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SERVICES

The clinic services covered under the program are defined as those preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services that are furnished to an outpatient by or under the direction of a physician in a facility which is not a part of a hospital but which is organized and operated to provide medical care to outpatients.

The following services are also covered under the program:

- Psychological Evaluation
- Psychological Testing
- Psychosocial Evaluation
- Psychiatric Evaluation
- Medical Evaluation
- Mental Health Assessment
- Collateral Counseling
- Individual Therapy/Counseling
- Group Therapy/Counseling
- Family/Couple Therapy/Counseling
- Couple Therapy/Counseling
- Medication Management/Medication injection

Evaluation and Assessment Services

Evaluation and assessment services are as described below.

Psychological Evaluation - Clinical examination of an individual by face-to-face interview which includes but is not limited to collecting information about history, mental status, disposition, and may include communication with family or other sources. In certain circumstances, other informants will be seen in lieu of the individual. The outcome of the examination is a diagnosis of mental and/or substance use disorder according to the current Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) nosology and the formulation of an initial plan of care.

Psychological Testing – The evaluation of the cognitive processes, emotions, and problems of adjustment through the administration of tests of mental abilities, aptitudes, interests, attitudes, motivations and personality characteristics. Psychological testing explicitly includes the following three areas: intellectual, personality and emotional, and neuropsychological.

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Psychosocial Evaluation - The determination and examination of the social situation of the individual as it relates to family background, family interaction, living arrangements, psycho-economic problems, or socioeconomic problems.

Psychiatric Evaluation - The psycho diagnostic process includes a medical history and a mental status which notes the attitudes and behavior; an estimate of intellectual functioning; orientation; an inventory of the patient's assets in a descriptive fashion; impressions; and recommendations.

Medical Evaluation - A medical evaluation is an examination of the body's functional processes, noting observations and findings, supplemented by diagnosis, if indicated.

Mental Health Assessment – Face to face therapeutic contact between identified persons served and assessor for the purposes of confirming eligibility as a member of targeted population; engaging client in therapeutic process; gathering pertinent assessment data; and integrating assessment information from diagnostic, clinical, psychosocial screenings/evaluation to determine risk; functional status and impairments; diagnoses; and client preference and desires for care delivery and services. For all clients who meet targeted population eligibility, the integrated screening/evaluation information is used in active partnership with client for development of the initial service plan (ISP) including selection of treatment services and modalities.

Therapy and Counseling Services

Therapy and counseling services include those services which are intended to change favorably the recipient or recipient's situation through the reduction or remedy of disability or discomfort, the amelioration of signs and symptoms, and the attainment of change in specific physical, mental, or social functioning. These services are usually formal and scheduled, but may be provided on an emergency basis. Therapy and counseling services are described below.

Collateral Counseling – Counseling or consultation provided to a family member or significant other of the client in accordance with the client's treatment plan. Client is not present.

Individual Therapy or Counseling – The treatment by individual interviews, the intent of which is to aid the recipient in meeting his/her needs by eliminating psychosocial barriers that may impede the development of skills. These services maximize strengths, reduce behavior problems or change behavior of the at risk client.

Group Counseling or Therapy – The treatment by use of group dynamics or group interaction. Services are provided simultaneously to two or more recipients who are grouped together for the purpose of achieving the goals in their respective treatment plans. Group counseling or therapy includes psychotherapy, psychoanalysis, play therapy, psychodrama, behavior modification, etc.

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Family/Couple Counseling or Therapy – The treatment applied to couples, the family as a unit, or other significant family members which includes treatment of a child by working with the parents, treatment of an elder family member by working with other family members, etc.

Medication Management – The activities related to the dispensing, review, and regulation of a medication program for individuals or counseling/education related to the use of or effects of medication; and

Medication Injection – The injectable medication treatment, short or long term, for treating conditions requiring medication given by subcutaneous or intramuscular route (e.g., allergic reaction, side effects from medication, acute anxiety or agitation, or long action neuroleptic drugs).

Service Limits

DHH will reimburse enrolled MHCs for covered services for only one procedure per day per recipient. Occupational therapy, recreational therapy, music therapy, and art therapy are not reimbursable services for MHCs.

