Current Status: *Active* | PolicyStat ID: *3426504*

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|---|---|
| **Origination:** | *05/2017* |
| **Last Approved:** | *05/2017* |
| **Last Revised:** | *05/2017* |
| **Next Review:** | *05/2018* |
| **Owner:** | *Maha Sulaiman* |
| **Policy Area:** | *Utilization Management* |
| **References:** | *NCQA CC3 Element C* |

# Benefit Policy

## POLICY

It shall be the policy of the Detroit Wayne Mental Health Authority (DWMHA) that the Benefit Plan (BP) be consistent with the Michigan Department of Health and Human Services (MDHHS) Community Mental Health Services, Program, federal waivers, contracts, policy guidelines, and technical advisories.

As the Pre-Paid Inpatient Health Plan (PIHP) and Community Mental Health Services Program (CMHSP) for the Detroit and Wayne County service area, DWMHA is establishing the overall eligibility/admission criteria and covered services to be contained within the BP. All persons entering the public mental health system, including those who are uninsured or under insured, shall meet the clinical admission criteria specified herein for the respective benefit plan.

## PURPOSE

The purpose of this policy is to provide procedural and operational guidance to Detroit Wayne Mental Health Authority (DWMHA), Access Center, Crisis Service Vendor, Manager of Comprehensive Provider Networks (MCPNs), and Providers to develop and implement consistent access to DWMHA's BP. Additionally, the policy delineates and describes the eligibility/admission criteria and covered services contained in DWMHA's BP.

## APPLICATION

This policy applies to DWMHA staff, Contractual staff, MCPN staff, Access Center staff, and Crisis Service vendor staff. This policy serves all populations: Adults with Severe Mental Illness (SMI), Children with Serious Emotional Disturbance (SED), Persons with Intellectual/Developmental Disabilities (I/DD) and Persons with Substance Use Disorders (SUD) and all funding streams and waiver programs such as MI Health Link, SUD, Autism Spectrum Disorder and Medicaid.

## KEY WORD

1. Benefit Plan Service
2. General Fund
3. Health Michigan Plan
4. Serious Emotional Disturbance (SED)

5. Serious Mental Illness (SMI)
6. Transition to Independence Process (TIP)

# STANDARDS

1. GENERAL
   a. The Benefit Plan provides coverage for behavioral health care treatment for persons with serious mental illness (SMI), serious emotional disturbance (SED), intellectual and developmental disabilities (I-DD), substance use disorders (SUD) and co-occurring disorders. The Benefit Plan is being implemented by DWMHA as described in this policy.
   b. Benefits are consistently administered according to the individual's insurance plan based on benefits covered under that plan (see benefit plan grid attached).
   c. The Mental Health Parity and Addiction Equity Act (MHPAEA) requires most Medicaid and Children's Health Insurance Plan (CHIP) Health Plans to apply the same rules to mental health and substance abuse disorder services as they do for coverage for physical health services.
2. BENEFIT PLAN SERVICE
   a. The individual has a mental disorder and is considered SMI, SED, or I-DD and/or one of these conditions may occur concomitantly with a co-morbid condition of SUD. (Note: The current edition of the DSM must be used to determine the diagnostic impression (including provisional diagnoses).
   b. The diagnostic impression must include all axes.
   c. The person's request for BP services meets DWMHA's medical necessity criteria for that particular service and the benefit is within the enrollee/member's benefit plan (see attachment).
   d. The service is based on individualized determination of need.
   e. The service is cost effective.
   f. Mental health and intellectual developmental disability services and supports are:
      1. Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder, and /or
      2. Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or
      3. Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, a developmental disability or substance use disorder, and/or
      4. Expected to arrest or delay the progression of a mental illness (includes emotional disturbance, developmental disability or substance use disorder), and/or
      5. Designed to assist the beneficiary in attaining or maintaining a sufficient level of functioning in order to achieve goals of community inclusion and participation, independence, recovery or productivity,
      6. BP Services will only be provided to an individual who meets all of the following criteria:
         i. The person is currently or has recently been (within the last twelve (12) months) seriously mentally ill, seriously emotionally disturbed, developmentally disabled, or

ii. The person has a substantial impairment in ability to perform daily living activities (or for minors, substantial interference in achievement or maintenance of developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills),

iii. Current clinical residual symptoms and impairments exist, and

iv. Require specialized services and supports to address residual symptomatology and/or functional impairments promote recovery and/or prevent relapse,

v. Can reasonably be expected to achieve the intended purpose (i.e. improvement in the person's condition) due to specialty treatment.

3. UNINSURED BEHAVIORAL HEALTH SERVICES COVERED

   a. The uninsured behavioral health covered services are those services paid for using the General Fund dollars.

   b. All new uninsured consumers - adults with serious mental illness (SMI) that are deemed eligible through DWMHA's Access Center and have no form of insurance will receive services paid with General Funds.

   c. All new uninsured consumers meeting medically necessary criteria and entering the system for Community Mental Health (CMH) services will be enrolled and given an outpatient appointment within fourteen (14) days as required per the performance indicator for non-emergent standards.

4. OUT OF PLAN COVERED SERVICES

   a. It must be noted that some persons will benefit from services not covered by the BP. Some services may be prior authorized as an "out-of-plan" service. For example, an adult with SMI, who has had multiple community inpatient admissions and would benefit from Behavior Treatment Plan Review, which is not a covered service under the BP.

   b. Such services as above would need to be reviewed by a clinical UM reviewer for clinical appropriateness and reviewed by supervisory staff for approval.

5. CARE TRANSITIONS

   a. If the covered benefits are exhausted while a member continues to need care, the MCPN can make a request for an evaluation by DWMHA UM Department for continuation of services by submitting a Request for General Funds Exception for Services form (see attachment) or the GF Medication exception form (see attachment.

   b. The UM Appeals Coordinator will ensure all information is provided and then will meet with the DWMHA UM Director for review.

   c. If approved, it will be for no more than three (3) months with the understanding that the MCPN will be working with the enrollee/member to investigate alternatives and resources for continuing care and how to obtain it, as appropriate.

   d. Cornerstone is a transitional youth program for children 15-21 years old. This transitional youth program is specifically for youth with a history of mental health treatment that have a desire to work toward independence and acquire necessary skills for an equipped transition into adulthood. These skills are shared and demonstrated through group meetings on a weekly basis with the support of trained clinicians and a youth advocate who serve as group facilitators. Each individual serving as facilitators are trained in the Transition to Independence Process (TIP) model. TIP is an evidence-supported practice based on published studies that demonstrate improvements in real-life outcomes

for youth with emotional/behavioral difficulties. Cornerstone utilizes a modified version of the TIP model. (see attachment)

e. Every agency that provides children mental health services will have an internal policy or process that details a warm transfer from children to adult services. If agencies do not provide adult services, they should create a referral partnership with an in-network adult service provider.

1. As young adults near their 18th birthday, the following (minimum) transitional assessment should be done by the CMH service provider:
    i. Reassessment of diagnosis/ symptomology;
    ii. Determination of service eligibility in children or adult services based on medical necessity;
    iii. If applicable, warm transfer plan to adult services or a primary care provider for medication management;
    iv. Assessment and transition planning with other agency involvement;
    v. Preparation of Medicaid switch at 18 years old;
    vi. Assessment for early and periodic screening, diagnosis and treatment (EPSDT) service eligibility.
2. 18-21 years old receiving children services based on medical necessity and EPSDT eligibility (see attachment) require:
    i. A Child and Adolescent Functional Assessment Scale (CAFAS) every ninety (90) days);
    ii. Documenting of Medical Necessity of services in case file by clinician;
    iii. Submission of identification documentation for transitional age youth service enrollment to Access Center;
    iv. Review of adult confidentiality protocol with consumer and all family members that have participated in treatment prior to 18th birthday.
    v. A Level of Care Utilization System (LOCUS) Assessment.

# QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

# COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, Access Center staff, Crisis Service Vendor staff, MCPNs staff, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

The Affordable Care Act expanded the application of the Federal parity protections under MHPAEA. Additionally, for the new adult population added by the Affordable Care Act, the alternate benefit plan (ABP) provides basic coverage. These are modeled after certain benchmark coverage options, but include

Essential Health Benefits and, for children under age 21, comprehensive early and periodic screening, diagnostic and treatment (EPSDT).

# LEGAL AUTHORITY

1. MDHHS and DWMHA Contract, October 1, 2016
2. Current Agreement - MDHHS/CMHSP Managed Specialty Supports and Services Contract and Attachment C4.7.4 Technical Advisory: 1) Medicaid Eligibility Criteria for Children with Serious Emotional Disturbance for Specialty Mental Health Services; and 2) Establishing General Fund Priority for Mental Health Services for Children with Serious Emotional Disturbance.
3. Michigan Mental Health Code – (Act 258 of the Public Acts of 1974 as amended) in Chapter 2: County Community Mental Health Programs.
4. TITLE 42--Public Health: Chapter IV--Centers for Medicare & Medicaid Services, Department of Health and Human Services in Sub-chapter C--Medical Assistance Programs: Part 438--Managed care - Sub-part A--General Provisions.
5. Medicaid Provider Manual April 1, 2017 version.
6. Contract between United States Department of Health and Human Services, Center for Medicare & Medicaid Services in Partnership with the State of Michigan and the Integrated Care Organizations, November 1, 2016 (The Three Way Contract).

# RELATED POLICIES

Behavioral Health Utilization Management Review Policy

Behavior Health Service Medical Necessity Criteria Policy

Eligibility and Screening

# RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Customer Service,
5. Information Technology
6. Integrated Health Care
7. Legal
8. Managed Care Operations
9. Management & Budget
10. Quality Improvement
11. Recipient Rights
12. Substance Use Disorder
13. Utilization Management

## CLINICAL POLICY

YES

## INTERNAL/EXTERNAL POLICY

EXTERNAL

| Attachments: | |
|---|---|
| | Benefit Grid By Funding Source 5-3- 2017 Final.xlsx<br>Final DHS and CMH Aging Out Process (2).doc<br>GF Log Template.xlsx<br>GF Medication Exception Only Request Form.doc<br>GF Procedures.docx<br>GF Service Service Exception Request Form.docx<br>MDHHS EPSDT Policy.pdf |

## Approval Signatures

| Approver | Date |
|---|---|
| Ronald Hocking: Chief Operating Officer | 05/2017 |
| Dana Lasenby: Deputy Chief Operating Officer [AS] | 05/2017 |
| Allison Smith: Project Manager, PMP | 05/2017 |
| William Sabado | 04/2017 |
| Allison Smith: Project Manager, PMP | 04/2017 |
| Tracey Lee: Director Claims Management [AS] | 04/2017 |
| Bessie Tetteh: CIO | 03/2017 |
| Darlene Owens: Director, Substance Use Disorders, Initiatives | 03/2017 |
| Stacie Durant: CFO Management & Budget | 03/2017 |
| Corine Mann: Chief Strategic Officer/Quality Improvement | 03/2017 |
| Michele Vasconcellos: Director, Customer Service | 03/2017 |
| Julia Kyle: Director of Integrated Care | 03/2017 |
| Lorraine Taylor-Muhammad: Director, Managed Care Operations | 03/2017 |
| Jody Connally: Director, Human Resources | 03/2017 |
| Kip Kliber: Director, Recipient Rights [DH] | 03/2017 |
| Mary Allix [DH] | 03/2017 |
| Muddasar Tawakkul: Director of Compliance/Purchasing [DH] | 03/2017 |
| Rolf Lowe: Assistant General Counsel/HIPAA Privacy Officer [DH] | 03/2017 |

| Approver | Date |
| --- | --- |
| crystal Palmer: Director, Children's Initiatives [DH] | 03/2017 |
| Carmen Mcintyre: Chief Medical Officer [DH] | 03/2017 |
| Diana Hallifield: Consultant | 03/2017 |
| Sarah Sharp: Consultant [DH] | 03/2017 |
| Maha Sulaiman [DH] | 03/2017 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Service Description | HCPCS & Revenue Codes | Reporting Code Description | | Dual Eligible Only | | | | | Healthy MI | | Substance Use Disorder | | | Uninsured/ Underinsured General Funds | |
| 2 | | | | Medicaid | Medicare Primary | ASD Benefit Waiver | HSW | CWP | SED Waiver | SMI | SUD | Medicaid | Block Grant | PA2 | Existing Member | New Member |
| 3 | **Applied Behavior Analysis** | 0359T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T 0364T | **0359T, 0362T** Use Modifier U5 plus Provider Modifier (AH=clinical psychologist, AJ=clinical social worker, HN=bachelor degree, HO=other master degree, HP=other doctor degree. )<br>**0364T, 0365T. 0366T, 0367T:** Use Modifier U5 plus Provider Modifier plus TG or TF depending on level of care. (TF is lower level of care for 5 to 15 hours a week. TG is for higher level of care for 16 to 25 hours a week.)<br>**0368T, 0369T**: Use Modifier U5 plus Provider Modifier<br>**0370T and 0371T:** Use both Modifier U5 and Provider Modifier<br>**0368T, 0369T, 0370T,** can also use Modifier GT if utilizing telepractice. (Telepractice is not allowed for group family guidance and training.)<br>**0372T**: Use Modifier U5 and Provider Modifier<br>**0373T and 0374T:** Use modifier U5 plus Provider Modifier plus TF or TG | | | * | | | * | | | | | | | |
| 4 | **Assertive Community Treatment (ACT)** | H0039 | ACT - **Use modifier AM** when providing Family Psycho-education as part of the ACT activities | X | X | | | | | X | | | | | | |
| 5 | **Assessments Health Psychiatric Evaluation Psychological Testing Other Assessments, Tests** | T1001, 97802, 97803 | Nursing or nutrition assessments (refer to code descriptions) | X | X<br>M-Care | | X | | | X | | | | | * | * |
| 6 | | 90791, 90792, 90833, 90836, 90838, 90785, 99201-99215, 99304-99310, 99324-99328, 99334-99337, 99341-99350 | **90791** Psychiatric diagnostic evaluation (no medical services)- **90792** Psychiatric diagnostic evaluation (with medical services).<br>**90791 and 90792** :Use Modifier U5 for ASD Use modifier HF for SUD<br>**90833** (30 min), **90836** (45 min), **90838** (60 min), and **90785** Interactive - add-on codes only<br>**99201-99215** Psychiatric evaluation and medication management<br>**99304-99310** Nursing Facility Services evaluation and management<br>**99324-99328 and 99334-99337** Domiciliary care, rest home, assisted living visits<br>**99341-99350** Home visits<br>**90833, 90785**: Use Modifier U5 for ASD | X | X<br>M-Care | * | | | X | X | * | * | * | * | * | * |
| 7 | | 99241- 99255 SUD Codes | Physician consultations use HF modifier for SUD | X | X | | | | | X | | | * | * | | |
| 8 | | 96101, 96102, 96103, 96116, 96118, 96119, 96120 | Psychological testing; **96102, 96103, 96119 & 96120:** Mental Health Professional; or licensed bachelor's social worker or limited-licensed bachelor's or master's social worker acting within their scope of practice under the supervision of a Mental Health Professional who is a fully licensed master's social worker.<br>**96101, 96116, & 96118: Psychologist** Use Modifier U5 for ASD | * | *M-Care | * | | | | * | | | | | | |
| 9 | | 96110, 96111, 96105, 90887, 96127 | Other assessments, tests (includes inpatient initial review and re-certifications, vocational assessments, interpretations of tests to family, etc. **Use modifier TS** for re-certifications.) | X | X | | | | | X | | | | | | |
| 10 | | H0031, H0031 AN, H0002, T1023, H0001 | **H0031:** Assessment by non-physician Use ST when trauma assessment is performed as part of trauma-focused CBT Use Modifier U5 for initial ASD evaluation and use Modifier U5 and Modifier AN for annual ASD re-evaluations this code also includes interpretation of results to the family. Use modifier HW for Support Intensity Scale (SIS) face-to-face assessment. **H0002**: Brief screening to non-inpatient programs; **T1023**: Screening for inpatient program **H0001-** Individual face-to-face alcohol or drug assessment at licensed provider for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan. Use modifier ZU for Psychiatric Evaluation (w/o Medical Services) & ZV for Initial Assessment | X | X | * | | | | X | * | | * | * | *<br>**T1023**<br>**H0031**<br>**H0002** | *<br>**T1023**<br>**H0031**<br>**H0002** |
| 11 | **Behavior Treatment Plan Review** | H2000 | Comprehensive multidisciplinary evaluation. Service does not require face-to-face with beneficiary for reporting. Modifier TS for monitoring activities associated with a behavior treatment plan | X | X | | | | | X | | | | | * | |
| 12 | **Clubhouse Psychosocial Rehabilitation Programs** | H2030 | Mental Health Clubhouse Services | X | X | | | | | X | | | | | * | |

