


COBB COUNTY COMMUNITY SERVICES BOARD

Policy # 8002	Admission Criteria, Process/Eligibility for Services and Non-admission of Individuals	Service Delivery
Origination Date: February 1998		
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Approved: 		
Foster Norman, Executive Director		

POLICY:

It is the policy of the Cobb Community Services Board (the Board) to assure appropriate and effective access to care and utilization of care and services to meet individual's needs through a systematic, organized process of admission to services and program of utilization management. Each program and service within the agency has written admission and exclusion criteria necessary to determine an individual's eligibility for entry into a program or service. Individuals are admitted into programs and services based upon these criteria including clinical assessment data, and according to established procedures and guidelines.

It is the policy of the Cobb Community Services Board that individuals who have service needs beyond the agency's scope of services, or who do not meet the Most-in-Need criteria and are therefore ineligible for services, receive a referral to the most appropriate provider who can best meet the needs of the individual. When more than one provider provides the same services the individual will be given a choice by the Georgia Crisis and Access Line.

At the time of admission, each individual is assessed for service needs based upon presenting symptoms, assessment of functional impairments, strengths, supporting factors and clinical appropriateness. Clinical decisions regarding admission to services and level of care are made irrespective of payer source and emphasize the least restrictive care and promotion of natural supports.

It is the policy of the Board to maintain documentation regarding persons not admitted to the agency for services as well as the reason(s) for the non-admittance.

PROCEDURE:

1. Admission and exclusion criteria are developed for each program and service at the departmental level. These criteria are annually reviewed and revised as necessary.
2. Individuals are referred to care and services through the Georgia Crisis and Access Line GCAL and the CSB Access Line.
3. Level of Care criteria is defined for inpatient, and sub acute with set admission, continued stay

and discharge criteria and frequency of review criteria. All admissions to these levels of care are guided by these criteria.

4. Decisions regarding provision of ongoing care and services are based on identified needs of individuals being served regardless of any reviews of care by external utilization management entities that result in denial of care, services, and payment.
5. DD individuals are evaluated by the Regional Board and, after determination of eligible services, are placed in appropriate program(s).
6. Eligibility for Service is determined in the following way:

For Adults: There are four variables for consideration to determine whether an individual qualifies as eligible for adult mental health and addictive disease services.

- a. **Age:** An individual must be over the age of 18 years old, to include the older adult population 65+ years old. Individuals under age 18 may be served in adult services if they are emancipated minors under Georgia Law, and if adult services are otherwise clinically/developmentally indicated.
 - b. **Diagnostic Evaluation:** The DBHDD system utilizes the Diagnostic and Statistical Manual of Mental Disorders (DSM) classification system to identify, evaluate and classify an individual's type, severity, frequency, duration and recurrence of symptoms. The diagnostic evaluation must yield information that supports a psychiatric disorder and/or substance related diagnosis (or diagnostic impression). The diagnostic evaluation must be documented adequately to support the diagnostic impression/diagnosis.
 - c. **Functional/Risk Assessment:** Information gathered to evaluate an individual's ability to function and cope on a day-to-day basis comprises the functional/risk assessment. This includes the individual's resource utilization, role performance, social and behavioral skills, cognitive skills, communication skills, independent living skills, personal strengths and adaptive skills, needs and risks as related to a psychiatric disorder, substance related disorder or co-occurring disorder. The functional/risk assessment must yield information that supports a behavioral health diagnosis (or diagnostic impression) in accordance with the DSM.
 - d. **Financial Eligibility:** The agency follows DBHDD Policy: Payment by Individuals for Community Behavioral Health Services, 01-107.
7. The Most-in-Need criteria are as follows:

Adults

- a. The first priority group for services is individuals currently in a state operated psychiatric facility (including forensic individuals), state funded/paid inpatient services, a crisis stabilization unit or crisis residential program.
- b. The second priority group for services is:
 - i. Individuals with a history of one or more hospital admissions for psychiatric/addictive disease within the past 3 years;
 - i. Individuals with a history of one or more crisis stabilization unit admissions within the past 3 years;
 - ii. Individuals with a history of enrollment on an Assertive Community Treatment team within the past 3 years
 - iii. Individuals with court orders to receive services (especially related to restoring competency);

1 Specific to AD Women's Services, preference shall be given to admission to services as follows: 1) Pregnant injecting drug users; 2) Pregnant substance abusers; 3) Injecting drug users; and then 4) All others.

- iv. Individuals under the correctional community supervision with mental illness or substance use disorder or dependence;
- v. Individuals released from secure custody (county/city jails, state prisons, diversion programs, forensic inpatient units) with mental illness or substance use disorder or dependence;
- vi. Individuals aging out of out of home placements or who are transitioning from intensive C&A services, for whom adult services are clinically and developmentally appropriate;
- vii. Pregnant women;
- viii. Individuals who are homeless; or,
- ix. IV drug Users.

