

**SERVICE DESCRIPTION**  
**Nursing Facility Mental Health Monitoring**

*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 the review of the Individual's response to mental health treatment, including direct beneficiary contact and, as appropriate, consultation with nursing facility staff to determine whether recommendations from mental health assessments are carried out by the nursing facility. Nursing facility mental health monitoring is intended to allow follow-up for treatment furnished in response to emerging problems or needs of a nursing facility resident. It is not intended to provide ongoing case management, nor is it for monitoring of services unrelated to the mental health needs of the beneficiary.

**2. Practice Principles**

- a. To assist adults with a developmental disability and/or a serious mental illness (including a diagnosis of dementia) to adjust to and maintain nursing facility placements and/or prevent psychiatric hospitalization through the provision of Nursing Facility Mental Health Monitoring and other specialized services.
- b. Services can be provided through direct contact with the Individual, with nursing facility staff, family, psychiatrists, and medical doctors.

**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. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.
- c. 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 Individual-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.
- d. Nursing facility mental health monitoring can be provided by a physician, physician assistant, clinical nurse specialist, or nurse practitioner.
- e. If nursing facility mental health monitoring is provided by a limited licensed master's social worker or limited licensed bachelor's social worker, they must be supervised by a licensed master's social worker.
- f. If monitoring is provided by a licensed bachelor's social worker or a registered nurse, they need to be supervised by a professional. A "professional" is a physician, physician assistant, clinical nurse specialist, nurse practitioner, licensed master's social worker, professional counselor, QIDP or QMHP.
- g. Provider and its staff must meet Medicare credentialing requirements before providing Nursing Facility Mental Health Services to Individuals enrolled in Medicare.

**4. Service Requirements**

- a. Services must meet all requirements set forth in the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the Medicaid Provider Manual.
- b. If required by the CMHSP, Provider will maintain written agreements with nursing homes in the county served by the CMHSP. The written agreements will ensure access to appropriate facilities, staff, and identify roles and responsibilities of each party.
- c. Services must adhere to all requirements set forth in the MDHHS OBRA Operations Manual.
- d. Provide training to nursing facility staff to implement and monitor the programs as designed, and participate in the evaluation and modification of the plan of care as needed.
- e. 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.
- f. 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.
- g. 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.
- h. 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.
- i. 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

**6. Eligibility Criteria/Access Requirements/Authorization Procedures**

- a. An OBRA Level II assessment indicates a need for mental health services or specialized mental health services in the nursing home. Ongoing OBRA Specialized Services or other mental health eligibility will be established by the annual determination by the Michigan Department of Health and Human Services.
- b. 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.
- c. Waiver eligibility requires verification of no change in waiver status.
- d. 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.