demonstrated competence in managing budgets and performing other functions and responsibilities of a fiscal intermediary. Neither providers of other covered services to the beneficiary, family members, or guardians of the beneficiary may provide fiscal intermediary services to the beneficiary.

<b>Provider Qualifications</b>			
<b>Provider Type</b>	<b>License</b>	<b>Certification</b>	<b>Other Standard</b>
Entity/Organization or	None	None	Must meet fiscal intermediary requirements. Entity/Organization or individual fiscal agent may not be the provider of other covered services for the individual for whom it is providing fiscal intermediary services.

**G. Housing Assistance**

Housing assistance enables beneficiaries to secure and/or maintain their own housing as set forth in the beneficiary’s IPOS. Services must be provided in the home or a community setting and include the following components:

- Conducting a community integration assessment identifying the beneficiary’s preferences related to housing (type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain community integration (including what type of setting works best for the beneficiary, assistance in budgeting for housing/living expenses, assistance in obtaining/accessing sources of income necessary for community living, assistance in establishing credit and in understanding and meeting obligations of tenancy).
- Assisting the beneficiary with finding and securing housing as needed. This may include arranging for or providing transportation.
- Assisting the beneficiary in securing supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings.
- Developing an individualized community integration plan based upon the assessment as part of the overall Person-Centered Plan (PCP).
- Identify and establish short- and long-term measurable goal(s) and establish how goals will be achieved and how concerns will be addressed.
- Participating in PCP meetings at re-determination and/or revision PCP meetings as needed.
- Providing supports and interventions per the Person-Centered Plan (individualized community integration portion).
- Supports to assist the beneficiary in communicating with the landlord and/or property manager regarding the beneficiary’s disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager. This includes providing support/intervention for dispute resolution with the landlord/property manager.
- Housing assistance will provide supports to preserve the most independent living arrangement and/or assist the beneficiary in locating the most integrated option appropriate to the beneficiary.

Coverage excludes:

- Costs for room and board (i.e., rent, mortgage, motel/hotel stays, security deposit, etc.)
- Funding for ongoing housing costs (i.e., repairs, utility bills, insurance, taxes, appliances, etc.)

<b>Provider Qualifications</b>			
<b>Provider Type</b>	<b>License</b>	<b>Certification</b>	<b>Other Standard</b>
Mental Health Professional	Dependent on scope of practice	Dependent on scope of practice	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

Provider Qualifications			
Provider Type	License	Certification	Other Standard
			<p>otherwise authorized to engage in the practice of nursing under part 172 of the public health code (PA 368 of 1978, 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 (PA 368 of 1978, 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 (PA 368 of 1978, 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 (PA 368 of 1978, MCL 333.16901 to 333.16915). <b>NOTE:</b> The approved licensures for disciplines identified as a Mental Health Professional include the full, limited and temporary limited categories.</p>
Qualified Mental Health Professional	Dependent on scope of practice	Dependent on scope of practice	<p>Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience) or one year of experience in treating or working with a person who has mental illness; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst,</p>

Provider Qualifications			
Provider Type	License	Certification	Other Standard
			registered nurse, therapeutic recreation specialist, licensed or limited-licensed professional counselor, licensed or limited-licensed marriage and family therapist, a licensed physician's assistant or a human services professional with at least a bachelor's degree in a human services field.
Qualified Intellectual Disability Professional	Dependent on scope of practice	Dependent on scope of practice	Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) or one year of experience in treating or working with a person who has intellectual disability; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, registered dietician, therapeutic recreation specialist, a licensed or limited-licensed professional counselor, or a human services professional with <b>at least</b> a bachelor's degree in a human services field.

## H. Respite Services

Respite services are intended to assist in maintaining a goal of living in a natural community home and are provided on a short-term, intermittent basis to relieve the beneficiary's family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care. Respite is not intended to be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work elsewhere full time. In those cases, community living supports or other services of paid support or training staff should be used.

Decisions about the methods and amounts of respite should be decided during PCP. PIHPs may not require active clinical treatment as a prerequisite for receiving respite care. These services do not supplant or substitute for community living support or other services of paid support/training staff.

- "Short-term" means the respite service is provided during a limited period of time (e.g., a few hours, a few days, weekends, or for vacations).
- "Intermittent" means the respite service does not occur regularly or continuously. The service stops and starts repeatedly or with a time period in between.
- "Primary" caregivers are typically the same people who provide at least some unpaid supports daily.
- "Unpaid" means that respite may only be provided during those portions of the day when no one is being paid to provide the care, i.e., not a time when the beneficiary is receiving a paid State Plan (e.g., home help) or waiver service (e.g., community living supports) or service through other programs (e.g., school).
- Children who are living in a family foster care home may receive respite services. The only exclusion of receiving respite services in a family foster care home is when the child is receiving Therapeutic Foster Care under the SED waiver as this is included in the bundled rate.

Since adult beneficiaries living at home typically receive home help services and hire their family members, respite is not available when the family member is being paid to provide the home help service but may be available at other times throughout the day when the caregiver is not paid.

