

Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program: FY 12 – Attachment P4.7.4
MDCH/CMHSP Managed Mental Health Supports and Services Contract: FY 12 – Attachment C4.7.4
March 18, 2008

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs)
and Community Mental Health Services Programs (CMHSPs)

FROM: Irene Kazieczko, Director
Bureau of Community Mental Health Services

SUBJECT: Technical Advisory Regarding: 1) Medicaid Eligibility Criteria for Children with Serious Emotional Disturbance for Specialty Mental Health Services; and
2) Establishing General Fund Priority for Mental Health Services for Children with Serious Emotional Disturbance

Attached is the revised Technical Advisory Regarding: 1) Medicaid Eligibility Criteria for Children with Serious Emotional Disturbance for Specialty Mental Health Services; and 2) Establishing General Fund Priority for Mental Health Services for Children with Serious Emotional Disturbance. This advisory provides a framework to be used by PIHPs and CMHSPs for determining eligibility for Medicaid specialty mental health services for children with serious emotional disturbance (SED). The framework is also to be used for non-Medicaid children, for establishing general fund priority for services to children with SED according to the requirements of the Michigan Mental Health Code. The criteria for Medicaid eligibility for specialty mental health services and the framework for general fund priority for non-Medicaid children is based on the definition of serious emotional disturbance delineated in the Mental Health Code which includes the three dimensions of diagnosis, functional impairment and duration.

A key feature of the Medicaid eligibility criteria and general fund priority framework in the Technical Advisory is that diagnosis alone is not sufficient to determine eligibility for Medicaid specialty mental health services, nor general fund priority for services. This means that the practice of using a defined or limited set of diagnoses to determine Medicaid eligibility, or general fund priority for services should cease. As stated in the Mental Health Code, any diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM) can be used (with the exception of developmental disorder, substance abuse disorder or “V” codes unless these disorders occur in conjunction with another diagnosable serious emotional disorder), and should be coupled with functional impairment and duration criteria for determination of serious emotional disturbance in a child.

Please remember, that PIHPs and CMHSPs are not to use eligibility determination documents that are no longer in effect. This includes attachment 3.3.2 in the PIHP and CMHSP contracts. This attachment has been removed from the contracts. Also, MSA Bulletins 95-03 and 00-10 are no longer in effect and should not be used to determine Medicaid eligibility for specialty mental health services.

On August 21, 2007, the Technical Advisory regarding Eligibility Criteria for Children with Serious Emotional Disturbance (SED) was issued for review and feedback. Feedback was received in writing from five CMHSPs, two PIHPs, one private provider, and the Michigan Association of Community Mental Health Boards (MACMHBs). In addition, we received verbal feedback from those CMHSPs participating in a conference call on September 10, 2007, and from the MACMHB Children’s Issues Committee.

Based on comments from the field, additions/corrections to the document were made. These include:

Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program: FY 12 – Attachment P4.7.4

MDCH/CMHSP Managed Mental Health Supports and Services Contract: FY 12 – Attachment C4.7.4

- 1) Language was added to the criteria for 7-17 regarding the provision of services to a parent if the care-giving situation places the child at high risk for SED.
- 2) The exact language for the definition of SED was added from the Mental Health Code.
- 3) It was clarified that the Technical Advisory eligibility criteria does not apply to MIChild beneficiaries.
- 4) Language was added from the March 30, 2006 Patrick Barrie memorandum regarding eligibility and medical necessity criteria for B3 Direct Model Prevention Services.
- 5) The following changes were made to the crosswalk for 0-3:
 - Referencing sensitivity, shyness and social withdrawn disorder (313.2, .21 and .22) in relation to the Regulation of Disorders of Sensory Processing, Type A: Fearful/Cautious (411).
 - Conduct Disorder—child onset type (312.81 in ICD-9-CM and DSM IVR) now includes a notation that this diagnosis may be used with a child over 36 months of age.
 - Coordination Disorder (315.4 in ICD 9 CM and DSM IVR) has been dropped.