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| 13 | **Community Living Supports** | H2015, H2016, H0043, T2036, T2037 | **H2015-comprehensive Community Support Services per 15 min. Must use with place of service codes (12-In home supports; 99 day-time community engagement activity; DO NOT use place of service codes 14 or 33) H2016 – (Must be used with place of service code 14) comprehensive Community Support Services per day in specialized residential settings, or for children with SED in a foster care setting that is not a CCI, or children with DD in either foster care or CCI; use modifiers TG for more than 10 hours per day ; TF for 3-10 hours per day ; no modifier for low need or low cost cases. Use in conjunction with Personal Care T1020 for unbundling specialized residential per diem. H0043 (Must use with place of service code 12) – Community Living Supports provided in unlicensed independent living setting or own home, per day. T2036 – therapeutic camping overnight, waiver each session (one night = one session) T2037 therapeutic camping day, waiver, each session (one day/partial day = one session) Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for B3 Services. Modifier TT when multiple consumers are served simultaneously in non-licensed settings.** | X | | | X | X | X | X | | | | | | |
| 14 | **Community Psychiatric Inpatient** | 0100, 0114, 0124, 0134, 0154 | **0100** – All inclusive room and board plus ancillaries- physician services are included in the per diem. **0114, 0124, 0134, 0154** – ward size physician services are not included in the per diem. | * | *M-Care | | * | * | * | * | | | | | * | * |
| 15 | | 99221-99233 | Physician services provided in inpatient hospital care | * | * | | * | * | * | * | | | | | | |
| 16 | **Crisis Intervention** | H2011<br>90839, 90840 | **H2011:** Crisis Intervention Service<br>**90839** psychotherapy for crisis, 1st 60 min<br>**90840** psychotherapy for crisis, each additional 30 min (Add-on code only) | * | * | | * | * | * | * | | * | | | * | * |
| 17 | **Crisis Residential Services** | H0018 | Behavioral health; short-term residential (non-hospital resident treatment program) without room and board per diem. Use for both child & adult services. | * | * | | | | * | * | | | | | * | * |
| 18 | **Electroconvulsive Therapy (see Practitioner Manual)** | 90870, 00104<br>Rev code:0901 | **0901** - ECT facility charges / **90870** - Attending physician charges<br>**00104**-Anesthesia charges/**0701**-Recovery room<br>**0370**-Anethesia | * | * | | | | | * | | | | | | |
| 19 | **Enhanced Medical Equipment & Supplies** | T2028, T2029, S5199, E1399, T2039 | **E1399** – DME, miscellaneous / **T2028** – Specialized supply, not otherwise specified, waiver / **T2029** – Specialized medical equipment, not otherwise specified, waiver. **S5199** – Personal care item, NOS. **T2039**- Van lifts & wheelchair ties down system. Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services. | | | | * | * | | | | | | | | |
| 20 | **Enhanced Pharmacy** | T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks". Modifier HK (specialized mental health programs for high risk populations) must be reported for Additional or "b3" services. | X | X | | X | X | X | X | | | | | | |
| 21 | **Environmental Modifications** | S5165 | Home modification, per service. Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services. | * | | | * | * | * | * | | | | | | |
| 22 | | S5111 | **S5111**- Home care training, family per session S5111 HM- Parent-to-parent support provided by a trained parent using the MDCH-endorsed curriculum **S5111ST** - Resource Parent Training by parents as part of Children's Trauma Initiative Modifier **HK** (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services. **Modifier HA** for Parent Management Training Oregon model. **Modifier HS** when beneficiary is not present. **Modifier TT** when multiple consumers are served simultaneously | X | X | | X | X | X | X | | | | | | |

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| 23 | **Family Training** | S5110, G0177, T1015 | S5110 **– Family Psycho-Education: skills workshop** G0177 – **Family Psycho-education: family educational groups (either single or multi-family)** T1015 – **Family Psycho-Education: joining/**Note: Please use these codes only when implementing this Evidence Based Practice **Modifier HS:** consumer was not present during the activity with the family | X | X | | | X | X | X | | | | | | |
| 24 | **Fiscal Intermediary Services** | T2025 | Financial Management, self-directed, waiver. | X | | | | X | X | X | | | | | | |
| 25 | **Good & Services** | T5999 | Waiver Service not otherwise specified. Must use modifier HK; individual is enrolled in Habilitation Supports Waiver | | | | X | | | | | | | | | |
| 26 | **Health Services** | 97802, 97803, 97804, H0034, S9445, S9446, S9470, T1002 | **97802-97804** – medical nutrition therapy<br>**H0034 -**Medication training and support<br>**S9445** –Pt education NOC non-physician individual per session<br>**S9446** – Pt education NOC non-physician group, per session<br>**T1002** – RN services up to 15 min<br>**S9470 -** Nutritional counseling dietitian | X | M-Care | | | | X | X | | | | | * H0034 S9445 S9446 T1002 | * T1002 |
| 27 | | H0036 | Community psychiatric supportive treatment, face-to-face with child or family, per 15 minutes includes MOM Power. **Modifier HA** for Parent Management Training Oregon model. **Modifier HS** when beneficiary is not present. **Modifier ST** when providing Trauma-focused Cognitive Behavioral Therapy when pre-approved by MDCH. **Modifiers HA & TT** when providing Parent Management Training Oregon model to multiple families. | X | | | | | X | X | | | | | | |
| 28 | **Home Based Services** | H2033 | Multi-systemic therapy (MST) for juveniles provided in home-based program | X | | | | | | X | | | | | | |
| 29 | **Housing Assistance** | T2038 | Community transition, waiver, per service | X | | | | | | X | | | | | | |
| 30 | **Intensive Crisis Stabilization** | S9484 | **S9484:** Crisis intervention mental health services, per hour. Use for the MDHHS -approved program only. | * | * | | | | * | * | | | | | * | * |
| 31 | **Inpatient Psychiatric Hospital State Facility Admissions** | **0100, 0101, 0114, 0124, 0134, 0154** | Room & Board Managed State Psychiatric Hospital Inpatient Days - Board Managed State<br>**0100** – All inclusive room and board plus ancillaries<br>**0101 –** All inclusive room and board<br>**0114, 0124, 0134, 0154** – ward size Must use provider type 22 followed by the Hospital 7-digit Medicaid Provider ID number. Physician services are not included in the per diem. See October 14, 2004 instructions and Companion Guide for 837 Institutional Encounters for proper placement in 837 | * | *M-Care | | | | * | * | | | | | * | * |
| 32 | **Institution for Mental Disease Inpatient Psychiatric Services** | 0100, 0114, 0124, 0134, 0154 | **0100** – All inclusive room and board plus ancillaries. Physician services are included in the per diem. **0114, 0124, 0134, 0154** – ward size Must use provider type 68 followed by the Hospital 7-digit Medicaid Provider ID number. Physician services are not included in the per diem. See October 14, 2004 instructions and Companion Guide for 837 Institutional Encounters for proper placement in 837 | * | *M-Care | | | | * | * | | | | | * | * |
| 33 | **Medication Administration** | 99506, 99211, 96372 | **Report using this code only when provided as a separate service face to face with a qualified provider** | X | X | | | | | X | | | | | * | * |
| 34 | | 99201-99215 99304-99310 99324-99328 99334-9937 99341-99350 | **99201-99215** Psychiatric evaluation and medication management. **SUD uses the HF modifier with each of these codes 99203,99204,99205, 99212, 99213,99214, 99215 for various physician services. 99304-99310: Nursing Facility Services evaluation and management. 99324-99328 and 99334-99337: Domiciliary care, rest home, assisted living visits. 99341-9350: Home visits** | X | X | | | | X | X | * | * | * | * | * 99201-99125 | * 99201-99125 |
| 35 | **Medication Review** | H2010 | Comprehensive Medication Services - Please use only with Evidence Based Practice – Medication Algorithm | X | | | | | X | X | | * | | | | |
| 36 | **Nursing Facility Mental Health Monitoring** | T1017SE | Use modifier SE to distinguish from case management | X | | | | | | X | | | | | | |

