

Newaygo CMH  
1049 Newell, PO Box 867  
White Cloud, MI 49349  
June 26, 2009

## BENEFITS, SERVICES AND SUPPORTS

Benefits, Services and Supports	Billing Units (1 unit = X)	Plan Description	Medicaid			ABW (GHP-A) MICHild	General Fund		Medicare ***	Medicare ***
			State Plan	HSW (HAB) Waiver	Children's Waiver		Adult	Child	Adult	Child
ACT	15 minute	# of face-to-face contacts or visits / week	Covered	Covered		Covered	Limited			
Assessments	Encounter	# of Assessments / year	Covered	Covered	Covered	Covered	Limited	Limited	Covered by enrolled therapist	Covered by enrolled therapist
Assistive Technology	Item	# of Items / year	Covered*	Covered						
BMRC	Encounter**	# of Encounters / year	Covered	Covered	Covered					
Chore Services	15 minute**	# of 15-minute units / month		Covered						
Clubhouse PSR	15 minute	# of 15-minute units / week	Covered	Covered						
Community Living Supports (unlicensed setting)	15 minute	# of face-to-face time spent w/consumer / day or week	Covered*	Covered	Covered					
Community Living Supports (Specialized Residential)	Day	# of days / year	Covered*	Covered	Covered					
Crisis Intervention	15 minute	# of face-to-face time spent w/consumer	Covered	Covered	Covered	Covered	Covered	covered	Covered as GF	Covered as GF
Crisis Residential	Day	# of Days	Covered	Covered	Covered	Covered	Covered			
Enhanced Equipment & Supplies	Item	# of Items / year		Covered	Covered					
Enhanced Pharmacy	Item	# of Items / month	Covered*	Covered						
Environmental Modifications	Service	# of Service/ year	Covered*	Covered	Covered					
Extended Observation Beds	Hour	# of Hours / day	Covered*	Covered						
Family Training/Support	Encounter	# of face-to-face contact / week	Covered*	Covered	Covered					
Fiscal Intermediary Services	1 Unit**	1 Unit / month	Covered*	Covered						
Health Services	15 minute	# of face-to-face time spent w/ consumer/ month	Covered	Covered	Covered					
Home Based Services	15 minute	# of time spent w/ consumer / week	Covered	Covered						
Housing Assistance	Month	1 Month	Covered*	Covered						

ICF/MR	Day	# of Days	Covered	Covered		Covered	Covered	Covered		
Inpatient Psychiatric	Day	# of Days	Covered	Covered		Covered	Covered	Covered	Copay	Copay
Medication Administration	Encounter	# of face-to-face contacts / month	Covered	Covered	Covered	Covered	Limited	Limited	Limited	Limited
Psychiatric Assessment/ Medication Review	Encounter	# of face-to-face visits / year	Covered	Covered	Covered	Covered	Limited	Covered	Covered	Covered
Nursing Facility MH Monitoring	15 minute	# of face-to-face visits / month	Covered	Covered						
Occupational Therapy	15 minute	# of face-to-face contacts/ month or Q	Covered	Covered	Covered					
Out of Home Non-vocational Habilitation	15 minute	# of 15 minute units / day or week		Covered						
Outpatient Partial Hospital	Day	# of Days	Covered	Covered		Covered				
Peer Directed Services	15 minute	# of 15-minute units / month	Covered*							
Personal Care in Specialized Residential	Day	# of Days / year	Covered	Covered						
Physical Therapy	15 minute	# of face-to-face contacts/ month or Q	Covered	Covered	Covered					
Prevention Services	Encounter	# of face-to-face visits / month	Covered*							
Prevocational Services	Hour	# of Hours/ week		Covered						
Private Duty Nursing	Hour	# of Hours/day		Covered	Covered					

Respite Care	15 minute	# of face-to-face time spent w/ consumer / month	Covered*	Covered	Covered					
Speech, Hearing & Language Therapy	Encounter	# of face-to-face contacts/ month or Q	Covered	Covered						
Skill Building Assistance	15 minute	# of face-to-face time spent w/ consumer/ month	Covered*							
Supports Coordination	15 minute	# of face-to-face contacts/month	Covered*	Covered						
Supported Employment	15 minute	# of face-to-face contact w/ consumer / month	Covered*	Covered						
Targeted Case Management	15 minute	# of Face-to-face contacts/month	Covered	Covered	Covered	Covered	Limited	Limited		
Therapy (Child, Indiv/ Group, Family)	Encounter	# of sessions/ month	Covered	Covered	Covered	Covered				
Transportation	Misc.	Misc.	Covered	Covered	Covered					
Treatment Planning	Encounter	1 Encounter/year	Covered	Covered		Covered	Limited	Limited	Limited	Limited
Wraparound Services	15 minute	# of face-to-face contact /week	Covered*							

**Explanations and Qualifiers**  
**Limited** = services are subject to availability, benefit covered by insurance and individual may be placed on wait list.  
**Individuals on Home and Community Based Waiver (HAB) must use**

HAB waiver services prior to State Plan services.

**\* Indicates the Additional B3** services under the State Plan Services.

**\*\* Not face-to-face** contact services.

**\*\*\*Medicare services** not listed as covered are therefore GF funded services. Therapist must be enrolled with Medicare to receive reimbursement. **If a person never meets their spend down, the services are GF funded service**