

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 4	Care and Treatment		
Section: 4	Eligibility for Services		
Topic: 33	General Fund Eligibility and Process		
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			<i>Board Chairperson Signature</i>

<i>Chief Executive Officer Signature</i>			
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to implement and maintain a waitlist if resources are not adequate to serve all persons with SMI, SED or DD who desire public mental health services. Individuals not meeting priority population criteria will be placed on a waiting list and prioritized for future services based upon severity and urgency of need.

Purpose

If resources are not adequate to serve all individuals with mental health needs, the Mental Health Code of Michigan requires the Community Mental Health Service Program (CMHSP) to direct services to those individuals with more severe conditions (MCL 330.1208(3)). As such, the CMHSP will determine priority eligibility based on severity of the illness and the urgency of need. Any individuals requesting services that do not meet the priority population eligibility will be placed on a waitlist as authorized by MCL 330.1124.

Education Applies to:

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: All Primary Care providers
 - Policy Only Policy and Procedure
- Other:

Definitions

Applicant (MHC Sec 100a): An individual or his or her legal representative who makes a request for mental health services.

Denial: A determination that an individual does not meet the criteria for services and are not being served nor are they being placed on a waiting list. Appropriate notice must be given, as provided in the Mental Health Code (Sec. 705) and Attachment C.6.3.2.1 to the MDHHS/CMHSP contract.

Developmental Disability (MHC Sec 100a): Means either of the following:

- (a) If applied to an individual older than 5 years of age, a severe, chronic condition that meets all of the following requirements:
 - (i) Is attributed to a mental or physical impairment or a combination of mental and physical impairments

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- (ii) Is manifested before the individual is 22 years old.
 - (iii) Is likely to continue indefinitely
 - (iv) 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
 - (v) 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.
- (b) If applied to a minor from birth to 5 years of age, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subsection (a) if services are not provided.

Eligibility: A clinical determination completed by a qualified professional practitioner that ascertains an individual meets the criteria of serious mental illness, serious emotional disturbance, or developmental disability as defined within the MH Code. This is to say, the individual is a part of the “shall serve” population.

Emergent (MHC Sec. 100a): A situation in which an individual is experiencing a serious mental illness or a developmental disability, or a minor is experiencing a serious emotional disturbance, and 1 of the following applies:

- (a) The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual, either intentionally or unintentionally.
- (b) The individual is unable to provide himself or herself food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.
- (c) The individual's judgment is so impaired that he or she is unable to understand the need for treatment and, in the opinion of the mental health professional, his or her continued behavior as a result of the mental illness, developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or to another individual.

General Funds: For purposes of this document, the general funds which are appropriated by the Legislature from Michigan tax revenues to provide mental health services for persons who are not Medicaid beneficiaries.

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“May Serve” Population (MHC Sec. 208 (2)): Individuals who have other mental disorders that meet criteria specified in the most recent diagnostic and statistical manual of mental health disorders published by the American Psychiatric Association. Per the MH Code, a CMH is not required to provide services to these individuals, but “may” provide services should funds exist (MCL 330.1208(2)). If resources are not adequate to serve all individuals with mental health needs, the MH Code requires the CMHSP to direct services to those individuals with more severe conditions (MCL 330.1208(3)). As such, the CMHSP is not required to serve the “may” population but “may” do so if it determines it has sufficient funds; and as an outcome, “may” place the person on the local waiting list for services if not immediately rendered. For the “may” population, both decisions are determined by the local CMHSP.

Priority (MHC Sec. 100c. (6)): Preference for and dedication of a major proportion of resources to specified populations or services. Priority does not mean serving or funding the specified populations or services to the **exclusion** of other populations or services. Pursuant to the MH Code, services shall be directed to persons with SMI, SED or DD with more serious conditions (MCL 330.1208(3)).

Recipient: An individual who receives mental health services from a department, a community mental health services program, or facility or from a provider that is under contract with the department or a community mental health services program.