Respite care may be provided in the following settings:

- Beneficiary's home or place of residence
- Licensed family foster care home
- Facility approved by the State that is not a private residence (e.g., group home or licensed respite care facility)
- Home of a friend or relative chosen by the beneficiary and members of the PCP team
- Licensed camp

- In community (social/recreational) settings with a respite worker trained, if needed, by the family
- Licensed family childcare home

Respite care may **not** be provided in:

- Day program settings, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), nursing homes, or hospitals

Respite care may not be provided by:

- Parent of a minor beneficiary receiving the service
- Spouse of the beneficiary served
- Beneficiary’s guardian
- Unpaid primary caregiver

Cost of room and board must not be included as part of the respite care unless provided as part of the respite care in a facility that is not a private residence.

<b>Provider Qualifications</b>			
<b>Provider Type</b>	<b>License</b>	<b>Certification</b>	<b>Other Standard</b>
Direct Support Specialist	None	None	Individual with specialized training; is able to perform basic first-aid procedures; trained in the beneficiary's IPOS, as applicable; is at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in order to follow IPOS requirements and beneficiary-specific emergency procedures, and to report on activities performed; and in good standing with the law.

**I. Skill-Building Assistance**

Skill-building assistance consists of activities identified in the IPOS that assist a beneficiary to increase their self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering. The services occur in community-based integrated settings with beneficiaries who do not have disabilities and provide knowledge and specialized skill development and/or supports to achieve specific outcomes consistent with the beneficiary’s identified goals with the purpose of furthering habilitation goals that will lead to greater opportunities of community independence, inclusion, participation, and productivity.

Services include:

- Assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills.
- Activities that support an individual to attain and retain Individual Competitive Integrated Employment (ICIE) are time-limited and include work pathway services in the community in which a beneficiary is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.
- Developing and teaching skills that lead to ICIE including, but not limited to, ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem-solving skills and strategies; general workplace safety; and mobility training. May also provide learning and work experiences, including volunteering, where the beneficiary can develop general, non-job-task-specific strengths and skills that contribute to employability in ICIE. Such employment related services are expected to occur over a defined period of time with specific employment-related goals and outcomes to be achieved, as determined by the beneficiary's IPOS.
- Participation in skill-building is not a required pre-requisite for individual competitive integrated employment or receiving supported employment services.

Skill-building service components needed for each individual are documented, coordinated, and non-duplicative of other services otherwise available under a program funded under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1401 et seq.).

If a beneficiary has a need for transportation to participate, maintain, or access the skill-building services, the same provider may be reimbursed for providing this transportation only after it is determined that it is not otherwise available (e.g., volunteer, family member) and is the least expensive available means suitable to the beneficiary's need, in accordance with the Medicaid non-emergency medical transportation policy outlined in the Non-Emergency Medical Transportation chapter of the MDHHS Medicaid Provider Manual.

Provider Qualifications			
Provider Type	License	Certification	Other Standard
Direct Support Professional	None	None	Individual with specialized training; is able to perform basic first-aid procedures; trained in the beneficiary's IPOS, as applicable; is at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in order to follow IPOS requirements and beneficiary-specific emergency procedures, and to report on activities performed; and in good standing with the law.

## J. Community Living Supports

Community Living Supports (CLS) are used to increase or maintain personal self-sufficiency, facilitating a beneficiary's achievement of their goals of community inclusion and participation, independence or productivity. The supports may be provided in the beneficiary's residence or in community settings (including, but not limited to, libraries, city pools, camps, etc.). Coverage includes assisting (that exceeds State Plan for adults), prompting, reminding, cueing, observing, guiding and/or training in the following activities:

- Meal preparation
- Laundry
- Routine, seasonal, and heavy household care and maintenance
- Activities of daily living (e.g., bathing, eating, dressing, personal hygiene)
- Shopping for food and other necessities of daily living

CLS services may not supplant services otherwise available to the beneficiary through a local educational agency under IDEA (e.g., Personal Care [assistance with activities of daily living (ADL) in a certified specialized residential setting] and Home Help [assistance in the beneficiary's own, unlicensed home with meal preparation, laundry, routine household care and maintenance, ADL and shopping]). If such assistance appears to be needed, the beneficiary must request Home Help from MDHHS. CLS may be used for those activities while the beneficiary awaits determination by MDHHS of the amount, scope and duration of Home Help. If the beneficiary requests it, the PIHP case manager or supports coordinator must assist them in requesting Home Help or in filling out and sending a request for Fair Hearing when the beneficiary believes that the MDHHS authorization of amount, scope and duration of Home Help does not

appear to reflect the beneficiary's needs based on the findings of the MDHHS assessment.

