MICHIGAN

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH): Crisis Residential Services (CRS) may be provided in adult foster care facilities which, otherwise, lack requirements for the provision of clinical treatment services. Researchers identified no regulations specific to adult residential MH treatment facilities. Michigan does have patient rights requirements relevant to all receiving mental health services.

Substance Use Disorder (SUD): Michigan regulates two categories of adult residential SUD treatment:

- A residential treatment facility is a "temporary or permanent live-in residential setting that provides continuous treatment and rehabilitation services. This term does not include recovery, transitional, or sober housing that provides only a residential setting without offering treatment and rehabilitation services but may offer prevention services."

- Residential detoxification "means a residential, medically acute or subacute, systematic reduction of the amount of a drug in the body, or the elimination of a drug from the body concomitant."

Unregulated Facilities: There are no unregulated adult residential SUD treatment facilities in Michigan. No regulations were located specific to adult residential MH treatment. We exclude adult foster care, which does require licensure but does not incorporate required clinical services within the scope of this summary. To the extent CRS are provided in adult foster care, that is addressed in the Medicaid section at the end of this summary as they are regulated and licensed due to receipt of public funds.

Approach

Mental Health (MH) and Substance Use Disorder (SUD): DHHS also imposes additional requirements outlined in the Medicaid Provider Manual[1] on any programs receiving public funds (discussed in Medicaid section at end of summary).

[1] See http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf.

Substance Use Disorder (SUD): The Michigan Department of Licensing and Regulatory Affairs (DLRA) regulates and licenses SUD treatment services, which are further regulated by the Department of Health and Human Services (DHHS).

Processes of Licensure or Certification and Accreditation

Substance Use Disorder (SUD): Licensure by the DLRA is required for operation of all adult SUD residential facilities in Michigan other than those located in a correctional institution, a veteran's facility operated by the state or federal government, or a facility owned and operated by the state. The DHHS also must approve any program receiving public funds before it provides services.

- Accreditation is not required but the DLRA may waive ongoing licensure inspections upon request by the licensee for a waiver and a showing of full accreditation by an accrediting body with expertise in the health facility type and the accrediting organization is accepted by the department.

- A prelicensure survey is required for licensure and all facilities must be resurveyed at least every three years. The focus of the survey is on protecting the health, safety, and welfare of individuals receiving care and services.

- A Certificate of Need is not required for residential facilities.

- Licensure duration is one year. Provisional licenses may be issued for no more than one year and a temporary license for no more than 90 days.

Cause-Based Monitoring

Substance Use Disorder (SUD): The DLRA may undertake unannounced complaint investigations during any hours of operation of the program. Lack of access or cooperation will be seen as evidence of noncompliance. A license application or license may be suspended, denied, or revoked for multiple reasons, including but not limited to, denial/revocation/suspension/failure to renew a federal registration to distribute MAT medications. According to state staff, the DHHS also may require unannounced on-site inspections for any program receiving public funds.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): Wait-time requirements were not found.

Staffing

Substance Use Disorder (SUD): Michigan licensing requirements for SUD treatment facilities require, among other things, personnel policies and procedures, a designated program director with certain duties, maintenance of adequate staffing, staff development and training, and requirements regarding medical staffing.

- Residential: Facilities must employ a full-time licensed counselor, LMSW, or licensed psychologist. There are requirements related to clinical supervision and trained staff on-site during hours of operation. Regulations from the DHHS also require that there be one full-time staff member or designee on the premises at all times, with 1 FTE counselor for every 10 residents.

- Detoxification: Licensure requirements specify that residential detoxification facilities have the same requirements as residential; and must also include a medical director who is a physician trained in addiction psychiatry; and a physician, physician's assistant, advanced practice registered nurse, registered professional nurse or licensed practical nurse under the supervision of a registered professional nurse or physician, on-site during hours of operation. Regulations from the DHHS require a training plan developed in consultation with a physician and documentation of training. There must be a licensed physician staffed and on-call around the clock.

