

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

Date Issued **7/23**

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I. APPLICATION:

- ☒ SCCCMHA Board
- ☐ SCCCMHA Providers & Subcontractors
- ☒ Direct Operated Programs
- ☒ Community Agency Contractors
- ☐ Residential Programs
- ☐ Specialized Foster Care

II. POLICY STATEMENT:

It shall be the policy of St. Clair County Community Mental Health Authority (SCCCMHA) to adhere to specific guidelines establishing Community Mental Health Services Program (CMHSP) General Fund (GF) Waiting List (WL) operations consistent with MDHHS technical guidelines.

III. DEFINITIONS:

- A. Applicant (MHC Sec 100a): An individual or his or her legal representative who makes a request for mental health services.
- B. Denial: A determination that an individual does not meet the criteria for services and is not being served nor is he / she 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).
- C. Intellectual/Developmental Disability (MHC Sec 100a): Either of the following:
 - 1. If applied to an individual older than 5 years of age, a severe, chronic condition that meets all of the following requirements:
 - a. Is attributed to a mental or physical impairment or a combination of mental and physical impairments
 - 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:
 - (1) Self-Care
 - (2) Receptive and expressive language
 - (3) Learning

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- (4) Mobility
- (5) Self-Direction
- (6) Capacity for independent living
- (7) Economic self-sufficiency

- e. 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.
2. 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.
- D. Eligibility: A clinical determination completed by a qualified professional practitioner that ascertains an individual meets the criteria of serious mental illness, serious emotional disturbance, of intellectual developmental disability as defined within the MH Codes; the individual is a part of the "shall serve" population.
- E. Emergent (MHC Sec. 100a): A situation in which an individual is experiencing a serious mental illness or an intellectual developmental disability, or a minor is experiencing a serious disturbance, and 1 of the following applies:
1. The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual, either intentionally or unintentionally.
 2. 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.
 3. 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, intellectual 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.
- F. General Funds: For purpose 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.
- G. "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.
- H. 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.

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- I. 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.
- J. Review of Decision: For GF individuals who are placed on a waiting list, an opportunity for the individual to request another qualified professional practitioner to review the 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.
- K. 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:
 1. A substance abuse disorder
 2. A intellectual developmental disorder
 3. A "V" code in the diagnostic and statistical manual of mental disorders
- L. 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:
 1. A substance abuse disorder
 2. A intellectual developmental disorder
 3. A "V" code in the diagnostic and statistical manual of mental disorders.
- M. "Shall Serve" Population (MHC Sec. 208 (1)): An individual who has a serious mental illness, serious emotional disturbance, or intellectual developmental disability, who pursuant the MH Code, must be served by the public mental health system.
- N. Suspension: An individual who has had their current services temporarily or indefinitely interrupted by the CMHSP.

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- O. 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) Treatment & Training; (iii) Supports for Specialized Residential Living; and (iv) Supports for Community Living (non-specialized residential).
- P. Urgent: 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 received care, treatment, or support services.
- Q. 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.

IV. STANDARDS:

- A. In the event that Mental Health Code required mental health services for Code-defined priority populations cannot be provided within required time-frames due to insufficient funds, SCCCMHA shall operate a WL that ensures systematic access into services and on-going service delivery. It is the expectation that a WL shall be used only as a last resort, after other resource management methods have been applied and shall always be based on objective and fair criteria with consistent implementation of practices.
- B. Per Section 330.1208(2) of the MH Codes, a CMH is not required to provide services to these Individuals, but “may” provide services should funds exist. If resources are not adequate to serve all individuals with mental health needs, the MH Code requires to direct services to those individuals with more severe conditions (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 to be determined by the local CMHSP.
- C. Pursuant to Section 330.1208(3) of the MH Code, services shall be directed to persons with SMI, SED or I/DD with more serious conditions. If resources are not adequate to serve all persons with SMI, SED or I/DD who desire public mental health services, then “shall” individuals must be placed on the local CMHSP waiting list and prioritized for future services based upon severity and urgency of need. Note: all Medicaid Healthy Michigan, or MI Child beneficiaries who meet admission criteria shall immediately receive all medically necessary services, and shall never be placed on a waiting list. Ensures that the CMHSP policies and procedures related to establishing waiting lists and managing the local demand for services shall be publicized. A summary of CMHSP waiting list process shall be made available.
- D. A Waiting list (WL) shall only be used when a CMHSP cannot meet all of the mental health needs of its local community priority populations.

