

# **NORTHCARE NETWORK PRIORITY POPULATION**

**Prepared by Joseph Cools, M.D.**

**Revised 6/9/06**

## **PRIORITY POPULATIONS**

The State of Michigan receives Federal dollars through the Medicaid Program to support health care. The Federal Government favors health care through Health Maintenance Organizations (HMOs). By law, HMOs are required to cover 20 Mental Health Outpatient (O/P) visits. Michigan, in recognition of the expert treatment provided the “Priority Populations” by the CMHSP system, received permission to “carve out” specialty behavioral health care for its “Priority Populations”. This “carve out” divided the responsibility and funding for treatment of mental illness in Michigan between the Medicaid Health Plans (20 O/P visits) and the CMHSPs (specialty services). This is a change in funding/responsibility from historical patterns and has caused confusion among consumers, providers, and our community partners. This paper is intended to help differentiate the consumers that are to be served by CMHSPs from those that should be served by the Medicaid Health Plans.

There are three important documents that help in defining the boundaries of the priority population and the non-priority population. These documents are the Mental Health Code, Department of Community Health (DCH) Contract with the Pre-paid Inpatient Health Plan (PIHP) for Specialty Services, and the Service Selection Guidelines (SSG).

### **Michigan Mental Health Code**

“Services provided by a community mental health services program shall be directed to individuals who have a Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), or Developmental Disability (DD).” 330.1208(1)

“Services may be directed to individuals who have other mental disorders that meet criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and may also be directed to the prevention of mental disability and the promotion of mental health.” 330.1208(2)

“Priority shall be given to the provision of services to individuals with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability. Priority shall also be given to the provision of services to individuals with a serious mental illness, serious emotional disturbance, or developmental disability in urgent or emergency situations.” 330.1208(3)

### **The Fiscal Year 2003 – 2005 Medicaid Managed Specialty Supports Contract:**

“The PIHP shall be responsible for outreach and ensuring adequate access to services to the priority populations (Medicaid eligible and Michigan Mental Health Code – mandated priority populations).”

“The PIHP shall utilize the Service Selection Guidelines as outlined in their contract with the MDCH in Attachment P 3.3.1 (DD) and Attachment P 3.3.2 (MI).”

“The PIHP will use, for Medicaid beneficiaries, the medical necessity criteria specified by MDCH and reflect in Attachment P 3.2.1.”

### Service Selection Guidelines (SSG) (Attachment 3.3.2)

“The SSGs are a framework for determining what conditions are appropriate for which service.” The SSGs are divided into three protocol categories: (1) High acuity (urgent or emergent); (2) Enhanced Rehabilitation and Support Services Protocols; and (3) Treatment/Utilization Management Protocols for mild/moderate disorders.

Obviously, as consumers define crises that may lead to urgent or emergent situations, we need to respond with an appropriate continuum of crisis intervention or acute care services. To be eligible for continued services (Enhanced Rehabilitation and Support Services), persons would need to be part of the “priority population”.

“Under the managed mental health services programs, capitated payouts and state funds must be used to provide covered or mandated mental health services to eligible consumers or priority populations, and cannot be used to supplant other sources of payment or to pay for services that are the responsibility of another agency”.

#### *(Pg. 34 of 49) Enhanced Rehabilitation and Support Service Protocols for Persons with Serious Mental Illness and Serious Emotional Disturbances*

“This protocol is designed to identify those persons with serious and persistent conditions whose needs are likely to include multiple treatment options, support and rehabilitation services. A broad range of services and supports must be available to treat individuals with these conditions and, although a baseline need for services may remain constant, the particular mix or array and intensity of services required at any given point in time is likely to be variable. In arranging services and supports for any given individual with a serious and persistent condition, the emphasis must be placed on the person-centered planning process. Within the context of this process, a wide array of service and support needs may be identified related to care coordination, housing, socialization, personal care, training in community living, mobile supports, family assistance, behavior management, skill development and vocational/educational opportunities.

This protocol is not intended to prescribe the mix of services and supports that should be provided to each individual with a serious and persistent condition. As noted, the person-centered planning process is the appropriate vehicle for determination of the scope, frequency, and intensity of services and supports for a particular individual. This protocol merely offers a method and provides a simple algorithm for identifying consumers who require enhanced services and supports.

Persons with serious and persistent conditions are a major focus of community mental health services. The group is not defined by a single illness that requires a single treatment approach, but encompasses a range of disorders, degrees of impairment, and/or disability and differential rehabilitation, support and recovery needs. Referred to by various designations (e.g., community support system, comprehensive systems of care, etc.), the service array, typically utilized by persons with serious conditions, includes: medication/psychiatric services, residential/housing, crisis response, inpatient care, varying levels of case management support, psychosocial rehabilitation services, in vivo community training and skill building, outreach and home-based services, employment services, and peer support.

