

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

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| Chapter: 12 | Riverhaven Coordinating Agency | | |
| Section: 6 | Finance/Budgeting | | |
| Topic: 1 | Medicaid Funding and Dependent Care | | |
| Page: 1 of 3 | Supersedes Date: | Approval Date: | _____ <i>Board Chairperson Signature</i> _____ <i>Chief Executive Officer Signature</i> |
| | Pol: | Pol: 11-20-08 | |
| | Proc: | Proc: 11-20-08 | |
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Policy

It is the policy of Bay-Arenac Behavioral Health (BABH) to follow Federal and State guidelines and regulations in the treatment of Medicaid consumers. This includes adherence to the Medicaid Provider Manual.

Purpose

This policy and procedure is established to ensure that Medicaid funding is utilized appropriately for consumers lodged in juvenile homes.

Applicability

- All BABH Staff
- Selected BABH Staff, as follows: CA and Claims staff
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Substance Abuse Staff
 - Policy Only Policy and Procedure
- BABH's Affiliates: Policy Only Policy and Procedure
- Other:

Definitions

N/A

Procedure

Medicaid Chapter III states that Medicaid does not cover services provided to beneficiaries involuntarily residing in non-medical public facilities (such as jails or prisons). Medically necessary specialty services may be provided in situations when a child is temporarily placed in a

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non-medical public facility because placement in another facility (e.g., foster care) is not immediately available.

Based upon this language, the following criteria must be satisfied for consumers to be eligible:

1. Medical necessity must be documented
2. Services must be provided under the scrutiny of a Department of Consumer and Industry Services (DCIS) substance use disorder license
3. The placement must be temporary, less than 30 days
4. There must be clinical documentation that no other appropriate placement is immediately available such as residential treatment, due to behavioral issues or being a flight risk, and
5. The provider will temporarily be authorized for services until a more appropriate facility or location is available that is better equipped to meet the clinical needs of the consumer.

Attachments

N/A

Related Forms

N/A

Related Materials

N/A

References/Legal Authority

Michigan Department of Community Health (MDCH) Medicaid Provider Manual

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| <h3>Submission Form</h3> | | |
| <u>Approving Body/Committee/Supervisor:</u> Joe Sedlock | <u>Author:</u> Darren McAllister | <u>Approval/Review Date:</u> 6-2-08 |
| <u>Result:</u> Deletion <input type="checkbox"/> New <input checked="" type="checkbox"/> No Changes <input type="checkbox"/> Replacement <input type="checkbox"/> Revision <input type="checkbox"/> | | |
| <u>List reason for deletion/replacement/revision here. If replacement, list policy to be replaced.</u> | | |