Service Array: Mental Health Medicaid Specialty Supports and Services Descriptions

Note: If you are a Medicaid beneficiary and have a serious mental illness, or serious emotional disturbance, or developmental disabilities, or substance use disorder, you may be eligible for some of the Mental Health Medicaid Specialty Supports and Services listed below.

Before services can be started, you will take part in an assessment to find out if you are eligible for services. It will also identify the services that can best meet your needs. You need to know that not all people who come to us are eligible, and not all services are available to everyone we serve. If a service cannot help you, your Community Mental Health will not pay for it. Medicaid will not pay for services that are otherwise available to you from other resources in the community.

During the person-centered planning process, you will be helped to figure out the medically necessary services that you need and the sufficient amount, scope and duration required to achieve the purpose of those services. You will also be able to choose who provides your supports and services. You will receive an individual plan of service that provides all of this information.

In addition to meeting medically necessary criteria, services listed below marked with an asterisk * require a doctor's prescription. The pharmacy benefit is managed by the Upper Peninsula Health Plan.

Note: the Michigan Medicaid Provider Manual contains complete definitions of the following services as well as eligibility criteria and provider qualifications. The Manual may be accessed at http://www.michigan.gov/mdhhs/0,4612,7-132-2945-42542-42543-42546-42553-87572--,00.html. Customer Service staff can help you access the manual and/or information from it.

Assertive Community Treatment (ACT) provides basic services and supports essential for people with serious mental illness to maintain independence in the community. An ACT team will provide mental health therapy and help with medications. The team may also help access community resources and supports needed to maintain wellness and participate in social, educational and vocational activities. ACT may be provided daily for individuals who participate.

Assessment includes a comprehensive psychiatric evaluation, psychological testing, substance use disorder screening, or other assessments conducted to determine a person’s level of functioning and mental health treatment needs. Physical health assessments are not part of this PIHP service.

*Assistive Technology includes adaptive devices and supplies that are not covered under the Medicaid Health Plan or by other community resources. These devices help individuals to better take care of themselves, or to better interact in the places where they live, work, and play.

Autism Services provide for coverage of Behavioral Health Treatment (BHT) services, including Applied Behavioral Analysis (ABA), for eligible children under 21 years of age with Autism Spectrum Disorders (ASD) within the region within the guidelines set forth in the Early Periodic Screening Diagnosis and Treatment (EPSDT) Behavioral Health Treatment Benefit. All children, including children with ASD, must receive EPSDT services that are designed to assure that children receive early detection and preventive care, in addition to medically necessary treatment services to correct or ameliorate any physical or behavioral conditions, so that health problems are averted or diagnosed and treated as early as possible. BHT services prevent the progression of ASD, prolong life, and promote the physical and mental health and efficiency of the child. Medical necessity and recommendation for BHT 17 service is determined by a physician, or other licensed practitioner working within their scope of practice under state law. Direct patient care services that treat or address ASD under the state plan are available to children under 21 years of age as required by the EPSDT benefit.
**Behavior Treatment Review:** If a person’s illness or disability involves behaviors that they or others who work with them want to change, their individual plan of services may include a plan that talks about the behavior. This plan is often called a “behavior treatment plan.” The behavior management plan is developed during person-centered planning and then is approved and reviewed regularly by a team of specialists to make sure that it is effective and dignified, and continues to meet the person’s needs.

**Clubhouse Programs** are programs where members (consumers) and staff work side by side to operate the clubhouse and to encourage participation in the greater community. Clubhouse programs focus on fostering recovery, competency, and social supports, as well as vocational skills and opportunities.

**Community Inpatient Services** are hospital services used to stabilize a mental health condition in the event of a significant change in symptoms, or in a mental health emergency. Community hospital services are provided in licensed psychiatric hospitals and in licensed psychiatric units of general hospitals.

**Community Living Supports (CLS)** are activities provided by paid staff that help adults with either serious mental illness or developmental disabilities live independently and participate actively in the community. Community Living Supports may also help families who have children with special needs (such as developmental disabilities or serious emotional disturbance).

