Macomb County Community Mental Health Non-Medicaid

Effective June 1, 2024

Category	Covered Services	Service Code(s) & Units	Total Units	Authorization Time Frame
#1- New people to MCCMH	Assessment by a non-	90791	One Encounter	60 days
who do not have active	physician			IMPORTANT!
Medicaid and do not qualify or				Everyone in this category should be
receive CCHBC eligible				informed of their ability o enter Care
services. Focus is on getting				Coordination services through
them active Medicaid.	Peer Services	H0038	10 units of either (not both)	MCCMH or a DCO provider (our CCBHC program)
	Targeted Case			Remember they do not need to be a
Note: Crisis Services, Crisis	Management	T1017	10 units of either (not	resident of Macomb County to
Residential, Crisis	, ramagamam		both)	qualify for CCBHC services. For
Stabilization, Partial	Psychiatric Diagnostic	00707	On a Unit	non-CCBHC services, you must be a Macomb County resident.
Hospitalization and Inpatient	Evaluation	9079X	One Unit	a riadoma deanty reciaema
Psychiatric stays are covered for everyone regardless of				If they prefer not to enter CCBHC
insurance type if medically		96372	Two Units	services, they need to receive
necessary. See #4 below	Medication			notice that they will be added to our Non-Medicaid Waist List which is
inecessary. God in ribetot.	Administration			reviewed monthly.
	Medication Review	929XX	Two Units	l and monthly.
	Medication neview			
#2 – Medicaid ESO	Only Crisis Intervention	H2011	No limit or prior	IMPORTANT!
#2 110d16d1d 200	only official intervention		authorization required	Everyone in this category should
(Emergency Services Only)	Services are covered by		'	be informed of their ability to
Mental Health Services are	Medicaid.			enter Care Coordination services
limited to emergency				through MCCMH (our CCBHC
stabilization of a psychiatric	Screening for an			program).
episode within the emergency	Inpatient Hospitalization	T1023 (GF)		Remember they do not need to
department of a medical	& Inpatient Psychiatric			be a resident of Macomb County
hospital.	Coverage			to qualify for CCBHC services.
	Primary need is for	Inpatient Psychiatric		If they prefer not to enter
	referral to an agency that	Coverage (GF)		CCBHC services, they need to
	may be able to help	H0018 (GF)		receive notice that they will be
	them with their	Partial Hospitalization		added to our Non-Medicaid Wait
	immigration status	(GF)		List which is reviewed monthly.

<u>Category</u>	Covered Services	Service Code(s) & Units	Total Units	Authorization Time Frame
#3 - People who had Medicaid, were receiving services, and then lost their Medicaid coverage		Can continue the current services described in their IPOS in the same amount, scope, and duration for up to 60 days.		60 days The 60-day limitation does not apply to CCBHC eligible consumers receiving CCBHC services.
#4 - People without Medicaid and outside either of the 60-day periods described in #1 or #3 above; will be eligible for Crisis Services only as detailed in this table	Crisis Intervention, Crisis Stabilization Screening for an Inpatient Psychiatric Hospitalization & Inpatient Psychiatric Coverage Crisis Residential Partial Hospitalization	H2011 (GF) T1023 (GF) Inpatient Psychiatric Coverage (GF) H0018 (GF) 0912 (GF)		No limit or prior authorization required. IMPORTANT! Everyone in this category should be informed of their ability to enter Care Coordination services through MCCMH (our CCBHC program). Remember they do not need to be a resident of Macomb County to qualify for CCBHC services If they prefer not to enter CCBHC services, they need to receive notice that they will be added to our Non-Medicaid Wait List which is reviewed monthly.
#5 -Approved Exceptions to these services or time restrictions listed above. Non-Medicaid Exceptions will be reviewed on an individual basis with a focus on health/safety and the attempts being made to get Medicaid coverage in place.	The exception request must clearly state the requested services along with their amount, scope, and duration as well as all efforts actively being pursued to obtain active Medicaid. This request should be submitted to NonMedicaid@mccmh.net. The Non-Medicaid review committee will collectively make a determination on authorization of services	Whatever has been approved through the Exception Request process	Whatever has been approved through the Exception Request process	Typically, short term authorizations only- less than 60 days