

## Access Guidelines to Medicaid Services for Persons with Long Term Care Needs

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<b>SECTION 1 - INTRODUCTION</b> .....	<b>1</b>
1.1 Purpose of this Document.....	1
1.2 How to Use the Access Guidelines.....	1
1.3 To Obtain Additional Copies and Find More Information.....	2
<b>SECTION 2 - MICHIGAN DEPARTMENT OF COMMUNITY HEALTH - LONG TERM CARE PROGRAMS..</b>	<b>3</b>
2.1 Michigan Department of Community Health (MDCH) – Long Term Care (LTC) Programs .....	3
2.2 Overview of LTC Services .....	3
2.3 Informed Choice.....	4
2.4 Beginning the Process - Determination of Functional/Medical Eligibility .....	4
2.5 Applicant Determined Functionally/Medically Eligible.....	4
2.6 Providing Program Information .....	4
2.7 Documenting Alternatives .....	4
2.8 Settings of Care (Options and Informational Access to the Most Integrated Setting of Care) .....	5
2.9 Applicant is Determined Not Functionally/Medically Eligible .....	5
2.10 Home and Community-Based Services .....	5
2.10.A. Description of Home and Community-Based Services.....	5
2.10.B. Home Health .....	5
2.10.C. Home Help.....	5
2.10.D. Physical Disability Services (PDS) .....	5
2.10.E. MI Choice Program .....	5
2.10.F. PACE.....	5
2.10.G. Contacting the Service Provider.....	5
2.10.H. Determination of Needs and Eligibility .....	6
2.11 Residential Services.....	7
2.11.A. Description of Residential Services .....	7
2.11.B. Contacting the Service Provider .....	7
2.11.C. Determination of Needs and Eligibility .....	7
2.12 Nursing Facilities.....	8
2.12.A. Description of Nursing Facility Services .....	8
2.12.B. Contacting the Service Provider .....	8
2.12.C. Determination of Needs and Eligibility .....	8
2.13 Discharge Planning.....	8
2.14 Hospice .....	9
2.14.A. Description of Hospice Services .....	9
2.14.B. Contacting the Service Provider .....	9
2.14.C. Determination of Needs and Eligibility .....	9
2.15 How to Appeal a LTC Determination .....	11
<b>SECTION 3 – FAMILY INDEPENDENCE AGENCY .....</b>	<b>12</b>
3.1 Family Independence Agency (FIA) – Overview of Services.....	12
3.2 Description of FIA Services.....	13
3.2.A. Adult Services .....	13
3.2.B. Eligibility Determination Services.....	13
3.3 Contacting the Office.....	14
3.4 Determination of Needs and Eligibility .....	14
3.4.A. How to Appeal an FIA Determination.....	17

<b>SECTION 4 - MICHIGAN DEPARTMENT OF COMMUNITY HEALTH – MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION .....</b>	<b>18</b>
4.1 Community Mental Health Services Programs (CMHSP) – Overview of Services for Children and Adults .....	18
4.2 Description of Community Mental Health Services.....	18
4.2.A. Case Management.....	19
4.2.B. Individual/Family/Group Therapy.....	19
4.2.C. Medication Administration and Review.....	19
4.2.D. Crisis Intervention Services.....	19
4.2.E. Applied Behavioral Services.....	19
4.2.F. Mental Health Emergency Services.....	19
4.2.G. Inpatient Psychiatric Services.....	19
4.2.H. Assertive Community Treatment (ACT).....	19
4.2.I. Assessment (health, psychiatric, psychological testing).....	19
4.2.J. Crisis Residential Services (short-term alternative to inpatient psychiatric services).....	19
4.2.K. Enhanced Health Services.....	19
4.2.L. Mental Health Home-Based Services.....	20
4.2.M. Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (ST).....	20
4.2.N. Treatment Planning.....	20
4.2.O. Transportation to and from Day Program.....	20
4.3 Contacting the Office.....	20
4.4 Determination of Needs and Eligibility.....	20
4.5 Eligibility Determination for Persons with a Developmental Disability.....	21
4.6 Eligibility Determination for Persons with Mental Illness.....	23
4.7 Substance Abuse (SA) - Access, Assessment and Referral Agencies (AAR)/Central Diagnostic and Referral Agencies (CDR).....	25
4.7.A. Overview of Substance Abuse Services.....	25
4.7.B. Description of Substance Abuse Services.....	25
4.7.B.1. Outpatient Services.....	25
4.7.B.2. Intensive Outpatient Services.....	25
4.7.B.3. Residential Services.....	25
4.8 Contacting the Office.....	26
4.9 Determination of Needs and Eligibility.....	26
4.10 How to Appeal a CMHSP or SA Determination.....	28
 <b>SECTION 5 – OTHER LOCAL RESOURCES FOR CARE AND REFERRAL .....</b>	<b>29</b>
5.1 Centers for Independent Living (CIL).....	29
5.1.A Contacting the Office.....	29
5.2 Area Agencies on Aging (AAA).....	29
5.2.A Contacting the Office.....	30
5.3 Long Term Care Ombudsman.....	30
5.3.A. Contacting the Office.....	30
5.4 Michigan Medicare and Medicaid Assistance Program.....	30
5.4.A. Contacting the Office.....	30
5.5 United Way.....	31
5.5.A. Contacting the Office.....	31
 <b>Appendix I - MEDICAID OVERVIEW .....</b>	<b>i</b>
AGENCY POLICY – MA Only.....	i
SSI-RELATED AND FIP-RELATED.....	i
GROUP 1 AND GROUP 2.....	i

## SECTION 1 - INTRODUCTION

### 1.1 Purpose of this Document

This document is a tool developed for use by Long Term Care Providers in Michigan to aid them in making appropriate referrals for persons who approach them for Long Term Care services. The guidelines should serve as a starting point for locating applicable statewide and local services for a wide range of personal needs.

### 1.2 How to Use the Access Guidelines

The *Access Guidelines* describe services relevant to persons with Long Term Care needs from three main public agencies:

- Michigan Department of Community Health (MDCH) – Long Term Care (LTC) Services
- Family Independence Agency (FIA)
- Michigan Department of Community Health – Mental Health and Substance Abuse Administration

The contents of the guide are presented for each agency using the following sections:

<b>Overview of Services</b>	Provides a simple overview of services offered.
<b>Description of Services</b>	Information about services provided.
<b>Contacting the Office or Service Provider</b>	Information on how to get in touch with an agency, how to address special communication needs and information on transportation services. Blanks are included for notation of specific contact information for local resources.
<b>Determination of Needs and Eligibility</b>	Explains the process of determining eligibility for services and identifying the individual needs.
<b>Decision Tree</b>	A chart that graphically depicts the beginning of the eligibility determination process.
<b>How to Appeal a Determination</b>	Provides information on how to begin the appeal process if there is disagreement on determination of eligibility or services provided.

Each of the public agencies discussed in the *Access Guidelines* will share information regarding a person with other agencies or organizations if the person or legal guardian has signed a release of information form.

In addition to the public agencies, there may be many local and community resources that can provide information and services to persons. Some of these agencies and organizations are described in Section 5 of this document.

Advocacy organizations can help persons determine the services for which they qualify. An advocate can be a family member, friend or neighbor but, occasionally, the need for help from an organization that specializes in advocacy services or a lawyer may be necessary. A social worker, case manager or minister may also be able to help with advocacy needs. Centers for Independent Living (CILs), Legal Aid Services, Protection and Advocacy Services, and the United Way are among many organizations that can help persons find needed advocacy services. Organizations are described in more detail in Section 5 of this document.

### 1.3 To Obtain Additional Copies and Find More Information

- **Access Guidelines may be downloaded from the internet:** [www.michigan.gov/mdch](http://www.michigan.gov/mdch), select "Providers," "[Information for Medicaid Providers](#)," "Michigan Medicaid Nursing Facility Level of Care Determination."

The *Access Guidelines* should be used in conjunction with the OSA Resource Directory maintained by the Office of Services to the Aging (OSA) (available online at: <http://www.miseniors.net>). The OSA Resource Directory allows for web-based searches for service providers by area of need, agency name, and geographic location.

## SECTION 2 - MICHIGAN DEPARTMENT OF COMMUNITY HEALTH - LONG TERM CARE PROGRAMS

### 2.1 Michigan Department of Community Health (MDCH) – Long Term Care (LTC) Programs

Long Term Care services are not provided directly by MDCH. Rather, Michigan Medicaid will provide payment to contracted agencies or organizations for long term care services based on the medical need or functional limitations of the person applying for services. MDCH staff can assist with initial information and referral in many cases, but persons seeking specific LTC services should be referred to the contacts listed below.

FIA determines Medicaid eligibility. (Refer to Section 3 for information on FIA Eligibility Determination Services.)

### 2.2 Overview of LTC Services

	Eligibility	Contact
<b>Home and Community-Based Services</b>		
• Home Health	Medical criteria/Physician's order	Primary Care Physician or Home Health Agency
• Home Help	Must have a functional limitation	FIA Office - Adult Services Unit
• Physical Disability Services (PDS)	Must be 18 years or older and meet certification of disability and necessity for services	FIA Office - Adult Services Unit
• MI Choice Program	Must be 18 years or older and meet nursing facility level of care	Waiver Agent or Local Area Agency on Aging
• Program of All-Inclusive Care for the Elderly (PACE)	Must be 55 years or older, reside in specified geographic area, and meet nursing facility level of care	PACE organization
<b>Residential Services</b>		
• Adult Foster Care	Over 18	FIA Office - Adult Services Unit
• Homes for the Aged	Over 60	FIA Office - Adult Services Unit
<b>Nursing Facilities</b>		
	Must need nursing facility level of care	Individual facility or <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a>
<b>Hospice</b>		
	Must be near the end of life	Local hospice agency or <a href="http://www.mihospice.org">www.mihospice.org</a>

### **2.3 Informed Choice**

The concept of informed choice is at the heart of the Michigan Department of Community Health admission process for long-term care services. It is essential that program applicants and/or their representatives fully understand all available options under Medicaid.

Medicaid-reimbursed nursing facility care, the MI Choice Home and Community-Based Services Waiver for Elderly and Disabled (MI Choice Program), and PACE must utilize equivalent functional/medical eligibility criteria as stated by federal law (Social Security Act, Sections 1915c, 1919a, and 1934).

When qualifying for any one of these programs, applicants will automatically meet the functional/medical eligibility criteria for all three programs. When programs are open to new enrollment, MDCH wants to ensure that applicants are afforded the opportunity to make an informed choice about where their needs can best be met.

Michigan's Informed Choice Process ensures that information, education, and referral systems are available and working to provide the opportunity to make such informed choices. Each of the above program entry points are required to make pertinent information available to each potential participant.

### **2.4 Beginning the Process - Determination of Functional/Medical Eligibility**

MDCH requires use of an electronic web-based tool to determine functional/medical eligibility for programs required to use the nursing facility level of care criteria. The end result of this electronic system is a document titled "Freedom of Choice." The electronic system automatically identifies the applicant and the functional/medical eligibility determination and documents this information on the Freedom of Choice form (which can be found with the Michigan Medicaid Nursing Facility Level of Care Determination in the Forms Appendix and website). The web-based tool is accessed through Michigan's Single Sign-on System at <https://sso.state.mi.us>. Applicants who do not meet the eligibility criteria have the option to request a review from MDCH or its designee.

### **2.5 Applicant Determined Functionally/Medically Eligible**

Upon determination of functional/medical eligibility, the provider must explain all three program options to the applicant, as well as other Medicaid and community programs when appropriate. Participants who become eligible based on Door 3, 4, or 5 of the Michigan Medicaid Nursing Facility Level of Care Determination must be informed that eligibility for continued services may be short term only.

### **2.6 Providing Program Information**

Information about specific programs available in the applicant's geographic location or contact information for community referral agencies must be provided.

When the person states an interest in community options, the provider must inform the person about specific community programs or provide information about agencies that provide such information. The *Access Guidelines* provide basic information that is applicable across the state of Michigan.

### **2.7 Documenting Alternatives**

Specific alternative information is provided. Section II of the Freedom of Choice form confirms that the applicant has received written information regarding appropriate local programs. The written information must include the type of program, eligibility requirements, and contact information for the region.

## 2.8 Settings of Care (Options and Informational Access to the Most Integrated Setting of Care)

A critical aspect of Michigan's Informed Choice Process (Freedom of Choice form) is to ensure that applicants understand their options and that they have ongoing access to information about all settings and programs. As the functional ability of participants may improve over time, it is important to continue to update their options and discharge plan. Guidelines for discharge planning are included in the *Process Guidelines*.

## 2.9 Applicant is Determined Not Functionally/Medically Eligible

When the applicant fails to qualify under the Michigan Medicaid Nursing Facility Level of Care Determination, the provider must issue an adverse action notice and refer the applicant to appropriate local agencies for assistance. The provider should rely on the *Access Guidelines* (found at [www.michigan.gov/mdch](http://www.michigan.gov/mdch)) for eligibility criteria and other information. The applicant's Freedom of Choice form must be kept on file for three years.

## 2.10 Home and Community-Based Services

### 2.10.A. Description of Home and Community-Based Services

Home and Community Based Services are provided to enable persons who need some level of assistance to remain in their home. The need for services may range from help with household chores to nursing facility level of care.

### 2.10.B. Home Health

Skilled nursing care is provided by a licensed nurse, or by a skilled rehabilitative therapist for speech, occupational or physical therapy. Personal care may be provided by a home health aide.

### 2.10.C. Home Help

Home Help provides unskilled hands-on assistance with personal care such as help preparing meals, eating, grooming, and moving around the home.

### 2.10.D. Physical Disability Services (PDS)

PDS provides assistance purchasing durable medical equipment and home modifications not otherwise covered by Medicaid.

### 2.10.E. MI Choice Program

Support is provided for services and personal care that allow a person to remain in their home. Covered services include homemaker and chore services, home-delivered meals, adult day care, modifications to the home, specialized equipment or medical supplies, counseling and respite care.

### 2.10.F. PACE

The PACE program provides all Medicaid and Medicare covered services in an adult day center model to those 55 and older. The PACE program is only available in parts of Wayne County.

### 2.10.G. Contacting the Service Provider

Home Health	To learn more about Home Health, a person should ask their primary care physician, contact a Home Health Agency directly, or contact the Home Health Association at <a href="http://www.mhha.org">www.mhha.org</a> .
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Home Help	Eligibility for Home Help is determined through FIA. A person can locate their local FIA office in the telephone book, or visit <a href="http://www.michigan.gov/fia">www.michigan.gov/fia</a> .
Physical Disability Services (PDS)	Eligibility for PDS is determined through FIA. A person can locate their local FIA office in the telephone book, or visit <a href="http://www.michigan.gov/fia">www.michigan.gov/fia</a> .
MI Choice Program	MI Choice Program services are offered through Waiver Agency Offices. Call the local Area Agency on Aging for information.
PACE	Contact the PACE organization, if available in your geographic area.

**Local FIA Office:**

Phone Number:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

**Local MI Choice Program Agent:**

Phone Number:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

**2.10.H. Determination of Needs and Eligibility**

Once a person is determined to be Medicaid eligible, a formal assessment is conducted by a trained professional to determine the person's individual level of need for Home and Community Based Services. Each program determines eligibility differently.

Home Health	The person must meet medical criteria and have a physician's order.
Home Help	Persons must have a functional limitation in an activity of daily living or instrumental activity of daily living and need hands-on assistance.

Physical Disability Services (PDS)	Persons must have a medical need.																																
MI Choice Program	Persons must be 18 years or older, meet nursing facility level of care criteria, and require one of thirteen waiver services.																																
PACE	<p>Persons must be age 55 or older, live in the <u>service area</u>, and meet nursing facility level of care criteria.</p> <p>Services area zip codes:</p> <table> <tr> <td>48201</td> <td>48211</td> <td>48219</td> <td>48230</td> </tr> <tr> <td>48202</td> <td>48212</td> <td>48221</td> <td>48234</td> </tr> <tr> <td>48203</td> <td>48213</td> <td>48223</td> <td>48235</td> </tr> <tr> <td>48204</td> <td>48214</td> <td>48224</td> <td>48236</td> </tr> <tr> <td>48205</td> <td>48215</td> <td>48225</td> <td>48238</td> </tr> <tr> <td>48206</td> <td>48216</td> <td>48226</td> <td>48240</td> </tr> <tr> <td>48209</td> <td>48217</td> <td>48227</td> <td></td> </tr> <tr> <td>48210</td> <td>48218</td> <td>48228</td> <td></td> </tr> </table>	48201	48211	48219	48230	48202	48212	48221	48234	48203	48213	48223	48235	48204	48214	48224	48236	48205	48215	48225	48238	48206	48216	48226	48240	48209	48217	48227		48210	48218	48228	
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The eligibility determination may take up to 45 days for all Home and Community-Based Services. Interim services, pending Medicaid eligibility, are not provided for any of the home and community-based programs, except for MI Choice Program. Services for MI Choice Program will be provided if the applicant is potentially Medicaid eligible, but will be terminated if the applicant is determined to be financially non-eligible for MI Choice Program.

Some programs allow beneficiaries to hire family members or friends. Contact the program for more information.

## 2.11 Residential Services

### 2.11.A. Description of Residential Services

Residential facilities provide supportive services for persons who need assistance with daily living (such as bathing or medication reminders) but do not need intense medical supervision. Medicaid will pay for a personal care supplement at a licensed facility for eligible persons. There are two types of licensed assisted living facilities:

- Adult Foster Care – A living situation where room, board, personal care and supervision for persons over 18 years of age are provided.
- Homes for the Aged – A living situation where room, board, personal care and supervision for persons over 60 years of age are provided.

### 2.11.B. Contacting the Service Provider

For a list of licensed facilities, visit [www.michigan.gov/fia](http://www.michigan.gov/fia) "Licensing," "Adult Foster Care & Homes for The Aged." Services may vary among facilities; a facility should be contacted directly to learn which services are offered.

### 2.11.C. Determination of Needs and Eligibility

To receive funding for Residential Services, a person must be Medicaid or SSI eligible. Admission criteria will vary among each assisted living facility.

The following documentation and information may be requested to determine eligibility: medical condition, demographics, functional ability, medications, support system and other services received. For the MI Choice Program, income and asset information for Medicaid eligibility will also be required.

## **2.12 Nursing Facilities**

### **2.12.A. Description of Nursing Facility Services**

A nursing facility is a residence that provides housing, meals, nursing and rehabilitative care, medical services, and protective supervision for post-acute and long-term needs. It also provides daily living and recreational activities to residents. Nursing homes are licensed, and most are certified by the State to provide various levels of care, which range from custodial care to skilled nursing care.

### **2.12.B. Contacting the Service Provider**

Nursing facilities across Michigan offer a range of services. To find a home in a specific area, or a facility that provides ventilator care, Alzheimers care, or other specialized services, visit [www.michigan.gov/mdch](http://www.michigan.gov/mdch). When contacting a nursing facility, a person should ask to talk to someone from admissions for information regarding the facility, and to request a tour. On-line websites will provide guidance on how to select the most appropriate facility. One such website is <http://seniors-site.com/nursingm/select.html>.

Local Area Agencies on Aging (AAA) have information on nursing facilities by geographic area or specialty. To find contact information for local AAAs, visit [www.miseniors.net](http://www.miseniors.net), or call the Michigan Office of Services to the Aging (OSA) at 1-517-373-8230. Contact information for local Area Agencies on Aging offices is also located in the business pages of the phone book.

### **2.12.C. Determination of Needs and Eligibility**

Eligibility is determined by medical need and a physician's order. The following documentation and information may be requested to determine eligibility: medical condition, demographics, functional ability, medications, support system and other services received.

Medicaid will pay for nursing facility care for eligible persons. Interim services are provided if a person is waiting for Medicaid eligibility determination, but the person may be responsible to pay for their stay if Medicaid is not approved.

## **2.13 Discharge Planning**

All participants in Michigan Medicaid Long Term Care Programs must be evaluated to determine that the proposed program best meets individual needs. Some program participants may have greater potential for discharge from the program or setting. Some participants may be recuperating from an acute health condition and have associated functional needs. These participants may only require services for a limited time.

Since the need for nursing facility level of care may be limited for these participants, providers are required to maintain an active discharge plan and ongoing review process for these potentially short-term participants.

Persons should expect early identification of individual barriers to returning to the community or a less intense program must be identified. Such an assessment should include (but not be limited to) the following:

- Presence of available housing
- An evaluation of informal community support
- Ability for self care

## **2.14 Hospice**

### **2.14.A. Description of Hospice Services**

Hospice services include skilled care, personal care, palliative care, symptom and pain management, counseling and family support for people at the end of life and their families. Hospice services are typically rendered in the home, but may occasionally be provided in a residential facility.

### **2.14.B. Contacting the Service Provider**

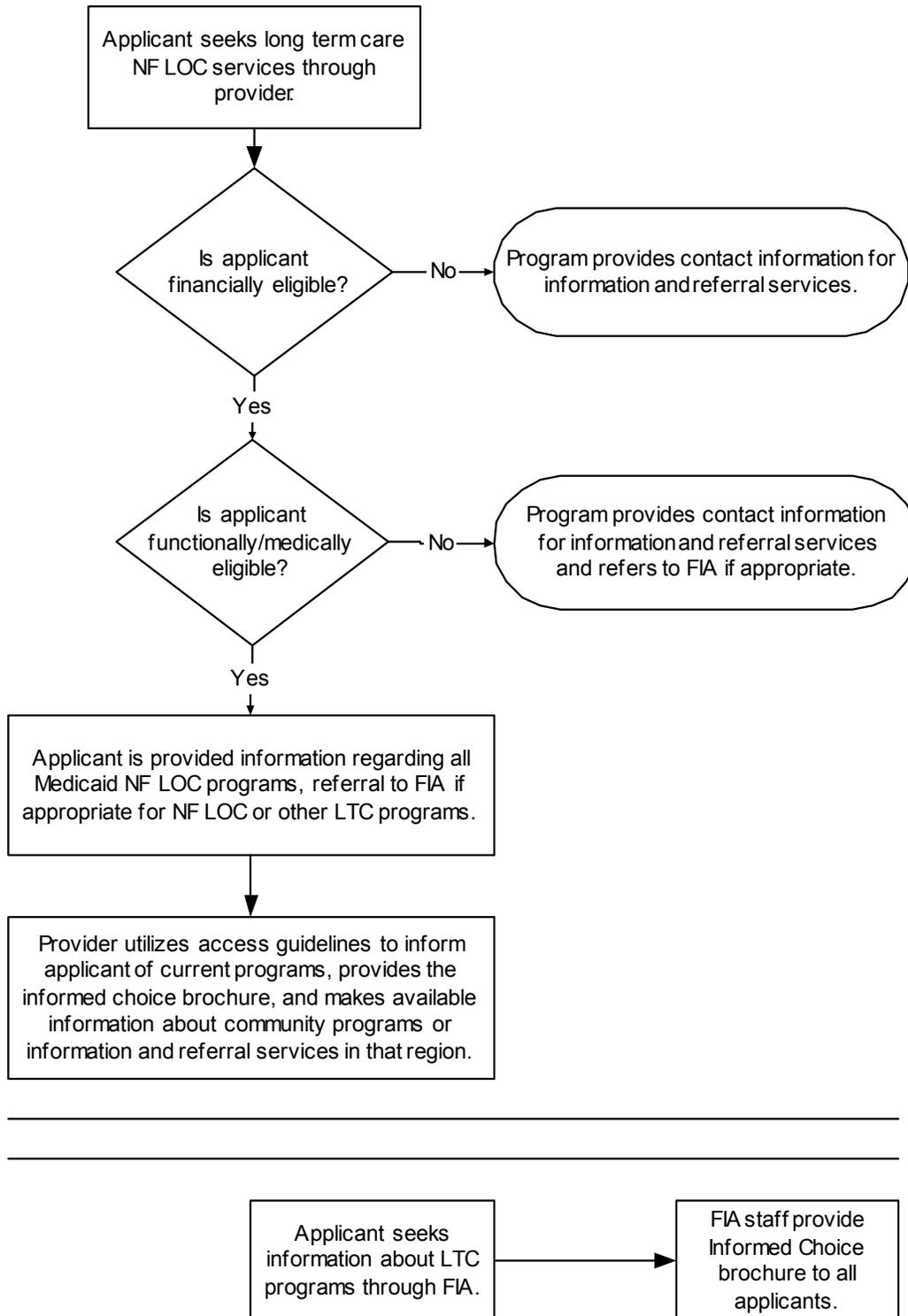
When calling a hospice agency, ask for an intake person. Hospice workers will travel to the person's residence.

### **2.14.C. Determination of Needs and Eligibility**

A statement from a physician showing that the person is expected to die within six months is necessary to receive hospice services. A formal assessment is done to determine a person's needs.

Eligibility determination and provision of hospice services typically takes place very quickly, and interim services are provided while waiting for eligibility determination. A caseworker will be assigned to the person at the beginning of the application process.

# Michigan Medicaid Long Term Care Informed Choice Process



## **2.15 How to Appeal a LTC Determination**

If a person does not agree with his eligibility determination, he can appeal the decision. Because LTC is not a direct service provider, a denial notice should be requested from the agency to which application was made. The denial notice will list the appeal rights for the program in question. Having an advocate is recommended throughout the application process. If a person is deemed ineligible to receive services, a person may reapply for services when his situation has changed and the eligibility criteria will be met.

**For Hospice:** If services are denied, a person or representative on behalf of the person, may reapply as soon as they receive the necessary information from a physician. If a person does not agree with a determination, the person will need to request a hearing and follow the appeals process for Medicare and Medicaid.

## SECTION 3 – FAMILY INDEPENDENCE AGENCY

### 3.1 Family Independence Agency (FIA) – Overview of Services

Family Independence Agency Services	Eligibility	Contact
<b>Adult Services</b>		
Independent Living Services	None – Information and referral available to anyone. There are no public resources to pay for services.	Local FIA Office - Adult Services Unit
Home Help Services	Must be Medicaid eligible with a functional limitation - no age requirement.	Local FIA Office - Adult Services Unit
Adult Community Placement	Must be Medicaid eligible and meet age requirements.	Local FIA Office - Adult Services Unit
Adult Protective Services	None.	Local FIA Office - Adult Services Unit
Physical Disability Services	Must be Medicaid eligible, have an open case with adult services, have a documented medical need, and no other coverage.	Local FIA Office - Adult Services Unit
<b>Eligibility Determination</b>		
Medicaid (MA) (includes MI Child & Healthy Kids)	Low income/assets.	Local FIA Office - Medicaid Eligibility
Adult Medical Program	Single Adult not on Medicaid. Also, low income/asset requirements.	Local FIA Office - Medicaid Eligibility
State Disability Assistance	Check with local FIA Office.	Local FIA Office - Medicaid Eligibility
Family Independence Program (FIP)	Income, asset and family composition.	Local FIA Office - FIP Staff
Food Assistance/Bridge Card	Income and asset criteria.	Local FIA Office - FIP & ES Staff

## 3.2 Description of FIA Services

### 3.2.A. Adult Services

<b>Independent Living Services</b>	FIA provider services to enhance independence and self-sufficiency.
<b>Home Help Services</b>	This is an in-home program to assist with activities of daily living to enable a person to remain in an independent living situation.
<b>Adult Community Placement Services</b>	This program assists persons with making informed decisions about out-of-home living arrangements (adult foster care and homes for the aged) when independent living is not possible. A Personal Care/Supplemental payment may be available to cover some of the costs of those living arrangements if the person is on Medicaid.
<b>Adult Protective Services</b>	FIA staff investigate complaints of abuse, neglect, and exploitation of vulnerable adults and provide linkage to needed community services.
<b>Medical Equipment and Assistive Technology</b>	FIA provides information about sources of medical equipment and, in some cases, can provide payment for equipment and/or services that are not covered by Medicaid through Physical Disability Services.

### 3.2.B. Eligibility Determination Services

FIA offices determine eligibility for the federal Medicaid insurance programs. (For a listing of all Medicaid categories and unique non-financial eligibility factors for each category, refer to the “Medicaid Overview” in Appendix 1.)

<b>Medicaid</b>	Persons qualifying for Supplemental Security Income (SSI) are automatically eligible for Medicaid. Persons who might qualify for SSI should be referred to the Social Security Administration.
<b>Adult Medical Program</b>	FIA determines eligibility for the Adult Medical Program, which may cover basic medical care to single, lower income persons between the ages of 21 and 65.
<b>State Disability Assistance (SDA) Program</b>	FIA determines eligibility for the SDA Program through which a person can receive a monthly grant. The person must be determined to have a disability that is expected to last at least 90 days but not more than one year.
<b>Family Independence Program (FIP)</b>	FIP provides financial assistance to families with children. The goal of FIP is to maintain and strengthen family life for children and the parents or other caretaker(s) with whom they are living, and to help the family attain or retain capability for maximum self-support and personal independence.
<b>Food Assistance Program (FAP)/Bridge Card</b>	The purpose of this program is to raise the food purchasing power of low-income persons. Benefits are issued using electronic technology and a debit card known as the Bridge Card.

### 3.3 Contacting the Office

Persons should call their local FIA office listed in the phone book under “State Government” or “County Government” and ask for the Adult Services Unit, or visit the website <http://www.michigan.gov/fia>. An Adult Services worker will be able to refer callers to the appropriate person. An FIA worker may be assigned to work with the person at that time. Any applicant has the right to bring an advocate with them to assist in the application process.

Text telephone (TTY) technology is available in all FIA offices to address any speech impairments. FIA staff can make home visits and may arrange for transportation to medically required appointments for persons who are medically eligible.

#### Local FIA Office, Adult Services Unit:

Phone Number:

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Address:

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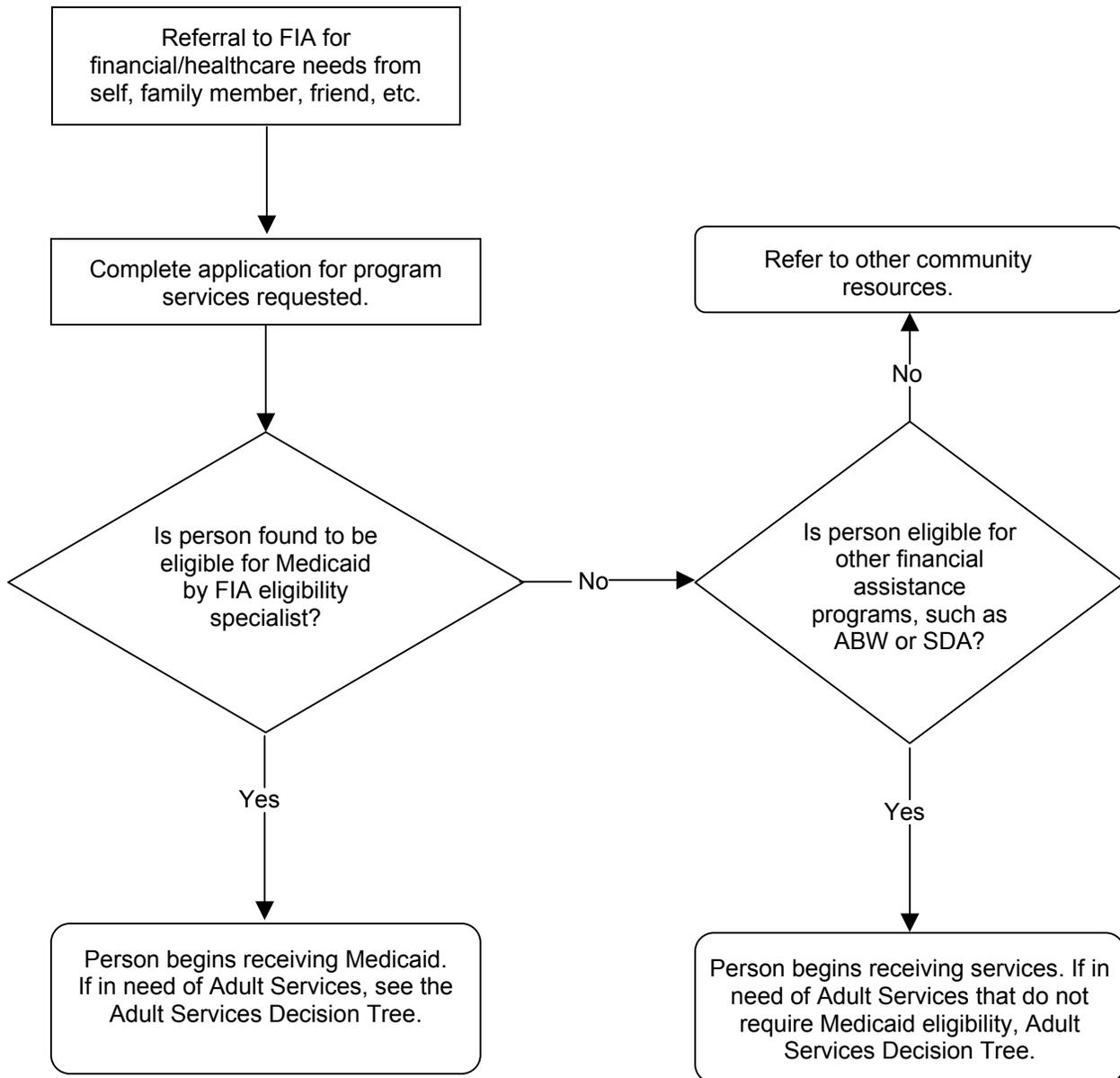
### 3.4 Determination of Needs and Eligibility

The FIA caseworker determines eligibility for Medicaid and other financial programs; an FIA case manager is provided to assist with eligibility determination for adult and child services programs.

