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SECTION 1 – GENERAL INFORMATION

This chapter applies to Mental Health providers. Information contained in this chapter is to be used in conjunction with other chapters of this manual including the Billing & Reimbursement Chapters and the Practitioner Chapter, as well as the related procedure code databases and fee schedules located on the Michigan Department of Health and Human Services (MDHHS) website. (Refer to the Directory Appendix for website information.)

1.1 MDHHS APPROVAL

Pursuant to Michigan's Medicaid State Plan and federally approved managed care waiver, community-based mental health, substance abuse and developmental disability specialty services and supports are covered by Medicaid when delivered under the auspices of an approved Prepaid Inpatient Health Plan (PIHP). To be an approved Medicaid provider, a PIHP must be certified as a Community Mental Health Services Program (CMHSP) by MDHHS in accordance with Section 232a of the Michigan Mental Health Code. A PIHP may be either a single CMHSP, or the lead agency in an affiliation of CMHSPs approved by the Specialty Services Selection Panel. Service providers may contract with the PIHP or an affiliate of the PIHP. PIHPs must be enrolled with MDHHS as Medicaid providers. (Refer to the General Information for Providers Chapter of this manual for additional information.) The PIHP must offer, either directly or under contract, a comprehensive array of services, as specified in Section 206 of the Michigan Mental Health Code, being Public Act 258 of 1974, as amended, and all of those specialty services/supports included in this manual.

1.2 STANDARDS

The PIHP shall comply with the standards for organizational structure, fiscal management, administrative record keeping, and clinical record keeping specified in this section. In order for a state plan or HSW service to be reported as a Medicaid cost, it must meet the criteria in this chapter.

1.2.A. NETWORK ADEQUACY STANDARDS FOR THE SPECIALTY BEHAVIORAL HEALTH SYSTEM

The Code of Federal Regulations at 42 CFR Parts 438.68 and 457.1218 charges states holding managed care contracts with the development and implementation of Network Adequacy Standards, including behavioral health and substance use disorder services for both adults and children. As such, MDHHS developed Network Adequacy Standards for the Prepaid Inpatient Health Plan system of care, including an authorizing policy and a companion procedural document that will be updated as necessary. The policy and procedural document can be found on the MDHHS website. (Refer to the Directory Appendix; Mental Health/Substance Abuse Resources section, for website information.)

1.3 ADMINISTRATIVE ORGANIZATION

The administrative organization shall assure effective and efficient operation of the various programs and agencies in a manner consistent with all applicable federal and state laws, regulations, and policies. Effective and efficient operation includes value purchasing. As applied to services and supports, value purchasing assures appropriate access, quality, and the efficient and economic provision of supports and services. Quality is measured by meeting or exceeding the sets of outcome specifications in the beneficiary's individual plan of service, developed through the person-centered planning process or, for substance abuse services, the individualized treatment plan. Efficient and economic is the lowest cost of

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
ICO-MC	Integrated Care - MI Health Link	This capitated managed care program is for beneficiaries who are age 21 or older and who are dually eligible for Medicare and Medicaid. The benefit plan is active only in parts of the state. The benefit includes all Medicare and Medicaid physical health services, long term supports and services, and 1915b/c waiver services for qualifying individuals.	Managed Care Organization	XIX	1, 33, 35, 42, 47, 48, 50, 54, 56, 71, 86, 88, 98, AL, UC
INCAR-ESO	Incarceration – Emergency Services Only	This benefit plan restricts services to inpatient hospital emergencies only while an otherwise ESO eligible member is incarcerated.	Fee-for-Service	XIX	48 Emergency Services Only
INCAR-MA	Incarceration - MA	A Medicaid-funded benefit plan that restricts services to an off-site inpatient hospital while an otherwise eligible member is incarcerated.	Fee-for-Service	XIX	48
INCAR-MA-E	Incarceration – MA - Emergency Services Only	This benefit plan restricts services to inpatient hospital emergencies only while an otherwise MA-ESO eligible member is incarcerated.	Fee-for-Service	XIX	48 Emergency Services Only
LTC-EXEMPT	Long Term Care Exempt	Beneficiaries that are excluded from Long Term Care and Support Services because of Divestment, not meeting LOCD or PASARR requirements, or not returning asset verification.	No Benefits	XIX	N/A

Refer to the Nursing Facility Chapter of this manual for PASARR information as well as mental health services provided by Nursing Facilities.