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| 37 | | 97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, S8990, 97750, 97755, 97760, 97762 | OT individual | X | * | | | | | X | | | | | | |
| 38 | | 97150 | OT group, per session | X | * | | | | | X | | | | | | |
| 39 | **Occupational Therapy** | 97165, 97166, 97167 97168 | OT evaluation/re-evaluation **97003 retired as of 1/1/17 and is replaced with 97165, 97166 or 97167.** Evaluation based on intensity: **97167**=High 45 min. **97166**=Moderate 45 min. **97165**= Low 30 min. **97004 retired as of 1/1/17 and is replaced with Re-evaluation 97168.** | X | * | | | | | X | | | | | | |
| 40 | **Out of Home Non Vocational Habilitation** | H2014 | Skills training and development - Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. **Modifier TT** when multiple consumers are served simultaneously. Services must be furnished four or more hours per day on a regularly scheduled basis for one or more days per week, unless provided as an adjunct to other HSW day activities 15 | X | | | X | | | X | | | | | | |
| 41 | **Out of Home Prevocational Service** | T2015 | Habilitation, prevocational, waiver, per hour. **Modifier HK** (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. | X | | | X | | | X | | | | | | |
| 42 | **Outpatient Partial Hospitalization** | 0912, 0913 | Partial hospitalization | * | * | | | | | X | | | | | | |
| 43 | **Peer Directed and Operated Support Services (MH or DD) For SUD Peer Delivered Services see SUD section below** | H0023, H0038, H0046 | **H0023-** Drop-in Center attendance, encounter [Note: Optional to report as encounter, but must report on MUNC] Use modifier HF for SUD **H0038-** Mental Health Peer specialist services provided by certified peer specialist, 15 min. H0038 TJ - Youth Peer Support **H0046** – Peer mentor services provided by a DD Peer Mentor **TT modifier**: use when peer service is provided in a group | X | X | | | | | X | | | | | * | * |
| 44 | **Substance Use Disorders: Recovery Supports Services** | H0023, H0038, T1012 | **H0023 HF-** Peer Directed and Operated Support Services **H0038 HF** - Recovery Coach (Peer Services per 15 Minutes) **T1012 -** Recovery Supports | | | | | | | | * | * | * | * | | |
| 45 | **Personal Care in Licensed Specialized Residential Setting** | T1020 | Personal care services provided in AFC certified as Specialized Residential. (Not for an inpatient or resident of a hospital, nursing facility, ICF/MR, CCI or IMD or services provided by home health aide or certified nurse assistant). Use modifier TG for high need or high cost cases; TF for moderate need or moderate need cases; no modifier for low need or low cost cases | X | | | | | | X | | | | | * | |
| 46 | **Personal Emergency Response System (PERS)** | S5160, S5161 | **S5160**- Emergency response system; installation and testing. **S5161**- (PERS) Service fee, per month (excludes installation and testing). **Modifier HK** (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services. | X | | | * | | | X | | | | | | |
| 47 | | 97161, 97162, 97163, 97164 | PT Evaluation/re-evaluation **97001 retired as of 1/1/17 and is replaced with 97161, 97162 or 97163.** Evaluation based on complexity: **97163**=High 45 min. **97162**=Moderate 30 min. **97161**= Low 20 min. **97002 retired as of 1/1/17 and is replaced with Re-evaluation 97164.** | X | * | | | | | X | | | | | | |
| 48 | | 97110, 97112 | PT individual - 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97750, 97760, 97762, S8990 | X | * | | | | | X | | | | | | |
| 49 | **Physical Therapy** | 97150 | PT group | X | * | | | | | X | | | | | | |

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| 50 | **Prevention Services - Direct Model** | H0025, S9482, T2024, T1027, H2027 | Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior); approved MDHHS models only. **H0025** – School Success & Child Care Expulsion ; **S9482** – Infant mental health; **T2024** – Children of adults with mental illness; **T1027** – Parent Education; **H2027-** Family Skills Training/Group for children of adults with mental illness | X | | | | | | X | | | | | | |
| 51 | **Private Duty Nursing** | S9123, S9124 | Private duty nursing, Habilitation Supports Waiver (individual nurse only) 21 years and over ONLY / **Modifier HK** (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. / Modifier TT – use for multiple beneficiaries in same setting | X | | | * | | | X | | | | | | |
| 52 | | S9123, S9124<br>Rev code:0582 | Private duty nursing, Habilitation Supports Waiver (private duty agency only) **Modifier HK** (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. **Modifier TT –** use for multiple beneficiaries in same setting | X | | | * | | | X | | | | | | |
| 53 | | T1000 | Private duty nursing (Habilitation Supports Waiver): **T1000** – private duty/independent nursing service(s), licensed/ **Modifier HK** (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. **Modifier TD** – registered nurse. **Modifier TE –** licensed practical nurse or licensed visiting nurse **Modifier TT** - use for multiple consumers in same setting | X | | | * | | | X | | | | | | |
| 54 | **Respite Care** | T1005 | Respite care services, up to 15 minutes./ No modifier = all providers (including unskilled, and Family Friend) except RN & LPN. **TD modifier** = RN only / TE modifier = LPN only **Modifier HK** (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services. TT modifier – use for multiple beneficiaries in same setting | X | | | X | X | X | X | | | | | | |
| 55 | | H0045 | Respite care services, day in out-of-home setting.<br>**Modifier HK** (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services. | X | | | X | X | | X | | | | | | |
| 56 | | S5150 | Respite care by unskilled person, per 15 minutes (use also for "Family Friend" respite) | X | | | X | X | | X | | | | | * | * |
| 57 | | S5151 | Respite care, day, in-home: Modifier HK (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services. | X | | | X | X | | X | | | | | | |
| 58 | | T2036, T2037 | Respite care at camp: **T2036**: camping overnight (one night = one session)<br>**T2037** for day camp (one day/partial day = one session) | X | | | | X | | X | | | | | | |
| 59 | **Skill Building Assistance** | H2014 | Skills training and development, per 15 min. **Use Modifier TT** when multiple consumers are served simultaneously | X | | | X | | | X | | | | | | |