The department encourages the use of the Technical Advisory for Medicaid eligibility criteria and general fund priority framework over the next year, and additional feedback from the field will be accepted. The department does intend to incorporate the Technical Advisory into the Medicaid Provider Manual and into the contract negotiation process for FY09.

The department will also be providing training on the use of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC: 0-3®). Training was held November 1 and 2, 2007 in Traverse City in conjunction with the Michigan Association of Infant Mental Health (MAIMH), and another training is planned for April 10 and 11, 2008 at the Lansing Community College—West Campus. (A notice was sent out under separate cover.) We are also working with Kay Hodges to schedule training on the Pre-School and Early Childhood Functional Assessment Scale (PECFAS), the assessment tool recommended for measuring functional impairment for four through six year olds. We will send out this information when we finalize the dates and location. Lastly, for birth through three year olds, the department intends to field-test one or two tools with CMHSPs willing to participate, before making a recommendation for an assessment tool for functional impairment for that age group.

I wish to thank all of the CMHSPs and PIHPs, the MACMHB and its Children's Issues Committee for their time and effort in reviewing the Eligibility Criteria for Children with SED. I believe that the use of this document will provide a structure for bringing greater uniformity to eligibility decisions and improving access to public mental health system services for children with SED who are in need of our services.

Please contact Sheri Falvay at 517-241-5762, or at falvay@michigan.gov if you have questions.

Attachments

c: Sheri Falvay
Judy Webb
Mark Kielhorn

TECHNICAL REQUIREMENT FOR SEDW CHILDREN FINAL REVISED MARCH 18, 2008

REGARDING: 1) MEDICAID ELIGIBILITY CRITERIA FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE; AND 2) ESTABLISHING GENERAL FUND PRIORITY FOR MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

General Considerations:

This requirement provides a framework to be used by Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs) for determining eligibility for Medicaid specialty mental health services for children with serious emotional disturbance (SED). The framework is also to be used for non-Medicaid children, for establishing general fund priority for mental health services to children with SED according to the requirements of the Michigan Mental Health Code (Section 330.1208). The criteria for Medicaid eligibility for specialty mental health services and the framework for general fund priority for non-Medicaid children is based on the definition of serious emotional disturbance delineated in the Mental Health Code (Section 330.1100d) which includes the three dimensions of diagnosis, functional impairment and duration.

A key feature of the Medicaid eligibility criteria and general fund priority framework in the Technical Requirement is that diagnosis alone is not sufficient to determine eligibility for Medicaid specialty mental health services, nor general fund priority for services. This means that the practice of using a defined or limited set of diagnoses to determine Medicaid eligibility, or general fund priority for services should cease. As stated in the Mental Health Code, any diagnosis in the DSM can be used (with the exception of developmental disorder, substance abuse disorder or “V” codes unless these disorders occur in conjunction with another diagnosable serious emotional disorder), and should be coupled with functional impairment and duration criteria for determination of serious emotional disturbance in a child.

The Medicaid eligibility criteria and general fund priority framework delineated in this document are intended to: (1) assist Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs) in determining severity, complexity and duration that would indicate a need for specialty mental health services and supports for Medicaid children and for non-Medicaid children establish priority for service under the Michigan Mental Health Code, and (2) bring more uniformity to these decisions for children across the system. Children meeting the criteria delineated in this document are considered to have a serious emotional disturbance, as defined in the Mental Health Code. (Please note that the criteria contained in this document do not apply to MICHild beneficiaries. CMHSPs are the sole provider of the mental health benefit for MICHild beneficiaries who are to be provided medically necessary mental health services by CMHSPs regardless of functional impairment.)

Selection of Services

For Medicaid children, once an eligibility determination has been made based on the criteria delineated in this document, selection of services is determined based on person-centered planning and family-centered practice. Selection of services should also be made based on medical necessity criteria, and, where applicable, the service-specific criteria, coverage policy and decision parameters contained in the most recent version of the Medical Services Administration's Medicaid Policy Manual. However, decisions regarding access/eligibility should not be based on medical necessity criteria or service-specific criteria since these decisions are a separate and subsequent process to eligibility determinations.

