

**NORTH COUNTRY COMMUNITY MENTAL HEALTH
NORTHERN AFFILIATION**

Policy for Consistency in Service/Supports Coordination

POLICY:

Eligibility to receive non-emergency Specialized Mental Health services/supports delivered directly or under contract with the Affiliation shall be determined according to criteria based on the following four factors.

- I. Clinical Status
- II. Funding Status, including Medicaid eligibility, and status as a person with Limited or Full Ability to Pay.
- III. Residency; and
- IV. Statutory Responsibility of other public agencies to provide the service.

Persons determined to be eligible to receive Affiliation services under this policy remain responsible to pay in full or in part for those services, according to the Ability to Pay Determination. Claims for services, delivered to persons with Ability to Pay and/or Insurance Coverage, will be paid by the Affiliation only after reasonable efforts to collect amounts due have been made.

- I. Clinical Status Criteria:** The Clinical Status/Medical Necessity Criteria of persons requesting specialized Mental Health services and/or Supports shall be determined prior to an assessment of Funding Status, Residency or other Statutory Responsibility.
 - A. Persons who do not meet the criteria included in the Level of Care Guidelines for Adults with Mental Illness, Children with Emotional Disturbance/Mental Illness or Persons with a Developmental Disability are not eligible for services/supports.
 - B. Persons who do meet the Level of Care Guidelines shall be considered clinically eligible for services/supports and shall be assessed for eligibility according to Funding Status, Residency and Statutory Responsibility criteria.
- II. Funding Status Criteria:** The Funding Status of persons who have been determined clinically eligible to receive services through the Affiliation shall be assessed. The following persons shall meet Funding Status criteria for eligibility.
 - A. Clinically eligible persons who are also Medicaid eligible are eligible for Affiliation services, based on Funding status, with the exception of those persons who meet criteria, established by Department of Community Health (DCH), for outpatient services provided by a Qualified Health Plan. Such persons are not eligible for Affiliation services.
 - B. Clinically eligible persons who have Limited Ability to Pay are eligible for Affiliation services, based on Funding Status.
 - C. Clinically eligible persons who have Full Ability to Pay are eligible, based on Funding status, for Affiliation services but only for Enhanced Services when included in a Person Centered Plan.
 - D. The Affiliation is the payor of last resort. Therefore, persons with third-party insurance, including Medicare, are eligible for Affiliation services/supports if:
 1. The Affiliation or their contracted provider is eligible for reimbursement by that insurance; and,

2. If the specific services program has capacity
3. If either of the above can not be met, the individual will be referred to a participating provider.

III. Residency Status Criteria: The Residency status of persons who have been determined to be both clinically eligible for services and eligible by reason of Funding Status shall be assessed. Criteria for eligibility based on residency are contained in the Mental Health Code.

- A. Persons living in an independent setting within the Affiliation are eligible for Affiliation services based on Residency Status. Dormitories, or other residential settings, made available to persons enrolled in an educational institution located in the Affiliation, are independent living settings.
- B. Code defined emergency services shall be provided regardless of residency. The County of Financial Responsibility shall be contacted to authorize on-going emergency services.
- C. Persons who meet the criteria for the Affiliation Financial Responsibility for State Managed Services, contained in Section 301 of the Mental Health Code, may be eligible for all services provided directly or under contract with the Affiliation, based on Residency Status. Persons who do not meet these criteria are eligible for non-emergency services, within available capacities. When the CMHSP serving the County of Financial Responsibility agrees to reimburse the Affiliation services will be provided within available capacities.
- D. Residency Status shall not be determined solely by the County identified by the Family Independence Agency for Medicaid purposes.
- E. The Residency Status of a minor child shall be the residency of the child's custodial parent(s) at the time of placement. Services shall not be delayed or denied as a result of a dispute of payment responsibility between two CMHSP'S serving the County of Financial Responsibility.

IV. Statutory Responsibility of Other Agencies: No person is eligible for Affiliation services that are the Statutory responsibility of other agencies unless both agencies have agreed in writing that the Affiliation is the most appropriate provider and financial reimbursement by the other agency is provided for as stipulated in that agreement.

A determination that a person is eligible for service does not guarantee that the person will be provided service either in general or in regards to a specific service. The following conditions for provision of services shall apply:

- A. Services to all persons shall be provided as identified in a Person-Centered Plan and in accordance with the Affiliation's Person/Family-Centered Process policy;
- B. Medicaid Eligible persons are entitled to receive services of sufficient scope and duration to remediate their condition.
- C. Persons with Limited Ability to Pay will be provided medically necessary services, within available resources, according to priorities based on Clinical Status as identified in Attachment A.
- D. Persons with Full Ability to Pay will be provided Enhanced Services, on a low priority basis, only when there is existing capacity within the service.

Approved by Operations Committee: June 18, 2002