


NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.31</u>
SUBJECT: <b>SPECIALIZED TREATMENT SERVICES FOR RESIDENTS MEETING SEVERELY AND PERSISTENTLY MENTALLY ILL (SPMI) SEVERELY MENTALLY ILL (SMI) LOW UTILIZER (LU) CRITERIA</b>  PROPONENT: <u>Paula Mattis, Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office</i> <i>Phone #</i>	EFFECTIVE DATE <u>05/09/2018</u> REVIEW DATE <u>05/09/2020</u> SUPERSEDES PPD# <u>6.31</u>  DATED <u>09/01/10</u>
ISSUING OFFICER:   <u>Helen E. Hanks, Commissioner</u>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To provide a special mental health interventions for all residents in the population designated through HeM 401.05 as Severely and Persistently Mentally Ill (SPMI), Severely Mentally Ill (SMI), or Low Utilizer (LU) with functional impairments and chronic admissions to isolation due to reports of self-harm or incidents of suicidal ideation which require increased support through psychiatry, therapeutic interventions, and other individualized services.

II. APPLICABILITY:

To all staff involved with resident care and the management of clients designated as SPMI/SMI/LU.

III. POLICY:

It is the policy of the Department of Corrections (DOC) that a treatment plan, consisting of measurable goals and objectives and addressing specific symptoms, will be developed and implemented to assist all residents identified as SPMI/SMI/LU who require a more intensive level of clinical intervention. Treatment plan and treatment plan reviews shall be initiated, maintained and monitored for each SPMI/SMI/LU resident receiving behavioral health services at any location. When necessary, these residents will be referred to specialized treatment units within our correctional setting to meet their housing and treatment needs.

IV. PROCEDURE:

Residents who meet the criteria outlined in HeM 401.05 Eligibility Criteria for Residents with Severe Mental Illness shall qualify for SPMI/SMI/LU services within the DOC Behavioral Health System. The pertinent eligibility criteria from HeM 401.05 is listed below. Some have been slightly modified in order to be consistent with DOC operations. Any resident admitted to the Secure Psychiatric Unit (SPU) shall automatically receive a designation of SPMI.

- A. A person shall be eligible for SPMI services if he or she has a severe and persistent mental illness (SPMI) pursuant to section B below through use of the Resident Needs Strength Assessment (ANSA) Information Integration Tool. (Attachment 1). The mental impairment is **severe** and may result in a limitation of their capacities for primary activities of daily living, interpersonal relationships, self-care, employment or recreation, health and safety.
- B. A person shall be determined by a DOC behavioral health provider to have a severe and persistent mental illness (SPMI) severely mentally ill (SMI) or Low Utilizer (LU) status if he or she meets each of the following criteria:
1. The person has a diagnosed mental illness;
  2. The person has a severe functional impairment as a result of his or her mental illness as determined through assessment of the person's ability to function in the following functional domains defined in He M Rules 401.05. (See Attachment 2):
- C. The resident must have one of the following diagnoses that will meet DSM-V criteria and which is the focus of the treatment being provided:
1. Schizophrenia
  2. Schizophreniform Disorder
  3. Schizo-affective Disorder
  4. Delusional Disorder
  5. Shared Psychotic Disorder
  6. Brief Psychotic Disorder
  7. Psychotic Disorder NOS
  8. Bipolar Disorders
  9. Cyclothymic Disorder
  10. Major Depression
  11. Obsessive-Compulsive Disorder
  12. Anorexia Nervosa
  13. Bulimia Nervosa
- D. Treatment History (Treatment history covers the resident's lifetime treatment and is restricted to treatment for the DSM V diagnosis specified in Section I.) To qualify under this section, the resident must meet at least ONE of the criteria below:
1. Continuous treatment of 6 months or more, including treatment during adolescence, in one, or a combination of, the following modalities: inpatient treatment, day treatment or partial hospitalization.
  2. Six month's history or current continuous residence in residential programming (e.g., long-term care facility or assisted, supported or supervised residential programs)
  3. Two or more history or current admissions of any duration to inpatient treatment, day treatment, partial hospitalization or residential programming within a 12-month period.
  4. A history of using the following outpatient services over a 1 year period, either continuously or intermittently: psychotropic medication management, case management, outreach and engagement services.
  5. Previous treatment in an outpatient modality, and a history of at least one mental health psychiatric hospitalization.

E. Functional Criteria (Functional criteria have been purposely narrowed to descriptors of the most serious levels of functional impairment and are not intended to reflect the full range of possible impairment.) To qualify under this section, the resident must meet at least TWO of the criteria below. The client:

1. Has a serious impairment in social, occupational or school functioning.
2. Is unemployed or working only part-time due to mental illness or is employed in a sheltered setting or supportive work situation, or has markedly limited work skills.
3. Requires help to seek public financial assistance for out-of-hospital maintenance (e.g., Medicaid, SSI, SSDI, other indicators).
4. Does not seek appropriate supportive services, e.g. recreational, educational or vocational support services, without assistance.
5. Lacks supportive social systems in the community or prison (e.g., no intimate or confiding relationship with anyone in their personal life, no close friends or group affiliations, is highly transient or has inability to co-exist within family setting).
6. Requires assistance in basic life and survival skills (must be reminded to take medication, must have transportation to mental health clinic and other supportive services, needs assistance in self-care, household management, food preparation or money management, etc., is homeless or at risk of becoming homeless).
7. Exhibits inappropriate or dangerous social behavior which results in demand for intervention by the mental health and/or judicial/legal system.
8. The resident does not currently meet the functional criteria listed above, however, the client is currently receiving treatment, has a history within the past 5 years of functional impairment meeting TWO of the functional criteria listed above which persisted for at least 1 month, and there is documentation supporting the professional judgement that regression in functional impairment would occur without continuing treatment.

F. A resident shall be eligible for behavioral health services as a result of having SPMI if he or she meets the criteria specified in 2 (a) and (e) above but does not meet the criteria currently as a result of the use of Clozaril or clozapine.

G. The Deputy Director of Forensic Services, or designee, shall be assigned to manage the SPMI/SMI/LU referral and initiate the multidisciplinary treatment plan process. The initial assessment for appropriateness for the SPMI/SMI/LU Service will occur within 14 days of the referral date. The initial assessment shall include:

1. Review of the offender and medical records
2. A face to face meeting with the resident to conduct an assessment and enter findings into the electronic health record. This will include ANSA results.
3. Completion of releases of information signed by the resident.
4. Discussion of results of the interview, record review and any other relevant data with key treatment team members to ascertain whether or not the resident is severely and persistently mentally ill.

H. If the resident meets criteria, a treatment plan will be completed within 30 days of referral.

I. Treatment plans shall be based upon a multidisciplinary assessment and discussion. The resident will participate in the development of the treatment plan and have the opportunity to express their impressions and goals. Professional staff at the treatment team meetings shall include, but not be limited to, psychiatry, social work, nursing, case management, and other appropriate clinical disciplines.

J. Treatment team meetings shall:

1. Be chaired by the primary clinician
2. Be regularly scheduled based on the individual clinical needs of the SPMI/SMI/LU inmate but at a minimum of every three months.
3. Involve advance notification to the treatment team members by the primary SPMI/SMI/LU clinician
4. Provide at least 10 days advance notice to the resident
5. Ensure input from all participants
6. Establish the initial treatment plan or review the existing treatment plan, specifically noting any changes that have occurred since the last treatment team meeting
7. Include discussion of resident strengths
8. Include discussion of discharge or transition plans. This would include coordinating appropriate community mental health services, reviewing medication needs and all other health care issues.
9. If the resident is within six months of discharge, a specific discharge plan shall be recorded in the electronic health record and provided to the Counselor Case Manager for coordination of care and re-entry planning.

K. The treatment plan shall reflect: Diagnostic rationale, SMART goals (Specific, meaningful, action oriented, realistic, timely), discharge planning and necessary services such as aftercare per PPD 6.10.

L. All services rendered to residents meeting SPMI criteria shall be explicitly outlined in their treatment plan. SPMI/SMI/LU residents have access to the full range of clinical services. The primary difference lies in the intensity of services; that is SPMI residents are monitored more frequently and receive more frequent interventions. Clinical services include, but are not necessarily limited to, individual therapy/monitoring, group psychotherapy, psychoeducational activities, medication management, activity therapies.

M. Supervision of the Treatment Plan

1. The SPMI/SMI/LU primary clinician is responsible for the overall supervision of the treatment plan process for their caseload.
2. Supervision shall include:
  - a. review of goals and objectives to facilitate progress
  - b. an ongoing assessment and evaluation of the resident's clinical condition
  - c. following through on requested psychological test results from other clinical members through referrals to a psychologist or staff behaviorist.
  - d. Ensuring that non-clinical staff are advised of residents' behavioral health needs that may affect housing, work, programs and disciplinary reports via the electronic client management system (CORIS) alert and ongoing communication.
3. Review and update of the SPMI/SMI/LU treatment plan when clinically indicated, after the initial review and every 3 (three) months thereafter. The treatment team schedule shall be followed unless otherwise specified (by exception) by the SPMI/SMI/LU treatment team.
4. Planning for discharge from departmental facilities continues throughout the treatment planning process. Staff shall make contacts with a wide-range of community agencies providing follow-up psychiatric services for services after release. Clinical staff, depending on location, shall work with the Counselor Case Managers to prepare for discharge.

N. Documentation requirements:

1. Staff members providing treatment or other interventions shall be responsible for documenting the results of the intervention or treatment in the electronic health record

2. The SPMI/SMI/LU primary clinician shall monitor the completeness of the multi-disciplinary treatment plan and documentation reflecting resident progress.
- O. Transfer of SPMI/SMI/LU residents to Secure Psychiatric Unit (SPU):
1. The SPMI/SMI/LU shall have timely access to the SPU.
  2. The SPMI/SMI/LU primary clinician shall be responsible for ongoing communication with the SPU and providing relevant information upon admission to the Secure Psychiatric Unit (RSA 623:1) following admission from any DOC facility. Participation in treatment team meetings is critical to ensure a smooth transition to and from the SPU.
  3. The SPMI/SMI/LU primary clinician will participate in the Secure Psychiatric Unit Transition Team discussion to arrange final discharge from the Secure Psychiatric Unit back to the institution as outlined in PPD 7.11 (SPU).
- P. Transfer of resident from SPU to other DOC facilities will be followed as per PPD 6.10,H,7.

REFERENCES:

Standards for Mental Health Services in Correctional Facilities, National Commission on Correctional Health Care, 2015, MH-A-01, MH-A-08, MH-D-05

He-M 401.05, 401.06, 401.07 Administrative Rules – Department of Health and Human Services, State of New Hampshire

NH DOC PPD 6.10

Praer Foundation /ANSA

<https://praerfoundation.org/training-and-certification/>

Mattis/lb

# ADULT NEEDS & STRENGTHS ASSESSMENT (ANSA)

Attachment 1

## NEW HAMPSHIRE COMPREHENSIVE

Ages 18+

<input type="checkbox"/> Eligibility Effective Date:		
<input type="checkbox"/> 90-Day ISP Review Dates Scheduled		

PLEASE USE "EXTENSION MODULES" TO FURTHER ASSESS *ITALICIZED* ITEMS.

MENTAL HEALTH NEEDS				
ITEM RATINGS:	0=No Evidence	1=Watch/Prevent	2=Act	3=Act Immediately/Intensively
Item	Level	Rating:	Comments:	
Psychosis	N/A			
<i>Cognition</i> <sup>1</sup>	N/A			
Impulse Control	N/A			
Depression	N/A			
Mania	N/A			
Anxiety	N/A			
Personality Disorder	N/A			
Antisocial Behavior	N/A			
<i>Adjustment to Trauma</i> <sup>2s</sup>	N/A			
Anger Control	N/A			
<i>Substance Use</i> <sup>3</sup>	N/A			
Eating Disturbance	N/A			
Autism Spectrum	N/A			

LIFE FUNCTIONING				
RATINGS:	0=No Evidence	1=Watch/Prevent	2=Act	3=Act Immediately/Intensively
Item	Level	Rating:	Comments:	
Physical/Medical	B			
Intellectual Functioning	N/A			
Communication	A			
Family	N/A			
<i>Employment</i> <sup>4</sup>	Employment			
<i>Cultural</i> <sup>5</sup>	N/A			
Social Functioning	A			
Caregiving Role	B			
Intimate Relationships	A			
Sexuality	N/A			
Living Skills	A			
Residential Stability	A			
Legal	N/A			
Sleep	A			
ADLs/Self Care	A			
Decision-making	A			
Medication Adherence	Medication			
Transportation	N/A			
Financial Resources	N/A			
Isolation	A			

# ADULT NEEDS & STRENGTHS ASSESSMENT (ANSA)

Attachment 1

## NEW HAMPSHIRE COMPREHENSIVE

Ages 18+

RISK BEHAVIORS				
RATINGS:	0=No Evidence	1=Watch/Prevent	2=Act	3=Act Immediately/Intensively
Item	Level	Rating	Comments:	
Agitation	C			
Self Injurious Behavior	C			
Other Self Harm	C			
Wandering	C			
Gambling	N/A			
Exploitation	C			
Criminal Behavior	N/A			
<i>Suicide</i> <sup>6</sup>	C			
<i>Danger to Others</i> <sup>7</sup>	C			
<i>Sexual Aggression</i> <sup>8</sup>	C			

STRENGTHS			
0=Centerpiece	1=Useful	2=Identified	3=Not yet Identified
Item	Level	Rating	Comments:
Family	N/A		
Social Connectedness	N/A		
Optimism	N/A		
Involvement in Recovery	N/A		
Educational	N/A		
Job History	N/A		
Talents/Interests	N/A		
Leisure Activities	N/A		
Meaningfulness	N/A		
Spiritual/Religious	N/A		
Community Strengths	N/A		
Volunteering	N/A		
Natural Supports	N/A		
Resiliency	N/A		
Resourcefulness	N/A		

CAREGIVER(S) STRENGTHS & NEEDS			
0=No Evidence	1= Watch/Prevent	2= Act	3= Act Immediately/Intensively
Item	Level	Rating	Comments:
Physical/Behavioral	N/A		
Involvement	N/A		
Knowledge	N/A		
Social Resources	N/A		
Family Stress	N/A		
Adult Protection	N/A		
Paid Caregiver	N/A		

# ADULT NEEDS & STRENGTHS ASSESSMENT (ANSA)

Attachment 1

## NEW HAMPSHIRE COMPREHENSIVE

Ages 18+

### EXTENSION MODULES

*Extension modules are required for any italicized items with ratings >0.*

#### MODULE 1: COGNITION

RATINGS:			
0=No Evidence	1=Watch/Prevent	2=Act	3=Act Immediately/Intensively
Item	Level	Rating	Comments:
Memory	N/A		
Planning	N/A		
Visual-Spatial Abilities	N/A		
Motor Skills	N/A		

#### MODULE 2: TRAUMA

RATINGS:			
0=No Evidence	1=Watch/Prevent	2=Act	3=Act Immediately/Intensively
Item	Level	Rating	Comments:
Sexual Abuse*	N/A		
Physical Abuse	N/A		
Emotional Abuse	N/A		
Medical Trauma	N/A		
Natural Disaster	N/A		
Witness to Family Violence	N/A		
Witness to Community Violence	N/A		
Witness/Victim – Criminal Acts	N/A		
<b>*If sexual abuse &gt;0, complete the following</b>			
Emotional Closeness to Perpetrator	N/A		
Frequency of Abuse	N/A		
Duration	N/A		
Force	N/A		
Reaction to Disclosure	N/A		
<b>Adjustment</b>			
Affect Regulation	N/A		
Intrusions	N/A		
Attachment	N/A		
Dissociation	N/A		
Hyperarousal	N/A		

