

**LAKESHORE REGIONAL ENTITY SERVICE DESCRIPTION**  
**Family Support and Training**

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

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

**1. Definition or Description of Service**

- a. This service is a State Plan EPSDT service when delivered to children, birth to twenty-one (21) years.
- b. Family-focused services 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 relative with one of these disabilities. The services target the family members who are caring for and/or living with an Individual receiving mental health services. The service is to be used in cases where the Individual is hindered or at risk of being hindered in his ability to achieve goals of:
  - i. performing activities of daily living;
  - ii. perceiving, controlling, or communicating with the environment in which he lives; or
  - iii. improving his inclusion and participation in the community or productive activity, or opportunities for independent living.
- c. The training and counseling goals, content, frequency and duration of the training must be identified in the Individual's individual plan of service (IPOS), along with the Individual's goal(s) that are being facilitated by this service.
- d. Coverage includes:
  - i. Education and training, including instructions about treatment regimens, and use of assistive technology and/or medical equipment needed to safely maintain the person at home as specified in the individual plan of service.
  - ii. Counseling and peer support provided by a trained counselor or peer one-on-one or in group for assistance with identifying coping strategies for successfully caring for or living with a person with disabilities.
  - iii. Family Psycho-Education (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.
  - iv. Parent-to-Parent Support is designed to support parents/family of children with serious emotional disturbance or intellectual/developmental disabilities, including autism, as part of the treatment process to be empowered, confident and have knowledge and skills that will enable the parent/family to improve their child's and family's functioning. Utilizing lived experience, the trained parent support partner, who has or had a child with special mental health needs, provides education, coaching, and support and enhances the assessment and mental health treatment process. The parent support partner provides these services to the parents/caregivers. These activities are provided in the home and in the community. The parent support partner is an active member of the treatment team and participates in consultation with the treating professionals. The parent support partner is to be provided regular supervision.

**2. Practice Principle**

- a. Providers are encouraged to offer evidence based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are

provided by staff that have been appropriately trained in the model(s) and are provided to the population for which the model was intended.

- b. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.
- c. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service.

### **3. Non-Children's Waiver Program**

- a. The intent is to provide medically necessary supports and services that promote community inclusion and participation, independence, and/or productivity when identified in the individual plan of service as one or more goals developed during person-centered planning.
- b. Goals shall be consistent with the least restrictive environment (i.e., most integrated home, work, community that meet the individual's needs and desires) and individual choice and control unless there is documentation that health and safety would otherwise be jeopardized; or that such least restrictive arrangements or choice and control opportunities have been demonstrated to be unsuccessful for that Individual.
- c. The configuration of supports and services should assist the Individual to attain outcomes that are typical in his/her community; and without such services and supports, would be impossible to attain.
- d. Care should be taken to insure that these goals are those of the Individual first, not those of a parent, guardian, provider, therapist, or case manager, no matter how well intentioned.
- e. These supports and services are not intended to meet all the Individual's needs and preferences, as some needs may be better met by community and other natural supports. Natural supports mean unpaid assistance provided to the Individual by people in his/her network (family, friends, neighbors, community volunteers) that are willing and able to provide such assistance.
- f. It is reasonable to expect that parents of minor children with disabilities will provide the same level of care they would provide to their children without disabilities. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's individual plan of service.

### **4. Children's Waiver Program**

- a. Habilitative services are designed to assist Individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. Active treatment is directed toward the acquisition of the behaviors necessary for the beneficiary to function with as much self-determination and independence as possible, and the prevention or deceleration of regression or loss of current optimal functional status.

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

- a. Provider will assure that licensed professional staff licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.
- b. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.
- c. Provider shall ensure that all vehicles used for transporting the Individual(s) under this agreement are in safe operating condition and contain first aid equipment.

- d. Provider shall permit only responsible staff with an appropriate valid driver's license and insurance, as required by State law, to operate motor vehicles while transporting Individual(s) as evidenced by annual driving record and insurance checks.
- e. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the PIHP, or an external review team.
- f. Providers of services must:
  - i. Be at least 18 years of age.
  - ii. Be able to practice prevention techniques to reduce transmission of any communicable diseases in the environment where they are providing support.
  - iii. Have a documented understanding and skill in implementing the individual plan of services and report on activities performed.
  - iv. Be in good standing with law as outlined in the MDHHS/PIHP contract.

## 6. Service Requirements

- a. Provider's supports and services will be based upon the Individual's IPOS, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Said documents are to be present (hard copy or electronically) at the service site, and accessible to the Provider's staff responsible for delivering the supports and services.
- b. Provider shall notify the Individual's care manager when the Individual's IPOS requires revision or modification.
- c. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that Individual.
- d. Provider shall ensure coordination of care occurs between the Individual's primary health care physician and Medicaid Health Plan (as appropriate). Coordination of care shall include the full array of primary and acute physical health services, behavioral health care, natural or community supports to provide effective treatment, and as specified in an Individual's plan of service.
- e. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.
- f. Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.
- g. The Individual's record must contain sufficient information to document the provision of services, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face. The frequency and scope of contacts must take into consideration the health and safety needs of the Individual.
- h. Peer support provided by trained youth peer support specialists, one-on-one or in a group, for Individuals with serious emotional disturbance who are resolving conflicts, enhancing skills to improve their overall functioning, integrating with community, school and family and/or transitioning into adulthood. This service provides support and assistance for youth in accordance with the goals in their plan of service to assist the youth with community integration, improving family relationships and resolving conflicts, and making a transition to adulthood, including achieving successful independent living options, obtaining employment, and navigating the public human services system.
- i. Provider shall ensure all staff are instructed that the reporting of any incident involving the Individual(s) is a primary responsibility of the staff. Staff shall be instructed on proper

circumstances, procedure and timeliness of reporting. Provider shall ensure that such events involving the Individual(s) are reported to CMHSP. Provider and its staff shall be responsible for the knowledge of and to implement as practice on proper circumstances, procedure and timeliness of reporting incidents as defined in CMHSP's Recipient Rights Manual.

- j. Provider shall make available in-service training and problem resolution to CMHSP staff, families, and home staff on how to effectively implement skills.

**7. Training Requirements**

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

**8. Criteria/Access Requirements/Authorization Procedures**

- a. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- b. Waiver eligibility requires verification of no change in waiver status.
- c. The [Lakeshore Regional Entity Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.