**Application for Mobile Intensive Crisis Stabilization Services for Children Enrollment**

**Michigan Department of Health and Human Services**

**This information must accompany the attached Service Agency Profile for any request to enroll Mobile Intensive Crisis Stabilization Services for Children for purposes of Medicaid reimbursement.**

**All information is to be submitted by email to:** **MDHHS-BH-Special-Program-Enrollment@michigan.gov**

If you have any enrollment questions please contact Jackie Wood, Program Specialist at (517) 373 – 4316 or woodj10@michigan.gov

**Please note, programs must meet all requirements for Mobile Intensive Crisis Stabilization Services for Children as outlined in the attached bulletin or in the Michigan Medicaid Provider Manual in the Behavioral Health and Intellectual and Developmental Disability Chapter as of October 1, 2017.**

**Contact information for this application (include name, email address, and phone no.):**

**CMHSP and PIHP:**

**Program name and address:**

**Describe how the population to be served (inclusive of birth to 21 and children with SED, I/DD including autism, and SUD)**

**Describe the structure of the Mobile Intensive Crisis Stabilization Services for Children team. (For example, where will team members be located? What kind of training and supervision will the team receive? The team must also be mobile, describe the geographic area will they cover to ensure response time of one hour for urban and two hours for rural and assessment of peak coverage hours.**

**Describe how the following required component services will be provided in the mobile intensive crisis stabilization service for children for the population served:**

**• Assessments (rendered by the ICSS team)**

**• De-escalation of the crisis**

**• Family-driven and youth-guided planning**

**• Crisis and safety plan development**

**• Intensive individual counseling/psychotherapy**

**• Family therapy**

**• Skill building**

**• Psychoeducation**

**• Referrals and connections to additional community resources**

**• Collaboration and problem solving with other child or youth serving systems, as applicable**

**• Psychiatric consult, as needed**

**Complete the chart below for all qualified staff who are members of the mobile Intensive Crisis Stabilization Services for children team. Also, indicate those who are designated as program supervisor(s) (refer to the attached bulletin or the Medicaid Provider Manual after October 1, 2017 for a description of required qualifications):**

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| NAME, DEGREE, LICENSE | POSITION – Title and % FTE | CMHP, QIDP\*, etc. as applicable to population |
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**Describe the referral process and admission criteria for your mobile intensive crisis stabilization service for children:**

**Describe the hours of operation and how these were determined:**

**Describe how the Individual Plan of Service will be developed and/or modified, as appropriate, and how services will be delivered for the population served:**

**Describe how the child/youth’s needs will be addressed in context with the family needs and explain how parents/caregivers will be involved in this process:**

**Describe the plan for follow-up services after the crisis has been resolved:**

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\*Child Mental Health Professional (CMHP)

 Qualified Intellectual Disability Professional (QIDP)

Please refer to the MDHHS website for the Medicaid Provider Qualifications Chart for a complete description of provider qualifications at: <http://www.michigan.gov/documents/mdch/PIHP-MHSP_Provider_Qualifications_219874_7.pdf>