# PROGRAM OPERATIONS
# DIRECTIVE #19.1

SUBJECT: GF/CCBHC Cases

ISSUED: 7/09/2019 Re-Issued 10/01/2023

## PURPOSE:

To clarify the process of determining General Fund/CCBHC eligibility.

## POPULATION:

Any individuals served who have no insurance, a Medicaid Deductible~~.~~, Medicare or private insurance and do not qualify for full Medicaid

## DEFINITION:

**The General Fund** is for individuals who meet CMH admission criteria and are not eligible for Medicaid.

## PROCESS:

**For individuals coming through CIU:**

FIPA tech follows their current process, then the clinician meets with the individual. The intake clinician determines CMH eligibility.

- If the individual has **no insurance, is underinsured, has private insurance, Medicare or a Medicaid Deductible**, and the intake clinician is recommending medically necessary services that are not covered (due to no insurance, or if services are not covered by their insurance provider) an ABN (Advance Beneficiary Notice of Non-Coverage) is completed, the individual is educated on the cost of the service and the steps necessary to apply for a sliding fee, if they are not eligible for Medicaid. The individual indicates whether they accept or deny the services that are not covered, on the ABN form.

- For individuals who are **currently receiving services** through the General Fund – the Individual will be required to apply for Medicaid. If the Individual is not eligible, they can provide financial documentation for be assessed on the Sliding Fee Scale. The case holder needs to complete an ABN with the individual and obtain their signature. If the individual accepts non-covered services (as well as financial liability for those services) the case holder will complete a General Fund Service Request form, and turn it in to their supervisor for review and approval/denial of services. If the supervisor denies the service, the process stops and the individual receives covered services only. If the supervisor approves, it is then sent on to the Program Director for approval or denial.

Program Director reviews GF/CCBHC form and makes a determination.

Case holder is notified of determination (form scanned back).

- **<u>Approved under General Fund</u>**: If the individual is approved for services under the General Fund, they can be referred to the appropriate program and/or services authorized according to the amount approved in the GF request.

**REQUIREMENTS:** As of 10/01/2023 case holders/clinicians will submit General Fund Service Request Forms as indicated in this directive. The form will first go to the Program Supervisor, then on to the Program Director for determination.