#### *(Pg. 35-36 of 49) Conceptual Framework for Identification of Persons with Serious Disorders*

A variety of approaches have been developed to identify persons with serious and persistent mental disorders or serious emotional disturbances. For purposes of managing the **Medicaid** specialized ambulatory mental health benefits, severe and persistent mental illness and severe emotional disturbances are defined in MSA Bulletin **95-03**:

“For purposes of this policy and for HMO or Clinical Plan enrollees only, severe and persistent mental illness and severe emotional disturbances are defined by:

diagnosis and degree of disability, or  
diagnosis and duration of illness, or  
diagnosis and prior service utilization criteria.

**ADULTS:** - Severe and Persistent Mental Illness

Diagnosis as defined by Diagnostic and Statistical Manual – IV Version (DSM-IV) – Schizophrenia and Other Psychotic Disorder (295.xx: 297.1; 298.8; 298.9), Mood Disorders, or Major Depressions and Bipolar Disorders 296.xx.

Degree of Disability – Substantial disability functional impairment in three or more primary aspects of daily living such that the self-sufficiency is markedly reduced. This includes:

- Personal hygiene and self-care,
- Self-direction,
- Activities of daily living,
- Learning and recreation, or
- Social transactions and interpersonal relationships.

In older persons (55 or older), loss of functional capacity might also include:

- Loss of mobility,
- Sensory impairment,
- Physical stamina to perform activities of daily living or ability to communicate immediate needs as the result of medical conditions requiring professional supervision, or
- Conditions resulting from long-term institutionalization.

Duration –

Evidence of six continuous months of illness, symptomatology, or dysfunction, or six cumulative months of symptomatology/dysfunction *in a 12-month* period, or based on current condition and diagnosis, there is a reasonable expectation that the symptoms/dysfunctions will continue for more than six months.

Prior Service Utilization –

Four or more admissions to a community inpatient unit/facility in a calendar year, community inpatient hospital days of care in a calendar year exceeding 30 days, state hospital *utilization* of over 60 days *in a calendar year*, or utilization of over 20 mental health visits (e.g., individual or group therapy) in a calendar year.

**Children and Adolescents** – Severe Emotional Disturbances

Diagnosis as defined by DSM-IV –

- Schizophrenia and Mood Disorders (Major Depressions and Bipolar Disorders),
- Reactive Attachment Disorder (313.39)
- Medicaid-Covered Gender Identity Disorder (302-.6, 302.85)
- Autism with Accompanying Mental Disorder, or
- Conduct Disorder

Degree of Disability – Marked to severe emotional/behavioral impairment (not solely the result of mental retardation or other developmental disability, epilepsy, drug abuse, or alcoholism) that results in substantial functional limitation of major life activities in two or more of the following areas:

- Self-care at an appropriate developmental level,
- Self-direction, including behavioral control,
- Capacity for living with family or family equivalent,
- Learning, or
- Perceptive and expressive language.

Duration –

Evidence of **six** continuous months of illness, symptomatology or dysfunction, six cumulative months of symptomatology/dysfunction in a 12-month period, or on the basis of a specific diagnosis (e.g., schizophrenia) disability is likely to continue for more than one year.

Prior Service Utilization –

Four or more admissions to a community inpatient unit/facility in a calendar year, community inpatient hospital days of care in a calendar year exceeding 45 days, state hospital utilization of over 50 days in a calendar year, or utilization of over 20 mental health visits (e.g., individual or group therapy) in a calendar year.

The definitions referenced above are used to distinguish those Medicaid Health Plan enrollees who should receive their outpatient mental health services through the Health Plan from those who have more severe conditions and hence, should be referred to CMHSPs for specialized services. While MSA Bulletin 95-03 only mentions Health Plan (Health Maintenance Organizations and Clinic Plans) enrollees, most CMHSPs have viewed these criteria as the basic admission parameters for Medicaid specialized mental health services, regardless of the consumer's health plan status.

Based on the above referenced documents and my clinical expertise in CMHSPs, my recommendations to NorthCare for eligibility for Enhanced Services are:

Adults:

- 1) CMHSPs primarily serve adults with the diagnosis of Schizophrenia and other Psychotic Disorders (295xx; 297.1; 297.3; 298.8; 298.9), Major Depression, and Bipolar Disorder, who also met the Degree of Disability, Duration, or Prior Service Utilization Criteria. Caution should be used in relying on the diagnosis from outside sources. Disorders should be independently verified by the CMHSPs. Rarely would a NOS diagnosis qualify as "Priority Population". The utilization of more than 20 outpatient visits in one calendar year criteria should be used with caution if other criteria are not met.
- 2) Adults with Severe Personality Disorders and Severe Anxiety Disorders would have to significantly meet more than the minimum Degree of Disability and Prior Service Utilization Criteria.

*Note: In co-occurring disordered patients their degree of disability, duration and prior service utilization must be due to their SMI before CMHSPs should accept primary responsibility for Enhanced Services and coordination of Substance Abuse Services.*

Children:

Children and adolescents with two or more elevated (rated 20 or 30) subscale scores on the CAFAS and total impairment greater than 80 with a serious and persistent mental illness qualify for enhanced services. Caution should be used if there are elevations in the Role Performance or Substance Abuse Scales. The "greater than 80" is a guideline. Clinical documentation should support serious dysfunction that results from mental illness.