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| 60 | | 92506, 92521, 92523, 92524, 92607, 92608, 92609, 92610 | Speech & Language evaluation **92610** - Evaluation of swallowing function; **92521** Evaluation of speech fluency (e.g., stuttering, cluttering); **92522** Evaluation of speech sound production; **92523** - Evaluation of speech sound production with evaluation of language comprehension and expression; **92524** - Behavioral and qualitative analysis of voice and resonance; **92607** - Evaluation for prescription for speech-generating augmentative and alternative communication devices, face-to-face with patient, first hour; **92608** - Add-on codes for 92607, each additional 30 minutes; **92609** - Therapeutic services for the use of speech-generating device, including programming and modification. | X | * | | | | | X | | | | | | |
| 61 | | 92507, 92526 | Speech &Language therapy, individual, per session | X | * | | | | | X | | | | | | |
| 62 | **Speech & Language Therapy** | 92508 | Speech &Language therapy, group, per session | X | * | | | | | X | | | | | | |
| 63 | | H0004, 90832, 90834, 90837 Rev Codes: 0900, 0914, 0915, 0916, 0919 | **H0004** -Behavioral health counseling and therapy, per 15 minutes **90832 HF** -- 30 minutes of psychotherapy<br>**90834 HF--** 45 minutes of psychotherapy.<br>**90837 HF**-- 60 minutes of psychotherapy<br>**90785 HF-** add-on only. Use modifier HF to signify that these codes were used for substance abuse treatment, because they are also used for reporting mental health services | X | * | | | | | X | * | | * | * | | |
| 64 | **Substance Use Disorder: Outpatient Care** | H0005, H0015, H0022, H2011, H2027, H2035, H2036, H0050, 90846, 90847, 90849, 90853, 90785<br>Rev Codes: 0900, 0914, 0915, 0916, 0919, 0906 | **H0005 –** Alcohol and/or drug services; group counseling by a clinician **H0015** – Alcohol and/or drug services; intensive outpatient (from 9 to 19 hours of structured programming per week based on an individualized treatment plan), including assessment, counseling, crisis intervention & activity therapies or education<br>**H0022** – Early Intervention services, per encounter.<br>**H2027HF-** Didactics, per 15 minutes<br>**H2011 HF** – Crisis Intervention, per 15 minutes.<br>**H2035** –SUD treatment program and/or care coordination, per hour<br>**H2036** –SUD treatment program and/or care coordination, per diem<br>**H0050** – Brief intervention or care coordination per 15 minutes<br>**90846 HF**– Family psychotherapy<br>**90847 HF**– Family psychotherapy<br>**90849 HF-** Family psychotherapy<br>**90853 HF**– Group psychotherapy<br>**90853 HF**– Interactive group psychotherapy<br>**90785 HF** – interactive complexity (Add on code only) Use modifier HF to signify that these codes were used for substance abuse treatment, because they are also used for reporting mental health services<br>**0906 –** Intensive Outpatient Services – Chemical dependency | * | * | | | | | X | * | * | * | * | | |
| 65 | **Substance Use Disorder: Case Management** | H0006 | Services provided to link clients to other essential medical, educational, social and/or other services | | | | | | | | | | * | * | | |
| 66 | **Substance Use Disorder: Laboratory test** | H0003, H0048, 80300, 80301, 80302, 80303, | **H0003** - Laboratory analysis of specimens to detect presence of alcohol or drugs. **H0048** - Alcohol and drug testing, collection and handling only, specimens other than blood.<br>**80300-80304** - Drug Screen. | * | * | | | | | | * | * | * | * | | |

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| 67 | **Substance Use Disorder: Methadone** | H0020 | Alcohol and/or drug services; Methadone administration and/or service (provision of the drug by a licensed program) | * | * | | | | | X | * | * | * | * | | |
| 68 | **Substance Use Disorder: Pharmacological Support-Buprenorphine or Suboxone** | H0033 | H0033-Oral medication administration, direct observation.(Use for Buprenorphine or Suboxone administration and/or service – provision of the drug) | * | * | | | | | | * | * | * | * | | |
| 69 | **Substance Use Disorder: Withdrawal Management** | H0010, H0012, H0014<br>Rev Code: 1002 | **H0010** – Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level III.7.D) **H0012** – Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) **H0014** - Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level I.D).<br>**1002 –** Residential treatment – chemical dependency | * | * | | | | | X | * | * | * | * | | |
| 70 | **Substance Use Disorder: Residential Services** | H0018, H0019<br>Rev Code: 1002 | **H0018 HF** Alcohol and/or drug services; corresponds to services provided in a ASAM Level III.1 program, previously referred to as short term residential (non-hospital residential treatment program) **H0019** Alcohol and/or drug services; corresponds to services provided in ASAM Level III.3 and ASAM Level III.5 programs, previously referred to as long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days) | * | * | | | | | X | * | * | * | * | | |
| 71 | **Substance Use Disorder: Residential Room and Board** | S9976 | **Use modifier HF to signify that these codes are used for SUD** | | | | | | | | | | * | * | | |
| 72 | **Substance Use Disorders: Treatment Planning** | T1007 | Alcohol and/or Substance Use Disorder services, Treatment plan development and/or modification | | | | | | | | * | * | * | * | | |
| 73 | **Supported Employment Services** | H2023 | Supported employment **Modifier HK (**specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. **Modifier TG** for evidenced-based supported employment program that have has at least one fidelity review. Maintains EBP/IPS Fidelity Score of Fair or higher. **Modifier TT** when multiple consumers are served simultaneously. | X | * | | X | | | X | | | | | | |
| 74 | **Supports Coordination** | T1016 | **T1016**-Case management, each 15 minutes. **Modifier HK** (specialized mental health programs for high-risk populations) must be reported for Habilitation Supports Waiver beneficiaries. No modifier is reported for Additional or "b3" Services. | X | X | | X | X | | X | | | | | * | |
| 75 | **Targeted Case Management** | T1017 | Targeted Case management | X | X | | | | | X | | | | | * | * |
| 76 | **Therapy (mental health) Child & Adult Individual & Group** | 90837 | Individual therapy, adult or child, **60** minutes | X | X | | | | | X | | | | | | |
| 77 | | 90832 | Individual therapy, adult or child, **30** minutes | X | X | | | | | X | | | | | | |
| 78 | | 90834 | Individual therapy, adult or child, **45** minutes | X | X | | | | | X | | | | | | |
| 79 | | 90833, 90836, 90836 | **90833 (30 min), 90836 (45 min) 90838 (60 min)** psychotherapy add-on codes only see guide for further information | X | X | | | | | X | | | | | | |
| 80 | | 90853 | Group therapy, adult or child, per session. Use for Mom Power.<br>Use **Modifier HA**: Parent Management Training Oregon model | X | X | | | | | X | | | | | | |
| 81 | | 90846, 90847 90849 | Family therapy, per session.<br>Use **Modifier HA with 90849** when reporting Parent Management Training Oregon model (PTC Group**)**<br>Use **Modifier HS:** consumer was not present during activity with family | X | X | | | | | X | | | | | | |
| 82 | | H2019 | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) provided by staff trained and certified by MDCH. **Add TT** modifier for group skills training | X | X | | | | | X | | | | | | |