Review of UM Continued Authorization Decision: Active consumers, who do not meet priority population status and are placed on a waiting list, may request to have another qualified professional practitioner review the UM decision for him (or her) to be placed on a waiting list for services. This review may be a telephonic screening, face-to-face assessment, or clinical chart review. CMHSP’s must offer this option to all individuals placed on a waiting list and provide instructions for how to request such a review.

Serious Emotional Disturbance -SED (MHC Sec 100): A diagnosable mental, behavioral or emotional disorder affecting a minor that exists or has existed during 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 published by the American Psychiatric Association and approved by the department and that 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 also included only if they occur in conjunction with another diagnosable serious mental illness:

- (a) A substance abuse disorder
- (b) A developmental disorder
- (c) A “V” code in the diagnostic and statistical manual of mental disorders

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Serious Mental Illness - SMI (MHC Sec 100): A diagnosable mental, behavioral, or emotional disorder affecting an adult 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 published by the American Psychiatric Association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities. Serious 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. The following disorders are also included only if they occur in conjunction with another diagnosable serious mental illness:

- (a) A substance abuse disorder
- (b) A developmental disorder
- (c) A “V” code in the diagnostic and statistical manual of mental disorders.

“Shall Serve” Population (MHC Sec. 208 (1)): An individual who has a serious mental illness, serious emotional disturbance, or developmental disability, who pursuant the MH Code, must be served by the public mental health system. If resources are not adequate to serve all persons with SMI, SED or DD who desire public mental health services, then “shall serve” individuals must be placed on the local CMHSP waiting list and prioritized for future services based upon severity and urgency of need.

Suspension: An individual who has had their current services temporarily or indefinitely interrupted by the CMHSP. If the CMHSP is unable to provide the service due to the lack of financial resources, but intends to provide these services at some future date as resources allow, a person who has had their services suspended will be placed on to the CMHSP’s waiting list, and service re-commencement will be prioritized against other applicants for services.

Type of Service: For the purpose of this guideline, the type of service is the broad category of services for which someone is determined to be eligible. These include: (i) Targeted Case Management/Supports Coordination (TCM/SC); (ii) Outpatient Therapy; (iii) Psychiatric Services; (iv) Supports for Specialized Residential Living; (v) Supports for Community Living (non-specialized residential).

Urgent (MHC Sec. 100d (14)): A situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment, or support services.

Waiting List (MHC Sec. 124, Admin Rule 2811): A register of those individuals determined to be eligible for public mental health services but are not receiving services due to inadequate funding capacity. The list includes: type of service needed, program category, age, gender and length of time since initial request for service. The list must be in priority order according to severity and urgency of need.

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Procedure

Waiting List Operational Protocol

A. General Protocol

1. The waiting list will be a master list of all eligible service applicants with SMI, SED or DD who are not served (unserved) due to resources that are not adequate to sustain services beyond urgent, emergent, and/or priority population conditions. Unserved individuals are those service applicants who cannot immediately access mental health services, and any active service recipient who has had their services denied, suspended or terminated due to the general fund eligibility criteria.
2. Service applicants who present in emergent or urgent situations will be triaged and provided with crisis intervention services appropriate to their needs. Once stabilized, a person who was in an emergent or urgent situation may be placed on a waiting list if they are not otherwise eligible for admission.
3. Persons waiting for services (those who are already on the waiting list) who inform Bay-Arenac Behavioral Health Authority that their situation has become more urgent or emergent will have their placement on the waiting list re-evaluated. As a result of the re-evaluation, the individual may be re-prioritized on the waiting list or may be granted immediate services.
4. All service applicants who are placed on a waiting list will be informed of their right to request a review of the waiting list decision. Initial review will be conducted by the Access Center Manager within five business days of the date of the request. The review may be conducted telephonically, face-to-face, or through review of records. The decision will be documented and the applicant informed of the disposition.
5. Active service recipients who have their services denied, reduced, terminated or suspended and who are placed on the waiting list shall be notified of their right to access the local dispute resolution process.