**Crisis Interventions** are unscheduled individual or group services aimed at reducing or eliminating the impact of unexpected events on mental health and well-being.

**Crisis Residential Services** are short-term alternatives to inpatient hospitalization provided in a licensed residential setting.

*Enhanced Pharmacy* includes doctor-ordered nonprescription or over-the-counter items (such as vitamins or cough syrup) necessary to manage your health condition(s) when a person’s Medicaid Health Plan does not cover these items.

*Environmental Modifications* are physical changes to a person’s home, car, or work environment that are of direct medical or remedial benefit to the person. Modifications ensure access, protect health and safety, or enable greater independence for a person with physical disabilities. Note that all other sources of funding must be explored first, before using Medicaid funds for environmental modifications.

**Family Support and Training** provides family-focused assistance to family members relating to and caring for a relative with serious mental illness, serious emotional disturbance, or developmental disabilities. "Family Skills Training" is education and training for families who live with and or care for a family member who is eligible for the Children’s Waiver Program.

**Fiscal Intermediary Services** help individuals manage their service and supports budget and pay providers if they are using a “self-determination” approach.

**Health Services** include assessment, treatment, and professional monitoring of health conditions that are related to or impacted by a person’s mental health condition. A person’s primary doctor will treat any other health conditions they may have.

**Healthy Michigan Plan** is an 1115 Demonstration project that provides health care benefits to individuals who are: aged 19-64 years; have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology; do not qualify or not enrolled in Medicare or Medicaid; are not pregnant at the time of application; and are residents of the State of Michigan. Individuals meeting Healthy Michigan Plan eligibility requirements may also be eligible for mental health and substance use disorder services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The Manual may be accessed at [http://www.michigan.gov/mdhhs/0,4612,7-](http://www.michigan.gov/mdhhs/0,4612,7-).
Customer Service staff can help you access the manual and/or information from it.

**Home-Based Services for Children and Families** are provided in the family home or in another community setting. Services are designed individually for each family, and can include things like mental health therapy, crisis intervention, service coordination, or other supports to the family.

**Housing Assistance** is assistance with short-term, transitional, or one-time-only expenses in an individual’s own home that his/her resources and other community resources could not cover.

**Intensive Crisis Stabilization** is another short-term alternative to inpatient hospitalization. Intensive crisis stabilization services are structured treatment and support activities provided by a mental health crisis team in the person’s home or in another community setting.

**Intermediate Care Facility for Persons with Intellectual Developmental Disabilities (ICF/IDD)** provide 24-hour intensive supervision, health and rehabilitative services and basic needs to persons with developmental disabilities.

**Medication Administration** is when a doctor, nurse, or other licensed medical provider gives an injection, or an oral medication or topical medication.

**Medication Review** is the evaluation and monitoring of medicines used to treat a person’s mental health condition, their effects, and the need for continuing or changing their medicines.

**Mental Health Therapy and Counseling for Adults, Children and Families** includes therapy or counseling designed to help improve functioning and relationships with other people.

**Nursing Home Mental Health Assessment and Monitoring** includes a review of a nursing home resident’s need for and response to mental health treatment, along with consultations with nursing home staff.

**Occupational Therapy** includes the evaluation by an occupational therapist of an individuals’ ability to do things in order to take care of themselves every day, and treatments to help increase these abilities.

**Partial Hospital Services** include psychiatric, psychological, social, occupational, nursing, music therapy, and therapeutic recreational services in a hospital setting, under a doctor’s supervision. Partial hospital services are provided during the day – participants go home at night.

**Peer-Delivered and Peer Specialist Services.** Peer-delivered services such as drop-in centers are entirely run by consumers of mental health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain mental health treatment. Peer Specialist services are activities designed to help persons with serious mental illness in their individual recovery journey and are provided by individuals who are in recovery from serious mental illness. Peer mentors help people with developmental disabilities.

