

Program Overview

The Behavioral Health (BH) program of Molina Healthcare Michigan (MHM) is committed to comprehensive behavioral health care management. In meeting this purpose it is essential to focus on not only behavioral health (mental health and substance use disorders), but on the incorporation of behavioral health issues into a coordinated plan that directly addresses general medical needs as well.

Our integrated model is a comprehensive care management program. The identification and coordination of needs that span behavioral and general medical health promotes unified care that in turn results in improved quality of life in recovery. Within this model resources are used more appropriately and effectively across treatment domains within a person centered care planning process.

Request Services or Contact the Behavioral Healthcare Program

Providers can request authorization via WebPortal or fax. All resources for authorizations, including the Outpatient Treatment Request form, can be found at www.Molinahealthcare.com. You can also visit our website for updates and professional resources. To contact the Behavioral Health program, call Member Services at (855) 322-4077.

Check Member Eligibility and Benefits

Members may self-refer to a contracted behavioral health provider. As a member's eligibility and benefits can change over time, it is recommended that providers check the member's status at each visit. Molina Healthcare will not pay for services rendered to ineligible members or for services not covered under the member's benefit.

Behavioral Health Providers can verify eligibility and benefits through:

- WebPortal at www.Molinahealthcare.com
- Member Services at (855) 322-4077

Molina Healthcare Staff are Available to Assist and Provide the Following Services:

- 24-hour telephone access for prior authorization
- Assistance in coordinating a member's care between the primary care physician/medical provider and the behavioral health practitioner
- Case Management

Covered Services

Service	Medicaid & Healthy Michigan Plan
Outpatient Mental Health	Covered
Outpatient Substance Abuse	Not Covered
Inpatient Mental Health and Substance Use Disorders	Not Covered
Partial Hospitalization	Not Covered
Transportation	Covered-Up to 20 round trips, mental health only. Substance abuse is not covered.

Authorizations

For services requiring prior authorization can be referenced within the Prior Authorization/Pre-Service Review Guide at www.Molinahealthcare.com

Authorization Process

- Fax authorization form to (800) 594-7404 with clinical information
- Telephone request (855) 322-4077 with clinical information
- WebPortal at www.Molinahealthcare.com

Criteria used in Clinical Review Decisions

Molina Healthcare utilizes evidence based criteria to determine medical necessity. For a copy of the criteria used in clinical decision making, please call (855) 322-4077.

Clinical Practice Guidelines

Molina Healthcare has adopted MQIC guidelines for Depression and Substance Use and American Academy of Pediatrics guidelines for ADHD. Providers are encouraged to review the clinical practice guidelines related to Behavioral Health. These guidelines can be found at www.mqic.org.

Appropriate Professionals

The Medical Director of Behavioral Health is a board certified psychiatrist and is responsible for policy administration, case review and the implementation of the Health Care Services (HCS) program.

The Medical Director is a resource for the behavioral health team and provides guidance regarding a member's behavioral health care needs and care plan. Additionally, the Medical Director oversees HCS decisions to ensure consistent medical necessity decision making based on evidence based criteria.

Providers have the right to discuss a decision related to medical necessity with a plan Medical Director. To discuss behavioral health determinations, please call (855) 322-4077.

Appeal Process

Please see the Provider Appeal Section of this manual.

When Benefits End

To improve the likelihood that Medicaid members receive ongoing care, if benefits are exhausted, Molina Healthcare staff will bridge that care through the use of available community resources and with community mental health service programs. Healthcare staff will actively work with the treating provider and member to transition care from one provider to a variety of resources to reduce risks to member safety.

Case Management Program

Case Management is a collaborative, person centered approach that identifies a member's strengths and resources, and uses those attributes to attain goals and address barriers. A case manager assesses, plans, implements and monitors services to meet a member's health needs through communication and coordination of available resources.

Members can self-refer, be referred by family or providers, or be identified by diagnosis or through utilization patterns.

To refer a member to a case manager at Molina Healthcare call (855) 322-4077.

Access to Care Standards

To assure that members have timely access to Behavioral Healthcare, Molina Healthcare's standards are as follows:

- Care for a non-life-threatening emergency is to be provided within six hours
- Urgent care appointments are to be provided within 24 hours
- An appointment for a routine office visit is to be scheduled within 10 business days

Coordination of Medical and Behavioral Health Care

Molina Healthcare recognizes that a member's emotional and physical well-being can significantly affect his/her ability to participate in the treatment plan. Coordinating a member's behavioral and medical health care is essential to providing appropriate care for our members. Molina Healthcare expects Behavioral Health and Medical Providers to coordinate an integrated plan of care.

1. Expectations of Molina Healthcare Clinical Staff

Molina Healthcare case managers screen members for potential Behavioral Health issues during contact with the member. When members are identified as having a potential behavioral health condition, Molina Healthcare clinical staff will:

- Coordinate efforts to notify the PCP to ensure the member receives follow up treatment.
- Assist in the coordination of care between the PCP and Behavioral Health Provider.

2. Expectations of Behavioral Health Providers:

To promote the appropriate coordination of care between the providers involved in the member's care, behavioral health providers are expected to communicate the following information to the member's PCP when treatment begins and when changes occur:

- Diagnosis
- Dates of clinical evaluation and types of treatment • List of medications
- Dates of any related hospitalizations
- Any medical condition(s) that require attention
- The treatment plan and, at a minimum, annual treatment plan updates

3. Behavioral Health Providers are asked to:

- Consult with the clinicians who have treated the member prior to the current episode of care, if applicable
- Refer the member for follow-up with community and psychosocial support services, when appropriate
- Periodically update and consult with non-Behavioral Health Providers on the member's status and plan of care

4. Expectations of PCPs and other non-Behavioral Health Providers:

When a PCP or other non-Behavioral Health Practitioner encounters a member who may benefit from behavioral health services, the PCP should:

- Refer the member to an appropriate Behavioral Health Provider for care. Contracted providers can be located at www.Molinahealthcare.com
- Coordinate medical and behavioral healthcare with the “referred to” provider
- Annually provide the results of a physical examination to the “referred to” behavioral healthcare provider

Molina Healthcare clinical staff is available to assist with coordination of care at (855) 322-4077.