Medicaid does not cover services delivered to beneficiaries with a Serious Mental Illness (SMI) in Institutions for Mental Diseases (IMD) for individuals between ages 21 and 64, as specified in §1905(a)(B) of the Social Security Act when the length of stay in the IMD is more than 15 days during the month. However, per Michigan's 1115 Behavioral Health Demonstration, Medicaid does cover services delivered to beneficiaries with a Substance Use Disorder (SUD) in IMDs for individuals between ages 21 and 64 when the stay in the IMD is more than 15 days during the month. Medicaid does not cover services provided to children with serious emotional disturbance in Child Caring Institutions (CCI) unless it is licensed as a "children's therapeutic group home" as defined in Section 722.111 Sec.1(f) under Act No. 116 of the Public Acts of 1973, as amended, or it is for the purpose of transitioning a child out of an institutional setting (CCI). Medicaid may also be used for the purpose of transitioning a child out of Hawthorn Center. For both the CCI and Hawthorn Center, the following mental health services initiated by the PIHP (the child needs to be open to the PIHP/CMHSP) may be provided within the designated timeframes:

- The assessment of a child's eligibility and needs for the purpose of determining the community based services necessary to transition the child out of a CCI or Hawthorn Center. This should occur up to 180 days prior to the anticipated discharge from a CCI or Hawthorn Center.
- Wraparound planning, case management or supports coordination. This should occur up to 180 days prior to discharge from a CCI or Hawthorn Center.

Medicaid-funded behavioral health services may be provided to support children with intellectual and developmental disabilities (I/DD) in a CCI that exclusively serves children with I/DD when authorized by the respective PIHP/CMHSP. Authorization by the PIHP/CMHSP includes special considerations, services and/or funding arrangements. Enrollment of the CCI provider is the responsibility of the PIHP/CMHSP to ensure providers rendering services adhere to all state and federal regulations on the use of seclusion and restraint and are appropriately credentialed to perform I/DD services.

Medicaid does not cover services provided to persons/children involuntarily residing in non-medical public facilities (such as jails, prisons or juvenile detention facilities).

Refer to the Amount and Scope of Service subsection for additional information regarding Wraparound program expectations.

2.3.A. Day Program Sites

The PIHP may organize a set of state plan, HSW or additional/B3 services at a day program site, but the site and the set of services must be approved by MDHHS. Some services (e.g., inpatient or respite) may not be provided at a day program site. (Refer to individual program descriptions in this chapter for more information on those limitations.)

Mental health and developmental disabilities day program sites are defined as places other than the beneficiary's/family's home, nursing facility, or a specialized residential setting where an array of mental health or developmental disability services and supports are provided:

similar services.

18. Indian Health Service/Tribally Operated Facility or program/Urban Indian Clinic (I/T/U)
    a. The Contractor is required to pay any Indian Health Service, Tribal Operated Facility Organization/Program/Urban Indian Clinic (I/T/U), or I/T/U contractor, whether participating in the Contractor provider network or not, for Contractor authorized medically necessary covered Medicaid managed care services provided to Medicaid beneficiary/Indian beneficiaries who are eligible to receive services from the I/T/U provider either (1) at a rate negotiated between the Contractor and the I/T/U provider, or (2) if there is no negotiated rate, at a rate not less than the level and amount of payment that would be made if the provider were not an I/T/U provider.
19. Persons Associated with the Corrections System
    a. Under an arrangement between the Michigan Department of Corrections (MDOC) and MDHHS, the Contractor must be responsible for medically necessary community-based substance use disorder treatment services for individuals under the supervision of the MDOC once those individuals are no longer incarcerated. These individuals are typically under parole or probation orders and excludes individuals referred by court and services through local community corrections (PA 5ll) systems.
    b. Referrals, Screening and Assessment
        i. Individuals under MDOC supervision are considered a priority population for assessment and admission for substance use disorder treatment services due to the public safety needs related to their MDOC involvement. The Contractor must ensure timely access to supports and services in accordance with this Contract.
        ii. The Contractor must designate a point of contact within each Contractor catchment area for referral, screening and assessment problem identification and resolution. The position title and contact information will be provided to the State, which will provide the information to the MDOC Central Office Personnel. The Contractor must provide this contact information to MDOC Supervising Agents in their regions.
        iii. The MDOC Supervising Agent will refer individuals in need of substance use disorder treatment through the established referral process at the Contractor. The Supervising Agent will make best efforts to obtain from the individual a signed Michigan Behavioral Health Standard Consent Form, MDHHS-5515, and provide it to the Contractor and/or designated access point along with any pertinent background information and the most recent MDOC Risk Assessment summary.
        iv. The Supervising Agent will assist the individual in calling the Contractor or designated access point for a substance abuse telephonic screening for services. Individuals that are subsequently referred for substance use disorder treatment as a result of a positive screening must receive an in-person assessment. If the individual referred is incarcerated, the Supervising Agent will make best efforts to facilitate service initiation and appropriate contact with the Contractor/Designated Access Point. Provided that it is possible to do so, the Contractor must make best efforts to ensure the individual receives a telephonic, video or in-person screening for services at the designated location as arranged by MDOC Supervising Agent. The Contractor/designated access point may not deny an individual an in-person assessment via phone screening.
        v. Assessments must be conducted in accordance with MDHHS-approved assessment instruments (if any) and admissions decisions based on MDHHS-approved medical necessity criteria included in this Contract. In the case of MDOC supervised individuals, these assessments should include consideration of the individual's presenting symptoms and substance use/abuse history prior to and during incarceration and consideration of their SUD treatment history while incarcerated. To the extent consistent with HIPAA, the Michigan Mental Health Code and 42 CFR Part 2, and with the written consent of the individual, the Contractor/designated provider will provide notice of an admission decision to the Supervising Agent within one business day, and if accepted, the name and contact information of the individual's treatment provider. If the individual is not referred for treatment services, the Contractor/designated access point will provide information regarding community resources such as AA/NA or other support groups to the individual.
        vi. The Contractor will not honor Supervising Agent requests or proscriptions for level or duration of care, services or supports and must base admission and treatment decisions only on medical necessity criteria and professional assessment factors.
    c. Plan of Service
        i. The individualized master treatment plan must be developed in a manner consistent with the principles of person-centered planning as applicable to individuals receiving treatment for substance use disorders as defined in this Contract and applicable portions of Person-Centered Planning Policy (which can be found at: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html).
        ii. The Contractor/designated provider agrees to inform the Supervising Agent when Medication Assisted Treatment (MAT) is being used, including medication type. If the medication type changes, the Contractor/designated provider must inform the Supervising Agent.

