

SERVICE ELIGIBILITY CRITERIA

I. Service Eligibility Criteria for Individuals with Developmental Disabilities (Must Serve)

Strict adherence to the Mental Health Code definition of developmental disability:

A. If applied to an individual older than 5 years, a severe, chronic condition that meets ALL of the following requirements:

1. Is attributable to a mental or physical impairment or a combination of mental and physical impairments.

Because disabilities that have not traditionally been considered developmental disabilities, e.g., muscular dystrophy, multiple sclerosis, can be consistent with the code definition, and though the DCH has not provided funding for them, applicants cannot be denied CMH services on the basis of having these disabilities. Most frequently, however, other special community agencies and supports will provide better service alternatives and should be pursued.

2. Is manifested before the individual is 22 years old.
3. Is likely to continue indefinitely.
4. Results in SUBSTANTIAL FUNCTIONAL LIMITATIONS in 3 or more of the following areas of major life activity:
 - a. Self-care
 - b. Receptive and expressive language
 - c. Learning
 - d. Mobility
 - e. Self-Direction
 - f. Capacity for independent living
 - g. Economic self-sufficiency

To assist in to defining “substantial functional limitation” concretely, the affiliation uses three other means by which to make service eligibility decisions when the degree of functional limitation is far from clear. The individual can be considered to have a disability that results in “substantial functional impairment” if:

- 1) the individual has obtained SSI or SSD on the basis of a disability **OR**
 - 2) school testing establishes that the individual is EMI or SMI and has an IQ of 69 or lower **OR**
 - 3) a CMH psychologist confirms it through psychological testing.
5. Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of a lifelong or extended duration and are individually planned and coordinated.

- B. If applied to a minor from birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined above if services are not provided.

II Service Eligibility Criteria for Adults with Mental Illness (Must Serve)

- A. Age 18 or over
- B. Has a serious mental illness based upon **ANY ONE** of the following combinations:
1. A qualifying diagnosis and significant functional disability
 2. A qualifying diagnosis and sufficient duration of the illness
 3. A qualifying diagnosis and certain prior service utilization
 4. A non-qualifying diagnosis **AND** functional impairment **AND** sufficient duration of illness **AND** prior service utilization
- C. Substance use/abuse is not deemed to be the sole basis of psychiatric symptomatology or need for treatment

Qualifying Diagnoses:

- Schizophrenic Disorders (*Paranoid, Schizoaffective, Undifferentiated, etc.*)
- Major Depression [with 5th digit severity specifier of A3" (i.e., severe without psychotic features--3 or 4 symptoms in excess of these required to make the diagnosis, and symptoms markedly interfere with occupational functioning or with usual social activities or relationships with others) or A4" (i.e., severe with psychotic features--same as 3" except also includes the presence of delusions or hallucinations)]
- Bipolar Disorder
- *Psychosis NOS*
- Dementia with delusions, dementia with depressed mood and/or dementia with behavioral disturbance
- Personality Disorder (NOTE: This diagnosis must be combined with the disability or utilization criteria. DURATION DOES NOT APPLY.)

Non-qualifying diagnoses:

- Panic Disorder without Agoraphobia
- Generalized Anxiety Disorder
- Conversion Disorder
- Dissociative Amnesia
- Dissociative Fugue
- Panic Disorder with Agoraphobia
- Agoraphobia without history of Panic Disorder
- Obsessive Compulsive Disorder
- Dysthymic Disorder
- Depersonalization Disorder
- Hypochondriasis
- Body Dysmorphic Disorder
- Somatization Disorder
- Anorexia Nervosa
- Bulimia Disorder
- Post Traumatic Stress Disorder

Degree of disability--Substantial disability/functional impairment in **two or more** primary aspects of daily living such that self-sufficiency is markedly reduced. This includes:

- personal hygiene and self-care
- self-direction
- activities of daily living
- learning and recreation
- social transactions and interpersonal relationships

In persons 55 or older, loss of functional capacity might also include:

- loss of mobility
- sensory impairment
- physical stamina to perform activities of daily living or ability to communicate immediate needs as the result of medical conditions requiring professional supervision