#### MODULE 3: SUBSTANCE USE

RATINGS:			
0=No Evidence	1=Watch/Prevent	2=Act	3=Act Immediately/Intensively
Item	Level	Rating	Comments:
Severity of Use	N/A		
Duration of Use	N/A		
Stage of Recovery	N/A		
Peer Influences	N/A		
Environmental Influences	N/A		
Please specify the drug(s) of choice:			



# ADULT NEEDS & STRENGTHS ASSESSMENT (ANSA)

Attachment 1

## NEW HAMPSHIRE COMPREHENSIVE

Ages 18+

MODULE 4: EMPLOYMENT			
0=No Evidence	1=Watch/Prevent	2=Act	3=Act Immediately/Intensively
Item	Level	Rating	Comments:
Job Performance	N/A		
Job Attendance	N/A		
Job Relations	N/A		
Career Aspirations	N/A		
Job Skills	N/A		

MODULE 5: CULTURE			
RATINGS:	0=No Evidence	1=Watch/Prevent	2=Act 3=Act Immediately/Intensively
Item	Level	Rating	Comments:
Language	N/A		
Identity	N/A		
Ritual	N/A		
Cultural Stress	N/A		

MODULE 6: SUICIDE			
RATINGS:	0=No Evidence	1=Watch/Prevent	2=Act 3=Act Immediately/Intensively
Item	Level	Rating	Comments:
Suicide Risk*	N/A		
*If suicide risk >0, complete the following			
Ideation	N/A		
Intent	N/A		
Planning	N/A		
History	N/A		

# ADULT NEEDS & STRENGTHS ASSESSMENT (ANSA)

Attachment 1

## NEW HAMPSHIRE COMPREHENSIVE

Ages 18+

MODULE 7: DANGER TO OTHERS				
RATINGS:	0=No Evidence	1=Watch/Prevent	2=Act	3=Act Immediately/Intensively
Item	Level	Rating	Comments:	
Frustration Management	N/A			
Hostility	N/A			
Paranoid Thinking	N/A			
Secondary Gains from Anger	N/A			
Violent Thinking	N/A			
Aware of Potential for Violence	N/A			
Response to Consequences	N/A			
Commitment to Self-Control	N/A			
Treatment Involvement	N/A			

MODULE 8: SEXUAL AGGRESSION				
RATINGS:	0=No Evidence	1=Watch/Prevent	2=Act	3=Act Immediately/Intensively
Item	Level	Rating	Comments:	
Relationship	N/A			
Physical Force/Threat	N/A			
Planning	N/A			
Age Differential	N/A			
Type of Sex Act	N/A			
Response to Accusation	N/A			
Temporal Consistency	N/A			
History of Sexual Behavior	N/A			
Severity of Sexual Abuse	N/A			

