SERVICE SELECTION GUIDELINES: DEVELOPMENTAL DISABILITIES

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SERVICE SELECTION GUIDELINES: DEVELOPMENTAL DISABILITIES

A. PURPOSE

The purpose of this document is to describe essential steps in service/support selection and authorization for Managed Supports and Services for Persons with Developmental Disabilities, through Michigan Community Mental Health Services Programs (CMHSPs).

B. FRAMEWORK

For persons with developmental disabilities who seek services from a CMHSP, a broad range of service and support options must be available. Persons with developmental disabilities typically have lifelong disabilities, although the specific type, level and extent of impairment may fluctuate over time. Many people will acquire skills that are necessary for self care and community participation, but their underlying developmental disabilities will remain, necessitating that some level of service or supports be provided on a long term basis.

The process of determining the exact supports and services that are desired by and will be most beneficial to the individual, is a multi-faceted process that occurs on an ongoing basis. There is no specific tool or planning protocol, and no one process that should be used to best accomplish service and support planning for all individuals. There are, however, common factors that should be considered during the planning process. This document describes those factors, and provides a general framework for the overall planning responsibilities.

All service/support planning must be individualized and accomplished through a Person-Centered Process. The Michigan Department of Community Health (MDCH) has issued guidelines for the Person-Centered Process. CMHSPs must formally adopt a guideline of their own that meets the criteria outlined in the MDCH document.

In addition to the Person-Centered Process, the CMHSP must assure that responsibilities related to intake into services/supports and to final service authorization are fulfilled. The items outlined herein are intended to complement the Person-Centered Process, not to interfere with or substitute for it.

C. SERVICE ELIGIBILITY CRITERIA

Persons seeking or referred for developmental disabilities services or supports from a CMHSP must be verified to meet the eligibility criteria established in Michigan's Mental Health Code. No further eligibility criteria are deemed necessary.

Eligibility Criteria are:

Developmental Disability means either of the following:

If applied to an individual older than five years, a severe, chronic condition that meets all of the following requirements:

1. Is attributed to a mental or physical impairment or a combination of mental and physical impairments.

2. Is manifested before the individual is 22 years old.

3. Is likely to continue indefinitely.

4. Results in substantial functional limitation in three or more of the following areas of major life activities

   * Self-care
   * Receptive and expressive language
   * Learning
   * Mobility
   * Self-Direction
   * Capacity for independent living
   * Economic self-sufficiency

5. 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.

If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in item (1) if services are not provided.

No "medical necessity" criteria (*) have been established as such criteria are not well suited for persons with a relatively stable medical condition and life long disabilities requiring long term supports and services. The selection of services and supports that are to be made available to any individual are determined by an interdependent set of factors related to the person's environment and individual circumstances, not just to the medical/clinical condition or diagnostic classification that the person holds.

(*) Medical necessity criteria are commonly used in relationship to physical health and/or acute mental health services.

D. INITIATION OF PLANNING

At the point of entry into the CMHSP system, there are a number of questions and factors that must be addressed during the initial stages of planning. These include the following:

1. Anyone who enters the system in a state of crisis must receive CMHSP assistance as necessary to resolve the crisis. Factors to consider:

   Is the individual in a state of crisis or emergency due to either a change in his/her condition, or a change in his/her environment and/or a change in the living arrangement (e.g., regular care giver no longer able to provide care)?

   If yes, immediate emergency must be resolved. Following resolution of immediate situation, regular ongoing service/support planning steps will commence.

   If no, regular planning steps proceed.

2. Following determination of whether or not an emergency exists, and resolution as necessary, the CMHSP should make a determination concerning the individual's eligibility for CMHSP services and supports. Factors to be considered include:

   Does evidence exist that the individual meets Mental Health Code criteria as a person with a developmental disability?

   If yes, obtain relevant documents supporting eligibility decision.

   If no, conduct necessary screening or assessments to verify eligibility decision.

E. PERSON-CENTERED PROCESS

The Person-Centered Process then occurs according to the MDCH Best Practice Guidelines and CMHSP contractual requirements.

Through the Person-Centered Process, the range of services and supports that a CMHSP may provide is very broad and flexible. As a general rule, CMHSPs shall not provide services/supports that are the responsibility of other entities or that can logically be arranged elsewhere. Part of the CMHSP responsibility shall be to assist in identifying those supports and services that are, and those that are not, within their scope of responsibility, and to assist the individual and/or family to obtain such supports and services from other parties or agencies.

F. SERVICES/SUPPORTS AGREEMENT

The Person-Centered process is responsible for affirmative actions to insure the recommended Person-Centered Plan meets the criteria listed below:

1. The Person-Centered Planning (PCP) process has been followed.

2. Supports/services reflect the individual’s desire and needs.

3. Supports/services address health and safety needs.

4. Supports/services promote community participation and inclusion.

5. Supports/services requested reflect:

    a. The resources of the individual.

    b. The resources of the individuals family/friends if they are willing and able to provide resources.

    c. The resources available within the general community.

    d. The resources required from other responsible parties/agencies.

    e. CMHSP resources.

6. Supports/services are cost effective.

Individuals shall not be denied supports/services while awaiting funding approval. The CMHSP shall only refer the Person-Centered Plan back to the process for plan revision in the event that the Person-Centered process has not been followed. In the event that supports/services are limited in supply, interim supports/services shall be arranged with time lines for securing the supports/services that are identified as being currently limited in supply.

G. FUNDING APPROVAL

Following final agreement on the Person-Centered Plan and related supports/services, authorization will be verified by the CMHSP.

H. MDCH MONITORING

CMHSP performance regarding the service selection process will be included in the contract monitoring activities of the MDCH.