Placement

Mental Health (MH): The statutory patient rights applicable to all recipients of mental health services include the right to have a comprehensive physical and mental examination within 24 hours of admission to a "hospital or center."

Substance Use Disorder (SUD): Residential treatment programs must have clearly stated written criteria for determining the eligibility of individuals for admission. For residential detoxification facilities, if an individual in an incapacitated condition is to be admitted to an approved service program, there must be documentation in his or her medical examination records which explicitly attests to the individual's incapacitated condition. The basis of the decision, including blood alcohol level, if taken, shall be specified. If an individual is found not to be incapacitated, the approved service program medical records shall so state. An individual found not to be incapacitated cannot be held in protective custody but may be voluntarily admitted for residential care services. Researchers did not find reference to ASAM criteria regarding assessing needed level of care.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): The statutory patient rights applicable to all recipients of MH services include the right to have a person-centered written individual plan of services developed in partnership with the recipient. A preliminary plan must be developed within 7 days of the commencement of services. The individual plan of services consists of a treatment plan, a support plan, or both. A treatment plan establishes meaningful and measurable goals. The individual plan of services addresses, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan must be kept current and shall be modified when indicated.

Substance Use Disorder (SUD):

- Residential: Licensure regulations require that an individualized treatment plan, based on assessments, be developed as promptly after the recipient's admission as feasible, but before the recipient is engaged in extensive therapeutic activities. A treatment plan must be reviewed at least once every 90 days. Unless the client leaves voluntarily, the program may not discharge a person physically dependent on a prescribed drug unless the person has an opportunity to withdraw from the drug or is referred to an outside resource. If a program provides aftercare services, a written aftercare plan shall be developed in partnership with the client before the completion of treatment. The aftercare plan shall state the client's objectives for a reasonable period following discharge. The plan shall also contain a description of the services the program will provide during the aftercare period, the procedure the client is to follow in reestablishing contact with the program, especially in times of crisis, and the frequency with which the program will attempt to contact the client for purposes of follow-up.

- Detoxification: Licensure regulations require that, prior to treatment, a licensee shall provide a recipient, or a person acting on the individual's behalf, all available medical treatment options and FDA approved medications related to the recipient’s assessment, including all FDA approved forms of MAT, as well as the risks and benefits of each treatment option. The recipient record must contain a written document that the recipient has been informed of the risks and benefits of all treatment options, and the option selected by the recipient. The DHHS regulations require approved service programs to have a written description of the physician-approved protocol for treatment of incapacitated individuals. There must be a treatment plan for each client who undergoes detoxification. The treatment plan must include: (a) Services necessary to meet the client's medical needs; (b) Referrals to be made for medical and nursing services which are not provided by the program; and (c) Documentation that the treatment plan has been periodically evaluated and updated. Unless the client leaves voluntarily, the program may not discharge a person physically dependent on a prescribed drug unless the person has an opportunity to withdraw from the drug or is referred to an outside resource. Upon

discharge, there must be documentation that an evaluation of the social and psychological needs of the client has been completed and a referral to treatment must be made if appropriate and if desired by the client.

Treatment Services

Substance Use Disorder (SUD):

- Residential: License regulations require that a licensee provide and ensure recipient participation in at least 15 hours per week of treatment and support and rehabilitation services to take place days, evenings, and weekends. At least 3 of the 15 hours must be treatment in the form of individual counseling, group counseling, social skills training, cognitive behavioral therapy, motivational interviewing, couples counseling, or family counseling for each recipient. The DHHS requires that support and rehabilitation services be available internally or by referral.

- Detoxification: Prior to treatment, a licensee must provide a recipient, or a person acting on the individual's behalf, all available medical treatment options and FDA approved medications related to the recipient's assessment, including all FDA approved forms of MAT, as well as the risks and benefits of each treatment option. The recipient record must contain a written document that the recipient has been informed of the risks and benefits of all treatment options, and the option selected by the recipient. Specified medical personnel must review and assess each recipient every 72 hours after admission. A licensee shall have a policy and procedure for recipient drug test and perform an initial test upon admission with results documented in the recipient record within 48 hours of collection. At the time of admission and prior to any medications being prescribed or services offered, the medical director, a physician, physician's assistant, or advanced practice registered nurse shall complete and document the medical and drug history, as well as a physical examination, of the recipient. In addition, any modification to medications or course of treatment must be documented in recipient record and ordered by specified medical personnel.

