



Behavioral Health and Developmental Disabilities Administration

Communication #20-13

Guidance for Coordination of Behavioral Health Medicaid Waiver Services and Educational Distance Learning in the COVID-19 Context

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Due to the coronavirus disease COVID-19 pandemic, many schools are now offering distance learning options. There are questions about whether the Prepaid Inpatient Health Plans (PIHP)/Community Mental Health Services Program (CMHSP) system can or should be providing behavioral health services during virtual school hours. Medicaid-funded behavioral health services that do not interfere with a child's education can and should be provided during virtual school hours if medically necessary and not duplicative of any in-home behavioral supports or services being provided by the school during this time. Such services should be coordinated with school personnel accordingly. In general, effective collaboration and coordination between community agencies while confronting the historical challenges and impact of COVID-19 are critical. Person-centered practice and family-driven/youth-guided planning is essential in responding to the pandemic and providing the most effective care. This guidance is intended to outline the requirements set forth by federal and state rules as well as considerations of coordination between publicly supported community behavioral health services and public education school services. For the latest information on coordinated statewide COVID-19 efforts, please visit www.michigan.gov/coronavirus.

Coordination and Service Provision Considerations for Delivery of Behavioral Health

- Each child's specialty services and supports should be evaluated individually with medical necessity of service (amount, scope, duration) being determined through the person-centered, family-driven youth-guided assessment and planning process involving the child, family, and treating behavioral health care providers. The Scope of Service will identify the parameters within which the service will be provided, including:
 - ✓ Who (e.g., professional, paraprofessional, aide supervised by a professional)
 - ✓ How (e.g., face-to-face, virtually, group or individual) and
 - ✓ Where (e.g., community setting, center, child/family's home)
- The child's Individualized Plan of Service (IPOS) should be reviewed and amended as

necessary, to support families when they choose or are offered only distance learning options for their child. The family must be offered all available dispute resolution mechanisms throughout this collaboration.

- The family (supported by the case manager/coordinator/clinician) should receive the medically necessary services at the location (home, clinic, community) and mechanism (in person, telehealth) based on the families' preference. The family should be provided with a schedule of services that best meets their schedule because of the high degree of variability in distance learning including, self-study, watching class instruction recording at a variety of times, or live instruction. Coordination and collaboration with other publicly funded service systems (i.e. school/physical health/public programs/etc.) may require more frequent communication and updates to established behavioral health service schedules.
- The delivery of behavioral health services during virtual school hours should be based on the child's individual plan of service, including applicable goals, objectives, or procedures, and provided in coordination with the school (administrator, general educators, social worker or special education staff) accordingly.
- In addition to the provision of medically necessary behavioral health services by qualified Medicaid providers when children are participating in virtual school hours the provision of medically necessary behavioral health services, typically delivered by direct support professionals, such as community living supports (CLS), skill building, or respite should continue to be provided to address behavioral health needs. Many behavioral health services can now be offered via telemedicine and are encouraged to be provided in the home or community.

MDHHS Contract and Policy Overview

The PIHPs and their CMHSP affiliates are responsible to provide Medicaid-covered services and supports approved by the Centers of Medicare & Medicaid (CMS) for children and adults with serious mental illness, serious emotional disturbance, co-occurring and substance-use disorders, intellectual and developmental disabilities, including autism spectrum disorder (ASD) in order to fulfill the obligations of their contract, including but not limited to collaboration and coordination with community agencies.

- **Contract 7.2 Collaboration with Community Agencies**
PIHPs and their provider network must work closely with local public and private community-based organizations and providers to address prevalent human conditions and issues that relate to a shared customer base to provide a more holistic health care experience for the individual. Such agencies and organizations may include local health departments, local MDHHS offices, school systems, and Michigan Rehabilitation Services. Local coordination and collaboration with these entities will make a wider range of essential supports and services available to the individuals PIHPs serve. PIHPs will coordinate with these entities through participation in multi-purpose human services collaborative bodies, and other similar community groups.
- **Michigan Medicaid State Plan**

Definition of services (42 CFR 440.169): Targeted [case management services](#) are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other services. Targeted Case Management includes the following assistance:

- ✓ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services.
 - ✓ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that specifies the goals and actions to address the medical, social, educational, and other services needed by the individual
- The PIHP Specialty Services and support requirements are outlined in the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the MDHHS **Medicaid Provider Manual (MPM)**. The MDHHS Medicaid Provider Manual can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders.
 - MPM Section 16 is applicable to all PIHP programs/provider requirements and pertains to beneficiaries with mental illness and/or developmental disabilities.
 - ✓ The School-Based Services (SBS) policy requires cooperative agreements between the PIHP and the SBS provider. These agreements are not changed by the policies in this chapter. Any required releases of information are part of the existing requirements of the SBS provider.
 - ✓ The quality assurance standards for SBS also requires the coordination of care with other human service agencies where appropriate, including local public health departments, community mental health agencies and the beneficiary's physician or managed care providers.
 - ✓ When a beneficiary receives active treatment from a SBS provider, the services must be coordinated with the PIHP. If the PIHP provides mental health services for a special education student with serious emotional disturbance or a developmental disability, **PIHP must coordinate** such services and information with special education and other human services agencies serving the student.
 - §1915 (c) [Habilitation Supports Waiver](#) and §1915 (i) [state plan/1115](#) Authorities
 - **Community Living Supports:** These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings. For children and adults up to age 26 who are enrolled in school, CLS services are not intended to supplant services provided in school or other settings. (i.e. virtual/online school)
 - **Pre-Vocational Services** (HSW) Beneficiaries who are still attending school may receive prevocational training and other work-related transition services through the school system and may also participate in prevocational services designed to complement and reinforce the skills being learned in the school program during portions of their day that are not the educational system's responsibility, e.g., after school or on weekends and school vacations.
 - **Skill Building** (1915(i) state plan): Skill-building service component(s) needed for each individual are documented, coordinated, and non-duplicative of other services otherwise available under a program funded under section 110 of the

Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

- §1915 (c) Waiver Authority: [Children's Waiver Program](#) & [Children with SED](#)
 - **Community Living Supports:** These supports may serve to reinforce skills or lessons taught in school, therapy or other settings, but are *not intended to supplant services provided in school or other setting*. (i.e. virtual/online school)
- Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)
 - [Behavioral Health Treatment](#)/**Applied Behavior Analysis (ABA):** BHT services are available for Medicaid beneficiaries diagnosed with ASD and are provided for all levels of severity of ASD. The behavioral intervention should be provided at an appropriate level of intensity in an appropriate setting(s) within their community for an appropriate period of time, depending on the needs of the child and their parents/guardians. Clinical determinations of service intensity, setting(s), and duration are designed to facilitate the child's goal attainment. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings, but are not intended to supplant services provided in school or other settings. Each child's IPOS must document that these services do not include special education and related services defined in the Individuals with Disabilities Education Act (IDEA) that are available to the child through a local education agency.

MDHHS Medicaid School Based Services and Child Care Information and Resources

1. Medicaid School Services Program [Website](#)
2. Medicaid Provider Manual School-Based Services Chapter [PDF](#)
3. MDHHS Medicaid [MSA 19-26](#)
4. Medicaid Administrative Claiming [Information](#)
5. Child Care [Assistance](#)

Michigan Department of Education Information and Resources

1. MDE COVID-19 [Information and Resources](#)
2. Michigan Return to School [Mental Health Toolkit](#)
3. MDE [Early Learners and Care](#) and [COVID-19 Information](#)
4. MDE Office of Special Education email mde-ose@michigan.gov



Information Line

Do you have a question related to special education?
Call 888-320-8384.



Parent Resources Information about special education for parents and families.



Procedural Safeguards

Schools must provide notice to parents about the protections and rights for their children with disabilities.



Michigan’s Integrated Behavior and Learning Support Initiative

(MIBLSI) funded through MDE, they use multi-tiered frameworks with proven practices that improve behavioral and academic outcomes for students.



START Project the Regional Collaborative Network funded through MDE may be able to support the school staff with information, training, and resources to address needs in the areas of professional development; coaching for implementation of evidence-based practices that promote independence, engagement, social opportunities, and integration; family collaboration and engagement; and preparation for transition to a post-school life.

Reviewed by: Behavioral Health COVID-19 Response Team: Jeffery Wieferich, Kim Batsche-McKenzie, Price Pullins, Leslie Asman, Lisa Eilertsen, Raymie Postema, Dr. Debra Pinals, Allen Jansen

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Signature: