

**PRACTICE GUIDELINES FOR SEVERE MENTAL ILLNESS
MEDICAID---ADULTS
ACCESS AND ADMISSION ELIGIBILITY CRITERIA
A CONCEPTUAL FRAMEWORK FOR IDENTIFICATION**

I. SEVERE MENTAL ILLNESS:

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

- 1. Diagnosable mental, behavioral, or emotional disorder affecting an adult; AND**
- 2. Exists or has existed within the past 12 months for a period of time sufficient to meet diagnostic criteria detailed in the most recent version of the DSM-IVR;
AND**
- 3. Has resulted in functional impairment that substantially interferes with or limits
1 or more major life activities**
- 4. ** Severe Mental Illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance, but does NOT include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness**
- 5. ** A substance use disorder, a developmental disability, and “V” codes are only included if they occur in conjunction with another diagnosable severe mental illness**

B. DECISION MAKING MECHANISM FOR ELIGIBILITY FOR PERSONS WITH SEVERE MENTAL ILLNESS:

- 1. Decisions regarding whether an adult has a severe mental illness AND is in need of Medicaid Specialty Mental Health Services and Supports include Diagnosis, Substantial Functional Impairment, AND Duration of mental illness OR Significant Prior Service Utilization.**
 - a. Diagnosis:
 - i) Satisfaction of the above Mental Health Code Definition, including a diagnosis with the most recent version of the DSM-IVR
 - b. Substantial Functional Impairment:
 - i) Demonstration of **severe** functional impairment in at least **3** of the following areas:

** Personal hygiene and self-care

- ** Self-direction/activities of daily living (i.e.: shopping, cooking, taking public transportation, paying bills, maintaining residence, using the telephone/telephone directory)
- ** Learning and recreation (i.e.: ability to sustain attention for long enough time to complete tasks accurately; motivation towards hobbies/interests; adapting to stressful situations)
- ** Social transactions and interpersonal relationships (i.e.: communicating effectively with others, getting along with family and in the community)
---Deficits may be indicated by: history of altercations, evictions from residence, getting fired from employment, and social isolation
- ** Work and productivity (i.e.: ability to obtain/maintain employment, school, volunteering, etc.)

- ii) *** In persons who are 55 and older, loss of functional capacity might also include: loss of mobility, sensory impairment, and loss of ability to communicate

c. Duration of Condition:

- i) Evidence of 6 continuous months of illness, symptomatology, or dysfunction; **OR**
- ii) Evidence of 6 cumulative months of symptomatology/dysfunction in a 12 month period; **OR**
- iii) Based on current condition and diagnosis, there is a reasonable expectation that the symptoms/dysfunction will continue for more than 6 months

d. Prior Service Utilization:

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

- i) 4 or more admissions to a community psychiatric inpatient facility in a calendar year; **OR**
- ii) Community inpatient psychiatric hospitalization days of care exceeding 30 days in a calendar year; **OR**
- iii) State hospitalization days of care exceeding 60 days in a calendar year; **OR**
- iv) Utilization of over 20 mental health out-patient (i.e.: individual/ group therapy) visits in a calendar year

C. APPLICABLE DEFINITION OF TERMS WHEN WORKING WITH PERSONS WHO HAVE A SEVERE MENTAL ILLNESS:

1. 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

2. Support Services:

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

3. Amount:

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

4. Duration:

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

5. 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
 - ****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 home

6. 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

7. Qualified Mental Health Professional (QMHP):

- a. A person who has specialized training OR one year of experience in treating or working with a person who has mental illness **AND** is a psychologist, physician, educator with a degree in education, 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, a licensed professional counselor, or an individual with a human service degree

D. ALL SERVICES FOR PERSONS WITH SEVERE MENTAL ILLNESS 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. Determined through a thorough assessment process of needs and strengths**
- 3. Provided to the beneficiary as part of a comprehensive array of specialized mental health services**
- 4. 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)**
- 5. The values of Recovery, Cultural Competence and Family Involvement should guide the service selection process.**
- 6. Medically Necessary**
- 7. Treatment, Services, and Supports selected must be of sufficient intensity, frequency, and scope to appropriately and safely sustain the beneficiary within the community.**
- 8. Co-morbid conditions must be identified and addressed.**
- 9. Provided according to an individual written plan of service that has been developed using a person-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

10. 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

E. ALL PROVIDERS OF SERVICES FOR THOSE WITH SEVERE MENTAL ILLNESS 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**

F. 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)**

G. BENEFICIARIES OF MENTAL HEALTH 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
- b. Must be the least intrusive or restrictive services available

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.
- a) Social resources and natural supports available to beneficiaries are a critical factor in decisions regarding intensity of service