Patient Rights and Safety Standards

Mental Health (MH): Michigan's patient rights statute applies to all recipients of mental health care. Among other things, this requires that patients have notice of their rights, including a complaint or grievance process accessible to the patient. Rights include, but are not limited to, the right to be treated with dignity, to be treated in the least restrictive setting, to be free of abuse and neglect (which must be reported to law enforcement), to have communication, and confidentiality. The department must provide an annual report to the legislature of deaths of

mental health recipients reported to the provider or that occurred in state facilities. Restraint and seclusion are regulated and limited.

Substance Use Disorder (SUD): Licensing regulations include general recipient rights, including but not limited to the right to nondiscrimination, to file grievances (the department must be informed of appeals of decisions on grievances), and to be free of abuse or neglect. Residential and residential detoxification facilities also must respect rights, including but not limited to those related to communication, visitors, privacy, and freedom from restraints unless certain standards are met. The DHHS regulations also include general recipient rights, and rights specific to residential facilities, similar to those found in the licensure regulations.

Quality Assurance or Improvement

Substance Use Disorder (SUD): An applicant or licensee must develop written goals and objectives to assess the needs and evaluate the effectiveness of the program and services offered. A licensee must review and document the evaluation of the program and services offered. The evaluation is to be completed annually or when there is a change in services or the needs assessment of the recipients, whichever is sooner.

Governance

Substance Use Disorder (SUD): SUD treatment programs must have a governing authority with authority and responsibility for the overall operation of the program and which ensures that the program complies with licensing standards.

Special Populations

Substance Use Disorder (SUD): Researchers did not locate requirements for adult residential SUD treatment for special populations other than a regulatory statement that detoxification is not recommended for pregnant patients.

Location of Regulatory and Licensing Requirements

Michigan MH Patient Rights[2]; Michigan Public Health Code Section 333.6230 et seq.[3], Licensing and Regulatory Affairs Regulations[4], Substance Use Disorders Service Program Regulations[5]. Regulatory data collected May 17, 2019.

[2] See http://www.legislature.mi.gov/(S(5ode3w203jcouc3jgepstllb))/documents/mcl/pdf/mcl-258-1974-7.pdf.

Other Information Sources

J.L. Wieferich (DHHS); National Conference of State Legislatures CON Program Overview, http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx

[3] See http://www.legislature.mi.gov/(S(q2i5efjlhdzvolbsmrfk1ty2))/mileg.aspx?page=getObject&objectName=mcl-368-1978-6-62.

[4] See https://dtmb.state.mi.us/ORRDocs/AdminCode/1888_10901_AdminCode.pdf.

[5] See http://dmbinternet.state.mi.us/DMB/ORRDocs/AdminCode/1809_2018-028LR_AdminCode.pdf.

MICHIGAN MEDICAID

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Approach

The Michigan Department of Health and Human Services (DHHS) oversees the state Medicaid program as well as any other facilities receiving public funds. Michigan also has a Section 1115 waiver permitting Medicaid expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for substance use disorder (SUD) who are short-term residents in facilities that meet the definition of an institution for mental diseases (IMD), including residential treatment. The state historically also has relied on the in lieu of provision and on Disproportionate Share Hospital (DSH) payments for Medicaid coverage of some IMD services.

Types of Facilities

Mental Health (MH) and Substance Use Disorder (SUD): Michigan Medicaid covers Crisis Residential Services (CRSs). They are intended to provide a short-term alternative to inpatient psychiatric services for beneficiaries experiencing an acute psychiatric crisis when clinically indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay. Services must be provided to beneficiaries in licensed crisis residential foster care or group home settings not exceeding 16 beds in size.