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- E. A decision to use a WL shall be made only after the CMHSP has examined and considered current program and service investments and has determined that no further cost and service management efficiencies can be made to achieve an expansion of local capacities.
- F. Policies and procedures related to WL should be available to all individuals seeking services, those currently in services, and to the general public.
- G. Processes related to placing and prioritizing applicants for services shall be objective, reliable, fair and consistently applied.
- H. In assessing severity and urgency of need, the local mental health system shall use objective measures whenever possible to promote consistency in its evaluation processes.
- I. The needs of service applicants and those placed on the waiting list should be weighed against the needs of individuals currently in service.
- J. The WL management system must include an ongoing process to create capacity for individuals entering the public mental health system as well as managing the care of individuals already in service.
- K. It is essential to provide individuals with clear and accurate information about current service capacity without conveying either false hope or false pessimism.
- L. Decisions regarding access to GF funded services should be based on the severity and urgency of the situation, regardless of the individual's ability to pay or insurance status.
- M. An applicant's eligibility shall be determined without regard to their ability to pay the costs of services. The CMHSP shall educate and assist consumers and families in accessing benefits and other community resources for which they may be eligible.
- N. CMHSPs shall maximize and actively pursue all alternative sources of payment for services, including first and third-party payments. Individuals kept on waiting lists are those that the CMHSP intends to serve as capacity becomes available.
- O. The severity and urgency of the applicant's needs shall be the primary considerations in allocating scarce resources and an applicant's position on a WL may be re-ordered accordingly.
- P. CMHSP resources should be continuously monitored to ensure maximum movement of individuals from the WL into ongoing service.
- Q. Individuals shall be fully informed about how to access 24 hour, 7-day per week crisis emergency services, by telephone and walk-in, and encouraged to utilize these services when deemed necessary by the individual regardless of WL status.

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V. PROCEDURES:

A. **Assistant Director or Masters Level Designee:**

1. Maintains a master list of all “*unserved*” MH Code defined priority persons which includes:
 - a. any person who cannot immediately access necessary mental health services in a timely manner; and
 - b. any active service recipient who has had their services denied, suspended or terminated.
2. Tracks via e-record (OASIS WL program) “*underserved*” service needs. The *underserved populations and service need data* shall pertain to
 - a. any active service recipient who has had their services reduced due to non-clinical reasons (e.g. economic conditions), whereby the recipient is no longer receiving necessary services that are sufficient in scope, amount, quantity or duration (underserved); and
 - b. any new applicant who has had any necessary service limited in amount, scope or duration.
3. Specifies that any individual who presents in an ***emergent*** situation be triaged and immediately receive crisis intervention services. Individuals in emergent situations shall never be placed on WL.
4. Specifies that any individual who presents in an ***urgent*** situation be triaged and have their risk evaluated. If determined necessary, the person shall receive immediate crisis response services.
5. Ensures that the person who was in an ***emergent or urgent*** situation (now stabilized) may be placed on WL however, the individual shall first be informed how to contact the Crisis line or access system for future crisis intervention services if necessary.
 - a. An applicant will be placed on WL through a face to face clinical screening through the intake process at the county level by a Masters Level intake clinician /supervisor.
 - b. SCCCMHA will utilize the GF Benefit grid to determine level of service per severity level, given the Locus Score. Any additional services that are requested/medically necessary but are unable to be provided would be entered on the WL.
 - c. Individuals with Medicaid Spend-down (Deductible): Applicants for CMHSP services who have a Medicaid spend-down (deductible) are not considered Medicaid eligible until their spend-down has been met, and may be placed on a waiting list. Active service recipients on a Medicaid spend-down (deductible) are not considered Medicaid eligible during the time of their spend-down, and may be placed on a waiting list. However, risk and continuity-of-care factors must be taken into consideration and documented in the medical record prior to reducing, suspending or terminating service(s).