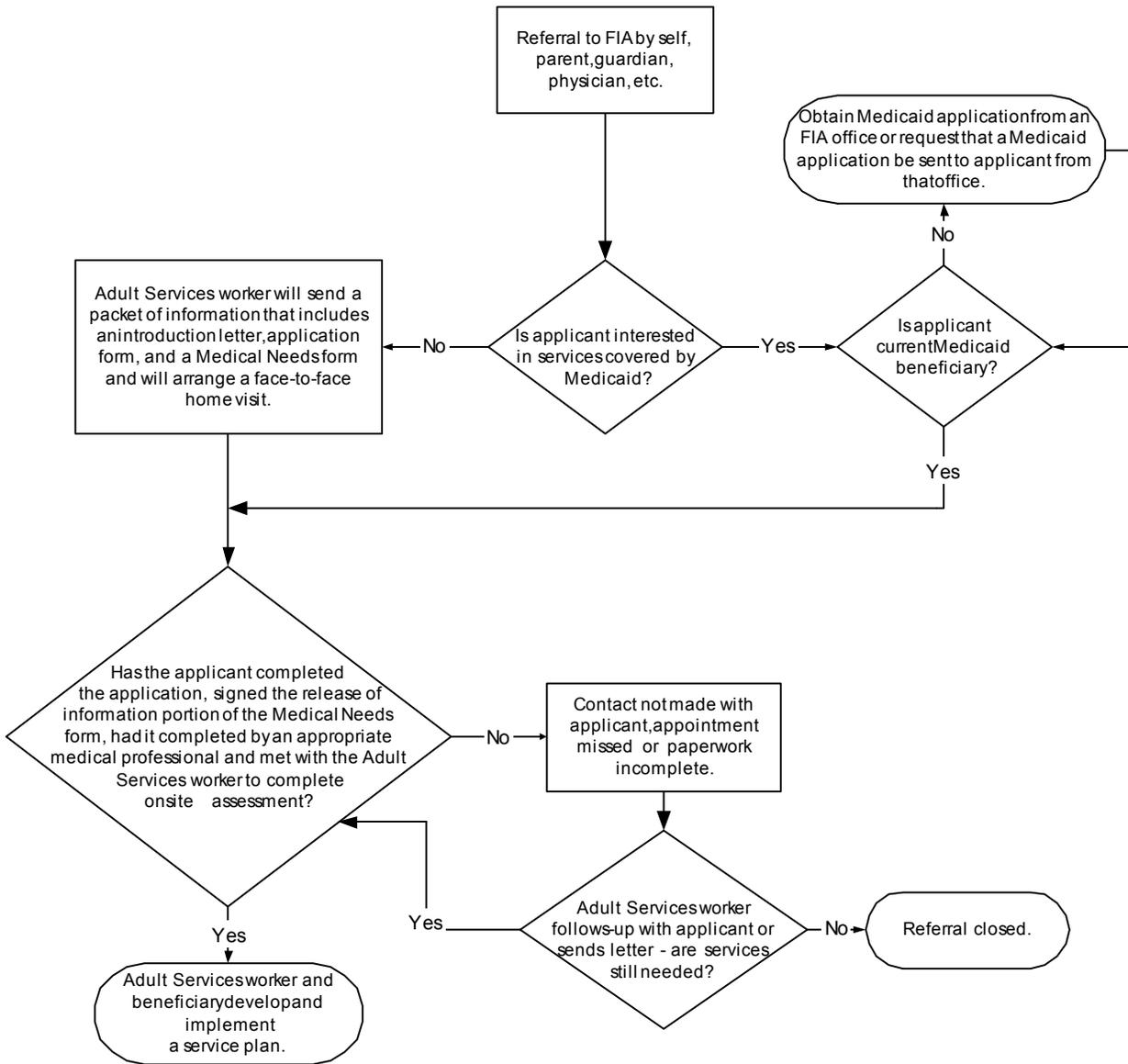
Eligibility criteria for each FIA service are different. Eligibility is based on such factors as income, assets, health and/or living situation. Documentation needed to determine eligibility and needs may vary for each program that FIA offers.

A formal assessment will be conducted by FIA staff to determine the needs of each person. Medicaid eligibility must be determined within 45 days.

## FIA Decision Tree Support for Financial/Healthcare Needs



# FIA Adult Services Decision Tree



### **3.4.A. How to Appeal an FIA Determination**

Persons may reapply for services any time they feel their situation has changed to make them eligible. An advocate can be helpful from the point of application to clarify an applicant's wishes and help to obtain necessary eligibility documentation.

Every FIA participant has the right to request a hearing if they feel that services and/or funding were denied or reduced inappropriately. Information on how to request a hearing is part of the official notification letter of denial or reduction.

Hearings involving Medicaid issues are handled by the Administrative Tribunal of the Michigan Department of Community Health (MDCH). Hearings not involving Medicaid are handled by Administrative Hearings staff in the FIA Bureau of Legal Affairs. There may be multiple levels to the appeals process, including the opportunity for a review of the hearing decision.

## SECTION 4 - MICHIGAN DEPARTMENT OF COMMUNITY HEALTH – MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION

### 4.1 Community Mental Health Services Programs (CMHSP) – Overview of Services for Children and Adults

Community Mental Health Services	Eligibility	Contact
Case Management	Severity and Income/Asset Criteria	Local CMHSP
Individual/Family/Group Therapy	Severity and Income/Asset Criteria	Local CMHSP
Medication Administration and Review	Severity and Income/Asset Criteria	Local CMHSP
Crisis Intervention Services	Severity and Income/Asset Criteria	Local CMHSP
Applied Behavioral Services	Severity and Income/Asset Criteria	Local CMHSP
Mental Health Emergency Services	Severity and Income/Asset Criteria	Local CMHSP
Inpatient Psychiatric Services	Severity and Income/Asset Criteria	Local CMHSP
Assertive Community Treatment (ACT)	Severity and Income/Asset Criteria	Local CMHSP
Assessments	Severity and Income/Asset Criteria	Local CMHSP
Crisis Residential Services	Severity and Income/Asset Criteria	Local CMHSP
Enhanced Health Services	Severity and Income/Asset Criteria	Local CMHSP
Mental Health Home-Based Services	Severity and Income/Asset Criteria	Local CMHSP
OT, PT, Speech Evaluation	Severity and Income/Asset Criteria	Local CMHSP
Treatment Planning	Severity and Income/Asset Criteria	Local CMHSP
Transportation to and from Day Program	Severity and Income/Asset Criteria	Local CMHSP

### 4.2 Description of Community Mental Health Services

Community Mental Health Services Programs (CMHSPs) are contracted by the Michigan Department of Community Health to provide a full array of community-based support services for eligible persons and their families. While some CMHSPs may directly operate treatment programs, most CMHSPs establish a network of agencies and professionals to provide treatment services. There are a number of covered services that the CMHSPs are required to provide, including the following:

#### **4.2.A. Case Management**

Case management services assist mental health participants in gaining access to needed medical, social, educational, financial and other services. Core elements of case management include assessment, development of an individual plan of service, linking or coordination of services, re-assessment/follow-up and monitoring of services.

#### **4.2.B. Individual/Family/Group Therapy**

Therapy is a treatment activity designed to reduce maladaptive behaviors, restore normalized psychological functioning and improve emotional adjustment and functioning.

#### **4.2.C. Medication Administration and Review**

Medication administration and review services are provided by a psychiatrist for the purpose of evaluating and monitoring medications and their effects.

#### **4.2.D. Crisis Intervention Services**

Crisis intervention services consist of face-to-face or phone contact with a person for the purpose of resolving a crisis or emergency situation requiring immediate attention.

#### **4.2.E. Applied Behavioral Services**

Behavioral services are actively designed to reduce maladaptive behaviors, to maximize behavioral self control, or to restore normalized psychological functioning, reality orientation and emotional adjustment, thus enabling the person to function more appropriately in interpersonal and social relationships.

#### **4.2.F. Mental Health Emergency Services**

Emergency services offer 24-hour crisis intervention to persons experiencing a psychiatric crisis. In an emergency, persons can call the mental health 24-hour crisis line listed in the phone book under "Mental Health." Persons with an emergency may walk into any mental health location or hospital emergency room for immediate treatment. Services available include assessment and referral, and screening for psychiatric hospitalization of Medicaid and uninsured persons.

#### **4.2.G. Inpatient Psychiatric Services**

Inpatient psychiatric services are provided around-the-clock in a hospital setting.

#### **4.2.H. Assertive Community Treatment (ACT)**

ACT is a comprehensive and integrated set of medical and psychosocial services provided on a one-to-one basis primarily in the person's residence or other community locations by a mobile multidisciplinary mental health treatment team.

#### **4.2.I. Assessment (health, psychiatric, psychological testing)**

Assessments are comprehensive evaluations of the physical, cognitive, behavioral or emotional needs/status of a person that may result in the initiation of a specific CMHSP service, additional assessment/consultation, or referral to an appropriate community resource.

#### **4.2.J. Crisis Residential Services (short-term alternative to inpatient psychiatric services)**

Intensive residential services provide a short-term alternative to inpatient psychiatric services for persons experiencing a psychiatric crisis.

#### **4.2.K. Enhanced Health Services**

Health-related services that are beyond the responsibility of the person's health plan are provided for rehabilitative purposes to improve overall health and ability.

#### **4.2.L. Mental Health Home-Based Services**

Family-focused intensive services are provided to persons and families with multiple service needs who require access to an array of mental health services.

#### **4.2.M. Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (ST)**

OT, PT, and ST services are provided by a licensed professional or assistant to assist with achieving optimum functioning.

#### **4.2.N. Treatment Planning**

Activities associated with the development and periodic review of an individual plan of service are organized, including all aspects of person-centered planning as well as pre-meeting activities.

#### **4.2.O. Transportation to and from Day Program**

Transportation is provided to and from the person's residence so they may participate in a covered day program or psychosocial rehabilitative program.