Special Note: For Direct Prevention Services Models (CCEP, School Success Program, Infant Mental Health, Parent Education) with a family or child care provider regarding an individual child, the service should be noted in the child's plan of services as "medically necessary" and should be reported using the child's beneficiary identification number. PIHPs typically use "unspecified" diagnosis codes found in the ICD-9 for infants, young children and individuals who receive one-time crisis intervention.

Definition of Child with Serious Emotional Disturbance 7 through 17 Years

The definition of SED for children 7 through 17 years delineated below is based on the Mental Health Code, Section 330.1100d. In addition, extensive reviews and examinations of Child and Adolescent Functional Assessment Scale (CAFAS) data submitted by CMHSPs for the children currently served were undertaken to establish functioning criteria consistent with the Michigan Mental Health Code definition of serious emotional disturbance.¹ The parameters delineated below do not preclude the diagnosis of and the provision of services to an adult beneficiary who is a parent and who has diagnosis within the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) that results in a care-giving environment that places the child at-risk for serious emotional disturbance.

The following is the criteria for determining when a child 7 through 17 years is considered to have a serious emotional disturbance. All of the dimensions must be considered when determining whether a child is eligible for mental health services and supports as a child with serious emotional disturbance. The child shall meet each of the following:

Diagnosis

Serious emotional disturbance means 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

¹ The recommendations for the CAFAS scores as detailed under the functioning dimension described in this document would capture about 84.2% of the children currently being served by CMHSPs.

American Psychiatric Association and approved by the department and that has resulted in functional impairment as indicated below. The following disorders are included only if they occur in conjunction with another diagnosable serious

emotional disturbance: (a) a substance abuse disorder, (b) a developmental disorder, or (c) "V" codes in the diagnostic and statistical manual of mental disorders.

Degree of Disability/Functional Impairment

Functional impairment that substantially interferes with or limits the minor's role or results in impaired functioning in family, school, or community activities. This is defined as:

- A total score of 50 (using the eight subscale scores on the Child and Adolescent Functional Assessment Scale (CAFAS), or
- Two 20s on any of the first eight subscales of the CAFAS, or
- One 30 on any subscale of the CAFAS, except for substance abuse only.

Duration/History

Evidence that the disorder 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.

Definition of Child with Serious Emotional Disturbance, 4 through 6 Years (48 through 71 months)

For children 4 through 6 years of age, decisions should utilize similar dimensions to older children to determine whether a child has a serious emotional disturbance and is in need of mental health services and supports. The dimensions include:

- (1) a diagnosable behavioral or emotional disorder;
- (2) functional impairment/limitation of major life activities; and
- (3) duration of condition.

However, as with infants and toddlers (birth through age three years), assessment must be sensitive to the critical indicators of development and functional impairment for the age group. Impairments in functioning are revealed across life domains in the young child's regulation of emotion and behavior, social development (generalization of relationships beyond parents, capacity for peer relationships and play, etc.), physical and cognitive development, and the emergence of a sense of self. All of the dimensions must be considered when determining whether a young child is eligible for mental health services and supports as a child with serious emotional disturbance.

(For Children 4 through 6 Years Continued)

The parameters delineated below do not preclude the provision of services to an adult beneficiary of a young child who is a parent and who has a diagnosis within the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) that results in a care-giving environment that places the child at-risk for serious emotional disturbance.

The following is the criteria for determining when a young child beneficiary is considered to have a serious emotional disturbance. All of the dimensions must be considered when determining whether a young child is eligible for mental health services and supports.

The child shall meet each of the following:

Diagnosis

A young child has a mental, behavioral, or emotional disturbance 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 that has resulted in functional impairment as delineated below. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance: (a) a substance abuse disorder, (b) a developmental disorder, or (c) "V" codes in the diagnostic and statistical manual of mental disorders.