Sufficient Duration:

- six continuous months of illness, symptomatology, and/or dysfunction, or six cumulative months of symptomatology/dysfunction in a 12 month period **OR**
- based upon current condition and diagnosis, there is a reasonable expectation that the symptoms/impairments will continue for more than six months **OR**
- prior history of a severe mental illness (e.g., full criteria not met during the past year but has been met at some previous time) with continued significant residual symptoms or impairments

Certain Prior Service Utilization:

- two or more admissions to a community psychiatric inpatient unit/facility in a calendar year **OR**
- community psychiatric inpatient hospital days of care in a calendar year exceeding 30 days **OR**
- state hospital utilization within the calendar year **OR**
- utilization of 20 or more outpatient mental health visits in a calendar year

When an individual considered for enhanced services is a parent or expectant parent, it is important that their functional competence is considered within the four life areas of:

- a. activities of daily living (including fulfilling care giving responsibilities)*
- b. interpersonal functioning (including parenting)*
- c. concentration, persistence, paced. adaptation to change*

Professionals typically affiliated with Children’s Services such as Child Mental Health Professionals, respite coordinators, Infant Mental Health Specialists, etc. may play an essential role as evaluators, consultants, or treatment providers during intake assessment or within the negotiated person centered planning process/plan. This includes the option of assigning primary responsibility for the adult/family to an IMH or other qualified children’s mental health specialist when parenting/nurturing concerns are paramount. (Reference: DCH Final Services Selection Guidelines for Enhanced Services for Children, 10/01)

III Service Eligibility Criteria for Children and Adolescents with Serious Emotional Disturbance--Age 7-17 (Must Serve)

Must meet criteria for **ALL** of the following dimensions:

- A. Qualifying Behavioral or Emotional Diagnosis/Disorder
- B. Substantial Functional Impairment/Limitation of Major Life Activities
- C. Sufficient Duration of Condition

Qualifying Diagnoses:

295(all)	Schizophrenia
296(all)	Major Depressive Disorder, Bipolar Disorder
300.4	Dysthymic Disorder, when coexisting with one additional Axis I or Axis II diagnosis, not including alcohol or drug disorders, a developmental disorder or V code
297(all)	Delusional Disorder, Shared Psychotic Disorder
313.89	Reactive Attachment Disorder
302.6	Gender Identity Disorder-Child
302.85	Gender Identify Disorder-Adolescent
312.8	Conduct Disorder
313.81	Oppositional Defiant Disorder
307.23	Tourette's Disorder
307.7	Encopresis
307.6	Enuresis
314(all)	Attention-Deficit/Hyperactivity Disorder

Other High Priority Diagnoses (not a must@ serve, but serious consideration should be given when criteria are met for both substantial functional impairment and sufficient duration):

299.80	Asberger's Disorder
	Anxiety Disorders:
300.02	Generalized Anxiety Disorder
300.21	Panic Disorder with Agoraphobia
300.01	Panic Disorder without Agoraphobia
300.22	Agoraphobia (without History of Panic Disorder)
300.23	Social Phobia
300.29	Specific Phobia
300.30	Obsessive-Compulsive Disorder
307.1	Anorexia Nervosa
307.50	Eating Disorder NOS

Other High Priority Diagnoses (cont.):

307.51	Bulimia Nervosa
309.21	Separation Anxiety Disorder
309.81	Posttraumatic Stress Disorder

Substantial Functional Impairment:

Lacking a definition any more concise than a substantial interference with or limitation of the child's proficiency in performing age-appropriate skills, it is recommended that CAFAS scores be used to justify substantial functional impairment as follows:
Two or more elevated scores (rated at 20 or 30) on the eight CAFAS sub-scales of the Child/Adolescent section below **AND**

- 1) a total impairment score sum = to or > 50 on the following **8** sub-scales:

School/Work
Home
Community
Behavior toward others
Moods/Emotions
Self-Harmful Behavior
Substance Use
Thinking

OR

- 2) a total impairment score sum = to or > 40 on the following **5** sub-scales

Role performance
Behavior toward others
Moods/Self-harm
Substance use
Thinking

Cautionary Note: When there are elevations in the Role performance or Substance use scales, these may indicate that impairments are due to circumstances/conditions other than emotional illness

Sufficient Duration of Condition:

Relates to the length of time the functional disability has interfered with daily living and led to a referral for enhanced services and support services.

