

# MACOMB COUNTY COMMUNITY MENTAL HEALTH NOTICE OF IMPLEMENTATION OF MCO POLICY

**DATE:** December 1, 2017

**TO:** MCCMH Staff; Direct Operated and Contract Network Service Providers

**FROM:** Kimberly Cope  
Policy/Legal Compliance Coordinator

**RE:** MCCMH MCO New Policies and Policy Revisions

Brief description of revisions:

<p>MCCMH MCO Policy 2-001, "Person Centered Planning Policy"</p>	<p><u>General</u> Updated to reflect the most current MDHHS issued Person Centered Planning Policy. Changes include Conflict Free Case Management and Federal Home and Community Based Waiver requirements.</p>
<p>MCCMH MCO Policy 2-013, "Access, Eligibility, Admission, Discharge"</p>	<p><u>Standards</u></p> <ul style="list-style-type: none"> <li>• Section VI.B.2. Updated to allow requests for authorization approval to be submitted to Access up to 60 days prior to the expiration of the current authorization; previously the request could be submitted up to 45 days early.</li> </ul>
<p>MCCMH MCO Policy 4-020, "Medicaid and Non-Medicaid Notice of Adverse Benefit Determination (Advance and Adequate); Notice of Appeal Rights (Formerly known as "Notices of Advance and Adequate Action and Appeal Rights - MEDICAID")</p>	<p><u>General</u> Updated and re-titled to comply with the Medicaid Managed Care final Rule requirements and align more closely with Medicare Advantage and Marketplace rules. Updates include a shorter time for resolving appeals; a beneficiary may not request a State Fair Hearing until a determination is made by the PIHP at a level one appeal; Beneficiaries are provided the opportunity to submit additional information; Implements requirement that an individual who makes a decision on appeal was neither involved in any previous level of review or decision making nor a subordinate of any such individual.</p>
<p>MCCMH MCO Policy 2-009, "Medicaid Grievances; Non-Medicaid Grievances" (Formerly known as "Consumer/Provider Grievances")</p>	<p><u>General</u> Updated to comply with Medicaid Managed Care Final rule requirements and align more closely with Medicare Advantage and Marketplace rules.</p> <p>Updates include new terminology, an</p>

	expanded definition of grievance, and requirements that an individual who makes a decision on grievances was neither involved in any previous level of review or decision making nor a subordinate of any such individual.
MCCMH MCO Policy 4-010, "Provision and Distribution of Information to Consumers"	<u>General</u> Updated to comply with Medicaid Managed Care Final rule requirements and align more closely with Medicare Advantage and Marketplace rules. Updates include updated provider directory requirements and standards for written materials. There are new requirements for electronic information to ensure compliance with modern accessibility standards, taglines, and translation of documents.

Brief Description of New Policies:

MCCMH MCO Policy 2-090, "Service Authorizations"	<u>General</u> Establishes the standards and procedures to ensure that service authorization requests are timely processed in an amount, scope, and duration that is medically necessary, consistent with applicable state and federal law, the Michigan Medicaid Provider Manual, and the most current version of the MDHHS-PIHP contract.
MCCMH MCO Policy 9-171, "Local Appeal Process – MEDICAID"	<u>General</u> New policy to establish standards for the investigation and resolution of Consumers' appeals regarding denial, suspension, reduction or termination of Medicaid services and supports, or other Adverse Benefit Determinations.

MCCMH Policies may be accessed directly from the [MCCMH internet website](#), by clicking on "MCCMH Policies."

Questions regarding these policy revisions may be made to Kimberly Cope by phone: (586) 954-9821; or by email: [kimberly.cope@mccmh.net](mailto:kimberly.cope@mccmh.net).

This notice is being sent electronically to all MCCMH providers. Please note that it is the responsibility of the receiving party to view the policy updates, to become knowledgeable of policy content, to disseminate information to appropriate staff within your agency and to ensure staff compliance.