

**PRACTICE GUIDELINES FOR CHILD AND FAMILY SERVICES
MEDICAID---SERIOUS EMOTIONAL DISTURBANCE
ACCESS AND ADMISSION ELIGIBILITY CRITERIA
A CONCEPTUAL FRAMEWORK FOR IDENTIFICATION**

I. SERIOUS EMOTIONAL DISTURBANCE (SED):

A. DEFINITION (PER THE MICHIGAN MENTAL HEALTH CODE):

- * Diagnosable mental, behavioral, or emotional disorder affecting a minor **and**,
- * Exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria detailed in the DSM-IVR **and**,
- * Has resulted in functional impairment that **substantially** interferes with or limits the minor's role or functioning in family, school, or community activities
- * The following disorders are Only included if they occur in conjunction with another diagnosable serious emotional disturbance:
 - ... Substance abuse disorder
 - ... Developmental disorder
 - ... Any "V" codes listed in the DSM-IVR

B. DECISION MAKING MECHANISM FOR ELIGIBILITY:

1. Decisions regarding whether a child or adolescent (minor) has a serious emotional disturbance AND is in need of Medicaid Specialty Mental Health Services and Supports include:

- a) Determination of a diagnosable mental, behavioral, or emotional disorder (as defined in the DSM-IVR or DC 0 – 3) **and**,
- b) Substantial functional impairment/degree of disability **and**,
- c) Duration of condition **or** significant prior service utilization

2. Defining Functional Impairment for children and adolescents 7-17 years old:

- a) At the time of ACCESS (in order to determine eligibility), Functional Impairment may be evident when substantially interfering in the areas of family, school or community and may include the following examples:
 - * Academic/behavioral problems at school (i.e.: drop in grades, fighting, suspensions, truancy)
 - * Family discord and estrangement
 - * Legal involvement/criminal behavior/probation/incarceration
 - * Physical and/or sexual acting out
 - * Animal abuse

- * Fire setting
- * Pattern of drug and/or alcohol use
- * Prolonged irritability
- * Self-harm behaviors
- * Homicidal and/or suicidal behaviors
- * Significant difficulty in attaining or maintaining meaningful relationships with peers and/or caregivers
- * History of abuse/trauma
- * Minimal to no support system
- * Significant family history of mental illness and/or Drug/alcohol addiction
- * Inconsistent/lack of resources---food, clothing, housing, medical attention, safety

- b) Child and Adolescent Functional Assessment Screen (CAFAS) is required at **entry** into services. ***This screening is to be completed at the time of the **intake assessment** Functional Impairment is defined by the following criteria:

- *** A **total** Score of 50 (using the eight subscale Scores)
- *** Two 20s on **any** of the first eight subscales
- *** One 30 on **any** subscale

3. Defining Functional Impairment/Degree of Disability for children 4-6 years old:

- a) Impairments in functioning for this age group are often revealed across life domains in the child's regulation of emotion/behavior, social development, physical/cognitive development, and the emergence of sense of self.
- b) Interference with, or limitation of, a child's proficiency in performing developmentally appropriate tasks across these life domains, when compared to other children of the same age, should be considered (both at the **ACCESS level** and the intake program level) when **one** indicator is evident from at **least three** of the following areas:

Area I---Limited capacity for self-regulation, inability to control impulses, or modulate emotions. The following indicators may include:

- * Prolonged sadness/excessive crying/inability to be consoled
- * Separation anxiety
- * Anxious/fearful
- * Frequent nightmares
- * Frequent tantrums/aggressiveness towards self/others/animals
- * Severe reaction of changes in routine
- * Need for constant supervision
- * Sexualized behaviors inappropriate for developmental age
- * Kicked out of child care/school setting

- * Fire starting

Area II---Physical symptoms that are **Not** a result of a medical condition. These indicators may include:

- * Bed wetting
- * Sleep difficulties
- * Eating difficulties
- * Encopresis
- * Somatic complaints

Area III---Disturbances of thought, which may include the following indicators:

- * Inability to distinguish between real and pretend
- * Communication is disordered or bizarre
- * Repeating of thoughts/actions over and over
- * Complete absence of imaginative play commonly used by preschoolers/young children

Area IV---Difficulty with social relationships, which may include the following indicators:

- * Lack of interactive play with peers
- * Failure to display empathy (typical of this age group) toward others
- * Threatens/intimidates/bullies others
- * Inability to engage in reciprocal communication

Area V---Care giving factors that may include the following indicators:

- * Chaotic household
- * Constant change to care-giving environment
- * Developmentally inappropriate parental expectations
- * Inconsistent parenting
- * Victim of violent/abusive/harmful behaviors
- * Parental over-protection
- * Parent/caregiver is insensitive, angry and/or resentful towards Child
- * Impairment in parental judgment/functioning (mental illness, drug/alcohol addiction, domestic violence)
- * Parental emotional disconnection, particularly to child who has been abused or traumatized

NOTE: The standardized assessment tool specifically targeting social-emotional functioning for this age group that is recommended (not required) for determining

degree of functional impairment is the “Pre-School and Early Childhood Functional Assessment Scale” (PECFAS). This should be utilized at the intake/program level.

