


CHAPTER Service Delivery	CHAPTER 02	SECTION 003	SUBJECT 15
SECTION Access to Services		DESCRIPTION Waiting Lists for Programs	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input type="checkbox"/> Interns
<input type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) issues specific guidelines establishing a Community Mental Health Services Program (CMHSP) Waiting List consistent with Michigan Department of Health and Human Services (MDHHS) technical guidelines.

STANDARDS:

- A. LCCMH will operate a waiting list when Mental Health Code required mental health services (for Mental Health Code-defined priority populations) cannot be provided within required time-frames.
- B. A Waiting List is only be used when LCCMH cannot meet all of the mental health needs of its local community priority populations and only as a last resort after other resource management methods have been applied
- C. A decision to use a Waiting List is be made by the Clinical Director after they have examined and considered current program and service investments and determined

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no further cost and service management efficiencies can be made to achieve an expansion of local capacities.

- D. Policies and procedures related to Waiting List is available to all individuals seeking services, those currently in services, and to the general public.
- E. The Waiting List ensures systematic access into services and ongoing service delivery. Processes related to placing and prioritizing applicants for services is objective, reliable, fair and consistently applied.
- F. In assessing severity and urgency of need, LCCMH uses objective measures for consistency in the evaluation process.
- G. The needs of service applicants and those placed on the waiting list is weighed against the needs of individuals currently in service.
- H. The Waiting List procedures must include a plan to create capacity for individuals entering the public mental health system as well as managing the care of individuals already in service.
- I. It is essential to provide individuals with clear and accurate information about current service capacity without conveying either false hope or false pessimism.
- J. Decisions regarding access to General Fund services is based on the severity and urgency of the situation, regardless of the individual's ability to pay or insurance status.
- K. An applicant's eligibility is determined without regard to their ability to pay the costs of services. LCCMH educates and assists persons served and families in accessing benefits and other community resources for which they may be eligible.
- L. LCCMH maximizes and actively pursues all alternative sources of payment for services, including first and third-party payments. Individuals kept on waiting lists are those LCCMH intends to serve as capacity becomes available.
- M. The severity and urgency of the applicant's needs is the primary consideration in allocating scarce resources and an applicant's position on a Waiting List is re-ordered accordingly.
- N. LCCMH resources are continuously monitored to ensure maximum movement of individuals from the Waiting List into ongoing service.

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O. Individuals are 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 Waiting List status.

PROCEDURES:

- A. LCCMH follows MDHHS guidelines to immediately provide medically necessary services to; Medicaid, Healthy Michigan, or MI Child beneficiaries who meet admission criteria and not be placed on a waiting list but when unable to accommodate the following procedures occur:
- B. The Clinical Director maintains a master list of all “*unserved*” Mental Health Code defined priority persons which include:
 - 1. Any person who cannot immediately access necessary mental health services in a timely manner
 - 2. Any active service recipient who has had their services denied, suspended or terminate
- C. The Clinical Director tracks via e-record (OASIS Waiting List Module) “underserved” service needs. The underserved populations and service need data pertain to:
 - 1. Any active person served who has had their services reduced due to non-clinical reasons (i.e. economic conditions), whereby the recipient is no longer receiving necessary services sufficient in scope, amount, quantity or duration (underserved)
 - 2. Any new applicant who has had any necessary service limited in amount, scope or duration
- D. The Clinical Director ensures any individual who presents in an **emergent** situation be triaged and immediately receive crisis intervention services. Individuals in emergent situations are never placed on the Waiting List.
- E. The Clinical Director ensures any individual who presents in an **urgent** situation be triaged and have their risk evaluated. If determined necessary, the person will receive immediate crisis response services.

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- F. The Clinical Director ensures the person who was in an ***emergent or urgent*** situation (now stabilized) may be placed on the Waiting List however, the individual will first be informed how to contact the Crisis Line or Access Center for future crisis intervention services if necessary.
1. An applicant is placed on Waiting List through a face to face clinical screening through the intake process at LCCMH by a Masters Level intake clinician /supervisor.
 2. Applicants for LCCMH 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. 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).
- G. The Clinical Director ensures all eligible applicants placed on a waiting list are issued an Adverse Benefit Determination notice and 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 must receive an Adverse Benefit Determination (ABD) notice to be notified in writing of their right to access the local dispute resolution process.
1. The Clinical Director ensures the review of waiting list decision occurs within five (5) business days from date of request. A person in an urgent situation is entitled to an expedited review, and has their request processed within two (2) business days from date of request. The review is always 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 is informed in writing of the review disposition. LCCMH Clinical Director determines an appropriate reviewer based on identity of initial reviewer.
 2. The Clinical Director ensures re-evaluation of any person who contacts LCCMH and informs the agency their situation has changed (i.e., their condition has become more urgent or emergent). As an outcome of the re-evaluation, LCCMH may re-prioritize the applicant's position on the waiting list; or may decide to grant admission for immediate services, if clinically warranted.

