

**ATTACHMENT A
COVERED SERVICES**

CMHSP: West Michigan Community Mental Health

Provider:

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| Reimbursement for the Covered Services indicated below can be found as described in Attachment B: Reimbursement Terms. The provision of Covered Services by Provider are subject to the provider requirements as defined in the Michigan Medicaid Provider Manual. | |
| <input type="checkbox"/> Assertive Community Treatment | <input type="checkbox"/> Assessments |
| <input type="checkbox"/> Behavior Treatment Review | <input type="checkbox"/> Behavioral Health Treatment/ABA |
| <input type="checkbox"/> Children's Waiver | <input type="checkbox"/> Clinical Services (OT, PT, SLP) |
| <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Community Living Supports (CLS) |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Crisis Residential |
| <input type="checkbox"/> Direct Prevention | <input type="checkbox"/> Enhanced Pharmacy |
| <input type="checkbox"/> Family Support and Training | <input type="checkbox"/> Fiscal Intermediary |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Home-Based Services |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Individual/Group Therapy |
| <input type="checkbox"/> Intensive Crisis Stabilization | <input type="checkbox"/> Nursing Facility Mental Health Monitoring |
| <input type="checkbox"/> OBRA PAS/ARR | <input type="checkbox"/> Peer-Delivered and Peer Operated Supports |
| <input type="checkbox"/> Personal Care- Residential Setting | <input type="checkbox"/> Private Duty Nursing |
| <input type="checkbox"/> Psychiatric Services | <input type="checkbox"/> Respite Services |
| <input type="checkbox"/> SED Waiver | <input type="checkbox"/> Skill Building Non-Vocational |
| <input type="checkbox"/> SUD Community-Based Treatment | <input type="checkbox"/> SUD Medication Assisted Treatment (MAT) |
| <input type="checkbox"/> SUD Outpatient Treatment | <input type="checkbox"/> SUD Residential and Recovery Residences |
| <input type="checkbox"/> SUD Residential Withdrawal Management | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Supports Coordination | <input type="checkbox"/> Targeted Case Management |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Treatment Planning |
| <input type="checkbox"/> Wraparound Services | <input type="checkbox"/> Other: |

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| Attachments to Services Agreement. Attachments can be located at: <u>WMCMH</u>. All posted attachments should be considered the most current and up-to-date. | |
| <input type="checkbox"/> C: Insurance Requirements | <input type="checkbox"/> D: Contract Monitoring/PQR |
| <input type="checkbox"/> E-1: RR for Mental Health | <input type="checkbox"/> E-2: RR for SUD |
| <input type="checkbox"/> E-3: RR for Inpatient Psychiatric Services | <input type="checkbox"/> F: Performance Indicators |
| <input type="checkbox"/> H: Delegated Functions | <input type="checkbox"/> I: Training Requirements |
| <input type="checkbox"/> J: Conflict of Interest | <input type="checkbox"/> K: DCOs |