

Frequently Asked Questions (FAQs)
Dual Eligibles and Relationship to CMH Services

September 16, 2011

Note: This document was prepared by MDCH for publication in the MACMHB "Connections" newsletter. For more complete information on the dual eligibles (Medicare/Medicaid) planning project, please go to <https://janus.pscinc.com/dualeligibles/>

Q: What are the goals of the "duals" project as it relates to persons served in the CMH system?

A: The goals are to improve quality and access to physical and behavioral health services and supports for persons eligible for both Medicaid and Medicare. Navigating the health care system and accessing needed care involves two very different systems. Coordinated care can simplify this process and provide more efficient services. Another important goal is to reduce costs by streamlining and eliminating duplicative administrative functions.

Q: I've heard that persons with developmental disabilities and mental illness will lose today's array of services if care coordination covers both physical and behavioral health, rather than support being separately coordinated through the CMH system as it is today. Is this true?

A. No. The plan is to include a full range of person centered, recovery oriented benefits for populations served today by the CMH system. The services in the existing state plan and waivers provide an excellent foundation to build upon and streamline.

Q: What is the timing for when the plan needs to be completed and submitted to the Governor and the federal government?

A: The plan is due to the federal government by April 2012. Rumors about a deadline for sending the plan to the Governor by September 2011 are not true. We are still in the planning phase of this process, soliciting input from the public, and are working under the federal deadline of April 2012.

Q: I've heard there are workgroups being planned to start in late fall to provide more in-depth input into the state plan. Will consumers and families, providers, CMHs and PIHPs be represented on the workgroups?

A. Yes. There are workgroups that will start this fall to seek more in depth input on various topics. The state will include representatives of consumers, providers and CMH/PIHPs in those workgroups. The number of workgroups and topics are still to be determined.

Q: I've heard a rumor that something is changing for dual eligibles on November 1, 2011. What is changing, and how does this affect the planning for the duals project due to the federal government in April 2011? Where can I go to get details on this change?

A: The November 1 change is NOT related to the duals planning project. On November 1, persons with Medicaid who also become Medicare eligible can "opt in" to a Medicaid HMO. Up to this point, a person had to drop their Medicaid HMO coverage once they became eligible for Medicare. Now they can keep that coverage only if they CHOOSE to keep it (by opting in). Medicaid beneficiaries can call **1-800-642-3195** if you are dually eligible and wish to find out more.