- a. evidence of six continuous months of illness, symptomatology, or dysfunction; **OR**
- b. six cumulative months of symptomatology/dysfunction in a twelve month period; **OR**
- c. on the basis of a specific diagnosis (e.g., schizophrenia), disability is likely to continue for more than one year.

IV Children from conception to Three Years of Age who are At-Risk of Developing Emotional or Behavioral Problems

Family must meet **one or more** of the following risk criteria:

- A. A parent has a current or significant history of a primary psychiatric diagnosis
- B. A parent is 17 years of age or younger
- C. A parent has a history of child abuse or neglect

- D. A parent is currently or has a history of abusing substances
- E. Infant is in a neonatal intensive care unit
- F. Infant has failure to thrive due to psychosocial causes
- G. Family is otherwise deemed to be high risk due to the presence of significant stressors

V. Service Selection Guidelines for Enhanced Services for Children from Birth through Age Three

Given 1) the magnitude and speed of developmental changes through pregnancy and infancy, 2) the limited capacity of the very young to symptomatically present underlying disturbances, 3) the extreme dependence of infants and toddlers upon care givers for their survival and well-being, and 4) the exceptional vulnerability of the very young to other relationship and environmental factors, unique criteria must be applied to define serious emotional disturbance for the 0-3 population.

Operationally, the above parameters dictate that the mental health professional must be cognizant of the primary indicators of emotional disorder in very young children, and of the importance of assessing the constitutional/physiological and/or care giving/environmental factors which reinforce the severity and intractability of the child's disorder. Furthermore, the rapid development of very young children results in transitory disorders and/or symptoms, requiring the professional to regularly re-assess children in the appropriate developmental context.

The following is a suggested procedure for determining when a beneficiary birth through age 3 qualifies for Mental Health Services provided through a Community Mental Health Services Program (CMHSP) rather than a Qualified Health Plan (QHP):

1. Diagnosis

A child has a mental, behavioral, or emotional disorder sufficient to meet diagnostic criteria specified within the DSM IV not solely the result of mental retardation or other developmental disability, drug abuse/alcoholism or those with a V-code diagnosis, and the beneficiary meets the criteria listed below for degree of disability/functional

impairment and duration/service history. The following diagnostic categories are an illustrative, but not comprehensive, list of mental disorders typically eligible for enhanced services:

- *Attention Deficit/Hyperactivity Disorder (314.XX)*
- *Reactive Attachment Disorder (313.89)*
- *Separation Anxiety Disorder (309.21)*

2. Functional Impairment

Substantial interference with or limitation of the child's proficiency in acquiring or performing age-appropriate skills as demonstrated by at least one indicator drawn from two of the following areas:

- A. *General and/or specific patterns of reoccurring behaviors or expressiveness indicating affect/modulation problems, e.g., uncontrollable crying or screaming, sleeping and eating disturbances and recklessness; the absence of developmentally expected affect, such as pleasure, displeasure, joy, anger, fear, curiosity; apathy toward environment and care giver, etc.*
- B. *Distinct behavioral patterns coupled with sensory, sensory motor, or organizational processing difficulty (homeostasis concerns) that inhibits the child's daily adaptation and interaction/relationships. For example, a restricted range of exploration and assertiveness, dislike for changes in routine, and/or a tendency to be frightened and clinging in new situations; coupled with over reactivity to loud noises or bright lights, inadequate visual-spatial processing ability, etc.*
- C. *Incapacity to obtain critical nurturing (often in the context of attachment-separation concerns), as determined through the assessment of child, care giver and environmental characteristics. For example, the infant shows a lack of motor skills and/or language expressiveness, appears diffuse, unfocused and undifferentiated, expresses anger/obstinacy and whines, in the presence of a care giver who often interferes with the infant's goals and desires, dominates the infant through over-control, does not reciprocate to the child's gestures, and/or who's anger, depression or anxiety results in inconsistent parenting.*

AND

3. Duration/History

The very young age and rapid transition of infants and toddlers through developmental stages makes consistent symptomatology over time unlikely. However, indicators that a disorder is not transitory and will endure without intervention include:

The infant toddler disorder(s) is accompanied by persistent symptoms indicating multiple barriers to normal development (e.g. regulatory disorders, inconsistent parenting, chaotic environment, etc).

