

LAKESHORE REGIONAL ENTITY SERVICE DESCRIPTION
Support and Service Coordination – Adults and Children

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. Support and Service Coordination

- i. NOTE: This service is a State Plan EPSDT service when delivered to children birth to 21 years.
- ii. Functions performed by a supports coordinator, supports coordinator assistant, services and supports broker, or otherwise designated representative of the PIHP that include assessing the need for support and service coordination, and assurance of the following:
 - (1) Planning and/or facilitating planning using person-centered principles.
 - (2) Developing an individual plan of service using the person-centered planning process.
 - (3) Linking to, coordinating with, follow-up of, advocacy with, and/or monitoring of Specialty Services and Supports and other community services/supports.
 - (4) Brokering of providers of services/supports.
 - (5) Assistance with access to entitlements and/or legal representation.
 - (6) Coordination with the Medicaid Health Plan, Medicaid fee-for-service, or other health care providers.
- iii. The role of the supports coordinator assistant is to perform the functions listed above, as they are needed, in lieu of a supports coordinator or case manager. An Individual would have only one of the three possible options: targeted case manager, supports coordinator, or supports coordinator assistant. When a supports coordinator assistant is used, a qualified supports coordinator or targeted case manager must supervise the assistant. The role and qualifications of the targeted case manager are described in the Targeted Case Management section of the Medicaid Provider Manual.
- iv. A services and supports broker is used to explore the availability of community services and supports, housing, and employment and then to make the necessary arrangement to link the Individual with those supports. The role of the supports coordinator or supports coordinator assistant when a services and supports broker is used is to perform the remainder of the functions listed above as they are needed, and to assure that brokering of providers of services and supports is performed.
- v. Whenever services and supports brokers provide any of the supports coordination functions, it is expected that the Individual will also have a supports coordinator or case manager, or their assistant, employed by the PIHP or its provider network who assures that the other functions above are in place.
- vi. If an Individual has both a supports coordinator or supports coordinator assistant AND a services and supports broker, the individual plan of service must clearly identify the staff who is responsible for each function. The PIHP must assure that it is not paying for the supports coordinator (or supports coordinator assistant) and the services and supports broker to perform service brokering. Likewise, when a supports coordinator (or supports coordinator assistant) facilitates a person-centered planning meeting, it is expected that the PIHP would not "double count" the time of any services and supports broker who also attends. During its annual on-site visits, the MDHHS will review individual plans of service to verify that there is no duplication of service provision when both a supports coordinator assistant and a services and supports broker are assigned supports coordination responsibilities in an Individual's plan of service.
- vii. Supports strategies will incorporate the principles of empowerment, community inclusion, health and safety assurances, and the use of natural supports. Supports

coordinators will work closely with the Individual to assure his ongoing satisfaction with the process and outcomes of the supports, services, and available resources.

- viii. Supports Coordination is reported only when there is face-to-face contact with the Individual. Related activities, such as telephone calls to schedule appointments or arrange supports, are functions that are performed by a supports coordinator but not reported separately. Supports coordination functions must assure:
 - (1) The desires and needs of the Individual are determined.
 - (2) The supports and services desired and needed by the Individual are identified and implemented.
 - (3) Housing and employment issues are addressed.
 - (4) Social networks are developed.
 - (5) Appointments and meetings are scheduled.
 - (6) Person-centered planning is provided, and independent facilitation of person-centered planning is made available.
 - (7) Natural and community supports are used.
 - (8) The quality of the supports and services, as well as the health and safety of the Individual, are monitored.
 - (9) Income/benefits are maximized.
 - (10) Activities are documented.
 - (11) Plans of supports/services are reviewed at such intervals as are indicated during planning.
 - ix. While supports coordination as part of the overall plan implementation and/or facilitation may include initiation of other coverage and/or short-term provision of supports, it shall not include direct delivery of ongoing day-to-day supports and/or training, or provision of other Medicaid services. Supports coordinators are prohibited from exercising the agency's authority to authorize or deny the provision of services. Supports coordination may not duplicate services that are the responsibility of another program.
 - x. The supports coordination functions to be performed and the frequency of face-to-face and other contacts are specified in the Individual's plan. The Individual's record must contain sufficient information to document the provision of supports coordination, 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 supports coordination contacts must take into consideration the health and safety needs of the Individual
- b. Supports Coordination Specific to Waiver Supports and Services
- i. Supports coordination works with the waiver beneficiary to assure all necessary supports and services are provided to enable the Individual to achieve community inclusion and participation, productivity, and independence in home and community-based settings. Without the supports and services, the Individual would otherwise require the level of care services provided in an ICF/IID. Supports coordination involves the waiver beneficiary and others identified by the Individual (i.e. family member(s)) in developing a written individual plan of service (IPOS) through the person-centered planning process. The waiver beneficiary may choose to work with a supports coordinator through the provider agency, an independent supports coordinator, a supports coordinator assistant, or a services and supports broker. Functions performed by a supports coordinator, supports coordinator assistant, or services and supports broker include an assurance of the following:
 - (1) Assistance with access to entitlements and/or legal representation.
 - (2) Brokering of providers of services/supports.
 - (3) Developing an IPOS using the person-centered planning process, including revisions to the IPOS at the Individual's request or as the Individual's changing circumstances may warrant.

