Placer County Health and Human Services ADULT SYSTEM OF CARE MENTAL HEALTH SERVICES

Priority Population

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Director: Mawat Baum

POLICY

The Placer County Adult System of Care is dedicated to providing quality services to the priority populations identified in California Mental Health Act and to all Placer County Medi-Cal beneficiaries who meet the State Department of Mental Health medical necessity criteria.

Reference: California Welfare and Institutions Code Sections 5777, 5600.1, 5600.2; and 5600.6; California Code of Regulations Section 1830.205 of Title 9; Government Code

Section, Title 1, Division 7, Chapter 26.5

PURPOSE

The purpose of this policy is to:

- 1. Identify and define the priority populations to which the local mental health program is legally obligated to provide mental health services.
- 2. Identify the Medi-Cal beneficiary population to which the Adult System of Care are obligated to provide mental health specialty services under contract with DMH as a Managed Mental Health Plan.

DEFINITIONS

Priority Target Populations:

In accordance to Sections 5600.1 and 5600.2 of the California Welfare and Institutions Code, the Systems of Care is obligated to provide mental health services to residents of the County who have severe and disabling mental illness, or children who are emotionally disturbed (ED), regardless of financial means. (Attachment A)

The Adult System of Care will make special efforts to engage the severely disabled mentally ill who are homeless and/or who have co-occurring substance dependence.

Medi-Cal Medical Necessity Definitions:

In accordance medical necessity definition found referred to in Section 5777 of the California Welfare and Institutions Code and Section 1830.205 of Title 9 of the California Code of Regulations County residents who are Medi-Cal beneficiaries are entitled to receive an appropriate array of mental health services. (Attachment B)

SERVICE PRIORITIES:

The Adult System of Care mental health program's first priority will be to provide an array and intensity of services to County residents who have a severe and persistent mental illness and Medi-Cal beneficiaries who meet the criteria established by the State Department of Mental Health.

Services to Target Populations:

In accordance with Section 5600.6 of the California Welfare and Institutions Code, the Adult System of Care mental health services will provide a minimum array of services for residents, who as a result of their mental disorder, have substantial functional impairments or symptoms, or a psychiatric history demonstrating that, without treatment, there is an imminent risk of increasing impairment and/or increasing symptoms. The minimum array of services should include: Crisis Services, Assessment, Medication Education and Management, Case Management, Twenty-four-hour Treatment Services, Rehabilitation and Support Services, Vocational Services, and Residential Services. Individuals with a severe and persistent mental illness are to be treated within a coordinated and integrated system of care approach Services to Medi-Cal Beneficiaries:

Specialty mental health services are to be provided at a level of intensity and duration to adequately address the beneficiary's medically necessary mental health condition. These services will be furnished primarily through a provider network utilizing a brief therapy model. Beneficiaries requiring medications will first be evaluated for appropriateness of prescription by their primary care providers. Psychiatric consultation will be available to primary health care providers. Primary care providers may refer for on-going psychiatric care.

Crisis Intervention Services:

County residents, regardless of financial means, who, as a result of a mental illness, are determined to be a danger to self, a danger to others or gravely disabled, are eligible to receive crisis intervention services offered by the Systems of Care to address their emergent mental health condition.

Attachment A

PRIORITY POPULATION FOR ADULT SERVICES

PRIOIRTY POPULATION CRITERIA

The priority target population is comprised of individuals with a severe and persistent mental illness. The criteria utilized are that the individual suffers from (1) a severe psychiatric impairment, (2) exhibit an impaired level of functioning that prevents them from sustaining themselves in the community without treatment, supervision, rehabilitation and supports, and (3) whose illness and impaired level of functioning is persistent in duration. Excluded from this criterion are individuals who have a primary diagnosis of substance abuse and those individuals with a sole diagnosis of developmental disabilities. The criteria also exclude individuals with a primary diagnosis of organic brain syndrome.

OPERATIONAL DEFINITION

Individual who are considered to be severe and persistently mentally ill must meet the following criteria to be eligible for services:

Criteria A

At least one of the following diagnoses as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorder IV-TR:

Schizophrenia

295.1 Disorganized

295.2 Catatonic

295.3 Paranoid

295.4 Residual

295.9 Undifferentiated

Schizoaffective Disorder

295.70

Bipolar Disorders

296.0x Bipolar I 296.4x Manic 296.5x Depressed 296.6x Mixed

296.7 Most Recent Episode, Unspecified

296.80 Bipolar Disorder Not Otherwise Specified

296.89 Bipolar II Disorder

Major Depression

296.2x Single Episode

296.3x Recurrent

Delusional Disorder

297.1

Psychotic Disorder Not Otherwise Specified

298.9

Criteria B:

A Global Assessment Functioning Scale with a score of 60 or lower

Criteria C:

The client's actual Functional Impairment(s) must be specifically identified and documented in writing in the chart and the notation must indicated how they have limited or impacted the individuals daily functioning.

Attachment B

STATE DEPARTMENT OF MENTAL HEALTH MEDI-CAL MANAGED CARE MEDICAL NECESSITY CRITERIA

Medical necessity for managed care specialty mental health services which are the responsibility of the County mental health plan must meet the three following criteria:

ELIGIBILITY

To be eligible for Medi-Cal reimbursement for Outpatient/Specialty Mental Health Services, clients must meet all three criteria (diagnostic, impairment & intervention)

DIAGNOSES

Must have one of the following DSM IV-TR diagnoses, which will be the focus of any treatment intervention which is provided:

Included Diagnoses:

- Pervasive Developmental Disorders, except Autistic Disorders which are excluded
- Attention Deficit and Disruptive Behavioral Disorders
- Elimination Disorders
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders, Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorder, excluding Antisocial Personality Disorders
- Medication-Induced Movement Disorders

Excluded Diagnoses:

- Mental Retardation
- Learning Disorders
- Communication Disorders
- Autistic Disorders
- Tic Disorders
- Delirium, Dementia, Amnestic and Other Cognitive Disorders
- Mental Disorders due to a general medical condition

- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorders

A beneficiary may receive services for an included diagnosis even when an excluded diagnosis is also present.

IMPAIRMENT CRITERIA

Must have one of the following as a result of a mental disorder(s) identified in the diagnostic criteria and must have one of 1, 2, or 3 below

- 1. A significant impairment in an important area of life functioning, or
- 2. A probability of significant deterioration in an important area of life functioning or
- 3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder that can be corrected or ameliorated.

INTERVENTION RELATED CRITERIA

Must have all 1, 2, and 3 below:

- 1. The focus of the proposed intervention must address the condition identified as part of the impairment criteria above and
- 2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning, and
- 3. The condition would not be responsive to physical based health care treatment.