OR

Infant/toddler did not respond to less intensive, less restrictive intervention

VI. Service Selection Guidelines for Enhanced Services for Children Age Four through Age Six

Decisions regarding whether a child age four through six is seriously emotionally disturbed and in need of enhanced services and supports utilize similar dimensions to older children. The dimensions include a diagnosable behavioral or emotional disorder, substantial functional impairment/limitation of major life activities and duration of condition. However, as with younger children birth through age three, assessment must be sensitive to the critical indicators of development and functional impairment for the age group. Significant impairments in functioning are revealed across life domains in the child's expression of affect/self regulation, social development (generalization of attachment beyond parents, capacity for peer relationships and play, etc), physical and cognitive development, and the emergence of a sense of self.

1. Diagnosis

A child has a mental, behavioral or emotional disorder sufficient to meet diagnostic criteria specified within the DSM IV not solely the result of mental retardation or other developmental disability, drug abuse/alcoholism or those with a V-code diagnosis, and the beneficiary meets the criteria listed below for degree of disability/functional impairment and duration/service history. The following diagnostic categories are an illustrative, but not comprehensive list of mental disorders that may establish eligibility (in combination with other dimensions) for Enhanced Services:

- *Attention Deficit/Hyperactivity Disorder (314.XX)*
- *Tourette's Disorder (307.23) and Chronic Motor or Vocal Tic Disorder (307.22)*
- *Major Depressions and Bipolar Disorders (297.1; 297.3; 298.8-9; 296.XX)*
- *Reactive Attachment Disorder (313.89)*
- *Separation Anxiety Disorder (309.21)*
- *Post Traumatic Stress Disorder (309.81)*
- *Oppositional Defiant Disorder (312.8)*

2. Functional Impairment

*Substantial interference with or limitation of the child's proficiency in performing age-appropriate skills across domains and/or consistently within specific domains, not due exclusively to a medical/physical or developmental disorder **as demonstrated by at least one indicator drawn from at least three of the following areas:***

- A. *Impaired physical development, sensory, sensory motor or organizational processing difficulty, failure to control bodily functions (e.g. bed wetting) etc.*

- B. *Limited cognitive development, as indicated by restricted vocabulary, memory, cause and effect thinking, ability to distinguish between real and pretend, transitioning from self-centered to more reality-based thinking, etc*
- C. *Limited capacity for self regulation, inability to control impulses and modulate anxieties as indicated by frequent tantrums or aggressiveness toward others, prolonged listlessness or depression, inability to cope with separation from primary care giver, inflexibility and low frustration tolerance, etc*
- D. *Impaired or delayed social development, as indicated by an inability to engage in interactive play with peers, inability to maintain placements in day care of other organized groups, failure to display social values or empathy toward others, absence of imaginative play or verbalizations commonly used by preschoolers to reduce anxiety or assert order/control on their environment, etc.*
- E. *Care giving factors which reinforce the severity or intractability of the childhood disorder and the need for multifaceted intervention strategies (e.g. home based services) such as a chaotic household/constantly changing care giving environments, inappropriate parental expectations, abusive/neglectful or inconsistent parenting, occurrence of traumatic events, subjection to others violent or otherwise harmful behavior.*

3. Duration/History

The following duration criteria justify referral for enhanced services:

- *Evidence of three continuous months of illness, or*
- *Three cumulative months of symptomatology/dysfunction in a six month period, or*
- *Conditions that are persistent in their expression and are not likely to change without intervention.*

VII. Children with MI-Child Insurance Coverage

CMH is responsible for providing all mental health services to MI-Child recipients.

