



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

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DIRECTOR

December 14, 2018

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs)
and Community Mental Health Services Programs (CMHSPs)

FROM: Jeffery L. Wieferich, M.A., LLP, Director *JW*
Bureau of Community Based Services

SUBJECT: Access and Eligibility Clarification

The Behavioral Health and Developmental Disability Administration (BHDDA) has received multiple reports of inaccurate information being provided at Access points for the public behavioral health system regarding assessment and eligibility criteria. BHDDA has serious concerns given that these reports are being received daily.

BHDDA would like to clarify the following:

- Staff from a CMHSP may not state that the CMHSP only serves Medicaid beneficiaries. For those individuals that do not have Medicaid coverage, the Mental Health Code (MHC) is clear that a CMHSP must serve anyone in an emergent (crisis) situation (MHC §330.1208). Following that, an assessment is required to be completed so that level of need is determined. If an individual's level of need is not as severe as other individuals, then the CMHSP may determine that it does not have sufficient general funds to provide services and the individual is to be placed on a waiting list. The requirement for a waiting list is for CMHSP services (non-Medicaid only) and the CMHSP should maintain the list.
- CMHSP Access Center staff must screen anyone that calls for a crisis and then assure that applicants are offered appointments for assessments with mental health professionals of their choice within the MDHHS/PIHP or MDHHS/CMHSP contract-required standard timeframes. For those individuals without Medicaid coverage, the Mental Health Code also states that a waiting list must be maintained for anyone that is determined not as severe as other individuals (MHC §330.1124(2)).
- When an individual with mental health needs is denied community mental health services, for whatever reason, he/she is notified of the right under the Mental Health Code to request a second opinion and the local dispute resolution process. (MHC §330.1705(4), CMHSP Contract Attachment 6.3.2.1)

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- CMHSP websites should not be conveying only Medicaid eligible beneficiaries are served.
- When an individual has private insurance, this is not solely a reason to deny CMHSP services. The CMHSP is required to complete an assessment of the individual's needs and then prioritize based on the MHC. The CMHSP shall not deny an eligible individual a service because of individual/family income or third-party payer source (MHC 330.1208(4)).

BHDDA staff will be referring all calls received with reports contrary to the above to your agency's customer service unit for resolution.

Due to the seriousness of this issue, BHDDA is requiring that each PIHP and CMHSP clarify and remind key staff of MDHHS – PIHP and MDHHS - CMHSP Contract and Statutory expectations when it comes to assessment requirements and Access System Standards (Attached). Your agency may do this through staff trainings, agency directive, or whichever method your agency deems sufficient to communicate and remediate this issue.

Please respond back by **December 21, 2018** explaining how your agency is choosing to clarify with staff. Please e-mail this information to Lyndia Deromedi, BHDDA Contract Manager, at deromedil@michigan.gov. After you have completed the staff training, please also report that it has been completed to Lyndia.

c: Dr. George Mellos
John Duvendeck
Kendra Binkley
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