**Personal Care in Specialized Residential Settings** assists an adult with mental illness or developmental disabilities with activities of daily living, self-care and basic needs, while they are living in a specialized residential setting in the community.

**Physical Therapy** includes the evaluation by a physical therapist of a person’s physical abilities (such as the ways they move, use their arms or hands, or hold their body), and treatments to help improve their physical abilities.
Prevention Service Models (such as Infant Mental Health, School Success, etc.) use both individual and group interventions designed to reduce the likelihood that individuals will need treatment from the public mental health system.

Respite Care Services provide short-term relief to the unpaid primary caregivers of people eligible for specialty services. Respite provides temporary alternative care, either in the family home, or in another community setting chosen by the family.

Skill-Building Assistance includes supports, services and training to help a person participate actively at school, work, volunteer, or community settings, or to learn social skills they may need to support themselves or to get around in the community.

*Speech and Language Therapy includes the evaluation by a speech therapist of a person’s ability to use and understand language and communicate with others or to manage swallowing or related conditions, and treatments to help enhance speech, communication or swallowing.

Substance Use Disorder Treatment Services (descriptions follow the mental health services)

Supports Coordination or Targeted Case Management: A Supports Coordinator or Case Manager is a staff person who helps write an individual plan of service and makes sure the services are delivered. His or her role is to listen to a person’s goals, and to help find the services and providers inside and outside the local community mental health services program that will help achieve the goals. A supports coordinator or case manager may also connect a person to resources in the community for employment, community living, education, public benefits, and recreational activities.

Supported/Integrated Employment Services provide initial and ongoing supports; services and training, usually provided at the job site, to help adults who are eligible for mental health services find and keep paid employment in the community.

Transportation may be provided to and from a person’s home in order for them to take part in a non-medical Medicaid-covered service.

Treatment Planning assists the person and those of his/her choosing in the development and periodic review of the individual plan of services.

Wraparound Services for Children and Adolescents with serious emotional disturbance and their families that include treatment and supports necessary to maintain the child in the family home.

Services for Only Habilitation Supports Waiver (HSW) & Children’s Waiver Participants
Some Medicaid beneficiaries are eligible for special services that help them avoid having to go to an institution for people with developmental disabilities or nursing home. These special services are called the Habilitation Supports Waiver and the Children’s Waiver. In order to receive these services, people with developmental disabilities need to be enrolled in either of these “ waivers.” The availability of these waivers is very limited. People enrolled in the waivers have access to the services listed above as well as those listed here:

Goods and Services (for HSW enrollees) is a non-staff service that replaces the assistance that staff would be hired to provide. This service, used in conjunction with a self-determination arrangement, provides assistance to increase independence, facilitate productivity, or promote community inclusion.

Non-Family Training (for Children’s Waiver enrollees): is customized training for the paid in-home support staff who provide care for a child enrolled in the Waiver.
**Out-of-home Non-Vocational Supports and Services (for HSW enrollees):** is assistance to gain, retain or improve in self-help, socialization or adaptive skills.

**Personal Emergency Response devices (for HSW enrollees):** help a person maintain independence and safety, in their own home or in a community setting. These are devices that are used to call for help in an emergency.

**Prevocational Services (for HSW enrollees):** include supports, services and training to prepare a person for paid employment or community volunteer work.

**Private Duty Nursing (for HSW enrollees):** is individualized nursing service provided in the home, as necessary to meet specialized health needs.

**Specialty Services (for Children’s Waiver enrollees):** are music, recreation, art, or massage therapies that may be provided to help reduce or manage the symptoms of a child’s mental health condition or developmental disability. Specialty services might also include specialized child and family training, coaching, staff supervision, or monitoring of program goals.

**Services for Persons with Substance Use Disorders**

The Substance Use Disorder treatment services listed below are covered by Medicaid. These services are available through NorthCare Substance Use Disorder Coordinating Agency providers.

**Access, Assessment and Referral (AAR)** determines the need for substance use disorder services and will assist in getting to the right services and providers.

**Outpatient Treatment** includes therapy/counseling for the individual, and family and group therapy in an office setting.