Medicaid eligible recipients ages six years and over are eligible for services covered in an MHC.

Recipients receiving Mental Health Rehabilitation (MHR) or Multi-Systemic Therapy (MST) services are not eligible to receive MHC services as this would result in duplicate services which are not billable. The only exception would be if MST recipients are evaluated at an MHC or currently receiving medication management from an MHC. Otherwise, all therapeutic counseling services are not billable through both providers simultaneously.

Non-Covered Services

- Occupational therapy
- Recreational therapy
- Music therapy
- Art therapy
- Inpatient services (in addition, covered services are not billable when a recipient is receiving inpatient care)
- Daycare for mental health services
- Partial Hospitalization

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Admissions Criteria for Adults

A recipient who has a serious and persistent mental illness and meets the following criteria for *Age, Diagnosis, Disability, and Duration* would be eligible for services as an adult under the program:

Age: A recipient applying for MHC services as an adult must be 18 years of age or older.

Diagnosis: Severe non-organic mental illnesses including, but not limited to schizophrenia, schizo-affective disorders, mood disorders, and severe personality disorders, that substantially interfere with a person's ability to carry out such primary aspects of daily living such as self-care, household management, interpersonal relationships and work or school.

Disability: Impaired role functioning, caused by mental illness, as indicated by at least two of the following functional areas:

- Unemployed or has markedly limited skills and a poor work history, or if retired, is unable to engage in normal activities to manage income.
- Employed in a sheltered setting.
- Requires public financial assistance for out-of-hospital maintenance (i.e., SSI) and/or is unable to procure such without help; does not apply to regular retirement benefits.
- Severely lacks social support systems in the natural environment (i.e., no close friends or group affiliations, lives alone, or is highly transient).
- Requires assistance in basic life skills (i.e., must be reminded to take medicine, must have transportation arranged for him/her, needs assistance in household management tasks).
- Exhibits social behavior which results in demand for intervention by the mental health and/or judicial/legal system.

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Duration: Must meet at least one of the following indicators of duration:

- Psychiatric hospitalizations of at least six months in the last five years (cumulative total).
- Two or more hospitalizations for mental disorders in the last 12 month period.
- A single episode of continuous structural supportive residential care other than hospitalization for duration of at least six months.
- A previous psychiatric evaluation or psychiatric documentation of treatment indicating a history of severe psychiatric disability of at least six months duration.

NOTE: Recipients who are between the ages of eighteen and twenty-one and who have been determined not to meet the adult medical necessity criteria for services, initial or continued care, shall be reassessed by the Bureau or its designee using the children/adolescent medical necessity criteria for services.

Admission Criteria for Youth

A recipient who has an emotional behavioral disorder and meets the following criteria for *Age, Diagnosis, Disability, and Duration* would be eligible for services as a youth under the program:

Age: The recipient must be under the age of 18 years and be at least 6 years of age.

Diagnosis: The recipient must have an emotional disturbance, a condition characterized by behavioral or emotional responses so different from appropriate age, cultural, or ethnic norms that they adversely affect performance. Performance includes academic, social, vocational or personal skills. Such disability is more than a temporary, expected response to stressful events in the environment; it is consistently exhibited in two different settings and persists despite individualized intervention within general education and other settings. Emotional disturbance can co-exist with other disabilities.

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In order to meet the criteria of emotional disturbance, at least one of the following must be met:

- Exhibits seriously impaired contact with reality, and impaired social, academic, and self-care functioning, whose thinking is frequently confused, whose behavior may be grossly inappropriate and bizarre, and whose emotional reactions are frequently inappropriate to the situation; or
- Manifests long-term patterns of inappropriate behaviors, which may include, but are not limited to, aggressiveness (e.g. Intermittent Explosive Disorder), suicidal behavior, developmentally inappropriate inattention, hyperactivity, or impulsiveness; or
- Experiences serious discomfort from anxiety, depression, or irrational fears and concerns whose symptoms may include but are not limited to serious eating and/or sleeping disturbances, extreme sadness, suicidal ideation, persistent refusal to attend school or excessive avoidance of unfamiliar people, maladaptive dependence on parents, or non-organic failure to thrive;
- Possesses a DSM- IV (or successor editions) diagnosis indicating a severe mental disorder, which requires 24-hour care and supervision, such as, but not limited to, psychosis, schizophrenia, major affective disorders, reactive attachment disorder of infancy or early childhood (non-organic failure to thrive).