- (4) Linking to, coordinating with, follow-up of, and advocacy with all supports and services, including the Medicaid Health Plan, Medicaid fee-for-service, or other health care providers.
- (5) Monitoring of Habilitation Supports Waiver and other mental health services.
- (6) Planning and/or facilitating planning using person-centered principles. This function may be delegated to an independent facilitator chosen by the Individual.
- ii. The role of the supports coordinator assistant is to perform the functions listed above, as they are needed, when the Individual selects an assistant in lieu of a supports coordinator. When a supports coordinator assistant is used, a qualified supports coordinator must supervise the assistant.
- iii. The Individual may select a services and supports broker to perform supports coordination functions. However, parents of a minor-aged Individual, spouse or legal guardian of an adult Individual may not provide services and supports broker services to the Individual. The primary roles are to assist the Individual in making informed decisions about what will work best for him, are consistent with his needs and reflect the Individual's circumstances. The services and supports broker helps the Individual explore the availability of community services and supports, housing, and employment and then makes the necessary arrangements to link the Individual with those supports. Services and supports brokerage services offer practical skills training to enable Individuals to remain independent, including the provision of information on recruiting/hiring/managing workers, effective communication and problem solving.
- iv. Whenever services and supports brokers perform any of the supports coordination functions, it is expected that the Individual will also have a supports coordinator or supports coordinator assistant employed by the PIHP or its provider network that ensures the other functions above are in place, and that the functions assigned to the services and supports broker are being performed. The IPOS must clearly identify which functions are the responsibility of the supports coordinator, the supports coordinator assistant and the services and supports broker. The services and supports broker must work under the supervision of a qualified supports coordinator.
- v. Many Individuals choose a services and supports broker rather than traditional case management services or supports coordination provided directly by a supports coordinator. If an Individual does not want case management or supports coordination services, the PIHP will assist the Individual to identify who will assist him in performing each of the functions, including the use of natural supports or other qualified providers, to assure the supports coordination functions are provided. The IPOS must reflect the Individual's choices, the responsible person(s) for each of the functions listed in this section, and the frequency at which each will occur.
- vi. When the Individual chooses a supports coordinator assistant, a services and supports broker, or a natural support to perform any of the functions, the IPOS must clearly identify which functions are the responsibility of the supports coordinator, the supports coordinator assistant, the services and supports broker or the natural support. The PIHP must assure that it is not paying for the supports coordinator or supports coordinator assistant and the services and supports broker to perform the same function. Likewise, when a supports coordinator or supports coordinator assistant facilitates a person-centered planning meeting, it is expected that the PIHP would not "double count" the time of any services and supports broker who also attends. During its on-site visits, MDHHS will review the IPOS to verify that there is no duplication of service provision when both a supports coordinator or supports coordinator assistant and a services and supports broker are assigned supports coordination responsibilities in an Individual's plan of service.
- vii. Supports strategies will incorporate the principles of empowerment, community inclusion, health and safety assurances, and the use of natural supports. Supports coordinators, supports coordinator assistants, or services and supports brokers will

work closely with the Individual to assure his ongoing satisfaction with the process and outcomes of the supports, services, and available resources. Supports Coordination is reported only when there is face-to-face contact with the Individual. Related activities, such as telephone calls to schedule appointments or arrange supports, are functions that are performed by a supports coordinator but not reported separately. Supports coordination functions must assure:

- (1) Activities are documented.
 - (2) Appointments and meetings are scheduled.
 - (3) Housing and employment issues are addressed.
 - (4) Income/benefits are maximized.
 - (5) Information is provided to assure the Individual (and his representative(s), if applicable) is informed about self-determination.
 - (6) Monitoring of individual budgets (when applicable) for over- or under-utilization of funds is provided.
 - (7) Natural and community supports are used.
 - (8) Person-centered planning is provided and independent facilitation of person-centered planning is made available.
 - (9) Persons chosen by the Individual are involved in the planning process.
 - (10) Plans of supports/services are reviewed at such intervals as are indicated during planning.
 - (11) Social networks are developed.
 - (12) The desires and needs of the Individual are determined.
 - (13) The quality of the supports and services, as well as the health and safety of the Individual, is monitored.
 - (14) The supports and services desired and needed by the Individual are identified and implemented.
- viii. Additionally, the supports coordinator, supports coordinator assistant, or services and supports broker coordinates with, and provides information as needed to, the qualified intellectual disability professional (QIDP) on the process of evaluation and reevaluation of Individual level of care (e.g., supply status and update information, summarize input from supports providers, planning committee members, etc.).
- ix. While supports coordination as part of the overall plan implementation and/or facilitation may include initiation of other coverages and/or short-term provision of supports, it shall not include direct delivery of ongoing day-to-day supports and/or training, or provision of other Medicaid services. Supports coordination does not include any activities defined as Out-of-Home Non-Vocational Habilitation, Prevocational Services, Supported Employment, or CLS. Supports coordinators, supports coordinator assistants, and services and supports brokers are prohibited from exercising the agency's authority to authorize or deny the provision of services. Supports coordination may not duplicate services that are the responsibility of another program.
- x. The supports coordination functions to be performed and the frequency of face-to-face and other contacts are specified in the Individual's plan. The Individual's record must contain sufficient information to document the provision of supports coordination, 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 supports coordination contacts must take into consideration health and safety needs of the Individual.

2. Practice Principles

- a. Support strategies will incorporate the principles of empowerment, community inclusion, health and safety assurances, and the use of natural supports.

- b. Children's supports coordination services are individualized and based on the child's needs with a focus on the family unit. Children's Supports Coordination provides family-focused services to children for the purpose of assisting the child in building on his/her strengths and helping the family to remain safely together in the family home. Services are designed to assist the family and child in achieving goals in the areas of activities of daily living, the child's ability to communicate and interact with his/her environment, and improving inclusion and participation in the community.
- c. 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.
- d. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.
- e. 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 IPOS.
- f. Provision of peer mentors is highly encouraged as part of the supports coordination team.
- g. Supports Coordination is provided in a responsive, coordinated, effective and efficient manner focusing on process and outcomes.
- h. Individuals must be provided choice of available, qualified providers of supports coordination upon initial assignment and on an ongoing basis.
- i. Supports coordinators will work closely with the Individual to assure his ongoing satisfaction with the process and outcomes of the supports, services, and available resources.

3. Credentialing Requirements

- a. Provider will assure that licensed professional staff are licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.
- b. Providers of supports coordination must meet the staff qualifications as defined by the MDHHS Michigan PIHP/CMHSP Provider Qualifications per Medicaid Services & HCPCS/CPT Codes.
- c. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.
- d. A supports coordinator must have a bachelor's degree in a human services field and one (1) year of experience with the population the supports coordinator will be serving.
- e. A supports coordinator must meet the requirements of a Qualified Intellectual/Disabilities Professional (QIDP) if providing services to Individuals on the Habilitation Supports Waiver, and children on the Children's Home and Community-Based Services Waiver (CWP).
- f. Supports coordination services must be provided by a Child Mental Health Professional (CMHP) to children diagnosed with Serious Emotional Disturbances (SED).
 - i. Services to children ages 7-17 with SED must be provided by a CMHP trained in CAFAS.
 - ii. Services to children ages 4-6 with SED must be provided by a CMHP trained in PECFAS.
- g. Supports coordination assistants or brokers must have a high school diploma and equivalent experience (i.e., possesses knowledge, skills and abilities similar to supports coordinator qualifications) and functions under the supervision of a qualified supports coordinator. Independent services and supports brokers must meet these qualifications and function under the guidance and oversight of a qualified supports coordinator or case manager.
- h. Provider shall ensure that all vehicles used for transporting the Individual(s) under this agreement are maintained in a safe operating condition and contain first aid equipment.

- i. 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.
- j. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.
- k. Providers of services must:
 - i. Be at least 18 years of age.
 - ii. Be able to prevent transmission of any communicable disease from self to others in the environment where they are providing supports.
 - iii. Be able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and report on activities performed. Understanding and skill must be documented.
 - iv. Be in good standing with the law as outlined in the MDHHS/PIHP contract.