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6. Ensures that all eligible applicants placed on a waiting list are informed of their right to request a review of the waiting list decision, both verbally and in writing. Active service recipients who have their services denied, reduced, terminated or suspended shall be notified in writing of their right to access the local dispute resolution process.
 - a. Ensures the review of waiting list decision occurs within five (5) business days from date of request. A person in an urgent situation shall be entitled to an expedited review, and shall have their request processed within two (2) business days from date of request. The review shall always be conducted by a qualified professional practitioner who was not involved in the initial decision. The review may be conducted telephonically, face-to-face, or through chart review. The decision must be documented and the applicant shall be informed in writing of the review disposition. St. Clair clinical leadership will determine an appropriate reviewer based on identity of initial reviewer.
 - b. Ensures re-evaluation of any person who contacts the CMHSP and informs the agency that their situation has changed (i.e., their condition has become more urgent or emergent). As an outcome of the re-evaluation, SCCCMHA may re-prioritize the applicant's position on the waiting list; or may decide to grant admission for immediate services, if clinically warranted.
 - c. Ensures that individuals placed on a waiting list are informed by the CMH Intake Masters Level clinician /supervisor of other community resources or services that may be available. This may include information about self-help groups, private-pay options, or other community support services.
7. Ensures that assessing the needs of all individuals currently receiving services are periodically assessed (e.g. at the time of the continuing service authorization and periodic review).

B. Intake Masters Level Clinician / Supervisor

1. Enters the following information into the OASIS e-record as a result of a screening process prior to placing an individual on a waiting list:
 - a. Presenting problem/key issues
 - b. Risk assessment
 - c. Initial Qualifying Diagnosis
 - d. Duration of symptoms
 - e. Functional impairment
 - f. Co-occurring conditions (including medical, substance abuse)
 - g. Developmental history (for children)
 - h. History of prior services
 - i. Alternate contact information

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2. Notifies applicant for service placed on the WL per written notice within three business days, the following:
 - a. Service for which the individual is on a wait list.
 - b. Instructions on what the individual should do if his/her situation changes, including obtaining Medicaid coverage.
 - c. The individual's right to have the decision reviewed.
3. Assigns to WL per the following clinical population prioritization criteria:
 - a. Adults with Serious Mental Illness (SMI)
 - (1) Severity of mental illness
 - (2) Severity of functional impairment
 - (3) Domains in which there is an impairment
 - (4) Risk Factors/Degree of Risk
 - (5) Existence of complex, co-occurring condition, such as SUD or significant medical condition (additive to mental illness)
 - (6) Priority may be mitigated by other available options, such as community resources, other insurance payers, natural supports, etc.
 - b. Children with Serious Emotional Disturbance (SED)
 - (1) Severity of emotional disturbance
 - (2) Severity of functional impairment
 - (3) Domains in which there is an impairment
 - (4) Risk Factors/Degree of Risk
 - (5) Existence of complex, co-occurring condition, such as SUD or significant medical condition (additive to mental illness)
 - (6) Developmental profile/status
 - (7) Stability of living situation, to include consideration of a primary caregiver with a serious mental illness or complex condition
 - (8) Priority may be mitigated by other available options, such as community resources, other insurance Payers, natural supports, etc.
 - c. Persons with Intellectual Developmental Disabilities (I/DD)
 - (1) Severity of intellectual developmental disability
 - (2) Severity of functional impairment
 - (3) Domains in which there is an impairment
 - (4) Risk Factors/Degree of risk
 - (5) Existence of complex, co-occurring condition, such as SUD or significant medical condition
 - (6) Stability of living situation, to include consideration of a primary caregiver with a serious mental illness or other complex condition (e.g. health risks)

