LAKESHORE REGIONAL ENTITY SERVICE DESCRIPTION
Treatment Planning

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. Activities associated with the development and periodic review of the plan of service, including all aspects of the person-centered planning process, such as pre-meeting activities, and external facilitation of person-centered planning. This includes writing goals, objectives, and outcomes; designing strategies to achieve outcomes (identifying amount, scope, and duration) and ways to measure achievement relative to the outcome methodologies; attending person-centered planning meetings per invitation; and documentation. Monitoring of the individual plan of service including specific services, when not performed by the case manager or supports coordinator, is included in the coverage. For children and youth, a family-driven, youth-guided planning process should be utilized.

2. **Practice Principles**
   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. The 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 (IPOS).

3. **Credentialing Requirements** *Refer to current Medicaid Provider Manual for updated requirements.*
   a. The 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. The Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.
   c. The 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.
   d. 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. 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. The Provider's supports and services will be based upon the 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. The Provider shall notify the Individual's care manager when the Individual's IPOS requires revision or modification.
c. The 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. The 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 IPOS.
e. The Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. The Provider shall be responsive to the particular needs of individuals with sensory or mobility impairments, and provide necessary accommodations.
f. The Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. The 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. Case managers and supports coordinators perform these functions as part of the case management and supports coordination services; therefore, they should not report this activity as "Treatment Planning." Other mental health and health professionals who attend the Individual's person-centered planning should report the activity as "Treatment Planning."
i. For the Children's Waiver, the attendance of all clinicians and case managers during treatment planning is included in the monthly case management coverage.

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 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.