

APPENDIX F

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Appendix 3

METHOD TO DEFINE ADULTS WITH SPMI

FINAL DRAFT

PURPOSE: To insure that adults with Severe and Persistent Mental Illness (SPMI), or who are most at risk of developing SPMI, are promptly and accurately identified.

To insure that those most in need are offered the full array of community- based mental health services necessary to successfully manage their illness, support their recovery process, and live meaningful lives in their community.

APPROACH: Apply two main areas of assessment to determine an individual's status as meeting criteria for SPMI: (1) diagnostic criteria, and (2) functional and risk criteria.

STEP ONE: Apply diagnostic criteria to determine an individual's identification as meeting initial criteria for the CSS target population. To meet diagnostic criteria for SPMI, individuals must be assessed to determine whether they have a principal diagnosis in either Category A or Category B.

Category A Diagnoses:

- 295.10 **Schizophrenia**, Disorganized Type
- 295.20 Schizophrenia, Catatonic Type
- 295.30 Schizophrenia, Paranoid Type
- 295.60 Schizophrenia, Residual Type
- 295.70 **Schizoaffective Disorder**
- 295.90 Schizophrenia, Undifferentiated Type
- 296.34 **Major Depressive Disorder**, Recurrent, Severe, with Psychotic Features
- Bipolar I Disorders** that are Severe, and/or with Psychotic Features
- 298.9 **Psychotic Disorder NOS**

Category B Diagnoses:

All Other Bipolar I Disorders, not listed in Category 1

- 296.89 **Bipolar II Disorder**
- 296.23 **Major Depressive Disorder**, Single Episode, Severe, Without Psychotic Features
- 296.24 Major Depressive Disorder, Single Episode, With Psychotic Features
- 296.32 Major Depressive Disorder, Recurrent, Moderate
- 296.33 Major Depressive Disorder, Recurrent, Severe, Without Psychotic Features
- 296.35 Major Depressive Disorder, Recurrent, In Partial Remission
- 296.36 Major Depressive Disorder, Recurrent, In Full Remission

- 297.10 **Delusional Disorder**

- 300.21 **Panic Disorder** With Agoraphobia
- 300.3 **Obsessive-Compulsive Disorder**

- 301.83 **Borderline Personality Disorder**

Category C Diagnoses:

The following diagnoses (as a principal diagnosis) are excluded from those defining an individual as having SPMI or being most at risk of SPMI.

Anti-Social Personality Disorder

Behavior Disorders

Developmental Disorders

Neurological/General Medical Disorders

Substance Abuse Disorders

Psychotic Disorder [Substance-induced only]

DSM-IV-R “V” Codes

STEP TWO: To meet functional criteria for SPMI, persons with a primary diagnosis in Category A or B must, as a result of their qualifying diagnosis, demonstrate impaired functioning through use of the following assessment. For those with a primary diagnosis in Category A who **do** meet the functional criteria listed below, no further assessment is needed to determine eligibility for CSS. Those with a primary diagnosis in Category B must meet these criteria as well as criteria outlined in Step 3.

Impaired functioning¹ is evidenced by meeting at least one (1) of the first three criteria, **and** at least three (3) of the criteria numbered 4 through 9 that have occurred on either a continuous or intermittent basis over the last two years:

- 1. Required inpatient hospitalization for psychiatric care and treatment more intensive than outpatient care at least once in her/his lifetime;
 - 2. Experienced at least one episode of disability requiring continuous, structured supportive residential care, lasting for at least two months (e.g. a nursing facility, group home, half-way house, residential mental health treatment in a state correctional facility);
 - 3. Experienced at least one episode of disability requiring continuous, structured supportive care, lasting at least two months, where the family, significant other or friend of the consumer provided this level of care in lieu of the consumer entering formalized institutional services. (In this case, the intake assessment must fully document the consumer's level of severe disability and lack of functioning that required the family or other person to provide this level of care).
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- 4. Has been unemployed, employed in a sheltered setting, or has markedly limited skills and a poor work history;
 - 5. Requires public financial assistance for their out-of-institutional maintenance and is unable to procure such financial assistance without help;
 - 6. Shows severe inability to establish or maintain a personal support system, evidenced by extreme withdrawal and social isolation;
 - 7. Requires help in instrumental activities of daily living such as shopping, meal preparation, laundry, basic housekeeping, and money management;
 - 8. Requires help in attending to basic health care regarding hygiene, grooming, nutrition, medical and dental care, and taking medications. (*Note: this refers to the lack of a basic skill to accomplish the task, not to the appropriateness of dress, meal choices, or personal hygiene*);
 - 9. Exhibits inappropriate social behavior not easily tolerated in the community, which results in demand for intervention by the mental health or judicial systems (e.g. screaming, self-abusive acts, inappropriate sexual behavior, verbal harassment of others, physical violence toward others).

STEP THREE: For individuals with a primary diagnosis in Category B, eligibility for CSS **always** depends upon a more detailed determination of risk and functional impairment (through face-to-face assessment). Only those with a Category B diagnosis who also meet these additional criteria in Step Three are guaranteed eligibility for Community Support Services (CSS) through a CMHC.

¹ Adults that would have met functional impairment criteria during the referenced time period without the benefit of treatment or other support services are included here.

Individuals with a primary diagnosis in Category A do not need to meet the additional criteria in Step Three **unless** they failed to demonstrate impaired functioning as evidenced by the criteria outlined in Step Two.

SRS will make available a tool for CMHC staff to use in making this determination.

RELATED POLICIES:

1. The emphasis on diagnostic categories is for purposes of determining eligibility for CMHC/CSS services only, and is not in any way a recommendation to rely on a person's diagnosis to determine specific treatment approaches or service modalities. It remains a policy of SRS/MHAAPS to reinforce a practice approach that is based on each individual's unique strengths, characteristics, life situation, desires, and resources.
2. CMHC/CSS staff qualified to make determinations regarding a person's SPMI status must meet QMHP statutory criteria as defined by the State of Kansas. It remains the right of the CMHC to make a determination of a person's SPMI status for the purposes of being found eligible for CMHC/CSS services.
3. It is the responsibility of any CMHC/CSS staff performing an SPMI determination to fully explain to the individual the purpose of the determination, the process involved, and their rights/appeal process.
4. The access standards as outlined in CMHC contracts with SRS/MHAAPS apply to the process of determining an individual's status in meeting the target population definition criteria.
5. During determination of an individual's status as having SPMI, the person shall have access to a basic package of CMHC services, including medication management, crisis case management and crisis services, substance abuse treatment, and outpatient treatment. For those individuals who do not meet the criteria for SPMI status, but who do need some mental health intervention, they shall continue to have access to this basic package of CMHC services.
6. If a person's status is SPMI at termination of CMHC/CSS services or upon transfer to another CMHC, the person's status shall continue as SPMI upon re-enrollment or transfer.
7. Once an individual is determined to meet SPMI status and is receiving CMHC/CSS services, periodic review of the intensity and frequency of the services being provided will be done with the consumer by the CMHC at least every twelve (12) months, and may be done more frequently as determined by SRS/MHAAPS, the CMHC, or at the consumer's request. SRS QE staff will monitor CMHC/CSS performance in completing these reviews during licensing visits or periodic site visits. Documentation of this review with consumers must be kept in each person's CMHC/CSS records.

8. SRS QE staff will monitor CMHC/CSS performance in accurate application of the process used to determine individuals' SPMI status during licensing reviews or periodic site visits. Documentation of SPMI status demonstrating a person's eligibility to receive CSS services must be kept in each person's CMHC/CSS records.
9. As of September 1, 2001, all CMHC's will use this approach to determine a person's SPMI status and eligibility for CSS. For new enrollees the determination process will be included at intake. For current CSS consumers the determination process will be completed no later than her/his second 90-day review. For those receiving medication services only, the determination process will be completed no later than her/his third 90-day review.
10. For consumers who have been receiving CSS services for more than 6 (six) months prior to September 1, 2001, who have been found that they do not meet the new eligibility criteria, a process of exemption can be made:
 - (a) The CMHC will provide through its quality assurance and utilization review process documentation explaining how the level of treatment being provided matches the unique conditions and situation of the consumer, AND how the consumer is actively being transitioned to naturally-occurring community supports;
 - (b) The CMHC's Quality Enhancement (QE) staff person will, as a part of her/his licensing visit or periodic site visits, review a portion of consumers' records for whom an exemption to this eligibility determination has been made; and
 - (c) The CMHC will report quarterly (in written form) the number of individuals comprising exemptions to the new target population definition process. This report will be made to the CMHC's assigned QE staff person, or to MHAAPS central office if the CMHC lacks a QE assignment. Corrective action may be taken with CMHC's who are making an inordinately large number of exemptions to the new target population definition process.

NOTE: Six to nine months after implementation of this new target population definition procedure, MHAAPS will conduct a review to determine its effectiveness. Adjustments may be made in any or all sections of the definitional approach depending on results from the review process. To that end, CMHC's will need to be prepared to report data to MHAAPS or its contracted agent concerning implementation of this approach to defining the target population.