The Michigan Medicaid Manual defines residential treatment as intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the beneficiary to participate and benefit from less intensive treatment.

Substance Use Disorder (SUD): The Michigan Section 1115 waiver permits reimbursements for the following residential settings:

- Level 3.1 -- Clinically Managed Low-intensity Residential Services
- Level 3.3 -- Clinically Managed Population-specific High-Intensity Residential Services
- Level 3.5 -- Clinically Managed High-Intensity Residential Services

- Level 3.7 -- Medically Monitored High-Intensity Inpatient Services (an alternative to acute medical care provided by licensed health care professionals in a hospital setting)

- Level 3.2-WM -- Clinically Managed Residential Withdrawal Management (Residential Withdrawal Management)

- Level 3.7 WM -- Medically Monitored Inpatient Withdrawal Management (also known as Medically Managed Residential Detoxification - Freestanding Detoxification Center

Opioid treatment also is to be provided in IMDs.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): To become a Medicaid provider, providers must apply. Revalidation is required at least every five years. Enrollment may be denied, suspended, or terminated and other sanctions may apply. Unannounced inspections are a condition of participation.

CRS settings must have appropriate licensure from the state and must be approved by the DHHS to provide specialized crisis residential services. CRS settings are adult foster care facilities which require licensure but do not otherwise require clinical services.

Substance Use Disorder (SUD): Michigan has regulatory and licensure requirements applicable to publicly-funded SUD providers, including those receiving Medicaid dollars.

According to the Section 1115 waiver, any residential facilities providing SUD services must be accredited by one or more of the following organizations:

- The Joint Commission;

- Commission on Accreditation of Rehabilitation Facilities (CARF);

- American Osteopathic Association (AOA);

- Council on Accreditation of Services for Families and Children (COA);

- National Committee on Quality Assurance (NCQA); or

- Accreditation Association for Ambulatory Health Care (AAAHC).

Residential facilities also must apply to the state to have an ASAM level assigned to their program.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): The Medicaid Provider Manual requires that an adult CRS program must include on-site nursing services (RN or LPN under appropriate supervision). (1) For settings of six beds or fewer: on-site nursing must be provided at least one hour per day, per resident, seven days per week, with 24-hour availability on-call. (2) For 7-16 beds: on-site nursing must be provided eight hours per day, seven days per week, with 24-hour availability on-call. Treatment services must be clinically-supervised by a psychiatrist. A psychiatrist need not be present when services are delivered but must be available by telephone. The psychiatrist shall provide psychiatric evaluation or assessments at the crisis residential home or at an appropriate location in the community. A psychiatric evaluation completed by a treating psychiatrist that resulted in the admission to the program fulfills this requirement if the program psychiatrist has consulted with that physician as part of the admission process. Medication reviews performed at the crisis residential home must be performed by appropriately licensed medical personnel acting within their scope of practice and under the clinical supervision of the psychiatrist. The covered crisis residential services must be supervised on-site eight hours a day, Monday through Friday (and on call at all other times), by a mental health professional who meets educational and experiential requirements. Treatment activities may be carried out by paraprofessional staff who have met specific requirements. Peer support specialists may be part of the multidisciplinary team and can facilitate some of the activities based on their scope of practice, such as facilitating peer support groups, assisting in transitioning individuals to less intensive services, and by mentoring towards recovery.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding credentials of staff for residential treatment settings. The state must assess the availability of providers in the key levels of care throughout the state, or in the regions of the state participating under this demonstration, including those that offer MAT.

Residential services related to SUDs are covered only when rendered by a licensed and/or certified provider. PIHPs must conduct ongoing validation and revalidation of provider credentials.

The Medicaid Provider Manual specifies additional staff requirements:

- Residential treatment: A program director is responsible for the overall management of the clinical program, and treatment is provided by appropriate credentialed professional staff, including substance abuse specialists. Residential treatment must be staffed 24-hours-per-day. The clinical program must be provided under the supervision of a

Substance Abuse Treatment Specialist with either full licensure or limited licensure as a psychologist, master's social worker, professional counselor, marriage and family therapist or physician. Services may be provided by a Substance Abuse Treatment Specialist or a non-degreed staff.