## ADULT ELIGIBILITY DETERMINATION

Diagnosis*:		Diagnostic Code:	
Eligibility Effective Date:		Eligibility End Date:	
Eligibility Determination:	<input type="checkbox"/> Severe Mental Illness (SMI) < 1 year	<input type="checkbox"/> Severe & Persistent Mental Illness (SPMI) > 1 year	<input type="checkbox"/> Low Utilizer (LU)
		<input type="checkbox"/> Presumed Eligible for 10 days	<input type="checkbox"/> Not Eligible
			<input type="checkbox"/> In the Secured Psychiatric Unit:
<b>SMI/SPMI: An adult shall be determined by a CMHP to have a severe mental illness (SMI) or severe and persistent mental illness (SPMI) if he or she meets one of each of the following criteria, as per He-M 401.05 - .06:</b>			
<input type="checkbox"/> <b>Criteria I (required):</b> Eligible <u>diagnosis</u> (e.g., schizophrenia and other psychotic disorders, mood disorders, borderline personality disorder, post-traumatic stress disorder, obsessive compulsive disorder, eating disorders, panic disorder, or dementia, where the psychiatric symptoms cause functional impairments and one or more of the followings co-morbid symptoms exist: anxiety, depression, delusions, hallucinations, or paranoia) (He-M 401.02).			
<input type="checkbox"/> <b>Criteria II (check one):</b> The assessment of <u>functional impairment</u> demonstrates at least 1 of the following:			
<input type="checkbox"/> A "3" rating in any Level A or Level C item			
<input type="checkbox"/> 2 or more Level A items rated >1			
<input type="checkbox"/> 1 Level A item rated >1 and 1 Level B item rated >1			
<input type="checkbox"/> A "2" rating for 1 Level A item and a rating >1 for Medication Adherence			
<input type="checkbox"/> A "2" rating for 1 Level A item and a rating >1 for Employment			
<input type="checkbox"/> 2 or more Level C items rated >1			
<u>OR</u> the following exceptions apply:			
<input type="checkbox"/> Exception: The individual does not currently meet Criteria II as a result of the use of clozaril or clozapine or as a result of close supervision such as that provided in the Secured Psychiatric Unit			
<b>Low Utilizer (LU):</b> An adult shall be determined by a CMHP to have a severe mental illness (SMI) or severe and persistent mental illness (SPMI) with <u>low service utilization</u> if he or she meets one of the following criteria, as per He-M 401.07:			
The adult			
<input type="checkbox"/> Has a diagnosed mental illness but no longer meets all the criteria for SPMI or SMI and receives services that are designed to prevent relapse; <u>OR</u>			
<input type="checkbox"/> Has functional impairments that are due to developmental disability; <u>OR</u>			
<input type="checkbox"/> Meets criteria for SPMI or SMI but has refused recommended services.			

The following dated signature is only needed if an electronic signature elsewhere in the clinical record is not employed.

**Staff Printed Name, Credential, Title:**

**Staff Signature, Credential, Title** \_\_\_\_\_

**Date:** \_\_\_\_\_




Please explain why any services documented in the Individual Service Plan were not provided during the past 90 days.

**Change(s) to the Individual Service Plan during the reporting quarter:**

**Eligibility Category:**

Severe Mental Illness (SMI)

Severe & Persistent Mental Illness (SPMI)

Low Utilizer (LU)

**Resident Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PPD 6.31 Specialized Treatment Services for Residents Meeting Severely and Persistently Mentally Ill (SPMI) Severely Mentally Ill (SMI) Low Utilizer (LU) Criteria

[http://www.gencourt.state.nh.us/rules/state\\_agencies/he-m400.html](http://www.gencourt.state.nh.us/rules/state_agencies/he-m400.html)

He-M 401.05 Eligibility Criteria for Adults with Severe and Persistent Mental Illness.

(a) An adult shall be eligible for community mental health services if he or she has a severe and persistent mental illness (SPMI) pursuant to (b) below.

(b) An adult shall be determined by a CMHP to have a severe and persistent mental illness (SPMI) if he or she meets each of the following criteria:

- (1) The adult has a diagnosed mental illness;
- (2) The adult has a severe functional impairment as a result of his or her mental illness as determined through assessment of the person's ability to function in the following functional domains:
  - a. Activities of daily living;
  - b. Interpersonal functioning;
  - c. Adaptation to change; and
  - d. Concentration and task performance or pace; or
  - e. Equivalent domains as defined in an outcome measurement tool approved by the commissioner;
- (3) For adults age 18-59, the assessment of functional impairment required by (2) above demonstrates:
  - a. Moderate impairment causing chronic or durable problems in each of the four functional domains such that the person requires regular support and a variety of services;
  - b. Marked impairment causing ongoing symptoms in two or more of the functional domains such that the person requires intensive and frequent supportive interventions;
  - c. Extreme impairment causing risk of death in at least one functional domain such that the person requires a constant level of services; or
  - d. Equivalent impairment ratings based on an outcome measurement tool approved by the commissioner;
- (4) For adults age 60 and older, the assessment of functional impairment required by (2) above demonstrates, without regard to the older adult's score on the General Assessment of Functioning (GAF) scale:
  - a. Moderate impairment causing chronic or durable problems in three or more of the functional domains such that the person requires regular support and a variety of services; or
  - b. Marked impairment causing ongoing symptoms in one or more of the functional domains such that the person that requires intensive and frequent supportive interventions; and

(5) The adult has had the severe functional impairment for one year or more.

