

How to Learn What Medicaid Covers

What can you do to assure that you get what you need

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History of Supports for people with IDD in Michigan



From Institution to Home and Community

- The Social Security Act created entitlement for institutional care based on Medical Necessity
- Section 1915 of the SS Act allows states to apply for Waivers - which would waive the requirement for institutional care and allow for Home and Community Based Services
- Medical necessity criteria must be established
- Medicaid requires cost sharing between the federal government and the State

Influences on Home and Community Based Services

Michigan updated the Mental Health Code in 1996 to include Person Centered Planning as a requirement for developing the plan of service

The Americans With Disabilities Act was signed into law in 1990

The Olmstead Decision in 1999 established every citizen's right to live in the most integrated setting with the support necessary - This strengthened individual rights to receive the support needed

Michigan closed the last IDD Regional Center (Institution) in 2009

Michigan Waivers

Michigan has a number of Waivers that service people with IDD including:

- The Habilitation Waiver
- The ISPA - State Plan
- MI Choice
- Children's Waiver
- Severe Emotional Disburbance Waiver
(Children with FASD are often referred for this waiver)

It is Important
to know what
Waiver is being
used to fund
your services!



Each of the Waivers have
specific services that can be
funded




Each of the Waivers have
different eligibility criteria



Each of the Waivers May
have specific requirements
for providers

All of the Waivers include Medical Necessity criteria and requirements

The Behavioral health system uses the term Medical necessity to describe interventions that are necessary to help a person achieve goals.



Medical necessity in the Medicaid provider manual is described as:



Supports Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve their goals of community inclusion and participation, independence, recovery, or productivity.

Goals and Medical Necessity

It is not appropriate to ever determine that an individual's goal in life is not medically necessary.

Medical necessity is connected to services provided by Medicaid funding

As such, specific requests for service are examined based on the Medical necessity criteria

Any requested services must meet Medical necessity criteria

It is important that
all requests are
clearly tied to the
goals and objectives

Explanation
about why
this is the
best
intervention
is critical

How can you Find out what is available with the Waiver?

Learn to Navigate the Medicaid Provider Manual

<https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

Other Important Documents and Resources

- MDHHS Policy memos and updates - intended to add detail and clarity to Manual
- Contract between the PIHP and MDHHS - Outlines the responsibility of the PIHP to assure things like provider network adequacy
- Self Determination Technical Guidance
- Person Centered Planning Policy and guidance
- <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/specialty-behavioral-health-services>

Additional considerations

The PIHP can deny services that are:

- deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care
- that are experimental or investigational in nature
- or for which there exists another appropriate, efficacious, less-restrictive and cost-effective service, setting or support that otherwise satisfies the standards for medically-necessary services

The PIHP may also employ various methods to determine amount, scope and duration of services, including: prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols, and guidelines.

More to consider

A PIHP may not deny services based **solely** on preset limits of the cost, amount, scope, and duration of services. Instead, determination of the need for services shall be conducted on an individualized basis.

PIHP decisions, specifically including utilization management, will not replace the PCP process. For example, utilization management review may not remove or change the beneficiary's goals. It may provide for less costly alternatives that accomplish the same goals.

Edits to the beneficiary's Individual Plan of Service (IPOS) require the PCP process be reopened.

Where to find Help and Resources

The Arc of Michigan - www.arcmi.org

Disability Rights Michigan - www.drnich.org

Local chapters of The Arc

Local Disability Networks

Resources can also be found at MI Developmental disabilities
Institute - <https://ddi.wayne.edu/>

Michigan Developmental Disability Council -
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/developmentaldisability>

MDHHS Beneficiary Helpline - 1-800-642-3195

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Questions