- Level 3.2-WM -- Clinically Managed Residential Withdrawal Management (Residential Withdrawal Management): Emphasizes peer and social support for persons who warrant 24-hour support. These services must be provided under the supervision of a Substance Abuse Treatment Specialist. Services must have arrangements for access to licensed medical personnel as needed.

- Level 3.7 WM -- Medically Monitored Inpatient Withdrawal Management (also known as Medically Managed Residential Detoxification--Freestanding Detoxification Center): These services must be staffed 24-hours-per-day, seven-days-per-week by a licensed physician or by the designated representative of a licensed physician.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): CRS services are designed for beneficiaries who meet psychiatric inpatient admission criteria or are at risk of admission, but who can be appropriately served in settings less intensive than a hospital. Services are designed for beneficiaries with mental illness or beneficiaries with mental illness and another concomitant disorder, such as substance abuse or developmental disabilities. For beneficiaries with a concomitant disorder, the primary reason for service must be mental illness. Services may be provided for a period up to 14 calendar days per crisis residential episode. Services may be extended and regularly monitored, if justified by clinical need, as determined by the interdisciplinary team.

CRS services may be provided to adults who are assessed by, and admitted through, the authority of the local PIHP. The PIHP must seek and maintain DHHS approval for the crisis residential program in order to use Medicaid funds for program services.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish a requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as the American Society of Addiction Medicine (ASAM) Criteria or other assessment and placement tools that reflect evidence-based clinical treatment guidelines. The state also must establish a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings.

In addition to the ASAM criteria, under the waiver, Michigan is adopting the use of the Global Appraisal of Individual Needs Initial (GAIN-I) Core assessment that will be used statewide. The GAIN-I Core is a comprehensive assessment that supports clinical diagnosis, level of care placement and treatment planning. It collects necessary information to provide a Diagnostic and Statistical Manual based diagnosis and the recommended ASAM placement needs.

The Medicaid Provider Manual indicates that, for residential withdrawal management, symptom alleviation is not sufficient for purposes of admission. There must be documentation of current beneficiary status that provides evidence the admission is likely to directly assist the beneficiary in the adoption and pursuit of a plan for further appropriate treatment and recovery. (1) Admission to sub-acute detoxification must be made based on: (a) Medical necessity criteria; and (b) LOC determination based on an evaluation of the six assessment dimensions of the current ASAM Criteria. (2) Initial length-of-stay authorizations may be for up to three days, with additional days authorized if there is clinical evidence that detoxification is not successful or complete and authorization requirements continue to be met.

The Medicaid Provider Manual states that reimbursable residential treatment is limited to those beneficiaries who, because of specific cognitive and behavioral impairments, need a safe and stable environment in order to benefit from treatment. The effects of the substance use disorder must be so significant and the resulting impairment so great that outpatient and intensive outpatient treatments have not been effective or cannot be safely provided, and when the beneficiary provides evidence of willingness to participate in treatment. Admissions to Residential Treatment must be based on: (1) Medical necessity criteria; and (2) LOC determination based on an evaluation of the six assessment dimensions of the current ASAM Criteria. Additional days may be authorized when authorization requirements continue to be met, if there is evidence of progress in achieving treatment plan goals, and reauthorization is necessary to resolve cognitive and behavioral impairments which prevent the beneficiary from benefiting from less intensive treatment.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): Medicaid beneficiaries must have an Individual Plan of Services that identifies the needs and goals of the individual beneficiary and the medical necessity, amount, duration, and scope of the services and supports to be provided. For beneficiaries receiving behavioral health services, the individual plan of services must be developed through a person-centered planning process. The individual plan of service must be kept current and modified when. A formal review of the plan with the beneficiary and his/her guardian or authorized representative must occur not less than annually to review progress toward goals and objectives and to assess beneficiary satisfaction.

