

Michigan Department of Community Health
Children's Special Health Care Services
Guidance Manual for Local Health Departments

Appendix O

Medicaid Health Plan Carve-Out Information

Within the Medicaid eligible population, there are groups that must enroll in the Medicaid Health Plan (MHP) Comprehensive Health Care Program (CHCP), groups that may voluntarily enroll, and groups that are excluded from participation in the CHCP as follows:

Medicaid Eligible Groups Who Must Enroll in the CHCP:

- Children in foster care
- Families with children receiving assistance under the Financial Independence Program (FIP)
- Persons under age 21 who are receiving Medicaid
- Persons receiving Medicaid for caretaker relatives and families with dependent children who do not receive FIP
- Supplemental Security Income (SSI) Beneficiaries who do not receive Medicare
- Persons receiving Medicaid for the blind or disabled
- Persons receiving Medicaid for the aged
- Pregnant women

Medicaid Eligible Groups Who May Voluntarily Enroll in the CHCP:

- Migrants
- Native Americans
- Persons with both Medicare and Medicaid eligibility

Medicaid Eligible Groups Excluded From Enrollment in the CHCP:

- Persons without full Medicaid coverage
- Persons with Medicaid who reside in an Intermediate Care Facility for **Individuals with Intellectual Disabilities (ICF/IID)** or a State psychiatric hospital
- Persons receiving long term care (custodial care) in a licensed nursing facility
- Persons being served under the Home & Community Based Elderly Waiver
- Persons with commercial HMO coverage, including Medicare HMO coverage
- Persons in PACE (Program for All-inclusive Care for the Elderly)
- Deductible clients (also known as Spend down)
- Children in Child Care Institutions
- Persons in the Refugee Assistance Program
- Persons in the Repatriate Assistance Program
- Persons in the Traumatic Brain Injury program
- Persons disenrolled due to Special Disenrollment or Medical Exception for the time period covered by the Disenrollment or Medical Exception
- Persons residing in a nursing home or enrolled in a hospice program on the effective date of enrollment in the Contractor's plan
- Persons incarcerated in a city, county, state, or federal correctional facility
- Persons authorized to receive private duty nursing benefits

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(1) Services Covered Outside of the Contract

The following services are not Contractor requirements; however, the Contractor must provide information to the enrollee regarding the availability of these services and coordinate care as required under other terms of this Contract:

- Dental services
- Services provided by a school district and billed through the Intermediate School District
- Inpatient hospital psychiatric services (the Contractor is not responsible for the physician cost related to providing psychiatric admission histories and physical. However, if physician services are required for other than psychiatric care during a psychiatric inpatient admission, the Contractor would be responsible for covering the cost, provided the service has been prior authorized and is a covered benefit.)
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility), after 45 days
- Outpatient partial hospitalization psychiatric care
- Maternal Infant Health Program (MIHP)
- Mental health services in excess of 20 outpatient visits each calendar year
- Mental health services for enrollees meeting the guidelines under Medicaid Policy for serious mental illness or severe emotional disturbance.
- Substance abuse services through accredited providers including:
 - Screening and assessment
 - Detoxification
 - Intensive outpatient counseling and other outpatient services
 - Methadone treatment and other substance abuse pharmaceuticals indicated exclusively for substance abuse treatment and specified on DCH's pharmacy vendor's web site under the "Classes for Psychotropic and HIV/AIDS Carve Out" at www.Michigan.fhsc.com
- Services, including therapies (speech, language, physical, occupational), provided to persons with developmental disabilities which are billed through CMHSP providers or Intermediate School Districts.
- Custodial care in a nursing facility
- Home and Community-Based Waiver Program services
- Personal care or home help services
- Traumatic Brain Injury (TBI) Program Services
- Transportation for services not covered in the CHCP Services, including therapies (speech, language, physical, occupational), provided to persons with developmental disabilities which are billed through Community Mental Health Services Program

(2) Services Prohibited or Excluded under Medicaid; the Contractor is prohibited from using State funds to provide these services

- Elective abortions and related services
- Experimental/investigational drugs, procedures or equipment
- Elective cosmetic surgery
- Services for treatment of infertility

Please see <https://michigan.fhsc.com/> or refer to the Medicaid Provider Manual, Medicaid Health Plans Chapter for up-to-date information on services and populations excluded from the Medicaid Health Plan contract.

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The Medicaid Health Plan is not responsible for certain medications. For the most up-to-date list of carved out medications, please see <https://michigan.fhsc.com/> >> Providers >> Drug Information.

Michigan Department of Community Health. "Medicaid Health Plans." *Medicaid Provider Manual*. 1 Oct. 2013. Web. <<http://www.mdch.state.mi.us/dch-edicaid/manuals/MedicaidProviderManual.pdf>>.