Degree of Disability/Functional Impairment

Interference with, or limitation of, a young child's proficiency in performing developmentally appropriate tasks, when compared to other children of the same age, across life domain areas and/or consistently within specific domains as demonstrated by at least one indicator drawn from at least three of the following areas:

Area I:

Limited capacity for self-regulation, inability to control impulses, or modulate emotions as indicated by:

Internalized Behaviors:

- prolonged listlessness or sadness
- inability to cope with separation from primary caregiver
- shows inappropriate emotions for situation
- anxious or fearful
- cries a lot and cannot be consoled
- frequent nightmares
- makes negative self statements that may include suicidal thoughts

Externalized Behaviors:

(For Children 4 through 6 Years Continued)

- frequent tantrums or aggressiveness toward others, self and animals
- inflexibility and low frustration tolerance
- severe reaction to changes in routine
- disorganized behaviors or play
- shows inappropriate emotions for situation
- reckless behavior
- danger to self including self mutilation
- need for constant supervision
- impulsive or danger seeking
- sexualized behaviors inappropriate for developmental age
- developmentally inappropriate ability to comply with adult requests
- refuses to attend child care and/or school
- deliberately damages property
- fire starting
- stealing

Area II:

Physical symptoms, as indicated by behaviors that are not the result of a medical condition, include:

- bed wetting
- sleep disorders
- eating disorders
- encopresis
- somatic complaints

Area III:

Disturbances of thought, as indicated by the following behaviors:

- inability to distinguish between real and pretend
- difficulty with transitioning from self-centered to more reality-based thinking
- communication is disordered or bizarre
- repeats thoughts, ideas or actions over and over
- absence of imaginative play or verbalizations commonly used by preschoolers to reduce anxiety or assert order/control on their environment

Area IV:

Difficulty with social relationships as indicated by:

- inability to engage in interactive play with peers
- inability to maintain placements in child care or other organized groups
- frequent suspensions from school
- failure to display social values or empathy toward others

(For Children 4 through 6 Years Continued)

- threatens or intimidates others
- inability to engage in reciprocal communications
- directs attachment behaviors non-selectively

Area V:

Care-giving factors that reinforce the severity or intractability of the childhood disorder and the need for intervention strategies such as:

- a chaotic household/constantly changing care-giving environments
- parental expectations are inappropriate considering the developmental age of the young child
- inconsistent parenting
- subjection to others' violent or otherwise harmful behavior
- over-protection of the young child
- parent/caregiver is insensitive, angry and/or resentful to the young child
- impairment in parental judgment or functioning (mental illness, domestic violence, substance use, etc.)
- failure to provide emotional support to a young child who has been abused or traumatized

The standardized assessment tool specifically targeting social-emotional functioning for children 4 through 6 years of age recommended for use in determining degree of functional impairment is the Pre-School and Early Childhood Functional Assessment Scale (PECFAS).

Duration/History

The young age and rapid transition of young children through developmental stages makes consistent symptomatology over a long period of time unlikely.

However, indicators that a disorder is not transitory and will endure without intervention include one or more of the following:

- (1) Evidence of three continuous months of illness; or
- (2) Three months of symptomatology/dysfunction in a six-month period; or
- (3) Conditions that are persistent in their expression and are not likely to change without intervention; or
- (4) A young child has experienced a traumatic event involving actual or threatened death or serious injury or threat to the physical or psychological integrity of the child, parent or caregiver, such as abuse (physical, emotional, sexual), medical trauma and/or domestic violence.

Definition of Child with Serious Emotional Disturbance, Birth through 3 Years (47 months of age)

Unique criteria must be applied to define serious emotional disturbance for the birth through age three population, given:

- the magnitude and speed of developmental changes through pregnancy and infancy and early childhood;
- the limited capacity of the very young to symptomatically present underlying disturbances;
- the extreme dependence of infants and toddlers upon caregivers for their survival and well-being; and
- the vulnerability of the very young to relationship and environmental factors.

Operationally, the above parameters dictate that the mental health professional must be cognizant of:

- the primary indicators of serious emotional disturbance in infants and toddlers, and
- the importance of assessing the constitutional/physiological and/or care-giving/environmental factors that reinforce the severity and intractability of the infant-toddler's disorder.

Furthermore, the rapid development of infants and toddlers results in transitory disorders and/or symptoms, requiring the professional to regularly re-assess the infant-toddler in the appropriate developmental context.