### **4.3 Contacting the Office**

Contact information for local CMHSPs can be found in the yellow pages of the phone book under "Mental Health" or "County Government," or by calling Information. The Michigan Association of Community Mental Health Boards (MACMHB) also provides local CMHSP information at 1-517-374-6848. If it is not an emergency, an initial screening over the phone or in person will be done to determine eligibility and, if eligible, an appointment/treatment will be arranged.

A TTY should be requested for persons with a hearing impairment. Translation will be available for those with limited English proficiency. These services must be made available to the person within 24 hours of contact.

Transportation services are specific to individual treatment agencies. The treatment agency may be able to coordinate transportation with local transportation providers. FIA is a provider for transportation to and from medically required appointments for persons who are Medicaid eligible.

#### **Local CMHSP Office:**

Phone Number:

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Address:

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### **4.4 Determination of Needs and Eligibility**

Persons may qualify for CMHSP services if they have been diagnosed with a developmental disability, mental illness or substance abuse problem. Eligibility determination begins with a brief phone screening, followed by a face-to-face psychosocial assessment. Documentation and information on the presenting problem, history of problems, prior treatment and current symptoms, as well as current insurance and financial information, will be necessary to determine eligibility and needs. Residency and degree of impairment are factors considered in determining eligibility.

Typically, only one contact is necessary to determine a person's needs. Additional services such as psychological testing, psychiatric evaluation, or further assessments may be required to determine diagnosis and course of treatment.

Once a person is determined to be eligible for services, an individual plan of services is developed using a person-centered planning process tailored to a person's needs. At that time, persons will be offered a choice of providers who are under contract with the CMHSPs. Services must be provided within 14 days of the assessment.

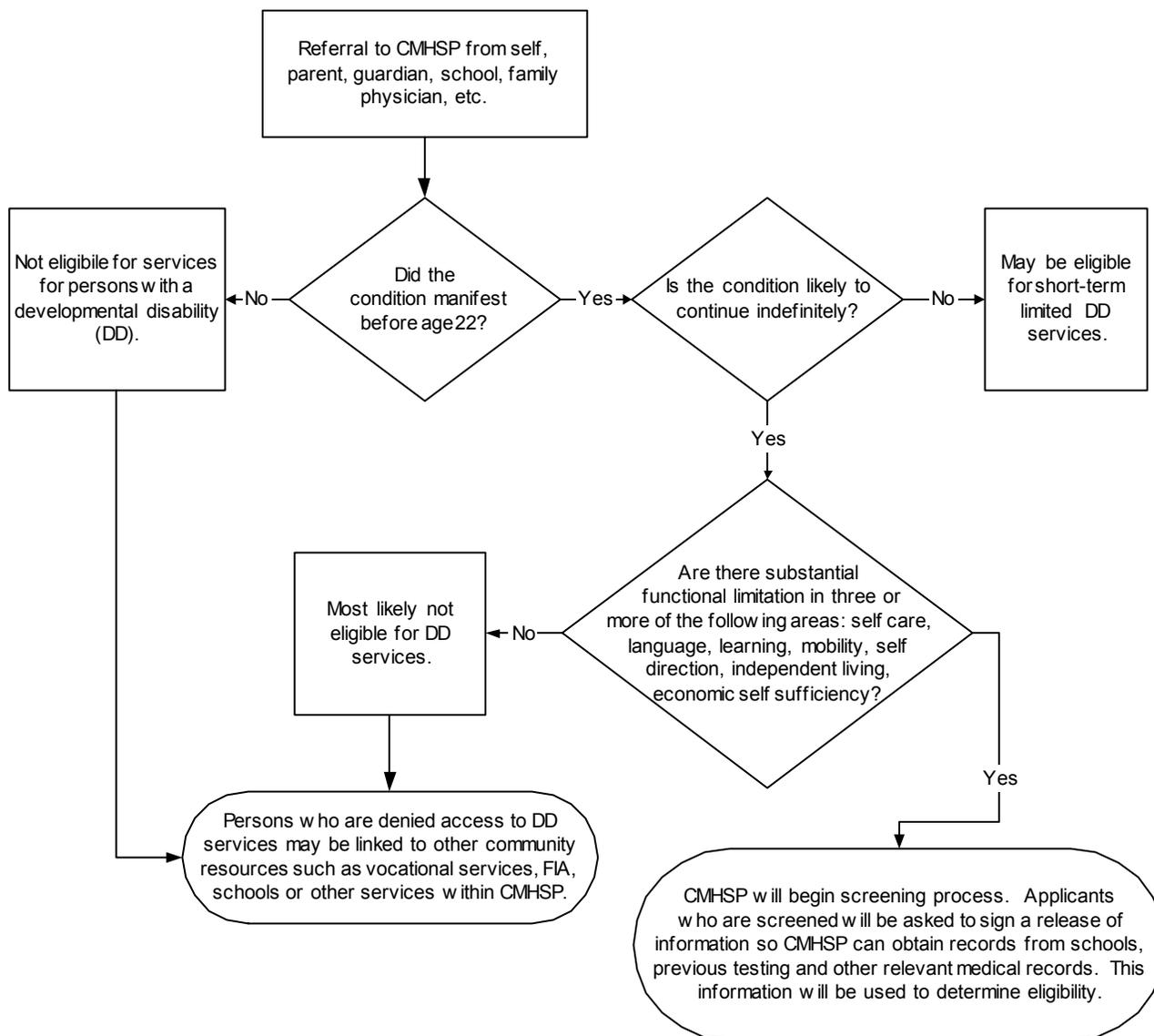
#### **4.5 Eligibility Determination for Persons with a Developmental Disability**

For persons older than five years of age, a developmental disability is a severe, chronic condition that meets all of the following requirements:

- A) is attributed to a mental or physical impairment or a combination of physical and mental impairments
- B) is manifested before the person is 22 years of age
- C) is likely to continue indefinitely
- D) results in substantial functional limitation in three or more of the following areas of major life activities:
  - self care
  - receptive and expressive language
  - learning
  - mobility
  - self direction
  - capacity for independent living
  - economic self sufficiency
- E) Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

For minors from birth to age five, a developmental disability is a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability (as defined above) if services are not provided.

## Community Mental Health Decision Tree Developmental Disabilities (DD)



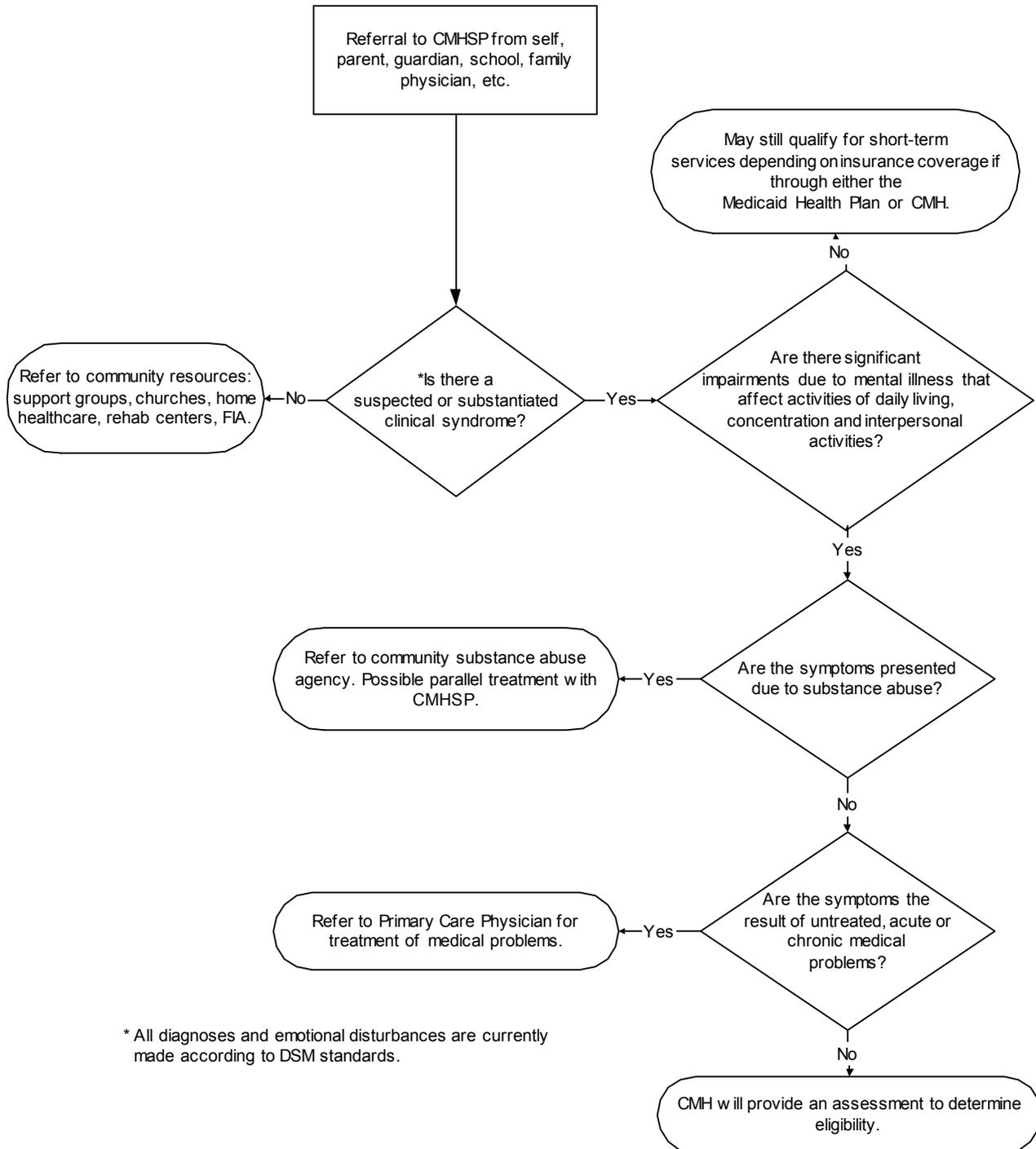
#### **4.6 Eligibility Determination for Persons with Mental Illness**

