

**PRACTICE GUIDELINES FOR DEVELOPMENTAL DISABILITIES
MEDICAID---CHILDREN AND ADULTS
ACCESS AND ADMISSION ELIGIBILITY CRITERIA
A CONCEPTUAL FRAMEWORK FOR IDENTIFICATION**

I. DEVELOPMENTAL DISABILITY:

A. DEFINITION (PER MICHIGAN MENTAL HEALTH CODE):

- 1. If applied to an individual OLDER THAN 5 YEARS, a severe, chronic condition that meets ALL of the following criteria:**
 - a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments
 - b. Is manifested **before** the individual is 22 years old
 - c. Is likely to continue indefinitely
 - d. Results in substantial limitations in **3 or more** of the following areas of major life activity:
 - i) Self Care
 - ii) Receptive and Expressive Language
 - iii) Learning
 - iv) Mobility
 - v) Self-Direction
 - vi) Capacity for Independent Living
 - vii) Economic Self-Sufficiency
 - e. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are lifelong or extended duration and are individually planned and coordinated

**** The above criteria should be evaluated at ACCESS and then later (in a more thorough review) at the Intake/Program level**

OR

- 2. If applied to a minor from birth through age 5, a substantial developmental delay or specific congenital or acquired condition with a high probability of resulting in developmental disability, as defined in subsection A.1. above**

AND

- 3. In addition, the ICAP assessment tool will be used to determine eligibility (at the Intake/Program Level)**

B. APPLICABLE DEFINITION OF TERMS WHEN WORKING WITH PERSONS WHO HAVE A DEVELOPMENTAL DISABILITY:

1. Intermediate Care Facility for Persons with Mental Retardation (ICF MR):

- a. According to 1950(d) of the SSA:
 - i) The primary purpose of such institution is to provide health or rehabilitative services to individuals with mental retardation and the institution meets such standards as may be prescribed by the Secretary of the SSA;
- b. According to 42 CFR 435.1009:
 - i) Is primarily for the diagnosis, treatment, or rehabilitation of persons with mental retardation or persons with related conditions; **AND**
 - ii) Provides, in a protected residential setting, ongoing evaluation, planning, 24 hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability.

2. Mental Retardation (for purpose of defining the ICF/MR):

- a. Intellectual functioning level (IQ) below 70-75; **AND**
- b. Significant limitations exist in two or more adaptive skill areas; **AND**
- c. The condition is present from childhood (prior to age 18)

3. Persons with Related Conditions (according to 42 CFR.1009):

- a. Persons who have a severe, chronic disability that is attributable to, (1) Cerebral Palsy or Epilepsy or (2) any other condition, other than mental illness, found to be closely related to Mental Retardation, because this condition results in the impairment of general intellectual functioning or adaptive behavior similar to that of those with mental retardation and requires treatment or services similar to those required for these persons; **AND** (3) is manifested before the person reaches the age of 22; **AND** (4) it is likely to continue indefinitely; **AND** (5) results in substantial functional limitations in three or more of the following areas of major life activities (self care, understanding and use of language, learning, mobility, self direction, capacity for independent living).

4. Community Integration:

- a. Arrangements that enable individuals to live, work, learn, and play side by side in the community with people who do not have disabilities

5. Support Services:

- a. Those physical and social modification or interventions which assist the individual in functioning in and adapting to physical and social environments

6. Qualified Mental Retardation Professional --- QMRP(42 CFR 483.430):

- a. A person who has specialized training or one year of experience in treating or working with a person who has mental retardation; **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, or rehabilitation counselor

7. Amount:

- a. The number of units (ie: 25 15-minute increments of supports coordination) of service identified in the individual plan of service

8. Duration:

- a. Length of time (ie: three weeks, six months) it is expected that a service identified in the individual plan of service will be provided

9. Scope of Service:

- a. The parameters within which the service will be provided:
 - i) Who (i.e.: paraprofessional, aide supervised by a professional)
 - ii) How (i.e.: face to face, telephone, group, individual)
 - iii) Where (i.e.: community setting, office, beneficiary's home):
 - ***Provision of services is highly encouraged to occur in integrated locations in the community, including the beneficiary's home, according to individual need and clinical appropriateness
 - *****Location or 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 home**

10. Individual Plan of Service:

- a. The 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 individual plan of service must be developed through a person-centered planning process

- c. In the case of minors, the child and their family are the focus of service planning and family members are an integral part of the planning process

C. ALL DEVELOPMENTAL DISABILITY 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**
- 2. Provided to the beneficiary as part of a comprehensive array of specialized developmental disabilities services**
- 3. Coordinated with other community agencies (including, but not limited to, Medicaid Health Plans, family court, local health departments, MI Choice waiver providers, school-based service providers, and the county Department of Human Services)**
- 4. Provided according to an individual written plan of service that has been developed using a person-centered or family-centered planning process and that meets the requirements of Section 712 of the Michigan Mental Health Code.**
 - a. A preliminary plan must be developed within 7 days of the commencement of services, or if the beneficiary is hospitalized, before discharge or release
 - b. Each beneficiary must be made aware of the amount, scope, and duration of services to which they are entitled
 - c. Each beneficiary must receive a copy of their plan of services within 15 Business days of completion of the plan
- 5. Provided without the use of aversive, intrusive, or restrictive techniques, unless identified in the individual plan of service and individually approved and monitored by a behavior management review committee**

D. ALL PROVIDERS OF DEVELOPMENTAL DISABILITIES SERVICES MUST BE:

- 1. At least 18 years of age**
- 2. Able to prevent transmission of any communicable diseases 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**
- 4. In good standing with the law according to the MDCH/PIHP contract**

E. SPECIAL CONSIDERATIONS:

- 1. Medicaid does NOT cover services delivered in Institutions of Mental Disease (IMDs) for individuals between ages 22-64**
- 2. Medicaid does NOT cover services provided to persons involuntarily residing in non-medical public facilities (such as jails or prisons)**
 - a. However, Medically Necessary specialty services may be provided in situations when a child is temporarily placed in a non-medical public facility because placement in another facility (i.e.: foster care) is not immediately available
- 3. Medicaid DOES cover services provided to children with developmental disabilities in a CCI that exclusively serves children with developmental disabilities AND has enforced policy of prohibiting staff use of seclusion and restraint.**

F. BENEFICIARIES OF DEVELOPMENTAL DISABILITIES SERVICES MUST HAVE ACCESS TO:

1. Quality Services:

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

2. Efficient and Economic Services:

- a. The lowest cost of the available alternatives that has documented capacity to meet or exceed the outcome quality specifications identified in the individual plan of service
 - i) 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 their community resources for non-Medicaid services, or Medicaid services administered by other agencies.
 - ii) ** The use of Natural supports is highly encouraged to assist in meeting the individual's needs to the extent that the family or friends are willing and able to provide assistance, which must be clearly documented in the beneficiary's plan of service.