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4. Priority may be mitigated by other available options, such as community resources, other insurance payers, natural supports, etc.
 - a. The waiting list shall include a prioritization (rank order) which includes the following
 - (1) applicants waiting for access into public mental health services,
 - (2) individuals who had their services suspended or terminated due to insufficient funds and
 - (3) active service recipients whose services have been reduced or limited. If SCCCMHA 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 waiting list, and service re-commencement will be prioritized against other applicants for services.
 - b. The WL must include, at a minimum, the following:
 - (1) Name (or ID) of the applicant
 - (2) Age
 - (3) Gender
 - (4) Type of Service Needed:
 - (5) Targeted Case Management (TCM)
 - (6) Treatment & Training
 - (7) Supports for Specialized Residential Living
 - (8) Supports for Community Living (non-specialized residential)
 - (9) Designation of Service Applicant or Current Service Recipient
 - (10) Diagnostic Group: SMI, SED, I/DD
 - (11) Date Placed on the Waiting List
 - (12) Service Priority Number

Assistant Director / designee (minimum Master Level)

5. Maintains the waiting list. The practitioner shall be capable of rendering clinical judgments based upon the prioritization criteria established by these guidelines and the agency. Administrative support personnel may assist the practitioner in the overall management of the agency's wait list.
6. Ensures that those most in need rise to the top of the list relative to the others who are waiting for services and supports. Review activities shall be documented, and shall minimally include:
 - a. Removal of names of persons served;
 - b. Removal of names of persons who request to be removed from the waiting list;
 - c. Addition of new names placed on the waiting list and the (re)-prioritization of the overall list, if necessary;
 - d. Re-prioritization of the Waiting List according to an individual's changing urgency and severity of needs.
 - e. Documents on a regular, but not less than quarterly basis, reasonable attempts to contact individuals (e.g. phone, US Postal Service), to determine if they wish to stay on list, or if they

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have experienced any change in situation. Assistant Director or Designee (minimum Masters Level) may utilize support staff assistance to facilitate contact and to assist with maintaining the waiting list.

7. Removes persons from the WL per the following criteria:
 - a. Individual receives all needed services
 - b. Individual obtains Medicaid eligibility
 - c. Individual requests to be removed from waiting list
 - d. CMHSP is unable to contact the individual after 3 attempts using various means (i.e. alternate contact information)
8. Periodically (no less than annually) report summary information related to its Wait List to its Governing Board.
9. Annually submit its Mental Health Code required WL data to MDHHS on required forms via the PPG process, or in a reporting manner/frequency required by MDHHS/CMHSP Contract.

VI. REFERENCES:

- A. Chapter 1, Mental Health Code, State of Michigan
- B. MDHHS Technical Advisory for Establishing and Managing a General Fund (GF) Waiting List

VII. EXHIBITS:

- A. Shell Document – Waiting List Notification Letter

VIII. REVISION HISTORY:

Dates issued 09/12, 05/14, 05/15, 05/16, 05/17, 05/18, 05/19, 7/20, 07/21, 07/22.

Shell Document - Waiting List Notification Letter

Date

Consumer Name

Address

City, State, ZIP

Dear [Consumer Name],

As a result of your request for mental health services on [date], it has been determined that you meet criteria for the following service: [identify service type]. However, due to inadequacy of current funding, you are being placed on a waiting list for this service.

You have the right to request a review of this decision. If you would like to request a review of this decision or have questions about this action, please contact us within 14 days of this letter at:

Name

Address

Phone Number

If your situation changes, if you wish to have your name removed from the waiting list, or you are experiencing a mental health emergency, please contact the Access Center at [phone #].

Sincerely,

Staff

Title