

MCCMH Executive Directive 1/2018 - Phase 4 General Fund Implementation Guide

INSURANCE	IN A "DEPENDENT" SETTING?	ACTION EXPECTED	CONTACT	COVERED SERVICES SUMMARY	NOTES
MEDICAID SPEND-DOWN (AKA Deductible) (New Request for Services)	NO	If deductible is met at the time of the call, Access can refer consumer for an assessment only. If the deductible is not met at the time of the call, Access can refer to community resources.	Access: Remind callers that urgent, emergent and crisis services remain available to them regardless of insurance.	Emergency and Crisis Services, Inpatient, Peer Services and, Intake Assessment only if Medicaid is active at the time of the call. (see pg. 1 of Executive Directive)	The goal of the Intake Assessment is to assess for imminent risk. If Medicaid remains active, services may continue.
MEDICAID SPEND-DOWN (AKA Deductible)	YES	Authorized GF covered services will continue until deductible is met. After MDHHS authorizes Medicaid coverage, other authorized services may resume for as long as coverage continues.	Spend-down documents MUST be sent to Lansing. Also, contact MCCMH DHS Liaison: Danielle.Gorney@mccmh.net	Emergency and Crisis Services, Inpatient, Peer Services, CLS, Residential Per Diem and Residential Personal Care, Psych Eval, Med Review, Injections, Mental Health Assessment, Treatment Planning, Supports Coordination, Case Management, ACT, RN services. (see pg. 1 and 2 of Executive Directive)	Other services may resume after MDHHS authorizes Medicaid coverage. They must not be used to meet the spend-down.
MEDICAID SPEND-DOWN (AKA Deductible)	NO	Consumer responsible for meeting deductible. Medicaid covered services may resume after MDHHS authorizes Medicaid coverage and may continue for as long as coverage remains active.	Spend-down documents MUST be sent to Lansing. Also, contact MCCMH DHS Liaison: Danielle.Gorney@mccmh.net	Emergency and Crisis Services, Inpatient, Peer Services (see pg. 1 of Executive Directive)	Other medically necessary services may resume after MDHHS authorizes Medicaid coverage.
INDIGENT (No insurance including lapsed Medicaid)	YES	Authorized GF covered services will continue. After MDHHS authorizes Medicaid coverage, other authorized services may resume for as long as coverage continues.	Christine Hattaway (MCCMH F&B Division) Christine.Hattaway@mccmh.net	Emergency and Crisis Services, Inpatient, Peer Services, CLS, Residential Per Diem and Residential Personal Care, Psych Eval, Med Review, Injections, Mental Health Assessment, Treatment Planning, Supports Coordination, Case Management, ACT, RN services. (see pg. 1 and 2 of Executive Directive)	For Lapsed Medicaid: Retroactive Medicaid application should be filed. Other: Assist with new Medicaid Application.
INDIGENT (No insurance including lapsed Medicaid)	NO	Covered Phase 4 GF services may be authorized if determined to be necessary.	Access: Authorizations will be provided in small, short-term (i.e. 30 days) increments.	Emergency and Crisis Services, Inpatient, Peer Services (see pg. 1 of Executive Directive)	Services not listed are not a covered General Fund benefit.
INDIGENT (No insurance)	NO	Covered Phase 4 GF services may be authorized if determined to be necessary.	Access: Authorizations will be provided in small, short-term (i.e. 30 days) increments.	Emergency and Crisis Services, Inpatient, Peer Services (see pg. 1 of Executive Directive)	Services not listed are not a covered General Fund benefit.

Due Process Notices MUST be sent whenever a service is denied, reduced, suspended or terminated. Access Center (Sharon Boyd 586-948-0224) must be notified to add consumer to the GF Wait List.