**Intensive/Enhanced Outpatient (IOP or EOP)** is a service that provides more frequent and longer counseling sessions each week and may include day or evening programs.

**Methadone and LAAM Treatment** is provided to people who have heroin or other opiate dependence. The treatment consists of opiate substitution monitored by a doctor as well as nursing services and lab tests. This treatment is usually provided along with other substance use disorder outpatient treatment.

**Sub-Acute Detoxification** is medical care in a residential setting for people who are withdrawing from alcohol or other drugs.

**Residential Treatment** is intensive therapeutic services which include overnight stays in a staffed licensed facility.

If you receive Medicaid, you may be entitled to other medical services not listed above. Services necessary to maintain your physical health are provided or ordered by your primary care doctor. If you receive Community Mental Health services, your local community mental health services program will work with your primary care doctor to coordinate your physical and mental health services. If you do not have a primary care doctor, your local community mental health services program will help you find one.

Note: **Home Help Program** is another service available to Medicaid beneficiaries who require in-home assistance with activities of daily living, and household chores. In order to learn more about this service, you may call the local Michigan Department of Human Services’ number listed on page 28 and 29 or contact your local customer service office (phone numbers listed in the footer of each page) for assistance.
Mental Health and Substance Use Disorder Services

Mental Health Services:
- Crisis interventions for mental health-related emergency situations and/or conditions.
- Identification, assessment and diagnostic evaluation to determine the beneficiary’s mental health status, condition and specific needs.
- Inpatient hospital psychiatric care for mentally ill beneficiaries who require care in a 24-hour medically-structured and supervised licensed facility.
- Other medically necessary mental health services:
  - Psychotherapy or counseling (individual, family, group) when indicated;
  - Interpretation or explanation of results of psychiatric examination, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist the beneficiary;
  - Pharmacological management, including prescription, administration, and review of medication use and affects; or
  - Specialized community mental health clinical and rehabilitation services, including case management, psychosocial interventions and other community supports, as medically necessary, and when utilized as an approved alternative to more restrictive care or placement.

Substance Use Disorder Services:
- Initial assessment, diagnostic evaluation, referral and patient placement;
- Outpatient Treatment;
- Federal Food and Drug Administration (FDA) approved pharmacological supports for Levo-Alpha-Acetyl-Methadol (LAAM) and Methadone only; or
- Other substance use disorder services that may be provided, at the discretion of the PIHP, to enhance outcomes.

Medicaid Health Plan Services Upper Peninsula Health Care Plan (UPHP)
If you are enrolled in a Medicaid Health Plan, the following kinds of health care services are available to you when your medical condition requires them.
- Ambulance
- Chiropractic
- Doctor visits
- Family planning
- Health check ups
- Hearing aids
- Hearing and speech therapy
- Home Health Care
- Immunizations (shots)
- Lab and X-ray
- Nursing Home Care
- Medical supplies
- Medicine **
- Mental health (limit of 20 outpatient visits)
- Physical and Occupational therapy
- Prenatal care and delivery
- Surgery
- Transportation to medical appointments
- Vision
The pharmacy benefit is managed by the Upper Peninsula Health Plan for both behavioral health and physical health. If you already are enrolled in the Upper Peninsula Health Plan, you can contact the health plan directly for more information about the services listed above. If you are not enrolled in a health plan or do not know the name of your health plan, you can contact NorthCare Network Access Unit at 1-888-906-9060 for assistance. The Upper Peninsula only has one Health Plan. If you live in the U.P. and are in enrolled in a Health Plan it is the: Upper Peninsula Health Care Plan. The address and contact information is listed below.

**Upper Peninsula Health Care Plan, Administrative Office  Website:**

www.uphp.com  
228 West Washington Street, Marquette, MI 49855  
Phone: (906) 225-7500  Toll-Free: 1-800-835-2556  
Business Hours: 8:00 to 5:00 Monday through Friday (closed most Holidays)

This information can also be found starting on page 23 of the NorthCare Customer Handbook.