



Behavioral Health Services and MI Health Link

1. What are behavioral health services?

Behavioral health services assist people with needs related to a mental illness, intellectual/developmental disability and/or substance use disorder. Sometimes these services are referred to as mental health services.

2. Who is eligible to receive behavioral health services?

Behavioral health services are provided for people with a mental illness, intellectual/developmental disability and/or substance use disorder.

3. Who provides behavioral health services under MI Health Link?

For MI Health Link enrollees, all behavioral health services covered by Medicare will be managed by the Integrated Care Organization. All behavioral health services covered by Medicaid will be managed by Michigan Pre-paid Inpatient Health Plans (PIHPs), organizations that the Michigan Department of Health and Human Services contracts with to administer the Medicaid covered community mental health benefit. Behavioral health services are delivered through the local Community Mental Health Services Provider (CMHSP).

4. What behavioral health services are covered by MI Health Link?

All Medicaid and Medicare behavioral health services are covered when enrolled in MI Health Link. All existing Medicare and Medicaid behavioral health services will continue to be provided for people currently receiving care and who enroll in MI Health Link. For a list of covered services, go to www.michigan.gov/MIHealthLink >> MI Health Link Resources Toolkit >> MI Health Link Service List.

5. How do I access behavioral health services if I enroll in MI Health Link?

You may contact your MI Health Link health plan, the PIHP or the local Community Mental Health Services Provider to access services. There is no wrong place to start to get the services you need.

6. What is the benefit to enrolling in MI Health Link?

Care coordination is a primary benefit of MI Health Link. The MI Health Link health plan Care Coordinator will collaborate with existing behavioral health case managers, supports coordinators, and providers to ensure all aspects of care (including behavioral health, medical, prescription drugs, long term care supports and services) are well-coordinated. Also, there are no co-payments or deductibles for plan covered drugs.

7. If I currently receive behavioral health services will they change under MI Health Link?

No, if you are currently receiving behavioral health services through the Community Mental Health Services Provider, these services will not be interrupted and the providers will not change.

8. Will there be changes to my non-behavioral health services under MI Health Link?

People joining MI Health Link are protected by continuity of care requirements. This means people can continue to see their existing providers and receive the same amount of services once enrolled in MI Health Link for a set time period. To learn more about the continuity of care requirements, go to www.michigan.gov/MIHealthLink >> MI Health Link Resources Toolkit >> Provider Continuity of Care Requirements.

9. Do I have to leave the Habilitation Supports Waiver to enroll in MI Health Link?

No, Habilitation Supports Waiver participants **do not** have to leave the Habilitation Supports Waiver to enroll in MI Health Link. Medicaid behavioral health services, including those provided through the Habilitation Supports Waiver will not be affected by enrolling in MI Health Link.

10. I like my supports coordinator. Can I continue to work with her or him if I enroll in MI Health Link?

Yes, you can choose to have an existing supports coordinator or case manager serve as your primary point of contact for MI Health Link. The MI Health Link Care Coordinator would work through this person and follow the person-centered planning process to coordinate care and arrange supports and services for you.

11. Will MI Health Link follow the person-centered planning process?

Yes, the person-centered planning process will continue to be part of the delivery of behavioral health and long term care services, and it is also required for physical health services. You will still decide who is involved in the person-centered planning process and setting your care goals.

12. What is the definition for “medically necessary” for MI Health Link?

Services must be provided in a way that offers all protections to covered individuals under Medicare and Michigan Medicaid. MI Health Link will follow the Medicare and Medicaid definitions for medically necessary and the MI Health Link health plan will apply whichever is most beneficial to the enrollee when making service delivery decisions. Medical necessity for MI Health Link Medicaid services includes, but is not limited to, those supports and services designed to assist the enrollee to attain or maintain a sufficient level of functioning to enable the enrollee to live in his or her community.