



Mark A. Hackel
County Executive

David Pankotai
Chief Executive Officer

BOARD OF DIRECTORS
Kathy D. Vosburg
Chairperson

Phil Kraft
Vice-Chairperson

Linda K. Busch
Secretary-Treasurer

Megan Burke
Nick Ciaramitaro
Ryan Fantuzzi
Dana C. Freers
Brian Negovan
Christopher M. O'Connell, D.O.
Lori A. Phillips
Anthony Plewa
Selena M. Schmidt



A CARF Accredited
Organization



COMMUNITY MENTAL HEALTH

DATE: January 12, 2021

TO: Macomb County Community Mental Health (MCCMH) Internal and Contracted Network Providers

FROM: David Pankotai
Chief Executive Officer

RE: Executive Directive – General Fund Benefit Update to Include CCBHC Services and SUD Block Grants

Effective **January 12, 2021**, a revised modified General Fund Benefit is in place to consider the services available through the CCBHC grant and for those under SUD Block Grants. Attached is the new General Fund Benefit Matrix that includes service codes and descriptions along with coverage details.

This directive supersedes all prior General Fund Benefits (GFB) updates.

Everyone without active Medicaid should be assisted in the completion of their Medicaid application and/or the paperwork required for their Medicaid deductible. People with Medicare without Medicaid should be assisted as indicated above and referred to a Medicare provider agency for assistance.

People with a Medicaid Deductible (Spend-Down) will be considered as having Medicaid. Their IPOS must clearly explain how their deductible will be met and it is expected for them to be covered by Medicaid every month. People with high deductibles that they are unable to meet may need to be transitioned to other services and these special cases should be handled individually.

The Local Dispute Resolution process is available to people without Medicaid coverage.

General Funds (GF) and Block Grant (BG) funds will be budgeted/allocated as follows:

1. Inpatient services meeting medical necessity criteria will be authorized as will crisis stabilization and response services regardless of ability to pay. [GF]
2. New people that complete a Medicaid Application (including families not eligible for Medicaid but applying for SED Waiver or Children's Waiver) are considered presumptively eligible for 90 days or until Medicaid denial is received. [GF]
3. A "wait-list" will be established to manage all other requests for services from people without Medicaid or in need of BG funded services. [GF/BG]
4. A monthly budget for wait-list services is established based on GF funds expected to be available after set asides for items 1 and 2 above. A separate budget process will be used to track BG funds. [GF/BG]
5. A General Fund group of case managers/supports coordinators will be established to meet with and oversee the ongoing requests for services for people in the GF and Spenddown categories. [GF]
6. A General Fund and Block Grant Review Committee (comprised of representatives from Compliance, RR, clinical, UM, SUD, and Finance) will review services authorized/performed and provide input to which services should be authorized from the waitlist. [GF/BG]
7. Funds authorized but not used in a month will be added to the following month's budget. [GF/BG]
8. Monthly budgets may increase/decrease if set asides for items 1 and 2 above are trending over/under budget. [GF]

ADMINISTRATION

22550 Hall Road • Clinton Township, Michigan 48036
Phone: (586) 469-5275 Fax: (586) 469-7674
www.mccmh.net

In addition to the wait list information listed above the rules for use of General Fund Benefit are:

1. **People with Medicaid – Emergency Services Only (ESO).** Aliens who are not otherwise eligible for full Medicaid because of immigration status may be eligible for Emergency Services Only (ESO) Medicaid. For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition (including emergency labor and delivery) as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to:
 - a. Place the person's health in serious jeopardy, or
 - b. Cause serious impairment to bodily functions, or
 - c. Cause serious dysfunction of any bodily organ or part.Will be eligible for **Crisis Services only**, as detailed in the table below, and can be placed on the wait list should they request additional services;
2. **People who had Medicaid, were getting services, and then lost their Medicaid** coverage will be able to continue the services described in their IPOS for up to 60 days after the date they lost their coverage. Reinstating Medicaid needs to be the priority during those 60 days;
3. **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 the table below and placed on the wait list should they requests additional services; or,
4. **Approved Exceptions** to service and/or time restrictions listed above. Note, the **General Fund Exception** process **takes the place of** anything formerly referred to as "protected" such as people living in a "dependent" setting based on the amount of Community Living Supports. General Fund Exceptions will be reviewed on an individual basis with a focus on health/safety and a consideration of the attempts being made to get Medicaid coverage and the status of the Medicaid application.

REFERENCES

MENTAL HEALTH CODE (EXCERPT) **Act 258 of 1974**

330.1124 Waiting lists for admissions.

Sec. 124.

(1) The department shall establish waiting lists for admissions to state operated programs. Waiting lists shall be by diagnostic groups or program categories, age, and gender, and shall specify the length of time each individual has been on the waiting list from the date of the initial request for services.

(2) The department shall require that community mental health services programs maintain waiting lists if all service needs are not met, and that the waiting lists include data by type of services, diagnostic groups or program categories, age, and gender, and that they specify the length of time each individual has been on the waiting list from the date of the initial request for services. The order of priority on the waiting lists shall be based on severity and urgency of need. Individuals determined to be of equal severity and urgency of need shall be served in the order in which they applied for services.

History: 1974, Act 258, Eff. Aug. 6, 1975;-- Am. 1995, Act 290, Eff. Mar. 28, 1996

330.1275 Waiting list for services; priority position.

Sec. 275.

(1) Subject to subsection (2), if a department-designated community mental health entity under this chapter maintains a waiting list for services, the department-designated community mental health entity shall place a parent whose child has been removed from the home under the child protection laws of this state or is in danger of being removed from the home under the child protection laws of this state because of the parent's substance use disorder in a priority position on the waiting list above all other applicants with substantially similar clinical conditions.

(2) If a department-designated community mental health entity receives federal substance abuse prevention and treatment block grant funds, the priority position of the parent on the waiting list granted under subsection (1) will come after a priority position on the waiting list granted under the conditions of the federal block grant. If the parent qualifies for priority status on the waiting list under the conditions of the federal block grant, the department-designated community mental health entity shall place the parent in that priority position on the waiting list.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012

Macomb County Community Mental Health
General Fund Benefit Plan Effective October 1, 2020

Category	Covered Services	Service Code(s) & Units	Total Units	Authorization Time Frame
#1 – New people to MCCMH who do not have active Medicaid. Focus is on getting them active Medicaid Note: Crisis Services and Inpatient Psychiatric stays are covered for everyone regardless of insurance type if the person meets criteria.	Assessment by a non-physician CAFAS	H0031	One Encounter	60 days
	Peer Services	H0031 HA	One Encounter	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 General Fund Wait List which is reviewed monthly.
	Targeted Case Management or Supports Coordination	H0038/H0046	10 units of either (not both)	
	Psychiatric Diagnostic Evaluation	T1017 or T1016	10 units of either (not both)	
	Medication Administration	9079X	One Unit	
	Medication Review	96372 992XX	Two Units Two Units	
#2 – Medicaid ESO (Emergency Services Only). Mental Health Services are limited to emergency stabilization of a psychiatric episode within the emergency department of a medical hospital.	Only Crisis Intervention Services are covered by Medicaid	H2011	No limit or prior authorization required	Crisis Services Only – no time frames
	Screening for an Inpatient Hospitalization & Inpatient Psychiatric Coverage	T1023 (GF)		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 General Fund Wait List which is reviewed monthly.
	Primary need is for referral to an agency that may be able to help them with their immigration status.	Inpatient Psychiatric Coverage (GF)		

Category	Covered Services	Service Code(s) & Units	Total Units	Authorization Time Frame
#3 - People who had Medicaid, were getting 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
#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 Services	H2011	No limit or prior authorization required	Crisis Services Only – no time frames
	Screening for an Inpatient Hospitalization & Inpatient Psychiatric Coverage	T1023 (GF)		IMPORTANT! Everyone in this category should be informed of their ability to enter Care Coordination services through MCCMH (our CCBHC program).
		Inpatient Psychiatric Coverage (GF)		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 General Fund Wait List which is reviewed monthly.
5 - Approved Exceptions to these service or time restrictions listed above. General Fund 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 must clearly state the requested services along with their amount, scope, and duration	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