VIII. Service Eligibility Criteria for Medicaid Eligible Individuals with Disorders of Mild/Moderate Severity Who Are in a Qualified Health Plan

It is the position of DCH that CMH will not provide services to persons in this group CMH shall refer these people to their Qualified Health Plan for services. Please refer to the Medical Services Administration Bulletin dated Dec. 1,

2000 regarding A Clarification of the Mental Health Services Responsibilities of Health Plans and Community Mental Health Services Programs for Medicaid Beneficiaries Enrolled in Health Plans@ for further clarification.

IX. Service Eligibility Criteria for Medicaid Eligible Individuals with Disorders of Mild/Moderate Severity who Are Not Enrolled in a Qualified Health Plan

It is the position of DCH that CMH is not required to serve persons in this group.

X. May Serve Population: Service Eligibility Criteria for Individuals with Disorders of Mild/Moderate Severity who Do Not Qualify for Medicaid or who Have Inadequate Insurance Coverage or No Insurance Coverage

People whose needs fall into this category may be served when all the needs of the priority population have been met and there is sufficient capacity to provide services.

These protocols are intended for persons who are not exhibiting characteristics related to high acuity mental health conditions (which may require treatment in a psychiatric inpatient or partial hospitalization care setting), and who are not classified as severely mentally ill or severely emotionally disturbed. Generally these are persons experiencing mild or moderate psychiatric symptoms of sufficient intensity to cause some subjective distress or mildly disordered behavior, some impairment in functioning (self-care/daily living skills, social/interpersonal relations, educational/vocational role performance, etc) and little clinical (self/other harm risk) instability. In some instances, these symptoms may be related to a significant life event (stressor), environmental difficulties, family or interpersonal conflicts, lack of an adequate social network or legal problems.

Individuals with this kind of Severity of Illness (SI) profile generally utilize mental health assessment, psychiatric evaluation, psychotherapy, and/or medication management services, provided in office, clinic, other settings appropriate to the provision of such service. The mild to moderate severity of illness is consistent with a lower Intensity of Service (IS) response-the type, amount, frequency, and duration of services may be limited in accordance with medical necessity criteria and benefit limitations.

Most individuals or families who seek treatment do so at points of life stress (instances of loss, developmental changes, environmental pressures, and traumatic events) when their capacity to find solutions independently is impeded. Outpatient treatment is directed to the restoration of the individual's or family's capacity to find solutions and make necessary adaptations, consistent with the situation.

The focus of treatment (individual, family, and support system), the intervention modalities, and the actual hours of service will be established through negotiation with the patient and should be consistent with the standards of medical necessity and benefit definition.

Person-Centered Planning:

The Person-Centered Plan is the driving document that is developed to ensure the needs of the client are met based on their hopes, dreams and desires. From those needs and through the use of the medical necessity criteria outlined below determine the services authorized.

Medical Necessity:

The following medical necessity criteria apply to Medicaid Mental Health and Developmental Disabilities supports and services:

- Necessary for screening and assessment of the presence of a mental illness or developmental disability
- Required to identify and evaluate a mental illness or developmental disability
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness or developmental disability
- Expected to arrest or delay the progression of a mental illness or developmental disability
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his/her goals of community inclusion and participation, independence, recovery or productivity.

Medical Necessity Determination:

Determination of a medically necessary support, service or treatment must be based on the following criteria:

- Information provided by the beneficiary, beneficiary's family, and/or other Individuals who are familiar with the beneficiary
- Clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary
- Based on person centered planning for mental health and developmental disability
- Based on individualized treatment planning for substance use disorders
- Information from an appropriately trained mental health, developmental disabilities or substance abuse professionals
- Based within federal and state standards for timeliness
- Sufficient in amount, scope and duration of the service(s) to reasonably achieve its/their purpose
- Decisions regarding the authorization of a B3 service (including the amount, scope and duration) must take into account the PIHP's documented capacity to reasonably and equitably serve other Medicaid beneficiaries who also have needs for these services. The B3 supports and services are not intended to meet all the individual's needs and preferences

References:

- MDCH Provider Manual – Chapter III Medicaid Standards