



COMMUNITY MENTAL HEALTH ADMINISTRATION

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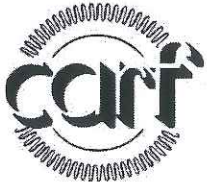
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DATE: November 21, 2014
TO: Macomb County Community Mental Health (MCCMH) Internal and Contract Network Providers
FROM: John L. Kinch
Executive Director
RE: EXECUTIVE DIRECTIVE 4 / 2014

Effective on January 1, 2015, a revised modified Limited Benefit Plan shall be implemented (referred to as Phase Three). Attached is the Modified General Fund (GF) Matrix that includes service codes and brief service descriptions in the GF Limited Benefit Plan.

This Plan supersedes the prior GF Benefit Plans established on May 23, 2013, February 1, 2014 (Phase One) and April 1, 2014 (Phase Two). Phase One and Phase Two were issued on January 30, 2014.

This Phase Three modified Benefit Plan is applicable for General Fund consumers who include the following groups:

- a. Not Medicaid-Eligible and not enrolled in the Healthy Michigan Plan (HMP)
- b. Medicaid-Eligible who are determined by the Michigan Department of Human Services (DHS) to have a monthly deductible (spend-down) amount who have not satisfied that deductible amount (thereby not Medicaid-Covered)
- c. Medicaid-Eligible with unmet deductible amounts who also have Medicare
- d. Formerly Medicaid-covered who have not successfully renewed their Medicaid coverage; i.e., have no Medicaid

For the above General Fund consumers (a., b., c., and d. above) the following services/service limits are applicable:

Covered Services

- Emergency Room Services
- Crisis Residential Services
- Intensive Crisis Stabilization Services
- Psychiatric Inpatient Treatment
- Psychiatric Evaluation in Emergency Room (ER)
- Psychiatric Evaluation – Assessment (in ER)
- Peer Delivered Services
- Recipient Rights Services/Protections
- Preventive Services
- Crisis Services

Covered Services

(Only for current open consumers based on existing placement into dependent living settings)

Community Living Supports (CLS) – Units
CLS – Per Diem
Residential CLS Per Diem
Residential Personal Care

Services That Are No Longer Available

(Exceptions only for current open consumers based on existing placement into dependent living settings)

Psychiatric Evaluation (Non ER)
Psychiatric Evaluation Assessment (Non ER)
Medication Review
Medication Administration
Medication Administration Injection
Mental Health Assessment
Treatment Planning
Case Management
Targeted Case Management
Assertive Community Treatment
Home-Based Services
Specialized Wraparound Facilitation
Registered Nurse Services
Respite Care Services
Skills Training and Development
Mental Health Clubhouse
Fiscal Intermediary Services
Psychotherapy
Group Therapy
Speech/Hearing
Office/Outpatient Visit
Non-ER Transport
Supported Employment
Private Duty Nursing

Services are no longer covered for consumers who lost their Medicaid coverage for any reason with exceptions only for current open consumers based on existing placement into dependent living settings. Some of these consumers may now be eligible for the Healthy Michigan Plan (HMP).

Services are no longer covered for consumers with both Medicare and Medicaid eligibility who have an unmet Medicaid deductible. These consumers should be referred to Medicare providers.

All non-Medicaid consumers should be assisted in the completion of Medicaid applications and Healthy Michigan enrollment with follow-up until determination is made. Consumers are limited to the modified GF Benefit Plan services until Medicaid coverage is obtained following which services are guided by the Medicaid State Plan and medical necessity.

See the attached General Fund Matrix.

JLK:PJJ/maf
Attachment

Macomb County Community Mental Health

Limited General Fund Benefit Plan

Effective: January 01, 2015	Limited Benefit Plan for General Fund Consumers
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In making financial determination on application for Medicaid, the Michigan Department of Human Services (DHS) may assess that while an individual is eligible for Medicaid, he or she has excess assets/resources that must be expended before DHS will approve the person as Medicaid covered. This amount is commonly referred to as a “deductible” amount. **Only when the deductible amount is met, will DHS approve the individual for Medicaid coverage.** Until that DHS approval occurs, and which is determined monthly, the individual will remain Medicaid eligible, not Medicaid covered, and the cost of services provided by Macomb County Community Mental Health (MCCMH) must be covered by General Fund dollars, not Medicaid dollars. General Fund dollars have been severely reduced by the State of Michigan.

	MCCMH Service Code	Service Description
Covered Services: General Fund Consumer: Medicaid covered when the consumer deductible has “not” been met for the month -	450 H0018 S9484 100, 101, 114, 124, 134 90791 90792 H0038 No code No code No code	Emergency Room Crisis Residential Services Intensive Crisis Stabilization Services Psychiatric Inpatient Treatment Psychiatric Evaluation (in Emergency Room - ER) Psychiatric Evaluation - Assessment (in ER) Peer Delivered Services Recipient Rights Services/Protections Prevention Services Crisis Services
Covered Services -Current open consumers based on existing placement into dependent living settings -	H2015 with modifiers (TT and T3) H0043 H2016 T1020	CLS Unit CLS Per Diem Residential CLS Per Diem Residential Personal Care

INFORMATION SHEET

SERVICES FOR MEDICAID-ELIGIBLE CONSUMERS ON MEDICAID DEDUCTIBLE (SPEND-DOWN)

In making financial determination on application for Medicaid, the Michigan Department of Human Services (DHS) may assess that while an individual is eligible for Medicaid, he or she has excess assets/resources that must be expended before DHS will approve the person as Medicaid covered. This amount is commonly referred to as a “spend-down” or deductible amount. Only when the deductible amount is met, will DHS approve the individual for Medicaid coverage. Until that DHS approval occurs, and this is determined monthly, the individual will remain Medicaid-Eligible, not Medicaid covered, and the cost of services provided by Macomb County Community Mental Health (MCCMH) can only be covered by General Fund dollars, not Medicaid dollars.

Recently, available services for persons whose service costs must be covered by General Fund dollars have changed as a result of multiple General Fund budget reductions made by the State of Michigan.

Based on eligibility for MCCMH services, only the following services will be available for Medicaid-Eligible (General Fund) individuals who have not met the monthly deductible amount:

Emergency Room Services, Crisis Residential Services, Intensive Crisis Stabilization Services, Psychiatric Inpatient Treatment, Psychiatric Evaluation (ER), Psychiatric Evaluation - Assessment (ER), Peer Delivered Services, Recipient Rights Service/Protections, Preventive Services, and Crisis Services.

The following services will no longer be available for Medicaid-Eligible “spend-down” (General Fund) individuals:

Psychiatric Evaluation (Non ER), Psychiatric Evaluation Assessment (Non ER), Medication Review, Medication Administration, Medication Administration Injection, Mental Health Assessment, Treatment Planning, Case Management, Targeted Case Management, ACT, Home Based Services, Specialized Wraparound Facilitation, Registered Nurse Services, Respite Care Services, Skills Training and Development, Mental Health Clubhouse, Fiscal Intermediary Services, Psychotherapy, Group Therapy, Speech/Hearing, Office/Outpatient Visit, Non-ER Transportation, Supported Employment, and Private Duty Nursing. Exceptions to these service limits may be made only for current open consumers based on existing placement into dependent living settings.

The Local Dispute Resolution process is available for Medicaid-Eligible persons with unmet deductible amounts whose services have been limited.

Medicaid-Eligible consumers with unmet deductible amounts who also have Medicare will be referred to Medicare providers.