(c) An adult shall be eligible for community mental health services as a result of having SPMI if he or she meets the criteria specified in (b)(1) and (5) above but does not meet the criteria currently as a result of the use of clozaril or clozapine or as a result of close supervision such as that provided in a community residence as defined in He-M 1002.02.

(d) Redetermination of eligibility in this category shall occur every 2 years.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, cff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss by #8155, eff 9-2-04, EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

He-M 401.06 Eligibility Criteria for Adults with Severe Mental Illness.

(a) An adult shall be eligible for community mental health services if he or she has a severe mental illness (SMI) pursuant to (b) below.

(b) An adult shall be determined by a CMHP to have a severe mental illness (SMI) if he or she meets each of the following criteria:

(1) The adult has one of the following:

a. A diagnosis of mental illness; or

b. A provisional diagnosis of mental illness, if the person has not previously applied for community mental health services;

(2) The adult has a severe functional impairment as a result of his or her mental illness as determined through assessment of the person's abilities in the following functional domains:

a. Activities of daily living;

b. Interpersonal functioning;

c. Adaptation to change; and

d. Concentration and task performance or pace; or

e. Equivalent domains as defined in an outcome measurement tool approved by the commissioner;

(3) For adults age 18-59, the assessment of functional impairment required by (2) above demonstrates:

a. Moderate impairment causing chronic or durable problems in each of the four functional domains such that the person requires regular support and a variety of services;

b. Marked impairment causing ongoing symptoms in two or more of the functional domains such that the person requires intensive and frequent supportive interventions;

c. Extreme impairment causing risk of death in at least one functional domain such that the person requires a constant level of services; or

d. Equivalent impairment ratings based on an outcome measurement tool approved by the commissioner; and

(4) The assessment of functional impairment of adults age 60 and older demonstrates, without regard to the older adult's score on the General Assessment of Functioning (GAF) scale:

a. Moderate impairment causing chronic or durable problems in three or more of the functional domains; or

b. Marked impairment causing ongoing symptoms that require intensive and frequent supportive interventions in one or more of the functional domains; and

(5) The adult has had the severe functional impairment for less than one year.

(c) Redetermination of eligibility in this category shall occur every 2 years.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 EMERGENCY, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss by #8155, eff 9-2-04, EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13

He-M 401.07 Eligibility Criteria for Adults with Severe or Severe and Persistent Mental Illness with Low Service Utilization.

(a) An adult shall be eligible for community mental health services if he or she has SMI or SPMI with low service utilization pursuant to He-M 401.07 (b) below.

(b) A CMHP shall determine that an adult has SMI or SPMI with low service utilization if he or she:

- (1) Has a mental illness but no longer meets all the criteria for SPMI or SMI and receives services that are designed to prevent relapse;
- (2) Has functional impairments that are due to a developmental disability or receives services primarily through another agency such as a provider for persons with developmental disabilities or New Hampshire hospital; or
- (3) Meets criteria for SPMI or SMI but has refused recommended services and for whom the CMHP is providing outreach.

(c) Attempts by the CMHP to engage the adult with SMI or SPMI with low service utilization in further services shall be made in accordance with his or her clinical needs and be documented in the person's record.

(d) Redetermination of eligibility in this category shall occur every 2 years.

Source. (See Revision Note at part heading for He-M 401) #4194, eff 1-1-87; ss by #4197 Emergency, eff 12-31-86; ss by #4237, eff 2-27-87, EXPIRED: 2-27-93

New. #6644, eff 12-2-97; ss by #8155, eff 9-2-04, EXPIRED: 9-2-12

New. #10256, INTERIM, eff 1-24-13, EXPIRES: 7-23-13; ss by #10383, eff 7-23-13