

## Washtenaw County Community Mental Health

### **WAIT LIST FOR SERVICES – (policy)**

#### **PURPOSE**

Clarify criteria, considerations, processes, documentation and requisite periodic review of any wait list for service established and/or managed by the WCCMH or its designated agent

#### **POLICY**

Consistent with provisions of the Mental Health Code (MCL 330.1124), the Administrative Rules (R 330.2811) and the Master General Fund Contract between Michigan Department of Health and Human Services (MDHHS) and the CMH, the agency or its contracted designee shall establish and manage a waiting list for services when available general funds are insufficient to accommodate all admission or service requests.

Decisions regarding whether to admit or wait list an applicant shall be based on severity and urgency of need, and on the prioritization hierarchy delineated in MCL 330.1208.

#### **APPLICATION**

The Wait List Policy applies to children and adults seeking services from the Washtenaw Community Mental Health Services Program (CMHSP) that are funded by State General Fund dollars.

#### **DEFINITIONS**

(Contained within Attachment A)

#### **STANDARDS**

Current Access Center standard protocols and procedures for service request response, processing and disposition (initial triage, clinical interview and assessment, severity appraisal, risk profile determination and ranking, emergent/urgent intervention guidelines, clinical decision support consultation and tools) will be deployed to prioritize applicant admission and to substantiate waiting list placement decisions and rankings. Per the provisions of the Mental Health Code, "...individuals determined to be of equal severity and urgency of need shall be served in the order in which they applied for services."

Prior to placing an individual on a wait list, the CMH or its designated agent shall attempt to identify and refer the individual to alternative services or providers that may be able to assist the individual or to meet the applicant's stated needs.

The waiting list established and maintained by the CMH or its designated agent shall include limited demographic information, service request date, wait list placement date, service population category (SMI, SED, DD), and information regarding periodic reviews of the applicant's status on the wait list roster.

Applicants seeking admission to a CMHSP under the auspices of state law and general fund availability who are denied admission and placed on a wait list for services have a statutory right to a second opinion, under the provisions of section 705 of the Mental Health Code. Applicants denied admission shall be informed of this right and instructed in how to exercise this option (second opinion) if they wish to pursue this remedy.

## **PROCEDURES**

There are no additional procedures for this policy.

## **EXHIBITS**

- A.** Overview of Eligibility Considerations Under State Law and General Fund Allocations

## **REFERENCES**

1. 42 CFR 400 et al. (Balanced Budget Act)
2. 45 CFR Parts 160 & 164 (HIPPA)
3. 42 CFR Part 2 (Substance Abuse)
4. Michigan Mental Health Code Act 258 of 1974 (Sections 100, 124, 206, 208, 705)
5. Michigan Administrative Rules, Rule 2811
6. MDHHS General Fund Contract, Attachment C3.1.1
7. MDHHS Substance Abuse Contract
8. Michigan Medicaid Provider Manual

## Overview of Eligibility Considerations Under State Law and General Fund Allocations

(With Citations and Definitions)

Under state law (P.A. 254 of the Public Acts of 1974, as amended), the purpose of a CMHSP is “to provide a comprehensive array of mental health services appropriate to conditions of individuals who are located within its geographic service area, regardless of an individual's ability to pay” (MCL 330.1206.1). This section of the Code calls attention, first and foremost, to the CMHSP’s geographic or catchment area responsibility (“...individuals located within its geographic service area”) for mental health services. However, the Code also establishes priorities for services within the geographic area covered by CMHSP, noting in MCL 330.1208 that:

- (1) Services provided by a community mental health services program **shall** be directed to individuals who have a serious mental illness, serious emotional disturbance, or developmental disability.
- (2) 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 health disorders published by the American Psychiatric Association and may also be directed to the prevention of mental disability and the promotion of mental health. Resources that have been specifically designated to community mental health services programs for services to individuals with dementia, alcoholism, or substance abuse or for the prevention of mental disability and the promotion of mental health shall be utilized for those specific purposes.
- (3) 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.

