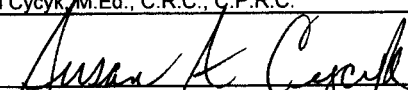


**Division of Child Mental Health Services**  
Department of Services for Children Youth and Their Families  
State of Delaware

001	<b>DCMHS SERVICE ELIGIBILITY</b>	
Authored by:	Utilization Management Committee	Date: November 29, 2006
Approved by:	Susan Cycyk, M.Ed., C.R.C., C.P.R.C.	Title: Division Director
Signature:		Originated: 5/01/97 Revisions: 12/19/99; 11/19/03; 8/31/05; 11/29/06

**PURPOSE:** To define eligibility criteria for services provided by the Division of Child Mental Health Services ("DCMHS"), State of Delaware.

**DEFINITIONS:** Applicable definitions are given in the appendix to DCMHS policy "Development and Revision of Policies."

**POLICY:** Consistent with statutory authority (16 Del C. chapter 90), agreement with the State Medicaid Office under the Diamond State Health Plan (DSHP), the HCFA 1115 waiver, DCMHS hereby establishes eligibility criteria for mental health and substance abuse services for children and youth who are served by DCMHS. Eligibility for service is established when criteria 1., 2., 3., and 4. below are all met or when criteria 5. is met.

1. Age: Children and youth are eligible:
  - A. Up to Age 18 - Children and youth are eligible for services until their 18<sup>th</sup> birthday.
  - B. Over age 18 - For those youth active with DFS or DYRS and over the age of 18, DCMHS may:
    - 1) Manage the case and provide services available through DSCYF consolidated contracts, and/or
    - 2) Provide its Consultation and Assessment service for diagnostic services and treatment planning up to age 19.
2. Residence: Delaware residents are eligible for services.
3. Medical Necessity: Medical necessity is established by the application of DCMHS "Level of Care Criteria." These criteria are available on the DCMHS website.

**Categorical Eligibility:**

- A. Insurance and Medicaid Benefits: DCMHS services are intended as a primary resource for those who have no other reasonable means to pay for mental health services i.e. individuals who have-
  - 1) Medicaid benefits, and require extended services beyond the 30 unit Diamond State Health Plan outpatient benefit or require a higher level of service than is provided by DSHP outpatient benefits, or
  - 2) No Medicaid and no private mental health or substance abuse benefits, or
  - 3) Exhausted all applicable private insurance mental health or substance abuse benefits. Please note that the absence of a level of care or specific provider in a mental health insurance package is not grounds for categorical eligibility.
- B. Insurance Co-pay: In general, DCMHS does not function as a secondary payor for the purpose of funding insurance co-payment for the privately insured. There are two exceptions:
  - 1) If a youth is hospitalized in a DCMHS designated psychiatric hospital on an involuntary basis, or is hospitalized on an emergency basis with DCMHS authorization, and the hospital is unsuccessful in obtaining reimbursement for the private insurance, then DCMHS may reimburse the Provider up to the allowable Contract rate for up to 72 hours.
  - 2) If a youth has both private insurance and Medicaid, where the private insurer is the primary payor and Medicaid is the secondary payor, then the parent, legal guardian or other legally liable individual is not responsible for any copay amount and by federal regulation private providers may not bill parents for that amount. In such a situation, Medicaid providers who have a contract with DCMHS may be reimbursed up to the Medicaid rate in cases pre-authorized by DCMHS. If the provider and Medicaid recipient wish to utilize any applicable Medicaid coverage to pay costs after the primary insurance has paid allowable charges, the provider must obtain DCMHS authorization for the service prior to the initiation of the service, in addition to any other authorizations which may be required by other payers.
- C. Duplicated DSCYF Services: DCMHS provides mental health and substance abuse treatment for children and youth active with another division when the mental health or substance abuse treatment is not available through the other division, or as otherwise specified in an MOU with another DSCYF division.

- D. For clients meeting eligibility requirements for DCMHS services, and who also qualify for services from other state agencies, divisions within state agencies, school districts, physical/medical health care services, and/or other services, DCMHS will provide medically necessary mental health and substance abuse services arranged in concert with these other agencies. DCMHS does not provide services that substitute for services which are the responsibility of another agency.
5. Mental Health Crises – Crisis services may be provided to children and youth meeting criteria A. or B. below.
- A. DCMHS crisis services and short-term emergency hospitalizations may be provided to non-resident youth under the age of 18 years of age who are in the State of Delaware and are at imminent danger to self or others arising from mental health or substance abuse disorders. DCMHS reserves the right to seek reimbursement for services provided to non-Delaware residents.
  - B. The DCMHS crisis service also may be utilized by privately insured persons if they meet criteria 1., 2., and 3. above for initial crisis response (excluding crisis bed) intervention, but subsequent treatment is the responsibility of the insurance carrier unless the youth otherwise meets eligibility criteria and is admitted to DCMHS services.

**APPLICATION:**

- A. The application of this policy in a particular circumstance may be appealed by the affected parent or guardian, custodian or other legal caregiver if the parent is unavailable. (See also DCMHS Appeals Policy).
  - 1) Providers and advocates may assist children and families with an appeal under this policy.
  - 2) Families will be advised of their appeal rights whenever a client is determined to be ineligible for DCMHS services under this policy.
  - 3) When DFS or DYRS has legal custody, staff in disagreement with DCMHS decisions should use the DSCYF case dispute resolution procedures instead of the appeal procedures.
- B. DCMHS staff may request a review by the Division Director if application of the policy would yield a result substantially contrary to the combined interests of the State and the client. The decision of the Director will be documented in writing and signed by the Director, and kept on file by the DCMHS Quality Improvement unit.