4. Determining Functional Impairment/Degree of Disability For children Birth through 3 years of age:

- a) In determining (both at the ACCESS level and the Intake/Program level) degree of functional impairment within this age group, careful concern must be given to the following factors:

- ** Diagnosis in the “Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition **(MUST MEET CRITERIA)**
- ** The magnitude and speed of developmental changes from birth through early childhood
- ** Limited capacity of very young child to symptomatically present underlying disturbances
- ** Extreme dependence on caregivers for survival and well-being
- ** Vulnerability of very young child to relationship/environmental factors

- b) Interference with, or limitation of, an infant or toddler’s proficiency in performing developmentally appropriate skills as demonstrated by at least **one** indicator from at least **two** of the following functional impairment areas:

Area I---Patterns of reoccurring behaviors, indicating affect/modulation difficulties, which may include:

- * Uncontrollable crying/screaming
- * Sleeping/eating difficulties
- * Disturbance of affect (i.e.: apathy towards caregiver)
- * Developmentally inappropriate aggressiveness towards others
- * Regressive behaviors, particularly as a result of trauma

Area II---Behavioral patterns coupled with sensory or organizational processing difficulties that inhibit daily adaptation and relationships, which may include:

- * Restricted range of exploration
- * Severe reaction to changes in routine
- * Lack of interest in interacting with objects/activities in their environment
- * Appears to have one of the following reactions to sensory stimulation:
- * Hyper-sensitivity/over responsive
- * Hypo-sensitive/under responsive
- * Sensory stimulating/seeking

Area III---Incapacity to obtain critical nurturing, which may include the following:

- * Failure to meet developmental milestones, due to lack of nurturing
- * Severe difficulty in relating/communicating needs

- * Disorganized play
- * Non-selective with attachment behaviors
- * Resists/avoids caregivers
- * Disturbed intensity of emotional expressiveness

***** No specific assessment tool for functioning in the birth to 3 year old range is recommended at this time *****

5. Defining Duration / History:

**** Duration/History of mental, behavioral, or emotional illness is considered to be serious under the following conditions:**

a) For children and adolescents 7-17 years old:

- ** Evidence that the diagnosis and disruption in functioning presently exists **OR**;**
- ** Has existed during the past year for a period of at least 6 months, whereby current stressors/risk factors may lead to relapse of symptomatology without intervention **OR**;**
- ** On basis of a specific diagnosis (ie: schizophrenia), disruption in functioning is likely to continue for more than one year.**

b) For children 4-6 years of age:

- ** It is significant to note that the young age and the rapid transition through developmental stages makes consistent symptomatology over a long period of time unlikely.**
- ** However, potential indicators that a disorder is Not transitory and will endure without intervention may include:**
 - o 3 or more consecutive months of disruption in functioning level **OR**;
 - o 3 months of disruption in functioning level in any six month period **OR**;
 - o Conditions that are persistent in their expression and determined unlikely to change without intervention **OR**;
 - o Child has experienced a traumatic event involving actual or threatened death, serious injury, or psychological integrity of child and/or parent/caregiver

c) For the child birth to 3 years old:

- ** As with the 4-6 year old age group, consistent symptomatology over time is unlikely, however, potential indicators that the disorder will endure without intervention may include:**
 - o Child is affected by persistent/ongoing multiple barriers to development (i.e.: inconsistent parenting, neglect, etc.)
 - o Child has been observed to exhibit impairments to functioning level for more days than not in a two week period
 - o Child has experienced a traumatic event

6. Defining Prior Service Utilization (applicable to all age categories):

The following categories, in combination with diagnosis and functional impairment, can also be utilized to distinguish those Medicaid Health Plan enrollees who should receive their outpatient mental health services through the Qualified Health Plan from those who have more severe conditions and should be referred to the PIHP for specialized services and supports:

- ** Four or more admissions to a community psychiatric inpatient facility in a calendar year **OR**,
- ** Community inpatient hospitalization days of care exceeding 45 days in a calendar year **OR**,
- ** State hospitalization days of care exceeding 60 days in a calendar year **OR**,
- ** Utilization of over 20 mental health out-patient (ie: individual, family, group therapy) visits in a calendar year