Children and youth who are socially maladjusted (e.g., severe conduct or oppositional disorders) qualify for services only if the disordered behavior is associated with a diagnosed emotional disturbance and/or another severe DSM disorder such as psychosis, mania, depression or anxiety.

Disorders that are the direct result of organic compromise of cognitive or behavioral functioning do not meet the diagnostic criteria. For example, children/youth with personality changes due to closed head injury are not eligible for services related to these disorders alone.

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Disability: At least two of the following areas of impaired role functioning must be caused by the mental illness noted above and occur in at least two different settings: home, school or community:

- Inability to routinely exhibit appropriate behavior under normal circumstances;
- Tendency to develop physical symptoms or fears associated with personal or school problems;
- Inability to learn or work that cannot be explained by intellectual, sensory, or health factors;
- Inability to establish or maintain satisfactory interpersonal relationships with peers and adults;
- Exhibition of a general pervasive mood of unhappiness or depression;
- Conduct characterized by lack of behavioral control or adherence to social norms associated with a serious mental disorder (as defined in the diagnosis section).

Duration: At least one of the following must be met:

- There is an impairment or pattern of inappropriate behavior(s) that has persisted for at least one year;
- There is substantial risk that without intervention the impairment or pattern of inappropriate behavior(s) will persist for an extended period;
- There is a pattern of inappropriate behavior that is severe and of short duration.

NOTE: Medication prescribed for Attention Deficit Hyperactive Disorder (ADHD) is insufficient to meet this criterion.

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Acute: At least one of the criteria as described below must be met.

- Danger to self, as manifested by:
 - Recent suicide attempt;
 - Suicide plan, intent with means, or recurring suicidal ideation;
 - Other behavior that is seriously dangerous to self.
- Danger to others, as manifested by:
 - Dangerously aggressive behavior in the recent past that is due to a serious mental disorder (as defined in the diagnosis section);
 - Threats to kill or seriously harm another person with the means to carry out the threats, and the behaviors are due to a serious mental disorder (as defined in the diagnosis section);
 - Current homicidal plan, specific intent, or recurring ideas of harming others due to a serious mental disorder (as defined in the diagnosis section).
- Grave Disability refers to a serious impairment in functioning in one or more major life roles (school, job, family, interpersonal relationships, self-care) due to a serious mental disorder. Additionally, at least one of the following criteria must be met:
 - Inability to cooperate with caregivers unless active mental health intervention is instituted; e.g., the condition is severe enough that the consumer is unable to be treated by a primary care physician;
 - Acute onset or acute exacerbation of symptoms of a serious mental disorder such as hallucinations, delusions, disorganized thinking, other serious psychotic symptoms or other severe psychiatric symptoms such that the consumer's well being is seriously threatened - for example, panic attacks with a risk of suicide; depressive symptoms causing the consumer to be unable to sleep or eat; manic symptoms of such severity that physiological functioning is at risk; or an anxiety attack causing the consumer to be unable to leave his home;

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In addition to the above criteria, other factors will also be considered which include:

- Do the symptoms occur in at least two settings?
- Have the symptoms been in evidence for at least three months?
- Is the behavior developmentally appropriate?
- Is there a history of previous hospitalizations?
- Has consideration been given to the child's age in relationship to the behavior? Would the behavior be amenable to treatment in a younger child but not in an adolescent (newly established behavior pattern vs. ingrained behavior pattern)?
- Has there been previous treatment in either an inpatient or outpatient facility?
- Was previous treatment effective?

NOTE: If an answer to these factors is "yes" and other criteria are met, then strong consideration should be given to admission.

- What was the family's level of participation in the treatment process? If involvement was minimal, consideration should be given to alternate referral.
- Are there accompanying disorders such as substance abuse, developmental disorders, legal issues, or academic issues? If "yes" consideration should be given to alternate referral in addition to admission.