

Distribution: All Providers 03-05

Issued: June 1, 2003

Subject: Mental Health/Substance Abuse Benefit Under the Adult Benefits Waiver

Effective: July 1, 2003

Programs Affected: State Medical Program

On July 1, 2003, a new category of eligibility will be established through the Adult Benefits Waiver (ABW) authorized under Title XXI of the Social Security Act. The new category will replace the current State Medical Program. The purpose of this bulletin is to inform providers of the mental health and substance abuse coverage benefit for this eligibility category. Coverage changes from the SMP to the waiver program will be effective for dates of service on or after July 1, 2003. The mental health and substance abuse coverage included in the ABW is a limited benefit, both in terms of the scope and the amount of services.

Community Mental Health Services Programs (CMHSPs) must limit services to those that are medically necessary and that conform to professionally accepted standards of care consistent with the Michigan Mental Health Code. Utilization control procedures that are consistent with the medical necessity criteria/service selection guidelines specified by MDCH and in best practice standards must be used. CMHSPs are responsible for the provision of the following mental health services to adults enrolled in the ABW Program, when medically necessary and within applicable benefit restrictions:

- Crisis interventions for mental health-related emergency situations and/or conditions;
- Identification, assessment and diagnostic evaluation to determine the beneficiary's mental health status, condition and specific needs;
- Inpatient hospital psychiatric care for beneficiaries with a mental illness and who require care in a 24-hour medically-structured and supervised licensed facility;
- Other medically necessary mental health services:
 - Psychotherapy or counseling (individual, family, group) when indicated;
 - Interpretation or explanation of results of psychiatric examination, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist the beneficiary;
 - Pharmacological management, including prescription, administration, and review of medication use and effects;
 - Specialized community mental health clinical and rehabilitation services, including case management, psychosocial interventions and other community supports, as necessary, and when utilized as an approved alternative to more restrictive care or placement.

Any beneficiary liability for the cost of covered services shall be determined by each CMHSP, according to the ability-to-pay provisions of the Michigan Mental Health Code and applicable administrative rules.

Substance Abuse Coordinating Agencies (CAs) are responsible for the following substance abuse services for adults enrolled in the ABW, when medically necessary and within applicable benefit limitations:

- Initial assessment, diagnostic evaluation, referral and patient placement;
- Outpatient Treatment;
- Intensive Outpatient Treatment;
- Federal Food and Drug Administration (FDA) approved pharmacological supports for Levo-Alpha-Acetyl-Methadol [LAAM] and Methadone only;
- Other substance abuse services which may be provided, at the discretion of the CA, to enhance outcomes based on individualized treatment planning are: sub-acute detox, residential, and other FDA pharmacological supports of buprenorphine or naltrexone.

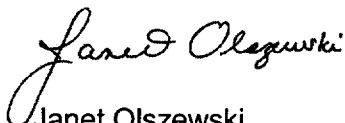
Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail 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.

Approval


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