4. Service Requirements

- a. Providers must demonstrate the capacity to provide all functions of supports coordination and have a sufficient number of staff to meet the needs of the target population.
- b. Supports coordination functions must assure:
 - i. The desires and needs of the Individual are determined using a person-centered planning process that results in an IPOS that identifies the desired supports and services needed by the Individual.
 - ii. Assuring that the IPOS identifies what services and supports will be provided, who will provide them, and how the supports coordinator will monitor (i.e., interval of face-to-face contacts) the services and supports identified under each goal and objective.
 - iii. Overseeing implementation of the IPOS, including supporting the Individual's dreams, goals, and desires for optimizing independence, and assisting in the development and maintenance of social networks, and community and natural supports.
 - iv. The quality of the supports and services, as well as the health and safety of the Individual, are monitored.
 - v. Assistance with scheduling appointments and meetings.
 - vi. Assuring the participation of the Individual on an ongoing basis in discussions of their plans, goals, and status. Plans of supports/services are reviewed at such intervals as indicated during planning.
 - vii. Identifying and addressing gaps in service provision, and coordinating the Individual's services and supports with all providers, making referrals, and advocating for the Individual.
 - viii. Assisting the Individual to access programs that provide financial, medical, and other assistance such as support groups, parenting classes, Home Help, and Transportation services.
 - ix. Housing and employment issues are addressed.
 - x. Income and benefits are maximized.
 - xi. Assuring coordination with the Individual's primary and other health care providers to assure continuity of care.
 - xii. Coordinating and assisting the Individual in crisis intervention and discharge planning, including community supports after hospitalization.
 - xiii. Facilitating the transition (e.g., from, school to work, dependent to independent living, inpatient to community services) process, including arrangements for follow-up services.
 - xiv. Identifying the process for after-hours contact.
 - xv. Activities are documented.
- c. Supports Coordinators are encouraged to participate in the Supports Intensity Scale (SIS) assessment for Individuals they serve (adults with an intellectual/developmental disability). The

SIS is completed once every three (3) years or when there is a significant change in support needs of the Individual. SIS assessors must be independent from the current support and services staff, and may not report to the same department within the organization where the Individual is being served.

- d. Provider shall ensure ongoing evaluation of readiness for referral to less intensive services or discharge from service.
- e. Provider will determine the need for professional assessments such as psychiatric, nursing, therapy, occupational therapy, physical therapy, and speech/language therapy as appropriate.
- f. Provider shall ensure coordination of care occurs between the Individual's primary health care physician and Medicaid Health Plan. 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.
- g. Provider's supports and services will be based upon the Individual's plan of service, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Supports Coordinator will ensure that said documents are present (hard copy or electronically) at the service site, and accessible to the Provider's staff responsible for delivering the supports and services.
- h. The majority of supports coordination services must be provided in the community including the Individual's living arrangement, and other settings convenient to the Individual, child and family including a residential facility, psychiatric hospital and school if necessary. The community is defined as anything outside of the provider agency office.
- i. Utilize the Behavior Treatment Plan Review Committee for those cases where the behavior treatment plan requires review per CMHSP policy.
- j. Provider will provide on-call support to Individuals twenty-four (24) hours/day, including weekends and holidays. It is expected that the Individual will contact Provider directly when in need of on-call support.
- k. 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.
- l. Documentation must be maintained to demonstrate the Individual is not currently eligible for sheltered work services provided by Michigan Rehabilitation Services (MRS) or Individuals with Disabilities Education Act (IDEA).
- m. Providers of supports coordination must comply with specific rules, regulations, and policies set forth by MDHHS if Individuals are enrolled in the Habilitation Supports Waiver for Persons with Developmental Disabilities.
- n. The supports coordination functions are reported only when there is a face-to-face contact with the Individual. The supports coordination services and the frequency of face-to-face and other contacts are specified in the Individual's plan of service.
- o. If an Individual has both a supports coordinator or supports coordinator assistant and a supports broker, the IPOS must clearly identify the staff responsible for each function.
- p. Supports coordination is not the direct delivery of on-going day to day supports and/or training, or provision of other Medicaid services. Supports Coordinators are prohibited from exercising the agency's authority to authorize or deny the provision of services.
- q. Provider shall complete services documentation and records that meet the CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the 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.

- r. 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. Supports coordination shall not duplicate services that are the responsibility of another program.

5. 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.

6. Eligibility 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 PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes chart provides information on how to report encounters, and identifies the boundaries between supports coordination and other services.
- d. 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.