B. Protocol for Placing Service Applicants on Waiting List for General Fund Supported Services

1. The Access Center will make eligibility determinations for all new applicants requesting services.
2. Applicants for service who are placed on a waiting list must receive written notice within three business days of the following.
 - Service for which the individual is on a wait list

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- Instructions on what the individual should do if his/her situation changes, including obtaining Medicaid coverage
- The individual’s right to have the decision reviewed

The Access Center will be responsible for sending this communication to the service applicant.

C. Protocol for Placing Individuals Currently Receiving Services on the Waiting List for General Fund Supported Services

1. Existing consumers who are placed on the waiting list must receive written notice within three business days of the following:
 - Service for which the individual is on a wait list
 - Instructions on what the individual should do if his/her situation changes, including obtaining Medicaid coverage
 - The individual’s right to have the decision reviewed

A format will be provided to the agency, program or service manager responsible for the person-centered plan, which is the entity responsible for sending the communication.

D. Management of Waiting List

1. Bay-Arenac Behavioral Health Authority will maintain one integrated and prioritized waiting list that includes service applicants waiting for entry into services, and consumers who have had their services suspended, reduced or limited.
2. The Bay-Arenac Behavioral Health Authority Director of Integrated Services- Primary Care will be responsible for ensuring that this procedure and all related policies and procedures operate as planned, and to make corrective actions when necessary. That individual is responsible for management of the waiting list and related processes at the executive level.
3. New Consumers: The Access Center is responsible for screening service applicants, determining eligibility, and placing eligible individuals who cannot be served according to established criteria on the waiting list according to procedures established in that department.
4. Active Consumers: It is the responsibility of each program for conducting utilization management reviews to assess existing service recipients, screening for continued eligibility (against established General Fund Supported Services Admission Criteria) and, in appropriate circumstances, directing those individuals to waiting list status.

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5. The Emergency Services Department is responsible for providing crisis intervention services to service applicants, existing service recipients, and other citizens.
6. The Emergency Services Department is responsible for outreach contacts to persons on the waiting list.
7. The Emergency Services Department is the central point of contact for individuals on the waiting list. Individuals on the waitlist whose circumstances have changed should be directed to contact the Emergency Services Department.
8. The Emergency Services Department will re-screen the individual (using the LOCUS and other tools) and review the waiting list with the Director of Integrated Services- Primary Care on a routine basis to make determinations on moving individuals into services. Individuals whose dangerousness scores are extreme or who after rescreening appear to be eligible for urgent or emergent admission will be immediately handled by the Emergency Services Department.
9. The waiting list will include sufficient information to enable decisions to be made about the functional status, diagnostic group, presenting problem, LOCUS assessment scores, and other pertinent information about the individual, including phone number and contact information for an emergency contact.
10. The waiting list will be reviewed on a routine basis. Review activities will be documented, and include the following:
 - Removal of names from the waitlist:
 - Individual receives all needed services
 - Individual obtains Medicaid
 - Individual relocates out of the catchment area
 - Individual requests to be removed from the waiting list
 - BABHA is unable to contact the individual (e.g., phone, mail) after five attempts to do so
 - Re-prioritization of the waiting list according to an individual's changing urgency and severity of needs
 - Review of documentation of the attempts to contact individuals (e.g., phone, mail) to determine if they wish to stay on the waiting list or if they have experienced any change in situation.
11. The Director of Integrated Services- Primary Care will report summary information related to waiting lists to the BABHA Strategic Leadership Team on a monthly basis. The PI Department may be required to submit waiting list information to the MDHHS.

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E. Waiting List Prioritization

The order of priority on the waiting list will be based on the individual’s severity and urgency of need as established in the General Fund Management Memorandum #2014-04, General Fund Admission Criteria.

Related Materials

BABHA General Fund Management Memorandum #2014-04, General Fund Admission Criteria
 BABHA General Fund Management Memorandum #2014-04, General Fund Benefit Package

References/Legal Authority

Mental Health Code of Michigan

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 GF Work Group	SLT	05/15/14	New	
J. Hahn	C. Pinter	05/15/15	Revision	Updated Title and attached GF memos
J. Hahn	J. Hahn	10/1/18	No changes	Triennial Review-no changes