CLS staff provide assistance, support and/or training with activities such as:

- Money management
- Non-medical care (not requiring nurse or physician intervention)
- Socialization and relationship building
- Transportation from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence (transportation to and from medical appointments is excluded)
- Participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts and events in a park; volunteering; voting)
- Attendance at medical appointments
- Acquiring or procuring goods (other than those listed under shopping) and non-medical services
- Reminding, observing and/or monitoring of medication administration
- Observing and/or monitoring with preserving the health and safety of the beneficiary in order that they may reside or be supported in the most integrated, independent community setting

CLS may be provided in a licensed specialized residential setting as a complement to, and in conjunction with, State Plan coverage of Personal Care in Specialized Residential Settings. Transportation to medical appointments is covered by Medicaid through Medicaid FFS or the Medicaid Health Plan. Payment for CLS services may not be made, directly or indirectly, to responsible relatives (i.e., spouses or parents of minor children) or the guardian of the beneficiary receiving CLS. CLS assistance with meal preparation, laundry, routine household care and maintenance, ADL and/or shopping may be used to complement Home Help services when the beneficiary's needs for this assistance have been officially determined to exceed the allowable parameters. CLS may also be used for activities while the beneficiary awaits the decision from a Fair Hearing of the appeal of a MDHHS decision. Reminding, observing, guiding, and/or training of these activities are CLS coverages that do not supplant Home Help.

CLS provides support to a beneficiary younger than 18, and the family in the care of their child, while facilitating the beneficiary's independence and integration into the community. This service provides skill development related to ADL, such as bathing, eating, dressing, personal hygiene, household chores and safety skills; and skill development to achieve or maintain mobility, sensory-motor, communication, socialization and relationship-building skills, and participation in leisure and community activities. These supports must be provided directly to, or on behalf of, the child. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings. For children and adults up to age 26 who are enrolled in school, CLS services are not intended to supplant services provided in school or other settings.

Provider Qualifications			
Provider Type	License	Certification	Other Standard
Direct Support Professional	None	None	Individual with specialized training; is able to perform basic first-aid procedures; trained in the beneficiary's IPOS, as applicable; is at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in order to follow IPOS requirements and beneficiary-specific emergency procedures, and to report on activities performed; and in good standing with the law.

### K. Supported/Integrated Employment

Supported/integrated employment services are services that are provided in a variety of community settings for the purposes of supporting beneficiaries in obtaining and sustaining individual competitive integrated employment (ICIE). ICIE refers to full- or part-time work at minimum wage or higher, with wages and benefits similar to workers without disabilities performing the same work, and fully integrated with co-workers without disabilities. Supported employment services promote self-direction, are often customized, and are aimed to meet a beneficiary's personal and career goals and outcomes identified in the individualized IPOS. Services may be provided continuously, intermittently, or on behalf of a beneficiary. Services may be delivered to promote community inclusion and competitive integrated employment.

Coverage includes:

- Job-related discovery, person-centered employment/career planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, benefits and work-incentives planning and management, asset development, and career advancement services career planning that supports an individual to make informed choices about individual competitive integrated employment or self-employment. The outcome of this service is sustained individual competitive integrated employment at or above the minimum wage in an integrated setting in the general workforce and in a job that meets personal and career goals as outlined in the beneficiary's IPOS.

Supported employment services include the following categories:

- Individual supported employment supports to attain or sustain paid employment at or above the minimum wage, and career development in an integrated, competitive setting in the general workforce in a job that meets personal and career goals.
- Self-employment refers to an individual-run business that nets the equivalent of a competitive wage, after reasonable period for start-up, and is either home-based or takes place in regular integrated business, industry or community-based settings.
- Small group supported employment support are services and training activities, provided in typical business, industry and community settings for groups of two to six workers with disabilities, paying at least minimum wage that leads to ICIE. The purpose of funding for this service is to support sustained paid employment and work experience that leads to individual competitive integrated employment. Examples include mobile crews and other business-based workgroups employing small groups of workers with disabilities. Small group supported employment must promote integration into the workplace and interaction between workers with disabilities and people who do not have disabilities. Participation in small group supported employment is not a required prerequisite for individual competitive integrated employment or receiving supported employment services.

Supported/integrated employment service components needed for each beneficiary are documented, coordinated, and non-duplicative of other services otherwise available under a program funded under the IDEA (20 U.S.C. 1401 et seq.).

If a beneficiary has a need for transportation to participate, maintain, or access the supported/integrated employment services, the same service provider may be reimbursed for providing this transportation only after it is determined that it is not otherwise available (e.g., volunteer, family member) and is the least expensive available means suitable to the beneficiary's need, in accordance with Medicaid non-emergency medical transportation policy outlined in the Non-Emergency Medical Transportation chapter of the MDHHS Medicaid Provider Manual.

<b>Provider Qualifications</b>			
<b>Provider Type</b>	<b>License</b>	<b>Certification</b>	<b>Other Standard</b>
Employment Specialist/Job Coach	None	None	Individual has completed specialized training; is able to perform basic first-aid procedures; is trained in the beneficiary's IPOS, as applicable; is at least 18 years of age; able to prevent transmission of communicable disease; able to communicate expressively and receptively in

<b>Provider Qualifications</b>			
<b>Provider Type</b>	<b>License</b>	<b>Certification</b>	<b>Other Standard</b>
			order to follow IPOS requirements and beneficiary-specific emergency procedures, and to report on employment-related activities performed; and in good standing with the law.