In earlier sections of the Code (MCL 330.1100), the terms priority, serious mental illness, serious emotional disturbance and developmental disabilities are explicitly defined. In the Code, **priority** means:

*“...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”.*

The definition indicates that a CMHSP may dedicate specific proportion of its state allocation to specified priority populations (i.e., serious mentally ill, serious emotional disturbance, developmental disabilities), **but** that it cannot fund a particular priority population (e.g. the seriously mentally ill) or service (e.g., planning, linking, coordinating, follow-up, and monitoring services) to the exclusion of other priority populations (e.g., serious emotional disturbed; developmentally disabled) or other mandated services (e.g. specialized mental health recipient training, treatment, and support).

The terms developmental disability, serious emotional disturbance, and serious mental illness are defined as follows (MCL 330.1100):

"Developmental disability" means either of the following:

- (a) If applied to an individual older than 5 years, a severe, chronic condition that meets all of the following requirements:
  - (i) Is attributable 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.
- (b) If applied to a minor from birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.

"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 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 included only if they occur in conjunction with another diagnosable serious emotional disturbance:

- (a) A substance abuse disorder.
- (b) A developmental disorder.
- (c) "V" codes in the diagnostic and statistical manual of mental disorders.

"Serious mental illness" means 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 also are 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.

In summary, a CMHSP is responsible for mental health services within a defined geographic catchment area, and it is required to direct its services to individuals within the service area who are seriously mentally ill, seriously emotional disturbed, and/or developmental disabled. Within those priority groups, preference must be given to persons with the **most severe forms** of serious mental illness, serious emotional disturbance and developmental disabilities, and to individuals with a serious mental illness, serious emotional disturbance, or developmental disability in urgent or emergency situations.

The state's arrangement with CMHSPs under state law (the Mental Health Code) is a "**defined contribution**" contract. Under state law and the MDHHS-CMHSP contract for state funds, no particular or named individual within the CMHSP service area has a specific right or entitlement to any particular services or any specific level of coverage. Instead, the CMHSP obligation is to county residents *as a whole*, prioritizing services to particular individuals according to Code mandates and available funds. If there are changes in the number of persons seeking care, changes in severity of individual circumstances, or reductions in state funds, the CMHSP can and must alter its service arrangements (re-prioritize; alter, reduce or terminate some service arrangements; set waiting lists, etc.) to meet the Code mandate regarding preference to those with the most severe forms of serious mental illness, serious emotional disturbance and developmental disabilities.

---

### Other Definitions and Citations

#### 330.1124 Waiting lists for admissions.

Sec. 124. (1) The department shall establish waiting lists for admissions to state operated programs. Waiting lists shall be by diagnostic groups or program categories, age, and gender, and shall specify the length of time each individual has been on the waiting list from the date of the initial request for services.

(2) The department shall require that community mental health services programs maintain waiting lists if all service needs are not met, and that the waiting lists include data by type of

services, diagnostic groups or program categories, age, and gender, and that they specify the length of time each individual has been on the waiting list from the date of the initial request for services. The order of priority on the waiting lists shall be based on severity and urgency of need. Individuals determined to be of equal severity and urgency of need shall be served in the order in which they applied for services.

### **R 330.2811 Waiting lists; alternative services.**

Rule 2811. (1) A community mental health services program shall establish and manage waiting lists in accordance with section 124 of the act.

(2) A program shall review waiting lists periodically to ensure consistency with the community mental health services program's established priorities and the priorities specified in the act.

(3) A program shall take action to reduce or eliminate waiting lists for services.

(4) A program shall recommend and refer individuals to alternative services when necessary to meet individual needs.

### **330.1705 Second opinion.**

Sec. 705. (1) If an applicant for community mental health services has been denied mental health services, the applicant, his or her guardian if one has been appointed, or the applicant's parent or parents if the applicants of a minor may request a second opinion of the executive director. The executive director shall secure the second opinion from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.

(2) If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation, the community mental health services program shall direct services to the applicant.