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| 83 | **Transportation** | A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0209, S0215 T2001-T2005 | Non-emergency transportation services. Refer to code descriptions. Do not report transportation as a separate Habilitation Supports Waiver service, or when provided to transport the beneficiary to skill-building, clubhouse, supported employment, or community living activities. Only report these codes for transportation to/from services other than day-time activity. Cost for transportation for day-time activity should be included in the respective day-time activity. Use HF modifier for SUD | X | | | | | | X | | | | | | |
| 84 | **Transportation** | A0427, A0425 | Non Medicaid Funded ambulance | | | | | | | | | | | | * | * |
| 85 | **Treatment Planning** | H0032 | Mental health service plan development by non-physician<br>**Modifier TS** for clinician monitoring of treatment | X | X | | | | | X | | | | | * | * |
| 86 | **Wraparound Services (Medicaid Specialty Services and Supports** | H2021 | Specialized Wraparound Facilitation 15 min. | X | | | | | | X | | | | | | |
| 87 | * **Denotes Service Requires Prior Authorization.** | | | | | | | | | | | | | | | |
| 88 | **Note: This Authority Benefit Plan grid is to be used in conjunction with the MDCH PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes (most recent edition and all federally allowed codes). The web address is: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html** | | | | | | | | | | | | | | | |
| 89 | **The Michigan Mental Health Code and the MDHHS Administrative Rules, if the individual is not eligible for Medicaid, Healthy MI or MI Child or other Medicaid specialty benefit programs. DWMHA will serve individuals with serious mental illness, serious emotional disturbance and developmental disabilities, giving priority to individuals with the most serious forms of illness and in urgent and emergent situations. Once the needs of these individuals have been addressed, individuals with other diagnoses of mental disorders with a diagnosis found in the most recent Diagnostic and statistical Manual of Mental Health Disorders (DSM) will be served based upon severity of needs, priorities and availability of funding.** | | | | | | | | | | | | | | | |

# DHS/CareLink Network
# Aging Out Youth
# Transition to Community Procedure

***Youth involved in the DHS foster care system who also have mental health and or IDD needs require additional supports and assistance to prepare them for transitioning into adulthood. This is a guide developed by DHS Children's and Adult Services and Community Mental Health to assist foster care staff in preparing youth to transition into the appropriate placement with the needed financial and emotional supports.***

## Phase 1- Identifying Needs of Aging out Youth (beginning at 16 years or right away if they enter a placement at a later age)

| Identified Need/Task/Barrier | Who is to complete the task |
|---|---|
| Youth are identified as having Mental Health and/or IDD issues, and will need transition to Adult Services. | DHS and/or private agency (PAFC) specialist, residential social worker/case manager or psychiatric hospital staff, family of child |
| Identify if youth will need CMH services upon discharge, if so link youth to CMH via Pioneer/Authority Access Center (800-241-4949). For questions or concerns contact Access Center Supervisor Kelly Quinn | DHS and/or private agency (PAFC) specialist |
| Begin Transition Planning no later than child's 16th birthday or as soon as the child enters placement, if they are over 16. | DHS and/or private agency (PAFC) specialist, residential social worker/case manager or psychiatric hospital staff, family of child |
| Identify documents required to obtain state I.D.- please see attachment | DHS and/or private agency (PAFC) specialist |
| Once all documents are obtained coordinate trip to the Secretary of State of Michigan to obtain state I.D. and Social Security Administration office to obtain Social Security card as needed. | DHS and/or private agency (PAFC) specialist |
| 9 months before 18th birthday gather all documents for **adult SSI application** (see | DHS and/or private agency (PAFC) specialist |

| | |
|---|---|
| attachment and submission process in Phase 2. For assistance, contact Lana Karadsheh, Disability Examiner/SSI Advocate in Lansing; phone 517-241-5181, fax 517-335-3676. | |
| Establish a preliminary permanency plan and schedule MiTeam meeting | DHS and/or private agency (PAFC) specialist, residential social worker/case manager or psychiatric hospital staff, family of child |

## Phase 2- Transition Planning (6 months prior to 18th birthday)

| Identified Need/Task/Barrier | Who is to complete the task |
|---|---|
| Apply for ADULT SSI – submit application at 6 months prior to 18th birthday | Youth and DHS and/or private agency (PAFC) |
| Schedule follow up MiTeam meeting | DHS and/or private agency (PAFC) specialist |
| Identify specific housing options 6 months to a year prior to anticipated aging out of current placement. | DHS and/or private agency (PAFC) specialist |
| If child is SED and/or IDD and does not appear to have any stable housing options contact MCPN for possible Specialized Placement (see attachment) | DHS and/or private agency (PAFC) specialist |

# DHS/CareLink Network
# Aging Out Youth
# Transition to Community Procedure

### Phase 3- Pre-Discharge Planning- (60-90 days before 18th birthday)

| Identified Need/Task/Barrier | Who is to complete the task |
| --- | --- |
| Inquire about status of SSI application. Contact Lana Karadsheh (contact info is above) if needed for assistance. | DHS and/or private agency (PAFC) specialist |
| Identify preliminary discharge date from foster care placement | DHS and/or private agency (PAFC) specialist |
| Continue to coordinate with MCPN for Specialized Placement if applicable | DHS and/or private agency (PAFC) specialist and MCPN |
| Confirm housing plans for youth | DHS and/or private agency (PAFC) specialist |
| Identify support person who will accompany youth to first CMH appointment | DHS and/or private agency (PAFC) specialist |
| DHS will decide what to put in this box – something regarding Medicaid application | DHS and/or private agency (PAFC) specialist |

***SSI must be obtained for Specialized Placement through MCPN***

# DHS/CareLink Network
# Aging Out Youth
# Transition to Community Procedure

## Phase 4- Discharge- (30 to 60 days prior to discharge from foster care)

| Identified Need/Task/Barrier | Who is to complete the task |
|---|---|
| Housing must be secured 30 to 60 days prior to discharge | DHS and/or private agency (PAFC) specialist |
| Confirm status of SSI application | DHS and/or private agency (PAFC) specialist |
| Ensure that youth is assigned to CMH through Authority Access Center (1-800-241-4949) | DHS and/or private agency (PAFC) specialist |
| Contact CMH to obtain intake appointment child can attend *while still in their DHS placement, prior to discharge* | DHS and/or private agency (PAFC) specialist |
| Keep intake appointment at CMH so that services are already in place at discharge | DHS and/or private agency (PAFC) specialist or other designee attends with child |
| Sign release of information forms for clinical packet to be sent to CMH | DHS and/or private agency (PAFC) specialist |
| Child enters community | DHS/PAFC specialist to follow up with youth in 30 days or less, after discharge. CMH services should already be in place. |

# DHS/CareLink Network
# Aging Out Youth
# Transition to Community Procedure

## Contact Information Sheet

| Organization | Phone |
|---|---|
| Adult Well Being Services | 313-924-7860 |
| Arab Community Center for Economic and Social Services | 313-216-2238 |
| Association for Children's Mental Health-Parent Support Partners | 517-372-4016 |
| Black Family Development | 313-758-0150 |
| CareLink/ConsumerLink | 888-711-5465 |
| Children's Center of Wayne County | 313-831-5535 |
| Community Care Services | 313-389-7525 |
| Detroit Central City Community Mental Health | 313-833-6277 |
| Detroit Wayne Mental Health Authority | 313-833-2500 |
| Development Centers | 313-531-2500 |
| Hegira Programs | 734-458-4601 |
| Lincoln Behavioral Services | 313-450-4500 |
| Michigan Secretary of State | 888-767-6424 |
| Neighborhood Services Organization | 313-961-4890 |
| New Center Community Services | 313-961-3200 |
| Northeast Guidance Center | 313-824-8000 |
| Pioneer/Detroit Wayne Mental Health Authority (Community Mental Health) Access Center | 800-241-4949 |
| Ruth Ellis Center | 313-252-1950 |
| Social Security Administration | 800-772-1213 |

