


CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 65
SECTION Clinical and Support Services		DESCRIPTION Children's Services Program	
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APPLICATION:

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

POLICY:

Lapeer County Community Mental Health (LCCMH) provides a range of mental health services to improve the quality of life for children and families.

STANDARDS:

A. LCCMH's Children Services Program includes the following services:

1. Outpatient child therapy
2. Supports coordination/case management
3. Home-based services (see LCCMH Home-Based Services Policy 02.004.75)

B. Children Services Program goals include:

1. Advocating for persons served

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2. Linking persons served with community resources and utilizing natural supports
 3. Improving relationships and family functioning
 4. Monitoring the progress of persons served
- C. Persons served with diagnoses of mild or moderate mental health disorder, Severely Emotionally Disturbed (SED), Intellectual Developmental Disability (IDD), or Co-Occurring qualify for the Children's Services Program. The following assessments are used to determine medical necessity:
1. The Child and Adolescent Functional Assessment Scale (CAFAS)
 2. The Preschool and Early Childhood Functional Assessment Scale (PECFAS)
 3. The Devereux Early Childhood Assessment (DECA)
- D. This program serves children ages birth through 17 years old, or up to 21 years old in some cases (in accordance with the Medicaid Provider Manual).
- E. Discharge planning, including discharge summaries and Adverse Benefit Determination (ABD) letters, is the responsibility of the assigned primary case holder. The supervisor verifies the dates on the ABD in accordance with the discharge summary.
- F. All clinicians receive supervision with their direct supervisor on a regular basis via individual and/or group clinical case consultation meetings.

PROCEDURES:

Outpatient Services:

A. Entry/Re-entry:

1. Persons served follow intake procedures outlined in LCCMH Intake Procedures Policy 02.003.30.

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2. After the intake assessment is completed, the Children's Services Clinical Supervisor reviews and approves the initial assessment.
3. The Children's Services Clinical Supervisor assigns the case to a clinician for follow-up therapeutic involvement.
4. The clinician completes an Individual Plan of Service (IPOS).
5. The Children's Services Clinical Supervisor reviews and approves periodic reviews as submitted by the clinician to determine if continued outpatient services are medically necessary.
6. The Children's Services Clinical Supervisor provides ongoing administrative and clinical supervision/case consultation with the clinician.

B. Eligibility Criteria: The following eligibility criteria are assessed:

1. The person served is diagnosed with a mental illness as determined by the presence of moderate or severe symptoms associated with a DSM- 5 diagnosis, and at least one of the following:
 - a. Psychiatric Signs and Symptoms - cognitive, perceptual, affective, and/or somatic disturbances or impaired developmental progression of sufficient intensity to cause subjective distress, disordered behavior and/or other dysfunctional consequences. The level of distress and/or disordered behavior is not severe enough to endanger the welfare of the person and/or others.
 - b. Impairment of Functioning - The person is experiencing disruption of self-care, daily living skills, social / interpersonal functioning and/or educational / vocational role performance.
2. The person served possesses the cognitive and/or thought process abilities and attention span to potentially benefit from a therapeutic intervention.

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3. Emotional, psychological or behavioral status has been identified as a deficit area by whom?.
4. The clinical needs of the person served require the services of a professional with the training of a master-level clinician.
5. The person served is unable to have their needs appropriately addressed and monitored by their primary care physician / qualified health professional or other natural or community supports (i.e., intermediate school district).

C. Discharge / Exit Criteria:

1. Person served requires a less intensive or higher level of care to meet their treatment needs, based on a CAFAS, PECFAS, or DECA.
2. Person served is in an extended inpatient unit.
3. Person served has met all treatment goals.
4. Person served has not been seen for more than 30 days and the parent(s)/guardian(s) do not respond to attempts to schedule further appointments by phone or outreach.
5. Person served has died.
6. Person served ages out of the Children's Services Program and is eligible to transition to adult services.