CRS services must be delivered according to an individual plan based on an assessment of immediate need. The plan must be developed within 48 hours of admission. The plan must contain: (1) Clearly stated goals and measurable objectives, derived from the assessment of

immediate need, stated in terms of specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis. (2) Identification of the activities designed to assist the beneficiary to attain his/her goals and objectives. (3) Discharge plans, the need for aftercare/follow-up services, and the role of, and identification of, the case manager. If the length of stay in the crisis residential program exceeds 14 days, an interdisciplinary team must develop a subsequent plan based on comprehensive assessments. The team is comprised of the beneficiary, the parent or guardian, the psychiatrist, the case manager and other professionals whose disciplines are relevant to the needs of the beneficiary, including the individual ACT team, outpatient services provider or home-based services staff, when applicable. If the beneficiary did not have a case manager prior to initiation of the intensive crisis residential service, and the crisis episode exceeds 14 days, a case manager must be assigned and involved in treatment and follow-up care.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, providers must ensure appropriate arrangements for continuing treatment for each beneficiary.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): All Medicaid services must be medically necessary. Supports, services, and treatment authorized by the PIHP must be: (1) Delivered in accordance with federal and state standards for timeliness in a location that is accessible to the beneficiary; (2) Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant manner; (3) Responsive to the particular needs of beneficiaries with sensory or mobility impairments and provided with the necessary accommodations; (4) Provided in the least restrictive, most integrated setting. Inpatient, licensed residential or other segregated settings shall be used only when less restrictive levels of treatment, service or support have been, for that beneficiary, unsuccessful or cannot be safely provided; and (5) Delivered consistent with, where they exist, available research findings, health care practice guidelines, best practices and standards of practice issued by professionally recognized organizations or government agencies.

CRS services must be designed to resolve the immediate crisis and improve the functioning level of the beneficiaries to allow them to return to less intensive community living as soon as possible. The covered CRS services include: (1) Psychiatric supervision; (2) Therapeutic support services; (3) Medication management/stabilization and education; (4) Behavioral services; (5) Milieu therapy; and (6) Nursing services. Individuals who are admitted to the crisis residential services must be offered the opportunity to explore and learn more about crises, substance abuse, identity, values, choices and choice-making, recovery and recovery planning. Recovery and recovery planning include all aspects of life.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, Medicaid beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from medically supervised withdrawal management to on-going chronic care for these

conditions in cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions. In addition, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding in particular the types of services and hours of clinical care for residential treatment settings. The state must establish a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): In CRSs, peer support specialists can facilitate some of the activities based on their scope of practice, such as assisting in transitioning individuals to less intensive services. If the beneficiary has an assigned case manager, the case manager must be involved in the treatment and in follow-up services.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, Medicaid beneficiaries will have access to improved care coordination and care for comorbid physical and mental health conditions. The state must ensure establishment and implementation of policies to ensure residential facilities link beneficiaries with community-based services and supports following stays in these facilities.

Quality Assurance or Improvement

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for types of services, hours of clinical care, and credentials of staff for residential treatment.

As part of the quality monitoring during site reviews by PIHPS, clinical records are reviewed to determine appropriate application and fidelity to the GAIN-I Core assessment and ASAM processes. This quality monitoring will address the expectations that the assessment for all SUD services, level of care and length of stay recommendations has an independent third party reviewing and determining if the provider has the necessary competencies on the use of ASAM in the assessment process and determining an appropriate level of patient care.

Special Populations

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, beneficiaries will have access to improved care for comorbid physical and mental health conditions.

Location of Medicaid Requirements

Medicaid Provider Manual[6]; Michigan 1115 Waiver[7]. Regulatory data collected January 2020.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services

This state summary is part of the report **"State Residential Treatment for Behavioral Health Conditions: Regulation and Policy"**. The full report and other state summaries are available at https://aspe.hhs.gov/state-bh-residential-treatment.

[6] See http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf.

[7] See https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mi/mi-behavioral-health-ca.pdf.