# DHS/CareLink Network
# Aging Out Youth
# Transition to Community Procedure

| | |
|---|---|
| Southwest Counseling Services | 313-841-8900 |
| Starfish Family Services | 734-728-3400 |
| Team Mental Health Service | 313-396-5300 |
| The Guidance Center | 734-785-7700 |
| Youth United- Southwest Counseling Solutions | 313-963-2266 |

## General Fund Exception Log

| Enrollee/Member Name | MCPN | Provider | Date Insurance Lapsed | Services Authorized (include frequency) | Time frame of Authorization | Insurance Received i.e Medicaid or Healthy MI | Date Received Insurance |
|---|---|---|---|---|---|---|---|
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# General Fund Exception for Medication Only

| **Member's MH-WIN ID#** | **Prescriber's Name:** |
|---|---|
| **Member's Last Name:** | **Prescriber's DEA/NPI # (required):** |
| **Member's DOB:** | **Prescriber's Phone Number:** |
| **Member's Phone Number:** | **Prescriber's Fax Number:** |
| **Member's Address:** | **Prescriber's Address:** |
| **Reason for medication request:** | |
| **Diagnosis (DSM IV or ICD 10**): | |
| **Please indicate which prescription and dosage is being requested:** | |
| **Quantity Requested:** | |
| **Prescriber's Signature** | **Date:** |
| **Office Contact Name:** | **Email:** |

Based upon each member's prescription plan, additional questions may be required to complete the authorization process with DWMHA. If you have any questions about the process or required information, please contact DWMHA UM Department (313) 833-2500 **or Fax request to (313) 833-3670.**

The General Fund Exception process is not the practice of medicine or a substitute for the independent medical judgment of the treating physician. Only a treating physician can determine what medications are appropriate for the member.

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| **DWMHA Physician Review- Medical Necessity Criteria met: ☐ No ☐ Yes (please describe):** | **Physician Reviewer:**<br>**Credentials:**<br>**Date:** |
|---|---|

*Revised 2-25-15*

|  | **Procedure Title**: General Fund Procedures |
|---|---|
| | Procedure Origination Date: 4/1/17 |
| | Procedure Revision Date: 4/1/17 |
| | Procedure Owner: Tasha Bridges, LLPC |
| | Department: Utilization Management |
| | Line of Business: Uninsured and Under Insured |
| | Regulatory Requirements: NCQA CC 3 Element C |
| | **Associated Policy:** Benefit Plan Policy |

## OVERVIEW

**Procedure Purpose:** To provide procedural and operational guidance to Detroit Wayne Mental Health Authority (DWMHA), Access Center, Crisis Service Vendor, Managers of Comprehensive Provider Networks (MCPNs), Contractual staff, Network and Out of Network Providers, Uninsured or Under Insured enrollees/members and all staff involved in utilization management functions for the development and consistent processing of the use of General Funds.

**Expected Outcome:** DWMHA, Crisis Service Vendor and the MCPNs will be compliant and consistent in the processing of the use of general funds.

**References:** N/A

# KEYWORDS

1. Benefit Plan Service
2. General Funds

**Request for General Funds are used for the following:**

- Persons being discharged from State Hospitalization with Serious Mental Illness (SMI) or Intellectual Development Disability (I-DD)
- Uninsured individuals with Serious Mental Illness (SMI) or Intellectual Development Disability (I-DD)

## PROCEDURE:

Request for General Funds for Individuals Being Discharged from State Hospitalization Uninsured or Under Insured Individuals with Serious Mental Illness (SMI) or Intellectual Development Disability (I-DD):

1. The designated MCPN staff will complete the standardized General Fund Exception Request Form for persons with serious mental illness or intellectual development disability that are deemed eligible through the DWMHA Access Center and have no form of insurance.
2. After the form has been completed, the designated MCPN staff will send the form by email or fax to the DWMHA Utilization Management Department (UM). The DWMHA UM staff will review the completed form and consult with the appropriate staff as needed.
3. A decision will be made within seven (7) business days. The use of general fund dollars will be for a maximum of ninety (90) days from the date the individual is deemed uninsured. Monitoring the use of general fund dollars during the ninety (90) days is the responsibility of the MCPNs.
4. The MCPNs and/or Service Providers shall make diligent efforts to secure Medicaid, Healthy Michigan or other insurance coverage while the uninsured individual is using general fund dollars to pay for services.
5. If the MCPN expects the uninsured person will remain uninsured beyond the ninety (90) days despite diligent efforts to secure insurance for the individual, the MCPN must submit the completed standardized General Fund Exception form to the DWMHA UM Department with proof of all efforts to secure other insurance (i.e. copy of Medicaid application).

6. Submission of the General Fund Exception forms and proof of efforts to secure insurance should be forwarded ten (10) days prior to the end of the ninety (90) days in order to ensure that the person does not have an interruption on services.
7. The DWMHA UM Department staff will track and monitor the management of General Funds in a tracking log. The DWMHA UM Department staff will also report services utilization critical to the management of General Funds to the DWMHA UM Director and the Utilization Management Committee (UMC).

Request for General Funds for Medication Only:

1. The designated MCPN staff will complete the standardized General Fund Exception for Medication Request Form for individuals with serious mental illness or intellectual development disability that are deemed eligible through the DWMHA Access Center and have no form of insurance. After the form has been completed, the designated MCPN staff will send the form by email or fax to the DWMHA Chief Medical Officer (CMO).
2. The DWMHA CMO will review the completed form, a decision will be made within seven (7) business days. The use of general fund dollars will be for a maximum of ninety (90) days from the date the enrollee/member is deemed uninsured. Monitoring the use of general fund dollars during the ninety (90) days is the responsibility of the MPCNs.
3. The MCPNs and/or their Service Providers will make diligent efforts to secure Medicaid, Healthy Michigan or other insurance coverage while an uninsured person is using general fund dollars to pay for services.
4. If the MCPN expects the uninsured individual will remain uninsured beyond ninety (90) days despite diligent efforts to secure insurance for the person, the MCPN must submit the completed General Fund Exception for Medication form to the DWMHA UM Department with proof of all efforts to secure other insurance (i.e. copy of the Medicaid application).
5. Submission of the General Fund Exception for Medication form and proof of efforts to secure insurance should be forwarded ten (10) days prior to the end of the ninety (90) days in order to ensure that the person does not have an interruption on services.
6. The DWMHA UM Department staff will track and monitor the management of General Funds in a tracking log. DWMHA UM Department staff will also report services utilization critical to the management of General Funds to the DWMHA UM Director and the Utilization Management Committee (UMC).

## PROCEDURE MONITORING & STEPS:

Who monitors this procedure: DWMHA UM Appeal Coordinator
Department: Utilization Management
Frequency of monitoring: Monthly
Reporting provided to: DWMHA UM Director
Regulatory Requirement(s): MDHHS and DWMHA Contract, October 1, 2016, NCQA CC 3, Element C and Medicaid Provider Manual April 1, 2017 version

1. The DWMHA UM department will track, monitor and report service utilization critical to the management of General Funds.
2. DWMHA Um department will provide a monthly report to the Utilization Management Committee
3. MCPNs and all network providers will immediately implement all possible actions to minimize General Fund usage. This process shall include the following: determination of ability to pay, verification of insurance at each visit, completion of Medicaid Applications, full utilization of Medicaid programs (ACT, Supported Employment and others) to reduce preventable emergency room visits/hospitalizations and promotion of opportunities for community integration, recovery/self-determination and family resiliency.