Supports Coordination / Case Management:

A. Entry/Re-entry:

1. Persons served follow intake procedures outlined in LCCMH Intake Procedures Policy 02.003.30.

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2. After the intake assessment is completed, the Children's Services Clinical Supervisor reviews and approves the initial assessment.
3. The Children's Services Clinical Supervisor assigns the case to supports coordinator/case manager.
4. The supports coordinator/case manager meets with the person served and their family to develop the IPOS.
5. The assigned supports coordinator/case manager maintains the record and is responsible for assessing, planning, linking, coordinating, and monitoring needs of the person served. The supports coordinator/case manager meets with the person served at least monthly, based on the needs identified in the IPOS.
6. Persons served may be in more than one program at the LCCMH.

B. Eligibility Criteria:

1. Person served is diagnosed with a mental health disorder, a behavioral or emotional disorder, or an IDD resulting in functional impairment substantially interfering with or limiting the role or functioning in family, school, or community.
 - a. The impairment is sufficient enough to involve juvenile court, school impairment such as IEP/504 and/or MDHHS service. Following the initial assessment, the supports coordinator/case manager meets with youth and family to develop the person centered plan consistent with needs or person served.
2. Person served has had multiple admissions to a psychiatric inpatient unit or demonstrates clear and consistent psychosis (or other chronic and debilitating mental illness) with a history of multiple hospitalizations which require ongoing treatment in order to maintain level of functioning and avoid hospitalization.

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3. Person served and/or their parent / guardian agrees to service and signs an Informed Consent for Treatment.

C. Exit Criteria for this program are as follows:

1. Person served requires a less intensive or higher level of care to meet their treatment needs, based on a CAFAS, PECFAS, or DECA.
2. Person served has met all treatment goals.
3. Person served has not been seen for more than 30 days and the parent(s)/guardian(s) do not respond to attempts to schedule further appointments by phone or outreach.
4. Person served no longer demonstrates chronic psychosis and/or debilitating mental illness and no longer requires treatment or medication.
5. Person served has died.
6. Person served ages out of the Children's Services Program and is eligible to transition to adult services.

Home-Based Services:

See LCCMH Children's Home Based Services policy #02.004.75.

Crisis Intervention/Emergency Services:

- A. Clinical therapeutic intervention through is provided 24/7 through triage service.
- B. During business hours, individuals in need of crisis assistance or brief clinical therapeutic intervention can contact the agency and/or walk-in to be seen on an immediate basis.
- C. See LCCMH's Children's Mobile Intensive Crisis Stabilization Policy 02.004.195 for more information.

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Procedure for Discharge / Transition:

- A. The primary case holder ensures an exit CAFAS, PECFAS, or DECA is completed.
- B. If transitioning to a different level of service within the Children's Services Program, the primary case holder and Children's Program Clinical Supervisor consult on transition.
- C. If transitioning to adult services, LCCMH Referral Form #374 is completed by the primary case holder, signed by the supervisor, and reviewed by the receiving department's supervisor. The case is presented to the Clinical Case Review Committee to support a smooth transition of care.
- D. An Adverse Benefit Determination Notice for decrease in service is sent if applicable, if the transfer is not noted in a Periodic Review, Amendment, or IPOS.
- E. If being discharged, the person served is provided a Notice of Adverse Benefit Determination Letter and a Discharge Summary.
- F. Any decision on discharge may be appealed through the agency grievance and appeal process or the Region 10 Grievance and Appeals Process Policy 07.02.01 (Medicaid and non-Medicaid Beneficiaries) as applicable.

DEFINITIONS:

The Child and Adolescent Functional Assessment Scale (CAFAS): used for the assessment of children 7 to 18 years of age with suspected serious emotional disturbance.

The Devereux Early Childhood Assessment (DECA): used for the assessment of infants and young children, 1 month to 47 months, with suspected serious emotional disturbance.

The Preschool and Early Childhood Functional Assessment Scale (PECFAS): must be used for the assessment of young children, 4 to 7 years of age, with suspected serious emotional disturbance.

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MH & JB:lr

This policy supersedes
#10/08052 dated 10/21/2008.