For Child and Adolescent: There are four variables for consideration to determine whether a youth qualifies as eligible for child and adolescent mental health and addictive disease services.

- a. Age: A youth must be under the age of 18 years old. Youth aged 18-21 years (children still in high school or when it is otherwise developmentally/clinically indicated) may be served to assist with transitioning to adult services.
 - b. Diagnostic Evaluation: The DBHDD system utilizes the Diagnostic and Statistical Manual of Mental Disorders (DSM) classification system to identify, evaluate and classify a youth's type, severity, frequency, duration and recurrence of symptoms. The diagnostic evaluation must yield information that supports an emotional disturbance and/or substance related diagnosis (or diagnostic impression). The diagnostic evaluation must be documented adequately to support the diagnosis.
 - c. Functional/Risk Assessment: Information gathered to evaluate a child/adolescent's ability to function and cope on a day-to-day basis comprises the functional/risk assessment. This includes youth and family resource utilization and the youth's role performance, social and behavioral skills, cognitive skills, communication skills, personal strengths and adaptive skills, needs and risks as related to an emotional disturbance, substance related disorder or co-occurring disorder. The functional/risk assessment must yield information that supports a behavioral health diagnosis (or diagnostic impression) in accordance with the DSM.
 - d. Financial Eligibility: The agency follows DBHDD Policy: Payment by Individuals for Community Behavioral Health Services, 01-107.
8. The Most-in-Need criteria are as follows: Child and Adolescent
- a. The first priority group for services is Youth:
 - b. Who are at risk of out-of-home placements; and
 - c. Who are currently in a psychiatric facility or a community-based crisis residential service including a crisis stabilization unit.
 - d. The second priority group for services is:
 - i. Youth with a history of one or more hospital admissions for psychiatric/addictive disease reasons within the past 3 years;
 - ii. Youth with a history of one or more crisis stabilization unit admissions within the past three years.
 - iii. Youth with a history of enrollment on an Intensive Family Intervention team within the past 3 years;
 - iv. Youth with court orders to receive services;
 - v. Youth under the correctional community supervision with mental illness or

- substance use disorder or dependence;
- vi. Youth released from secure custody (county/city jails, state YDCs/RYDCs, diversion programs, forensic inpatient units) with mental illness or substance use disorder or dependence;
- vii. Pregnant youth;
- viii. Youth who are homeless; or,
- ix. IV drug Users

APPROVED DIAGNOSES

The agency uses the table in Appendix B in the current Provider Manual for Community Behavioral Health Providers for the Department of Behavioral Health and Developmental Disabilities for approved authorization diagnoses. The diagnoses listed in Appendix B are ICD-10 diagnosis which are organized into Mental Health (MH) and Substance Use (SU) categories. Services that are uniquely identified as being MH only or SU only on the chart in Part I, Section II of the manual will require a diagnosis which is within that category of condition. (e.g. Alcohol Intoxication with Use Disorder [F10.229] would be an acceptable diagnosis for receiving Ambulatory Detox [SU]). An individual diagnosed with a Neurocognitive Disorder must have a documented history of a qualifying behavioral health diagnosis that pre-dates the Neurocognitive Disorder and any associated psychiatric symptoms and/or substance use. Individuals with a Neurocognitive Disorder must demonstrate a cognitive ability to participate in, and benefit from the behavioral health service(s) in which they are enrolled. Individuals who have historically received treatment for a qualifying behavioral health diagnosis and may now be showing signs of a Neurocognitive Disorder such as Dementia or Alzheimer's disease should remain included in treatment until such time as the individual is no longer capable of active participation in treatment services and supports.

*NOTE: The presence of co-occurring mental illnesses/emotional disturbances, substance related disorders and/or developmental disabilities is not uncommon and typically results in a more complicated clinical presentation. Individuals diagnosed with the excluded mental disorders listed may receive services **ONLY** when these disorders co-occur with a qualifying mental illness or substance related disorder. The qualifying mental illness or substance related disorder must be the presenting problem and the focus of service, and the individual must meet the functional criteria listed above.*

AND

- e. Disability
 - x. Substantial risk of harm to self or others
 - xi. Behavior leading to public demand for intervention
 - xii. Substantial inability to demonstrate community living skills at an age-appropriate level,
 - xiii. Substantial needs for supports to augment or replace insufficient or unavailable resources.
9. When a determination is made that the individual is ineligible for services or will not be admitted, documentation in the Electronic Clinical/Health Record will indicate the reasons for ineligibility and alternative services/referrals. The determination will be communicated to the

individual, and with their consent, to the referral source.

- a. Denial of services should not be discriminatory for communication or disability.
- b. Only designated clinical staff can determine an individual's admission or non-admission to services in all programs except the Behavioral Health Crisis Center (Temporary Observation and Crisis Stabilization Unit).
 - i. In the Behavioral Health Crisis Center (Temporary Observation and Crisis Stabilization Unit), only the physician/prescriber can determine whether an individual is admitted or denied admission to services.