A variety of methods may be employed to make determinations regarding the presence of mental illness and any medically necessary services. The determination of medically necessary services must be based on a person-centered planning process. Co-occurring substance use disorders or underlying medical conditions should be evaluated and treated.

How mental illness affects other areas of a person's life (i.e., activities of daily living, concentration, interpersonal activities) is also considered in making the assessment of need for services.

When determining the presence and severity of mental illness, the presence of additional physical illness/medical problems or substance abuse problems needs to be considered for accurate diagnosis and effective treatment.

## Community Mental Health Decision Tree Mental Illness



**4.7 Substance Abuse (SA) - Access, Assessment and Referral Agencies (AAR)/Central Diagnostic and Referral Agencies (CDR)**

**4.7.A. Overview of Substance Abuse Services**

<b>Substance Abuse Services</b>	<b>Eligibility</b>	<b>Contact</b>
Outpatient Services <ul style="list-style-type: none"> <li>• Individual Therapy</li> <li>• Group Therapy</li> <li>• Family Therapy</li> </ul>	Diagnosed substance abuse/addiction	Substance Abuse AARs
Intensive Outpatient Services	Diagnosed substance abuse/addiction	Substance Abuse AARs
Residential Services <ul style="list-style-type: none"> <li>• Detoxification Services</li> <li>• Short-Term Residential Services</li> <li>• Long-Term Residential Services</li> </ul>	Diagnosed substance abuse/addiction	Substance Abuse AARs

**4.7.B. Description of Substance Abuse Services**

The Michigan Department of Community Health, through its regional authorities, contracts with Access, Assessment and Referral Agencies (AARs), formerly known as Central Diagnostic and Referral Agencies (CDRs), throughout the state to provide access to alcohol and drug abuse services. AARs/CDRs provide screening and arrange for placement in appropriate services. An AAR/CDR must screen persons who receive public funding before the person may enter a treatment program. AARs/CDRs and providers focus on individual needs through individualized treatment planning to determine treatment.

Continuum of care may include:

**4.7.B.1. Outpatient Services**

- **Individual Therapy** - Face-to-face counseling services are available for the person or his significant other.
- **Family Therapy** - Face-to-face counseling with the person and his significant other and/or traditional or nontraditional family members is provided.
- **Group Therapy** - AARs/CDRs provide face-to-face counseling with three or more persons that can include didactic lectures, therapeutic discussions and other group-related activities.

**4.7.B.2. Intensive Outpatient Services**

Services are provided multiple days per week over a specified time period as determined by program design and the person’s needs.

**4.7.B.3. Residential Services**

- **Detoxification** - Medically supervised care is provided in a sub-acute residential setting for the purpose of managing the effects of withdrawal from alcohol and other substances. A detoxification program must be staffed 24-hours-per-day, seven-days-per-week, by a licensed physician or by the designated representative of a licensed physician. Services typically last three to five days.

- **Short-Term Residential** - Planned individual and/or group therapeutic and rehabilitative counseling and didactics are provided as an intense, organized, daily treatment regimen in a residential setting which includes an overnight stay. Programs have trained treatment staff supervised by a professional who is responsible for the quality of care and are typically 30 days or fewer.
- **Long-Term Residential** - This professionally supervised program includes planned individual and/or group therapeutic and rehabilitative counseling, didactics, peer therapy, and rehabilitative care. The services are provided in a residential setting, include an overnight stay, and typically extend beyond 30 days.

#### 4.8 Contacting the Office

The Michigan Resource Center (1-800-626-4636) will provide local AAR/CDR office information. When calling, an electronic menu will answer. "Other Options" should be selected to talk to a person. Local information is also available in the yellow pages of the phone book under "Substance Abuse." If it is not an emergency, an initial screening over the phone or in person will be done to determine eligibility and, if determined eligible, an appointment/treatment will be arranged. A referral will also be offered to eligible persons who walk into a location. Persons having substance related emergencies should visit the nearest emergency care unit of a local hospital.

A TTY should be requested for persons who have a hearing impairment, and translation will be available for those with limited English proficiency. TTY services must be made available to the person within 24 hours of contact.

Transportation services for meetings/appointments are specific to individual treatment agencies. The treatment agency may be able to coordinate transportation with local transportation providers.

#### Local Access, Assessment, and Referral Agency:

Phone Number:

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Address:

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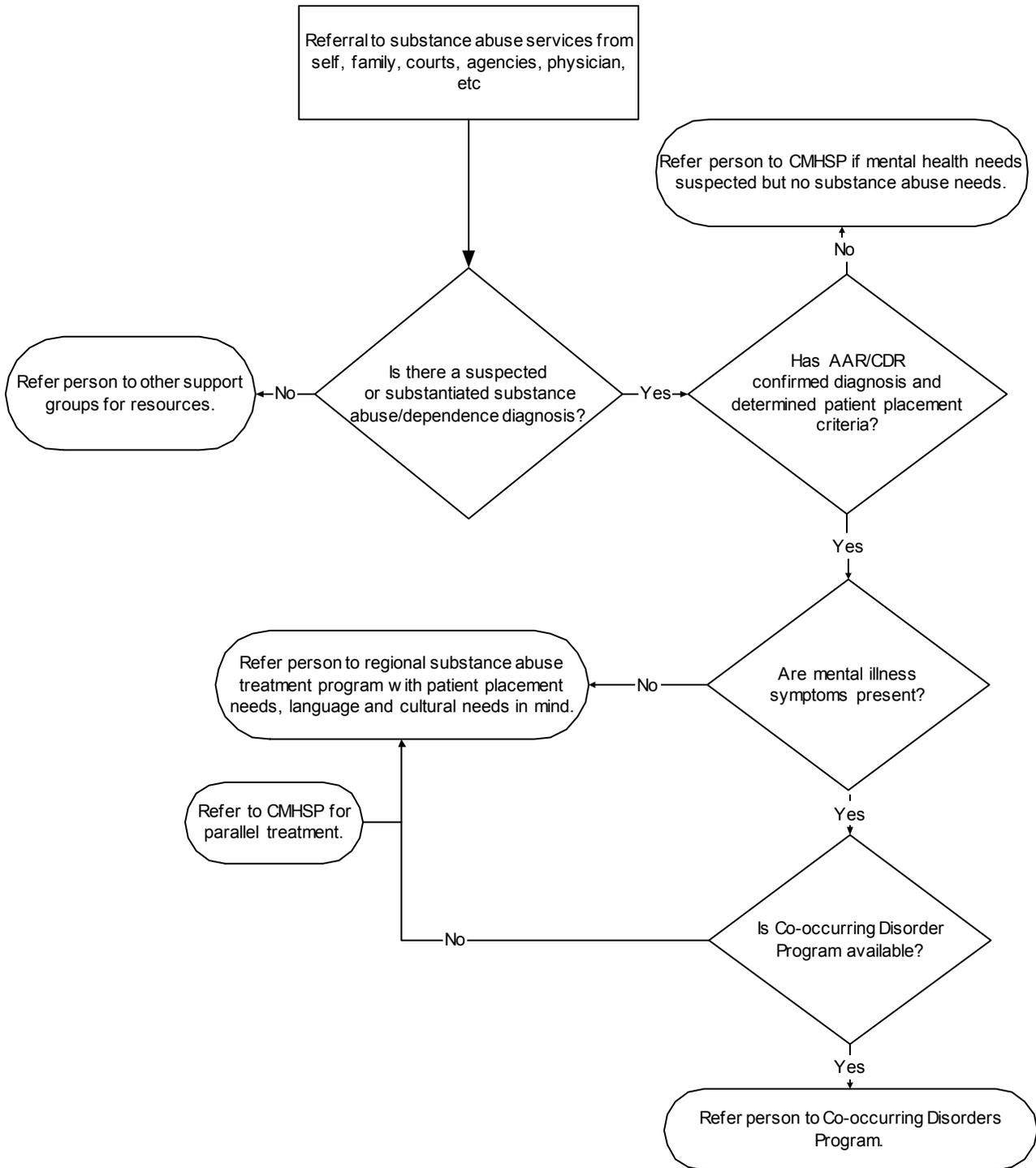
#### 4.9 Determination of Needs and Eligibility

Individual needs are determined using standardized screening instruments and Patient Placement Criteria over the phone or in person. One or more contacts may be necessary before needs and eligibility are determined.

