MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Justin Tate		
Phone Number: tatej7@michigan.gov		
Initial Public Comment 🖂	Final 🗌	
Brief description of policy:		
The purpose of this policy is to update Michigan Medicaid coverage of Parent Support Partner as a State Plan service.		
Reason for policy (problem being addressed):		
Parent Support Partner was moved out of the 1915(i) and C waiver (SEDW) into Michigan's State Plan.		
Budget implication: ☑ budget neutral ☐ will cost MDHHS \$, and (select one) b ☐ will save MDHHS \$	oudgeted in current appropriation	
Is this policy change mandated per federal requirements?		
No.		
Does policy have operational implications on other parts of MDHHS?		
The Bureau of Children's Coordinated Health Policy and Supports (BCCHPS) and Health Services will be responsible for implementation of policy changes.		
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: 9/18/2024 Approval Date:	Public Notice Required: Yes No If yes, Submission Date: 5/1/24	

1/18 Policy Info Sheet

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services Project Number: 2524-BCCHPS Date: July 9, 2025

Comments Due: August 13, 2025
Proposed Effective Date: October 1, 2025
Direct Comments To: Justin Tate

Address:

E-Mail Address: MDHHS-BCCHPS-Reporting@michigan.gov

Policy Subject: Parent Support Partner	
Affected Programs: Medicaid, Healthy Michigan Plan	
Distribution: Community Mental Health Services Progr Plans (PIHP)	ams (CMHSP), Prepaid Inpatient Health
Summary: The purpose of this policy is to update Michig Support Partner as a State Plan service.	gan Medicaid coverage of Parent
Purpose: Parent Support Partner was moved out of the Michigan's State Plan.	1915(i) and C waiver (SEDW) into
Cost Implications: Budget neutral.	
Potential Hearings & Appeal Issues: None known.	
State Plan Amendment Required: Yes ⊠ No ☐ Pu	blic Notice Required: Yes ⊠ No □
If yes, date submitted: 7/1/2024 Su	bmitted date: 5/1/2024
If yes, date submitted: 7/1/2024 Su Tribal Notification: Yes ⊠ No □ - Date: 5/1/2024	• — —
	• — —
Tribal Notification: Yes ⊠ No ☐ - Date: 5/1/2024 THIS SECTION COMPLETED BY RECEIVER ☐ Approved ☐ N	• — —
Tribal Notification: Yes No - Date: 5/1/2024 THIS SECTION COMPLETED BY RECEIVER Approved N S	o Comments
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Comment001 Revised 6/16



Michigan Department of Health and Human Services Health Services

Distribution: Prepaid Inpatient Health Plans, Community Mental Health

Services Programs

Issued: August 29, 2025 (Proposed)

Subject: Parent Support Partner

Effective: October 1, 2025 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan

The purpose of this bulletin is to update policy for Michigan Medicaid coverage of Parent Support Partner (PSP) as a State Plan service.

Service Description

PSP is a parent-to-parent peer support service. It is designed to support parents and primary caregivers of children and youth with a serious emotional disturbance (SED) and/or intellectual/developmental disabilities (I/DD) through shared activities and interventions in the form of non-judgmental support, connection through lived experience, promotion of self-advocacy on behalf of their child and the needs of their family. This parent peer-delivered service supports parent voice as part of the Family-Driven, Youth-Guided approach to treatment and occurs as part of the treatment process.

The PSP service includes supporting parents and caregivers by building a strong relationship based on mutual respect and strategic self-disclosure to increase hope, confidence, self-advocacy skills, and decision-making abilities. The goals to support parent empowerment will be mutually identified in active collaboration with the parent/caregiver receiving services and must be delivered by a PSP with lived experience. The goals of PSP services shall be included in the individualized plan of service where interventions are provided in the home and community.

For specific billing and reimbursement information, providers should consult the Michigan Department of Health and Human Services (MDHHS) Behavioral Health Code Charts and Provider Qualifications document.

Service Eligibility and Coverage

Parents or primary caregivers of children, youth and young adults who have SED and/or a IDD (including Autism) up to the age of 21.

PSP is a state plan service. Children and youth will no longer be required to meet eligibility criteria or enrolled in the 1915(i) State Plan Amendment or Waiver Program for Children with Serious. The child or youth no longer needs to meet eligibility for the Waiver for Children with Serious Emotional Disturbance (SEDW) or 1915(i).

Qualified Staff

Qualifications for the PSP include:

- Lived experience as a parent or primary caregiver of a child or youth with behavioral or mental health needs and/or intellectual/developmental disability, including autism;
- Willing and able to use their lived experiences as a peer parent to support others;
- Experience receiving services for their child or youth in a variety of systems (such as child welfare, special education, juvenile justice system, etc.) is preferred; and
- Employed by a PIHP or its contracted providers.

Training Requirements

The PSP shall:

- Actively participate in and complete the approved MDHHS training;
- Complete the ongoing MDHHS approved model certification and recertification requirements; and
- Meet provider qualifications.

Supervision

PSP Supervisors shall:

- Provide regular supervision to PSP at least bi-weekly in person or virtually; and
- Participate in supervisor related training in accordance with the PSP model.