C. DEFINITIONS OF APPLICABLE TERMS WHEN WORKING WITH PERSONS WHO HAVE A SERIOUS EMOTIONAL DISTURBANCE:

1. Child Mental Health Professional:

- a) A person who is trained and has 1 year of experience in the examination, evaluation, and treatment of minors and their families and who is either a physician, psychologist, licensed professional counselor, or registered professional nurse; **OR**
- b) A person with at least a bachelor's degree in a mental health-related field from an accredited school who is trained and has three years of experience in the examination, evaluation, and treatment of minors and their families; **OR**
- c) A person with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation, and treatment of minors and their families

2. Individual Plan of Service:

- a) Document that identifies the needs and goals of the individual beneficiary and the medical necessity, amount, duration, and scope of the services and supports to be provided
- b) The child and their family are the focus of service planning, and family members are an integral part of the "family centered planning process"

3. Qualified Mental Health Professional—QMHP:

- a) Individual who has specialized training or one year of experience in treating or working with a person who has mental illness; **AND**
- b) Is a psychologist, physician, educator with a degree in education from an accredited program, licensed or limited licensed master's or bachelor's social worker, physical therapist, occupational therapist, speech pathologist or audiologist, registered nurse, therapeutic recreation specialist, rehabilitation counselor, licensed professional counselor, or individual with human services degree

4. Amount:

- a) Number of units (i.e.: 20 15-minute increments of Home Based Services) of service identified in the individual/family plan of service.

5. Duration:

- a) The length of time (i.e.: three weeks, six months) it is expected that a service identified in the individual/family plan of service will be provided

6. Scope of Service:

- a) The parameters within which the service will be provided, including:
 - i. Who (i.e.: paraprofessional, aide)
 - ii. How (i.e.: face to face, telephone, individual, group):
 - * When working with school aged children and families, consideration should always be given to the "time of day" of service, as well (i.e.: it would not be clinically appropriate to schedule all family sessions at 10:00 a.m. when both parents work day shift and the child attends school)

iii. Where (i.e.: community setting, office, beneficiary's home):

* It is highly encouraged for service provision to take place in integrated locations in the community, including the beneficiary's home, according to individual need and clinical appropriateness)

****For office or site-based services, the location of primary service providers must be within 60 minutes/60 miles in rural areas and 30 minutes/30 miles in urban areas, from the beneficiary's residence**

D. ALL SED SERVICES MUST BE:

- 1. Provided under the supervision of a physician, or other licensed health professional whose profession is relevant to the services being provided. This includes professionals who are licensed or certified in Michigan in a human services field typically associated with mental health services**
- 2. Provided to the beneficiary as part of a comprehensive array of specialized mental health services**
- 3. Coordinated with other community agencies (including, but not limited to, Medicaid Health Plans, family courts, local health departments, school-based services providers, and the county Department of Human Services)**
- 4. Provided according to an individual/family written plan of service that has been developed using a person-centered/family-centered planning process and that meets the requirements of Section 712 of the Michigan Mental Health Code**
 - a) Preliminary plan must be developed within 7 days of the commencement of services **OR**, if a beneficiary is hospitalized, before discharge/release.
 - b) Each beneficiary must be made aware of the amount, scope, and duration of the services to which they are entitled
 - c) The beneficiary must receive a copy of their plan of service within 15 Business days of completion of the plan.
 - d) Provided without the use of aversive, intrusive, or restrictive techniques unless identified in the plan of service and individually approved and monitored by a behavior management committee

E. ALL PROVIDERS OF SED SERVICES MUST BE:

- 1. At least 18 years of age**
- 2. Able to prevent transmission of any communicable disease from self to others in the environment in which they are providing supports**
- 3. Able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, and report on activities performed when another facility (i.e.: foster care) is not immediately available.**
- 4. In good standing with the law according to the MDCH/PIHP contract**

F. BENEFICIARIES WITH SED, MUST HAVE ACCESS TO THE FOLLOWING:

1. Quality Services:

- a) Measured by meeting or exceeding the sets of outcome specifications in the beneficiary's individual/family plan of service

2. Efficient and Economic Services:

- a) The lowest cost of available alternatives that has documented capacity to meet or exceed the outcome quality specifications identified in the individual/family service plan
- b) The PIHP must offer direct assistance to explore and secure all applicable first- and third-party reimbursements and assist the beneficiary to make use of other community resources for non-Medicaid services, or Medicaid services administered by other agencies
- c) *** The use of Natural Supports is highly encouraged to assist in meeting the individual's needs to the extent that the family or friends that provide the natural supports are willing and able to provide the assistance, which must be clearly documented in the beneficiary's plan of service

G. SPECIAL CONSIDERATIONS FOR SED:

1. Medicaid does NOT cover services provided to children with SED in Child Caring Institutions (CCIs).

2. Medicaid does NOT cover services provided to persons involuntarily residing in non-medical public facilities (jail/detention centers)

- a) However, medically necessary specialty services may be provided in situations when a child is temporarily placed in a non-medical public facility when another facility (ie: foster care) is not immediately available