

# FY21 Block Grant Benefit Plan

MSHN Utilization Management Department

December 2020

# AGENDA

- ▶ Summary of Changes
- ▶ Monitoring Medicaid/HMP Eligibility
- ▶ REMI Authorization Process for Block Grant funded individuals
- ▶ Questions/Feedback

# Summary of Changes

- ▶ Federal Substance Abuse Prevention & Treatment Block Grant (SAPTBG) Funds are available to subsidize cost of services for individuals who have no insurance or are underinsured
- ▶ May also be used to fund discretionary services that are not funded by Medicaid or HMP (examples: transportation assistance, recovery housing)
- ▶ Subject to availability of funds each year. **FY21 MSHN budget reduced by 37%**
- ▶ Federal and State mandates for priority populations
  - Pregnant, Injecting Drug Users, Parents at risk of Losing Children, MDOC
- ▶ Limited funding for individuals who are not priority populations

# Summary of Changes

- Two benefit plans:
  - ❑ FY21 MSHN SUD Benefit Plan for Medicaid/HMP
  - ❑ FY21 MSHN SUD Benefit Plan for Block Grant
- Benefit plans list all CPT/HCPCS codes that are allowed for each ASAM LOC
- Lists amounts of units that can be requested per authorization/per episode
- Both documents found on MSHN website and REMI Help Menu

*\*Please refer to benefit plan documents when submitting authorizations\**

# Summary of Changes

- Block Grant authorizations max length 30 days; authorizations for Medicaid/HMP will remain the same
- Transportation Codes removed from all OP levels of care (other than women's specialty clients).
- Reduced authorization amounts for services that are only billable to BG even if person has Medicaid/HMP (example: case management)
- Maximum benefit limits for block grant funded services for non-priority population individuals:
  - ❑ One episode per year- Withdrawal Management, Residential, Recovery Housing

# Monitoring Medicaid/HMP Eligibility

Per MSHN SUD Provider Manual providers are required to:

- ▶ Determine a client's Medicaid/HMP eligibility at the time of admission
- ▶ Verify Medicaid/HMP eligibility each month the person is in services
  - Changes in Coverage
  - Third Party Insurance
- ▶ If a person does not have active Medicaid/HMP coverage or Third Party Insurance, providers are responsible for determining if the person is eligible for Block Grant Funding and uploading completed Income Eligibility and Fee Agreement form to client chart in REMI.
  - [MSHN SUD Income Eligibility & Fees Policy](#)
  - [MSHN SUD Income Eligibility & Fees Procedure](#)



# Monitoring Medicaid/HMP Eligibility

- ▶ If a person does not have Medicaid/HMP at admission or they lose Medicaid/HMP coverage during treatment, they must apply/re-apply within 30 days
- ▶ SUD Providers should document all attempts made to assist the individual in applying for Medicaid/HMP coverage (progress notes, case management notes)
- ▶ MSHN will discontinue Block Grant funding if individual does not participate in activities to apply for Medicaid/HMP

# Monitoring Medicaid/HMP Eligibility

## Tracking Eligibility in REMI

1. REMI Home Screen > Select “Reports and Downloads”
2. Select “PCE Standard Reports”
3. Select “SUD Admissions Detail”
4. Select “SUD Admissions Detail- Open Admissions During Time Period”
5. Use the current date for both start and end date of report
6. Report will display primary funding source at admission and primary funding source as of date report was generated for each individual

Report Title	SUD Admissions Detail--Open Admission During Time Period ▼	County of Residence	All Counties ▼
Time Period Between	6/1/2020 	End Date	6/1/2020 
Provider Search	<input type="text"/>	Select Provider (Default All)	<input type="text"/> ▼
Sort Report By	Case Number ▼	Show Selection Details	No ▼



# Monitoring Medicaid/HMP Eligibility

Generate report each month & send list of clients to each counselor or case manager



Reach out to client & offer appt to assist with applying for benefits



Assist client with online application. Can be billed as case management

# REMI Authorizations- BG Services

- Beginning 1/1/2021, REMI will check for Medicaid/HMP eligibility when an authorization is submitted.
- If no Medicaid/HMP the authorization will route to MSHN UM for review
- Authorizations will be approved for 30 days at a time, even if a longer date range was requested
- Approved number of units will be according to benefit plan
- Re-authorization requests must contain documentation that individual applied for Medicaid/HMP. Re-authorization will be granted if individual applied and is waiting on determination from MDHHS

# FAQ

- **How will providers know that a potential client has already used their 1 episode of care in 12-month period (WM/Residential/Recovery Housing)?**
  - Verify no admission to your programs in previous 12 months
  - Ask if they have received care elsewhere
  - Option to call MSHN UM Dept to verify if uncertain 1-844-405-3095
  
- **Can Block Grant still be used to help cover the cost of co-pays/deductibles for persons with a different primary insurance?**
  - Yes, services must be billed to the primary insurance first and the remaining cost that is not covered by primary payer can be billed to MSHN
  
- **If someone applies for Medicaid/HMP and is not eligible, can they continue to receive BG funding?**
  - Priority Populations: Yes
  - Non-Priority Populations: Subject to Max. Limits of Benefit Plan

# ADDITIONAL QUESTIONS/FEEDBACK



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