

SERVICE DESCRIPTION
Prevention-Direct Service Models

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. Prevention-direct service models are programs using individual, family and group interventions designed to reduce the incidence of behavioral, emotional or cognitive dysfunction, thus reducing the need for Individuals to seek treatment through the public mental health system. One or more of the following direct prevention models must be made available by the PIHP or its provider network:
 - i. Child Care Expulsion Prevention
 - ii. School Success Programs
 - iii. Children of Adults with Mental Illness/Integrated Services (NOTE: this services is a State Plan EPSDT services when delivered to children birth – 21 years).
 - iv. Infant Mental Health when not enrolled as a Home-Based program.
 - v. Parent Education (NOTE: this service is a State Plan EPSDT services when delivered to children birth – 21 years).

2. Practice Principles

- a. *Child Care Expulsion Prevention (CCEP)* provides consultation to child care providers and parents who care for children under the age of six who are experiencing behavioral and emotional challenges in their child care settings. Sometimes these challenges may put children at risk of expulsion from the child care setting. CCEP aims to reduce expulsion and increase the number of families and child care providers who successfully nurture the social and emotional development of children 0-5 in licensed child care programs. CCEP programs provide short-term child/family-centered mental health consultation for children with challenging behaviors which includes:
 - b. Observation and functional assessment at home and at child care
 - c. Individualized plan of service developed by team
 - d. Intervention (e.g., coaching and support for parents and providers to learn new ways to interact with child, providing educational resources for parents and providers, modifying the physical environment, connecting family to community resources, providing counseling for families in crisis)
- e. *School Success Program* work with parents so that they can be more involved in their child's life, monitor and supervise their child's behaviors; works with youth to develop pro-social behaviors, coping mechanisms, and problem solving skills; and consults with teachers in order to assist them in developing relationships with these students. Mental Health staff also act as a liaison between home and school.
- f. *Children of Adults with Mental Illness/Integrated Services* are designed to prevent emotional and behavioral disorders among children whose parents are receiving services from the public mental health system and to improve outcomes for adult beneficiaries who are parents. The Integrated Services approach includes assessment and service planning for the adult beneficiaries related to their parenting role and their children's needs. Treatment objectives, services, and supports are incorporated into the service plan through a person-centered planning process for the adult beneficiary who is a parent. Linking the adult beneficiary and child to available community services, respite care and providing for crisis planning are essential components.
- g. *Infant Mental Health* provides home-based parent-infant support and intervention services to families where the parent's condition and life circumstances, or the characteristics of the infant, threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. Services reduce the incidence and prevalence of abuse,

neglect, developmental delay, behavioral and emotional disorder. PIHPs or their provider networks may provide infant mental health services as a specific service when it is not part of a Department certified home-based program.

- h. *Parent Education* is provided to parents using evaluated models that promote nurturing parenting attitudes and skills, teach developmental stages of childhood (including social-emotional developmental stages), teach positive approaches to child behavior/discipline and interventions the parent may utilize to support healthy social and emotional development, and to remediate problem behaviors.
- i. 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 who have been appropriately trained in the model(s) and are provided to the population for which the model was intended.
- j. Provider will be in compliance with the principles of person-centered planning as outlined in the MDHHS Mental Health and Person-Centered Planning Policy and Practice Guideline.
- k. 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. 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 the law as outlined in the MDHHS/PIHP contract.
- g. CCEP Provider qualifications: Master's prepared early childhood mental health professional plus specific training. Effective October 1, 2009, training requirement must minimally have Endorsement Level 2 by the Michigan Association of Infant Mental Health; Level 3 preferred.
- h. Infant Mental Health Provider qualifications: Master's prepared early childhood mental health professional plus specific training. Effective October 1, 2009, training requirement must minimally have Endorsement Level 2 by the Michigan Association of Infant Mental Health; Level 3 preferred.
- i. School Success Program provider qualifications: Child Mental Health Professional.
- j. Children of Adults with Mental Illness/Integrated Services Provider qualifications: Mental Health Professional.
- k. Parent Education Provider qualifications: Child Mental Health Professional who is trained in the model.

4. Service Requirements

- a. 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). 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 Plan of Service is in need of 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.

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. 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 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.