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3. The Clinical Director ensures individuals placed on a waiting list are informed by the LCCMH Intake Masters Level Clinician /Supervisor of other community resources or services potentially available. This may include information about self-help groups, private-pay options, or other community support services.
- H. The Clinical Director ensures the needs of all individuals currently receiving services are periodically reassessed
- I. Intake Masters Level Clinicians 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:
1. Presenting problem/key issues
 2. Risk assessment
 3. Initial qualifying diagnosis
 4. Duration of symptoms
 5. Functional impairment
 6. Co-occurring conditions (including medical, substance abuse)
 7. Developmental history (for children)
 8. History of prior services
 9. Alternate contact information
- J. The Clinician notifies the applicant for service placed on the Waiting List per written notice within three business days, the following:
1. Service for which the individual is on a wait list
 2. Instructions on what the individual should do if their situation changes, including obtaining Medicaid coverage
 3. The individual's right to have the decision reviewed

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K. The Clinical Director assigns to Waiting List per the following clinical population prioritization criteria:

1. Adults with Serious Mental Illness (SMI)
 - a. Severity of mental illness
 - b. Severity of functional impairment
 - c. Domains in which there is an impairment
 - d. Risk Factors/Degree of Risk
 - e. Existence of complex, co-occurring condition, such as SUD or significant medical condition (additive to mental illness)
 - f. Priority may be mitigated by other available options, such as community resources, other insurance payers, natural supports, etc.

2. Children with Serious Emotional Disturbance (SED)
 - a. Severity of emotional disturbance
 - b. Severity of functional impairment
 - c. Domains in which there is an impairment
 - d. Risk Factors/Degree of Risk
 - e. Existence of complex, co-occurring condition, such as SUD or significant medical condition (additive to mental illness)
 - f. Developmental profile/status
 - g. Stability of living situation, to include consideration of a primary caregiver with a serious mental illness or complex condition
 - h. Priority may be mitigated by other available options, such as community resources, other insurance payers, natural supports, etc.

3. Persons with Intellectual/Developmental Disabilities (I/DD)
 - a. Severity of developmental disability
 - b. Severity of functional impairment
 - c. Domains in which there is an impairment
 - d. Risk Factors/Degree of risk
 - e. Existence of complex, co-occurring condition, such as SUD or significant medical condition
 - f. Stability of living situation, to include consideration of a primary caregiver with a serious mental illness or other complex condition (e.g. health risks)
 - g. Priority may be mitigated by other available options, such as community resources, other insurance payers, natural supports, etc.

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L. The waiting list includes 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
3. Active service recipients whose services have been reduced or limited

M. The waiting list must include, at a minimum, the following:

1. Name (or ID) of the applicant
2. Age
3. Gender
4. Type of Service Needed
5. Designation of Service Applicant or Current Service Recipient
6. Diagnostic Group: SMI, SED, DD
7. Date Placed on the Waiting List
8. Service Priority Number

N. Program Supervisors maintain the waiting list. The practitioner is capable of rendering clinical judgments based upon the prioritization criteria established by these guidelines and the agency. Program staff may assist in the overall management of the agency's wait list.

O. The Clinical Director prioritizes those most in need for services and supports. Review activities are documented, and minimally include:

1. Removal of names of persons served
2. Removal of names of persons who request to be removed from the waiting list

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3. Addition of new names placed on the waiting list and the (re)-prioritization of the overall list, if necessary
4. Re-prioritization of the Waiting List according to an individual's changing urgency and severity of needs
5. On a regular, but not less than monthly basis, , documentation of the reasonable attempts to contact individuals to determine if they wish to stay on list, or if they have experienced any change in situation
6. Program staff provide any identified situation changes with the person served to the program supervisor. The program supervisor updates the waitlist priority if applicable

P. Program Supervisors remove persons from the Waiting List per the following criteria:

1. Individual receives all needed services
2. Individual obtains Medicaid eligibility
3. Individual relocates out of CMHSP area
4. Individual requests to be removed from waiting list
5. CMHSP is unable to contact the individual after 3 attempts using various means (i.e. alternate contact information)

Q. The Clinical Director periodically (no less than annually) reports summary information related to the Wait List to the CMH Board of Directors.

R. LCCMH annually submits its Mental Health Code required Waiting List data to MDHHS on required forms for the Annual Needs Assessment, or in a reporting manner/frequency required by the MDHHS/CMHSP Contract.

DEFINITIONS:

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

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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:

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

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. 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 disturbance, and one of the following applies:

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1. The individual can reasonably be expected within the near future to physically injure their self or another individual, either intentionally or unintentionally.
2. The individual is unable to provide their 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 they are 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, means 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.

“May Serve” Population (MHC Sec. 208 (2)): Individuals who have other mental disorders meeting criteria specified in the most recent diagnostic and statistical manual of mental health disorders published by the American psychiatric association. 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 by “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.

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 Section 330.1208(3) of the MH Code, services shall be directed to persons with SMI, SED or DD with more serious conditions.

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

Review of Decision: For General Fund individuals who are placed on a waiting list, means 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

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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.

Serious Emotional Disturbance – SED (MHC Sec 100): A diagnosable mental, behavioral or emotional disorder affecting a minor existing 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 resulted in functional impairment substantially interfering 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 developmental disorder
3. A "V" code in the diagnostic and statistical manual of mental disorders

Serious Mental Illness – SMI (MHC Sec 100): A diagnosable mental, behavioral, or emotional disorder affecting an adult existing 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 resulting in functional impairment substantially interfering 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” 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

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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) Treatment & Training; (iii) Supports for Specialized Residential Living; and (iv) Supports for Community Living (non-specialized residential).

Urgent: A situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he/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.

REFERENCES/EXHIBITS:

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

BS:mgr

This policy supersedes
#05/03011 dated 05/02/2003.