Eligibility requires a diagnosed substance abuse or addiction disorder and a need for publicly funded services. The person should be prepared to present documentation and information of financial status, current insurance, history of prior treatment, and current substance use as requested to determine eligibility and needs.

Eligibility is typically determined during the first phone call or interview. Service provision is based on availability and acuity of needs. If the person is in crisis while waiting for services, he should call the treating agency to receive proper care or go to the nearest emergency care unit of a local hospital.

## Substance Abuse (SA) / Dependence Decision Tree



#### **4.10 How to Appeal a CMHSP or SA Determination**

If a person or legal representative disagrees with the determination of eligibility for services, the person has the right to appeal the decision and should receive written instructions from the treating agency with the determination notification on the appeals process. A person has the right to engage an advocate or lawyer at any time during the process.

## SECTION 5 – OTHER LOCAL RESOURCES FOR CARE AND REFERRAL

A number of local agencies and organizations provide services that may allow a person with long-term care needs to remain in his home. This section describes some key organizations and provides information for locating them. In addition to the agencies listed, a person's church may be able to organize services.

Local organizations may also serve specific cultural groups. These groups may be able to provide information, support, advocacy, or assistance in interacting with service providers.

Centers for Independent Living (CIL), Area Agencies on Aging (AAA), and the United Way all provide information regarding services that may exist locally.

### 5.1 Centers for Independent Living (CIL)

CILs are based in communities throughout Michigan and provide services designed to maximize self-sufficiency and independence of people with disabilities. Services offered may include advocacy, resource and referral information pertaining to housing, transportation, community services and programs, peer counseling, independent living skills training, support groups and recreational events.

#### 5.1.A Contacting the Office

Local CILs can be located by calling 1-888-255-2457 to obtain the regional office number, or through the local phone book.

Local CILs can also be located by visiting the Capital Area CIL website at <http://www.cacil.org/directory.htm>. This website gives contact information for CILs operating in the state of Michigan.

#### Local CIL:

Phone Number:

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Address:

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### 5.2 Area Agencies on Aging (AAA)

AAAs are regional planning, advocacy and administrative agencies. The Michigan Office of Services to the Aging (OSA) contracts with AAAs to plan and provide needed services to qualified persons in specified geographic regions of the state. Many of these services (including respite care) are available to adults of any age. AAAs contract for in-home and community support services for older adults. Through designated state or federal programs, services may be available to younger persons with disabilities.

The Office of Services to the Aging and Area Agencies on Aging operate the MISeniors website, located at <http://www.miseniors.net>. This website has information on services for the elderly, including nutrition services, housing options, service referral, and health care programs and providers. The website offers a search engine that allows searches for relevant services that are located in communities throughout the state.

**5.2.A Contacting the Office**

Contact information for local AAAs is available at the website [www.miseniors.net](http://www.miseniors.net), by calling the Michigan Office of Services to the Aging (OSA) at 1-517-373-8230, or through the business pages of the telephone book.

**Local AAA office:**

Phone Number:

Address:

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**5.3 Long Term Care Ombudsman**

The Michigan Long Term Care Ombudsman is a nonprofit program that works with residents, families, and appropriate state and federal agencies to resolve care and safety complaints of residents in adult foster care homes, nursing homes and homes for the aged. Ombudsman staff also assist family members with such issues as resident rights, financial concerns, guardianship and nursing home placement.

**5.3.A. Contacting the Office**

The Long Term Care Ombudsman for local services may be located by calling toll-free 1-866-485-9393. You may also search for service locations from the internet at [www.miseniors.net](http://www.miseniors.net) (select Search for Services, and select Long Term Care).

**Local Long Term Care Ombudsman**

Phone Number:

Address:

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**5.4 Michigan Medicare and Medicaid Assistance Program**

The Michigan Medicare and Medicaid Assistance Program (MMAP) is a program that offers free counseling and education on Medicare and Medicaid benefits. The program is funded by state and federal agencies.

**5.4.A. Contacting the Office**

MMAP may be contacted through the website [www.mimmap.org](http://www.mimmap.org), or by dialing toll-free 1-800-803-7174.

## Local Michigan Medicare and Medicaid Assistance Program

Phone Number:

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Address:

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### 5.5 United Way

United Way organizations serve people in their community directly or in collaboration with other local nonprofit organizations. Many United Way organizations offer a program called “First Call for Help” – a single local telephone number that people in need may call and immediately be referred to the community service(s) that can help them.

#### 5.5.A. Contacting the Office

Local United Way offices can be located in the business pages of the phone book or by calling the Michigan Association of United Ways at 1-517-371-4360 or through the website at <http://www.uwmich.org/>.

**Local United Way:**

Phone Number:

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Address:

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## APPENDIX I - MEDICAID OVERVIEW

### AGENCY POLICY – MA Only

The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. Medicaid is also known as Medical Assistance (MA).

### SSI-RELATED AND FIP-RELATED

The Medicaid program is comprised of several sub-programs (i.e., categories). One category is for Family Independence Program (FIP) participants. Another category is for Supplemental Security Income (SSI) participants. There are several other categories for persons not receiving FIP or SSI. However, the eligibility factors for their categories are based on (related to) the eligibility factors in either the FIP or SSI programs. Therefore, these categories are referred to as either FIP-related or SSI-related.

To receive MA under an SSI-related category, the person must be age 65 or older, blind, disabled, entitled to Medicare, or formerly categorized as blind or disabled.

Families with dependent children, caretaker relatives of dependent children, persons under 21 year of age, and pregnant or recently pregnant women receive MA under FIP-related categories.

### GROUP 1 AND GROUP 2

In general, the terms Group 1 and Group 2 relate to financial eligibility factors. For Group 1, net income (countable income minus allowable income deductions) must be at or below a certain income limit for eligibility to exist. The income limit, which varies by category, is for non-medical needs such as food and shelter. Medical expenses are not used when determining eligibility for FIP-related and SSI-related Group 1 categories.

For Group 2, eligibility is possible even when net income exceeds the income limit. This is because incurred medical expenses are used when determining eligibility for FIP-related and SSI-related Group 2 categories.

MA Category	Unique Non-financial Eligibility Factor	Eligibility Group (1 or 2)	Automatic MA Eligibility
<b>FIP-related categories:</b>			
Family Independence Program (FIP)	Family with dependent children	1	Yes
Low-income Family MA	Family with dependent children	1	No
Transitional MA	Family with children	1	No
Special N/Support	Family with dependent children	1	No
Title IV-E Recipients	Under age 21	1	Yes
Department Wards	Under age 21	1	Yes
Healthy Kids for Pregnant Women	Pregnant or recently pregnant	1	No

\* As long as the newborn lives with his mother who is an MA recipient or meets certain MA eligibility factors.

<b>MA Category</b>	<b>Unique Non-financial Eligibility Factor</b>	<b>Eligibility Group (1 or 2)</b>	<b>Automatic MA Eligibility</b>
Group 2: Pregnant Women	Pregnant or recently pregnant	2	No
Healthy Kids Under Age 1	Under age 1	1	No
Other Healthy Kids	Under age 19	1	No
Group 2: Persons under Age 21	Under age 21	2	No
Group 2: Caretaker Relatives	Caretaker of dependent child	2	No
Newborns	Newborn	1	Yes*
<b>SSI-related categories:</b>			
Supplemental Security Income (SSI)	Aged, blind or disabled	1	Yes
Appealing SSI Termination	Appealing SSI termination	1	No
Special Disabled Children	Former SSI recipient child	1	No
503 Persons	Aged, blind or disabled	1	No
COBRA Widow(er)s	Aged, blind or disabled	1	No
Early Widow(er)s	Blind or disabled	1	No
Disabled Adult Children (DAC)	Aged, blind or disabled	1	Yes
AD-Care	Aged or disabled	1	No
Extended Care	Aged, blind or disabled	1	No
Medicare Savings Programs	Medicare Part A	-	No
Group 2: Aged, Blind and Disabled	Aged, blind or disabled	2	No
Qualified Disabled Working Persons (QDWI)	Type of Medicare	-	No
Home Care Children	Disabled	1	No
Children's Waiver	Disabled	1	No

\* As long as the newborn lives with his mother who is an MA recipient or meets certain MA eligibility factors.