adequacy procedure.

c. The Contractor must submit a plan on how the standards will be effectuated. The Contractor must consider at least the following parameters for their plans:
   i. Maximum time and distance
   ii. Timely appointments
   iii. Language, Cultural competence, and Physical accessibility

21. Intensive Crisis Stabilization Services (ICSS)
    The Contractor must report its performance on the standards specific to ICSS for children on behalf of the enrolled programs in their geographic service area in accordance with Schedule E of this Contract.

F. Covered Services

1. General
   a. Contractor must conform to professionally accepted standards of care and may not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of the diagnosis, type of illness, or condition of a beneficiary.
   b. Contractor must operate consistent with all applicable Medicaid policies and publications for coverages and limitations. If new Medicaid services are added, expanded, eliminated, or otherwise changed, Contractor must implement the changes consistent with State direction and the terms of this Contract.
   c. The Contractor will be responsible for the operation of the 1115 Behavioral Health Demonstration Waiver, the Healthy Michigan Plan, the 1915(i) State Plan Benefit, who are enrolled in one of the three 1915(c) waivers (Habilitation Supports Waiver, Children's Waiver Program, or the Waiver for Children with Serious Emotional Disturbances) and other public funding within its designated service area. Operation of the 1115 Behavioral Health Demonstration Waiver Program must conform to regulations applicable to the concurrent program and to each (i.e., 1115 Behavioral Health Demonstration Waiver and 1915 (c)) Waiver. The Contractor will also be responsible for development of the service delivery system and the establishment of sufficient administrative capabilities to carry out the requirements and obligations of this Contract. If the Contractor elects to subcontract, the Contractor must comply with applicable provisions of federal procurement requirements as specified in 2 CFR 200, except as waived for CMHSPs in the 1115 Behavioral Health Demonstration Waiver.
   d. Contractor Reciprocity Standards
      The Contractor will be responsible for the Reciprocity Standards policy which can be found on the MDHHS website: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html
2. 1115 Demonstration Waiver
   a. State Plan Services: Under the 1115 Demonstration Waiver, the Contractor is responsible for providing the covered services as described in the Michigan Medicaid Provider Manual.
3. 1915(c) Services
   a. The Contractor is responsible for provision of certain enhanced community support services for those beneficiaries in the service area who are enrolled in one of the three Michigan's 1915(c) Home and Community Based Services Waivers. Covered services are described in the Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of the Michigan Medicaid Provider Manual.
4. Healthy Michigan Plan
   a. The Contractor is responsible for providing the covered services described in the Behavioral Health and Intellectual and Developmental Disability Supports and Services Mental Health/Substance Abuse Chapter of the Michigan Medicaid Provider Manual as well as the additional Substance Use Disorder services and supports described in the Medicaid Provider Manual for individuals who are eligible for the Healthy Michigan Plan.
5. MIChild
   a. The Contractor must provide medically necessary defined mental health benefits to children enrolled in the MIChild program.
6. Flint 1115 Waiver
   a. The demonstration waiver expands coverage to children up to age 21 years and to pregnant women with incomes up to and including 400 percent of the federal poverty level (FPL) who were served by the Flint water system from April 2014 through a State-specified date. This demonstration is approved in accordance with section 1115(a) of the Social Security Act, and is effective as of March 3, 2016 the date of the signed approval through February 28, 2021.
   b. Medicaid-eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered under the State plan. All such persons will have access to Targeted Case Management services under a fee for service contract between the State and Genesee Health Systems (GHS). The fee for service contract will provide the targeted case management services in accordance with the requirements outlined in the Special Terms and Conditions for the Flint Section 1115 Demonstration, the Michigan Medicaid State Plan and Medicaid Policy.
7. Institution for Mental Disease (IMD) Services
   a. The Contractor is responsible for providing the covered services in an IMD up to 15 days per month per individual.