

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 4	Care and Treatment		
Section: 4	Eligibility and Utilization Management		
Topic: 34	Access and Eligibility for Specialty Mental Health Services		
Page: 1 of 14	Supersedes: Pol: 7-15-04, 6-20-02, 10-18-01 Proc: 6-8-18, 6-30-17, 5- 1-15, 12-18-08, 4-20-04, 6-20-02, 10-18-01	Approval Date: Pol: 12-18-08 Proc: 8-3-2023	<hr/> <i>Board Chairperson Signature</i> <hr/> <hr/> <i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay-Arenac Behavioral Health (BABH) to serve individuals in the State of Michigan experiencing serious mental illness, serious emotional disturbance, developmental disabilities, and substance use disorder conditions. The target populations for these services will be qualified Medicaid and Healthy MI eligible persons, persons meeting the priority conditions of the Michigan Mental Health Code (MMHC), and recipients of MI Child.

Purpose

This policy and procedure is established to ensure individuals in the State of Michigan are linked to the most appropriate referral source to provide the level of care indicated for mental health issues.

Applicability

- All BABH Staff
- Selected BABH Staff, as follows: All Clinical, Clinical Management, Access/Intake
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: LIPs, Primary Care,
 - Policy Only Policy and Procedure
- Other:

Definitions

1. Ability to Pay: The ability of the responsible party to pay for the cost of services as determined by the Michigan Department of Health and Human Services (MDHHS) under sections 330.1818 and 330.1819 of the MMHC, Revised 1996. For substance abuse conditions, the ability to pay is determined in accordance with P.A. 368 of 1978.

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2. Contract Rate: Established reimbursement rate or Medicaid fee screen, when applicable, for services rendered minus patient pay amounts based on the patient's ability to pay.
3. Cost Of Services: The total operating and capital costs incurred by the community mental health provider with respect to or on behalf of the individual.
4. Financial Indigence: Persons with earned income exceeding the financial criteria for Medicaid eligibility yet fall within the Federal Poverty Guidelines for financial assistance.
5. Service Priority: Services provided by BABHA will be directed to persons with the most severe forms of mental illness, including co-occurring disorders. The severity of mental illness will be determined using the MDHHS approved Service Selection Guidelines that emphasize diagnosis, degree of disability, duration and prior service utilization. Priority will be given to persons with serious mental illness or co-occurring substance use disorders in urgent or emergency situations.
6. Specialty Mental Health Services: Specialty Mental Health services are medically necessary mental health supports and services that exceed Medicaid Health Plan, primary insurance and/or private insurance benefits. Generally, as the beneficiary's psychiatric signs, symptoms and degree/extent of functional impairment increase in severity, complexity and/or duration, the more likely it becomes that the beneficiary will require specialized services and supports available through the PIHP/CMHSP. For all coverage determination decisions, it is presumed that the beneficiary has a diagnosable mental illness or emotional disorder as defined in the most recent Diagnostic and Statistical Manual of the Mental Disorders published by the American Psychiatric Association.
7. Under-insured: Person has commercial insurance but the needed specialty mental health service (i.e. Case management, ACT) is not a covered benefit.
8. Eligibility Criteria:

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A. Serious Mental Illness (Adult):

- I. Have a persistent and diagnosable mental, behavioral, emotional or co-occurring disorder that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association and approved by MDHHS and this disorder is the primary cause of disability.
- II. The diagnosable disorder has resulted in functional limitation that substantially interferes with or limits one or more major life activities.
- III. Serious mental illness includes dementia with delusions, dementia with depressed mood and dementia with behavior disturbance but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable severe mental illness. The following disorders also are included only if they occur in conjunction with another diagnosable severe mental illness: Substance abuse disorder and/or DSM "V" code.
- IV. The beneficiary does not have a current or recent (within the last 12 months) serious condition but was formerly seriously impaired in the past. Clinically significant residual symptoms and impairments exist and the beneficiary requires specialized services and supports to address residual symptomatology and/or functional impairments, promote recovery and/or prevent relapse.