**Request for General Fund Exception for Services (revised 8.14.15)**

| **Enrollee/Member Information** | | **Date/Time: ____________________** | |
|---|---|---|---|
| Name | AKA (if applicable) | DOB | Gender : ( ) MALE ( ) FEMALE |
| Address: | | Phone No: | MH-WIN #: |
| MCPN: | | Current Out-Patient Provider (if applicable): | |
| Phone No: | | Phone No: | |
| **Primary Guardian Information** | | | |
| Name: | | Type of Guardianship: | Relationship to Consumer: |
| Address: | | | Phone No: |
| **Current Insurance Name:**<br>Effective Date:<br>End Date: | | **Current Insurance Type:** | Insurance ID No: |
| Dates of Last Medicaid Coverage:<br><br>Reason(s) for Expiration of Medicaid and/or Healthy Michigan Coverage: | | Dates of Last Healthy Michigan Coverage: | |
| **Actions Taken to Secure Medicaid or Healthy Michigan Coverage since expiration:** | | | |
| **Precipitating Factor(s)/Presenting Problem(s) and Reason(s) to justify exception:** | | | |
| **Type of Service(s) Requested: (*Include HCPC Codes and Frequency of Service)*** | | | |
| **Screening Information** | | | |
| Referral Source Entity:<br>Contact Information: | | | |
| History of Mental Health Treatment?<br><br>☐Yes ☐ No ☐ Unknown | If Yes: ☐ Psychiatric Inpatient<br>☐ Psychiatric Day Treatment<br>☐ Mental Health Out-Patient<br>☐ **Other (please describe):** | | |
| **Physical Health** | | | |
| Other Pertinent General Medical Condition Information that may impact Treatment?<br><br>☐ **No** ☐ **Yes (please describe):** | | | |
| If Yes, Describe/Explain: | | | |
| Name of Primary Care Physician: | | | Phone No: |
| Complete Name and Credentials of Person Completing: | | | Phone No: |
| UM Review- Medical Necessity Criteria met:<br><br>☐ **No** ☐ **Yes (please describe):** | | | UM Staff Reviewer:<br>Credentials:<br>Date: |

*Please send Completed Form to Tasha Bridges in UM via Fax: 313-833-3670*

MSA
MEDICAL SERVICES ADMINISTRATION

# Bulletin

Michigan Department of Health and Human Services

**Bulletin Number:** MSA 16-01

**Distribution:** All Providers

**Issued:** January 15, 2016

**Subject:** Clarification of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Covered Services and Definition of "Medically Necessary"

**Effective:** Immediately

**Programs Affected:** Medicaid, Healthy Michigan Plan, MIChild

The purpose of this policy is to provide clarification of covered services and to define "medically necessary" as it pertains to the EPSDT program. The intent of EPSDT is to provide necessary health care, diagnostic services, treatment, and other measures according to section 1905(a) and 1905(r) [42 U.S.C. 1396d] of the Social Security Act (1967) to correct or ameliorate defects and physical and mental illnesses and conditions whether or not such services are covered under the state plan.[1] State Medicaid programs are required to provide for any services that are included within the mandatory and optional services that are determined to be medically necessary for children under 21 years of age.

EPSDT visits cover any medically necessary screening and preventive support services for children, including nutritional and at-risk assessments as well as resulting health education and mental health services. These services are available to all children for the purpose of screening and identifying children that may be at risk for, but not limited to, drug or alcohol abuse, child abuse or neglect, trauma, failure to thrive, low birth weight, low functioning/impaired parent, or homeless or dangerous living situations.

EPSDT visits are to be performed in accordance with the American Academy of Pediatrics (AAP) periodicity schedule, its components, and medical guidelines. Michigan recognizes the AAP definition of "medical necessity" as:

> Health care interventions that are evidence based, evidence informed, or based on consensus advisory opinion and that are recommended by recognized health care professionals to promote optimal growth and development in a child and to prevent, detect, diagnose, treat, ameliorate, or palliate the effects of physical, genetic, congenital, developmental, behavioral, or mental conditions, injuries, or disabilities.[2]

EPSDT also requires coverage of medically necessary interperiodic screening outside of the state's periodicity schedule. Coverage for such screenings is required based on an indication of a medical need to diagnose an illness or condition that was not present at the regularly scheduled screening or to determine if there has been a change in a previously diagnosed illness or condition that requires additional services.[3]

Medically necessary services include habilitative or rehabilitative services that are expected to attain, maintain, or regain functional capacity and to achieve maximum health and function. The Centers for Medicare & Medicaid Services (CMS) indicated a service need not cure a condition in order to be covered under EPSDT, and that maintenance services or services that improve the child's current health condition are also covered in EPSDT because they ameliorate a condition. Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems. It is important to identify illnesses and conditions early and to treat any health problems discovered in children before they become worse and more costly. A medically necessary treatment service should not be denied to a child based on cost alone, but the relative cost effectiveness of alternative services may be considered as part of the prior authorization process. Services may

be covered in the in the most cost effective mode as long as the less expensive service is equally effective and actually available. Prior authorization must be conducted on a case-by-case basis, evaluating each child's needs individually. Prior authorization is not required for medically necessary screenings.[3]

Services are covered when they prevent a condition from worsening or prevent development of additional health problems. The common definition of ameliorate is "to make more tolerable." Thus, services such as physical and occupational therapy are covered when they have an ameliorative, maintenance purpose.[3]

CMS specified that EPSDT includes a broad range of services that can be covered and includes licensed practitioners' services; speech, occupational, and physical therapies; physician services; private duty nursing; personal care services; home health, medical equipment and supplies; rehabilitative services; and vision, hearing, and dental services.[4] In addition, the coverage of other diagnostic, screening, preventive and rehabilitative services is required, and includes any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level.[1]

CMS maintains that the coverage of EPSDT services is particularly important for children with disabilities, because such services can prevent conditions from worsening, reduce pain, and avert the development of more costly illnesses and conditions. Other, less common examples include items of durable medical equipment, such as decubitus cushions, bed rails and augmentative communication devices. Such services are a crucial component of a good, comprehensive child-focused health benefit.[3]

The determination of whether a service is medically necessary must be made on a case-by-case basis, taking into account the particular physical, behavioral, mental, or dental health needs of the child. While the treating provider is responsible for determining or recommending that a particular service is needed to correct the child's condition, both the Michigan Department of Health and Human Services (MDHHS) and a child's treating provider play a role in determining whether a service is medically necessary. If there is a disagreement between the treating provider, health plan, and/or Medicaid as to whether a service is medically necessary for a particular child, Medicaid is responsible for making a decision for the individual child based on information presented to departmental staff. The MDHHS Office of Medical Affairs consists of a panel of physicians, including pediatricians, who will review the medical necessity of a particular service when there is a disagreement between the treating provider, health plan or Medicaid. These physicians review, on a case by case basis, the particular needs of the child based on the medical standards and literature, and in consultation with sub-specialists when appropriate in accordance with Michigan Medicaid policy.

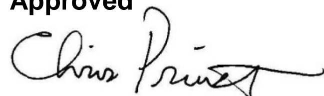
**Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

**Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

**Approved**



Chris Priest, Director
Medical Services Administration

**References**

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2. Policy Statement: Essential Contractual Language for Medical Necessity in Children. (2013). American Academy of Pediatrics. *Pediatrics*, 132(2). Retrieved October 9, 2015 from http://pediatrics.aappublications.org/content/132/2/398.full.pdf.

3. EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents. (2014). Centers for Medicare & Medicaid Services. Retrieved October 9, 2015 from www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/EPSDT_Coverage_Guide.pdf.

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