The access eligibility criteria delineated below do not preclude the provision of services to an adult beneficiary who is a parent of an infant or toddler and who has a diagnosis within the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) that results in a care-giving environment that places the infant or toddler at high risk for serious emotional disturbance.

The following is the criteria for determining when an infant or toddler beneficiary is considered to have a serious emotional disturbance or is at high risk for serious emotional disturbance and qualifies for mental health services and supports. All of the dimensions must be considered when determining eligibility.

The child shall meet each of the following:

Diagnosis

An infant or toddler has a mental, behavioral, or emotional disturbance sufficient to meet the diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association consistent with the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition* (see

(For Children Birth through 3 Years Continued)

attached crosswalk) that has resulted in functional impairment as indicated below. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance: (a) a substance abuse disorder, (b) a developmental disorder, or (c) "V" codes in the diagnostic and statistical manual of mental disorders.

Degree of Disability/Functional Impairment

Interference with, or limitation of, an infant or toddler's proficiency in performing developmentally appropriate skills as demonstrated by at least one indicator drawn from two of the following three functional impairment areas:

Area I:

General and/or specific patterns of reoccurring behaviors or expressiveness indicating affect/modulation problems. Indicators are:

- uncontrollable crying or screaming
- sleeping and eating disturbances
- disturbance (over or under expression) of affect, such as pleasure, displeasure, joy, anger, fear, curiosity, apathy toward environment and caregiver
- toddler has difficulty with impulsivity and/or sustaining attention
- developmentally inappropriate aggressiveness toward others and/or toward self
- reckless behavior(s)
- regression as a consequence of a trauma
- sexualized behaviors inappropriate for developmental age

Area II:

Behavioral patterns coupled with sensory, sensory motor, or organizational processing difficulty (homeostasis concerns) that inhibit the infant or toddler's daily adaptation and relationships. Behavioral indicators are:

- a restricted range of exploration and assertiveness
- severe reaction to changes in routines
- tendency to be frightened and clinging in new situations
- lack of interest in interacting with objects, activities in their environment, or relating to others and infant or toddler appears to have one of the following reactions to sensory stimulation:
 - hyper-sensitivity
 - hypo-sensitive/under-responsive
 - sensory stimulating-seeking/impulsive

Area III:

(For Children Birth through 3 Years Continued)

separation concerns), as determined through the assessment of infant/toddler, parent/caregiver and environmental characteristics. Indicators in the infant or toddler are:

- does not meet developmental milestones (i.e., delayed motor, cognitive, social/emotional speech and language) due to lack of critical nurturing,
- has severe difficulty in relating and communicating,
- disorganized behaviors or play,
- directs attachment behaviors non-selectively,
- resists and avoids the caregiver(s) which may include childcare providers,
- developmentally inappropriate ability to comply with adult requests, disturbed intensity of emotional expressiveness (anger, blandness or is apathetic) in the presence of a parent/caregiver who often interferes with infant's goals and desires, dominates the infant or toddler through over-control, does not reciprocate to the infant or toddler's gestures, and/or whose anger, depression or anxiety results in inconsistent parenting. The parent/caregiver may be unable to provide critical nurturing and/or be unresponsive to the infant or toddler's needs due to diagnosed or undiagnosed peri-natal depression, other mental illness, etc.

An assessment tool specifically targeting social-emotional functioning for infants and toddlers and assessment of the relationship between primary caregiver(s) will be determined based on field testing of recommended assessment tools.

Duration/History

The very young age and rapid transition of infants and toddlers through developmental stages makes consistent symptomatology over time unlikely. However, indicators that a disorder is not transitory and will endure without intervention include one or more of the following:

- (1) The infant or toddler's disorder(s) is affected by persistent multiple barriers to normal development (inconsistent parenting or care-giving, chaotic environment, etc.); or
- (2) The infant or toddler has been observed to exhibit the functional impairments for more days than not for a minimum of two weeks (see Areas I-III above); or
- (3) An infant or toddler has experienced a traumatic event involving actual or threatened death or serious injury or threat to the physical or psychological integrity of the child, parent or caregiver, such as abuse (physical, emotional, sexual), medical trauma and/or domestic violence.