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County Executive

COMMUNITY MENTAL HEALTH
ADMINISTRATION
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January 3, 2018

John L. Kinch
Executive Director

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

FROM: John L. Kinch, Executive Director

RE: **EXECUTIVE DIRECTIVE 1 / 2018**

Effective February 1, 2018, a revised modified Limited Benefit Plan shall be implemented (referred to as **Phase Four**). Listed below is the Modified General Fund (GF) Plan that includes service codes and brief service descriptions. This Plan supersedes the prior Phase Three GF Benefit Plan issued on November 21, 2014 (Executive Directive 4/2014).

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

a. Medicaid-eligible and not enrolled in the Healthy Michigan Plan (HMP).
b. Medicaid-eligible who are determined the Michigan Department of Human Services (MDHS) to have a monthly deductible (spend-down) amount who have not satisfied that deductible amount and are 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, or have lost Healthy Michigan coverage.

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

COVERED SERVICES	MCCMH SERVICE CODES
Emergency Room Services	450
Crisis Residential Services	H0018
Intensive Crisis Stabilization Services	S9484
Psychiatric Inpatient Treatment	100,101,114,124,134,154
Psychiatric Evaluation in ER	90791
Psychiatric Evaluation with Med. Services	90792
Peer Delivered Services	H0038
Recipient Rights Services/Protections	No Code
Preventive Services	No Code
Crisis Services	No Code

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Covered Services

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

Community Living Supports (CLS) – Units

CLS –Per Diem

Residential Per Diem

Residential Personal Care

Services That Are No Longer Available For GF Consumers

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

Services	MCCMH Service Codes
Psychiatric Evaluation (Non ER)	90791
Psychiatric Evaluation Assessment (Non ER)	90792
Medication Review	992XX
Medication Administration Injection	96372
Mental Health Assessment	H0031
Treatment Planning	H0032
Supports Coordination	T1016
Targeted Case Management	T1017
Assertive Community Treatment	H0039
Registered Nurse Services	T1002

***Dependent living setting means living in a community facility under contract to the MCCMH Board, or living in an independent setting with or without family while requiring 8 hours or more per day of medically necessary CLS staffing supports in order to continue living in that setting.**

Services are no longer covered for consumers who have 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 already be enrolled in the Healthy Michigan Plan (HMP).

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

Final Notes: In making financial determinations on applications for Medicaid, the Michigan Department of Human Services (MDHS) may assess that while an individual is eligible for Medicaid, he or she has excess assets/resources that must be expended before MDHS 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 MDHS approve the individual for Medicaid coverage. Until that approval occurs, and this is determined monthly, the individual will remain **Medicaid-eligible,** not **Medicaid-covered,** and the cost of MCCMH services provided to that individual would have to be covered by General Fund dollars, not Medicaid dollars. General Fund dollars continue to be severely reduced by the State of Michigan.

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 service provision is guided by the Medicaid State Plan and medical necessity. Consumers with Medicare and Medicaid having a Medicaid deductible should be provided with assistance to seek needed supports and services via referral to a Medicare provider. Consumers who have lost services under the Phase Four Modified GF Benefit Plan should be provided with assistance to obtain needed supports and services via referral to area clinics and programs that have a sliding fee scale. The Local Dispute Resolution process is available for Medicaid-eligible persons with unmet Medicaid deductible amounts whose services have been limited.

JLK/PJJ
1/3/2018