B. Developmental Disability (Adult and Child):

- I. Intellectual Disability is defined as: A condition manifesting before the age of 18 years that is characterized by significantly sub-average intellectual functioning and related limitations in two (2) or more adaptive skills and that is diagnosed based on the following assumptions:
 - a. Valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors.

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- b. The existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs for supports.
 - c. Specific adaptive skill limitations often coexist with strengths in other adaptive skills or personal capabilities.
 - d. With appropriate supports over a sustained period, the life functioning of the individual with Intellectual Disability will generally improve.
- II. Developmental Disability is defined as either of the following: If applied to an individual older than five (5) years old: a severe chronic condition that meets all of the following requirements.
- a. Is attributable to a mental or physical impairment or a combination of mental and physical impairment.
 - b. Is manifested before the individual is 22 years old.
 - c. Is likely to continue indefinitely.
 - d. Results in substantial functional 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
- III. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- IV. If applied to a minor from birth to age five: a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (II.) if services are not provided.

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C. Serious Emotional Disturbance (Child)

- I. The existence of a diagnosable mental, behavioral, or emotional disorder affecting the youth that exists or has existed during the past year for a period of time sufficient to meet the diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders.
- II. The diagnosable disorder has resulted in functional impairment that substantially interferes with or limits the youth's role in the family, at school and in community activities.
- III. The youth has a CAFAS/PECFAS total score of 50 or above or 40 with one subscale score of 30.
- IV. The following disorders meet the criteria only if they occur in conjunction with another diagnosable SED:
 - a. Substance abuse disorder
 - b. "V" codes in the most recent DSM
 - c. Developmental disorders

D. Substance Use Disorder

- I. Determination of medical necessity, including the presence or a likelihood of a substance use disorder. A provisional diagnostic impression of a substance use disorder.
- II. Determination of the initial level of care (LOC) based on the American Society of Addiction Medicine Patient Placement Criteria 2R (ASAM).
- III. Determination of priority population status:
 - a. Pregnant
 - b. Pregnant injecting drug user
 - c. Injecting drug user
 - d. Parents of children who have been or are at-risk of being removed from the home due to abuse and/or neglect due to substance abuse

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IV. Priority Population Management

- i. The Substance Abuse Prevention and Treatment Block Grant (SAPTBG) requirements indicate that clients who are pregnant or injecting drug users have admission preference over any other client accessing the system and are identified as a priority population. Priority population clients must be admitted to services as follows:

Population	Admission Requirement	Interim Service Requirement
Pregnant Injecting Drug User	<ol style="list-style-type: none"> 1) Screened and referred within 24 hours. 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. 	<i>Begin within 48 hours:</i> <ol style="list-style-type: none"> 1. Counseling and education on: <ol style="list-style-type: none"> a) HIV and TB b) Risks of needle sharing c) Risks of transmission to sexual partners and infants d) Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.
Pregnant Substance Use Disorders	<ol style="list-style-type: none"> 1) Screened and referred within 24 hours. 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels or Care – Offer admission within 48 business hours. 	<i>Begin within 48 hours:</i> <ol style="list-style-type: none"> 1. Counseling and education on: <ol style="list-style-type: none"> a) HIV and TB b) Risks of transmission to sexual partners and infants c) Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.

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Injecting Drug User	Screened and referred within 24 hours. Offer admission within 14 days.	<i>Begin within 48 hours – maximum waiting time 120 days:</i> 1. Counseling and education on: a) HIV and TB b) Risks of needle sharing c) Risks of transmission to sexual partners and infants. 2. Early intervention clinical services.
Parent At-Risk of Losing Children	Screened and referred within 24 hours. Offer admission within 14 days.	<i>Begin within 48 business hours:</i> Early intervention clinical services.
Individuals Under Supervision of MDOC and Referred by MDOC or Individuals Being Released Directly from an MDOC without Supervision and Referred by MDOC	Screened and referred within 24 hours. Offer admission within 14 days.	<i>Begin within 48 hours:</i> Early intervention clinical services Recovery Coach services
All Others	Screened and referred within seven calendar days. Capacity to offer admission within 14 days.	Not required.

- ii. It is the expectation that SUD services are provided to priority population clients before any other non-priority client is admitted for any other treatment services. Exceptions can be made when it is the client’s choice to wait for a program that is at capacity.

9. Medical Necessity Criteria: All determinations regarding medically necessary services shall be made in a timely fashion, by appropriately trained mental health (or substance abuse) professionals with sufficient clinical experience.

- A. For purposes of Medicaid, medical necessity with regard to mental health and/or substance abuse services has been defined to mean services that are:

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- i. Necessary for screening and assessing the presence of a mental illness or substance use disorder; and/or
 - ii. Required to identify and evaluate a mental illness or substance use disorder that is inferred or suspected; and/or
 - iii. Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness (or substance abuse) including impairment in functioning; and/or
 - iv. Expected to arrest or delay the progression of a mental illness (or substance use) disorder and to forestall or delay relapse; and/or
 - v. Designed to provide rehabilitation for the individual to attain or maintain an adequate level of functioning.
- B. The determination of a medically necessary service must be:
- i. Based upon Individual Plan of Service process.
- C. Services selected based upon medical necessity criteria should be:
- i. Delivered in a timely manner, with an immediate response in emergencies in a location that is accessible to the person;
 - ii. Responsive to the particular needs of multi-cultural populations and furnished in a culturally relevant manner;
 - iii. Provided in the least restrictive appropriate setting (inpatient and residential treatment shall be used only when less restrictive levels of treatment have been unsuccessful or cannot be safely provided);
 - iv. Delivered consistent with national standards of practice, including standards of practice in community psychiatry, psychiatric rehabilitation and in substance use disorder, as defined by standard clinical references, generally accepted professional practice or empirical professional experience; and
 - v. Provided in sufficient amount, duration and scope to reasonably achieve their purpose.
- D. Using criteria for medical necessity, a Community Mental Health Service Program (CMHSP) provider may:
- a. Deny services that:

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- i. Are deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;
- ii. Are experimental or investigational in nature; or
- iii. Services for which there exists an appropriate, efficacious, less-restrictive and cost-effective alternative service, setting or support, that otherwise satisfies the standards for medically necessary services;
- iv. Not deny services solely based on preset limits on the duration of services; instead, reviews of the continued need for services shall be conducted on an individualized basis; and
- v. Employ various methods to determine medical necessity, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols, and guidelines.

E. All determinations regarding medically necessary services shall be made in a timely fashion, by appropriately trained mental health (or substance abuse) professionals with sufficient clinical experience.

Procedure

1. Emergency and Access Services will complete and/or verify the enrollment process for all persons requesting specialty mental health and/or substance use disorder services in Bay and Arenac Counties. Emergency and Access Services provides the mental health and substance use disorder enrollment/screening process for Arenac, Bay, Huron and Tuscola Counties.
2. The purpose of the enrollment process is to determine if the person is currently a member of the target populations listed above and thus an eligible beneficiary of specialty mental health services and/or substance use disorder services.
3. The determination of eligibility will be based upon the target populations noted in the MDHHS/Community Mental Health Services Program (CMHSP) Managed

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Specialty Supports and Services Contract according to the criteria established in the following sources (please see attached):

- A. MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter.
 - B. Identification of Individuals to which services are Directed, Section 330.1208(1) and Definitions of Developmental Disability, Serious Emotional Disturbance and Serious Mental Illness, per Sections 330.1100a(19), 330.1100d(2) and (3), respectively, in the MMHC, Revised 1996. (MMHC 2001)
 - C. Substance use disorder priority populations defined in 45 CFR Part 96, 1-19-96, Tobacco regulation for Substance Abuse prevention and treatment Block Grants; Final Rule
4. Mental Health/Developmental Disabilities Services: All persons requesting services through their local CMHSP Board will receive a positive eligibility determination for mental health and/or developmental disability if any one of the following criteria is met for the four possible target populations:
- A. Medicaid
 - i. Person has a Qualified Health Plan (QHP) and meets the criteria for mental health specialty services and supports.
 - ii. Person has a QHP and a primary diagnosis of a Developmental Disability per the MMHC, 2001.
 - iii. Person has non-QHP Medicaid, Healthy MI, Medicaid secondary to Medicare/Commercial insurance, or Medicaid Spend-down and any diagnosis that meets the priority conditions in the MMHC 2001.
 - B. Mental Health Code Priority Populations
 - i. Person is financially indigent and has a diagnosis of serious mental illness, serious emotional disturbance or a developmental disability per the MMHC 2001.

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- ii. Person has ABW and meets the medical necessity determination and coverage parameters.
 - iii. Person is underinsured and has a diagnosis of serious mental illness, serious emotional disturbance or a developmental disability per the MMHC 2001.
 - iv. Person has MI Child insurance and has a diagnosis that meets the priority conditions in the MMHC 2001

5. Substance Use Disorder Services: All persons requesting services for the counties served will receive a positive eligibility determination for substance use disorder if any one of the following criteria is met for the four possible target populations:
 - a. Medicaid and SUD Block Grant: Person has a Qualified Health Plan (QHP), non-QHP Medicaid, Healthy MI, Medicaid secondary to Medicare/Commercial insurance, or Medicaid Spend-down and meets the eligibility criteria listed in the definition section of this policy.
 - b. Those individuals who solely require substance use disorder services will not be served directly by the CMHSP and will be referred out to an agency who provides services for the SUD population without co-occurring mental health treatment needs. Those individuals with co-occurring disorders may be served by the CMHSP.

5. Any person requesting services through their local CMHSP board but not meeting the eligibility criteria for specialty mental health services indicated above will be referred to their relevant qualified health plan, HMO or commercial insurance plan. Persons referred outside of the CMHSP system will be informed of their Grievance and Appeal Options. Emergency and Access Services will maintain an active list of the QHP/HMO/commercial plans in each area.

6. In situations where the person does not meet the eligibility criteria for specialty mental health services, Emergency and Access Services will refer the individual to their relevant qualified health plan, HMO, commercial insurance plan or alternative community resource.

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7. In situations where the person does not meet the eligibility criteria for specialty mental health services but is identified as a prevention or “at risk” group targeted by the local CMHSP board, i.e., mental health prevention and education programs, a referral will be initiated to the appropriate CMHSP program.

8. Any person receiving a positive eligibility determination will be referred to a provider for services in accordance with BABH Policy and Procedure C04-S04-T35 - “Enrollment, Screening and Referral”. The referral will include an authorization for services and an identified CMHSP fund source.

Attachments

N/A

Related Forms

N/A

Related Materials

N/A

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References/Legal Authority

MDHHS/MSHN Medicaid Managed Specialty Supports and Services Contract

MSHN Utilization Management Access System Procedure 05.03.2022

MDHHS Michigan Mental Health Code

MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter

MDHHS Service Selection Guidelines for Medicaid Recipients

- a. Birth to Age 3
- b. Ages Four to Six
- c. Ages Seven to Seventeen
- d. Ages Eighteen and Above

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
J. Hahn	C. Pinter	09/19/08		Update and review
J. Hahn	C. Pinter	05/01/2015	Revision	Numbering scheme/section change. Incorporated with the following PP: C11-T04-S01 Target population; C04-S02-T01 Intake Screening; C04-S04-T01 Persons with DD/ID Eligibility Criteria; C04-S04-T02 Persons with Mental Illness Entrance Criteria; C04-S04-T08 Children's Services Entrance Criteria
J. Hahn	C. Pinter	6/30/2017	Revision	CARF Review; revised to reflect current process.
S. Krasinski K. Moore		6/8/18	Revision	Review. Update language and processes.

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K. Moore	K. Moore	2/4/2020	Revision	Triennial Review-changed name to Plan of Service instead of Person/Family Centered Planning.
S. Krasinski	J. Hahn	7/30/21	Revision	Minor revisions and language update.
S. Krasinski	J. Hahn	8/3/23	Revision	Update to include SUD Priority Populations