

**TECHNICAL REQUIREMENT FOR INFANTS, TODDLERS, CHILDREN, YOUTH AND YOUNG ADULTS WITH SERIOUS EMOTIONAL DISTURBANCE (SED) AND INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES (I/DD)**

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**TECHNICAL REQUIREMENT FOR INFANTS, TODDLERS, CHILDREN, YOUTH AND YOUNG ADULTS WITH SERIOUS EMOTIONAL DISTURBANCE (SED) CHILDREN AND INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES (I/DD)**

**REGARDING: 1) MEDICAID ELIGIBILITY CRITERIA FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE (SED), AND/OR INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES (I/DD), BIRTH TO TWENTY-ONE (21) YEARS OF AGE; AND 2) ESTABLISHING GENERAL FUND PRIORITY FOR MENTAL HEALTH SERVICES FOR CHILDREN WITH SED AND/OR I/DD, BIRTH TO EIGHTEEN (18) YEARS OF AGE.**

**General Considerations:**

This requirement provides a framework to be used by Prepaid Inpatient Health Plans (PIHPs) for determining eligibility for Medicaid specialty mental health services for children with serious emotional disturbance (SED), and/or intellectual and/or developmental disabilities (I/DD) as well as Community Mental Health Services Programs (CMHSPs) for establishing general fund priority for mental health services to children with SED and/or I/DD according to the requirements of the Michigan Mental Health Code (Section 330.1208). The criteria framework for Medicaid eligibility and general fund priority for non-Medicaid children is based on the definitions of serious emotional disturbance and I/DD delineated in the Mental Health Code (Section 330.1100(a)(b)(d), which includes the three (3) dimensions of diagnosis, functional impairment, and duration. This document includes requirements related to Medicaid, General Fund (GF), and the Michigan Mental Health Code (MHC), which are to be applied to contractors as appropriate.

A key feature of the general fund and Medicaid priority framework in this Technical Requirement is that diagnosis alone is not sufficient to determine eligibility for Medicaid or general fund priority for specialty mental health services. This means that the practice of using a defined or limited set of diagnoses to determine Medicaid eligibility or general fund priority for services should cease.

The criteria outlined in this document is intended to:

- (1) Assist PIHPs and MHSPs in determining severity, complexity and duration that would indicate a need for specialty mental health services and supports for Medicaid children and non-Medicaid children (to establish priority for service) under the Michigan Mental Health Code.
- (2) Ensure uniformity to these decisions for children across the system.
- (3) Meet the requirements of Early and Periodic, Screening, Diagnostic and Treatment Program (EPSDT). Young children, youth and young adults meeting the criteria as outlined in this document are considered to have a serious emotional disturbance, as defined by the Mental Health Code.

**Selection of Services**

For Medicaid children, once an eligibility determination has been made based on the criteria delineated in this document, selection of services is determined based on person-centered planning and family-driven, youth guided practice and medical necessity criteria. An elevated score on a standardized, validated Trauma Screen/Assessment appropriate for the age of the child/youth informs the selection of services and the discussion during the person-centered planning which uses a family driven, youth guided approach.

For Non-Medicaid children, once an eligibility determination has been made based on the criteria in this document, selection of services is determined based on priority of general funds and person-centered planning and family driven, youth guided practice.

### **Age Range**

Since Medicaid is utilized for children/youth, birth through 20 years of age (day before 21<sup>st</sup> birthday), criteria for young adults (18 through 20 years of age), has been included in this document. For the purposes of this document, EPSDT covers all Medicaid medically necessary behavioral health services, birth to 21 years of age. Children and youth may be required to enroll in a 1915(i) or 1915(c) program to receive certain specialty behavioral health services. Eligibility for the 1915(i) and 1915(c) are not included in this document.

In the January 15, 2016, MSA 16-01 Bulletin, the intent of EPSDT is defined as, “to provide necessary health care, diagnostic services, treatment, and other measures according to section 1905(a) and 1905(r) [42 U.S.C. 1396d] of the Social Security Act (1967) to correct or ameliorate defects and physical and mental illnesses and conditions whether or not such services are covered under the state plan. State Medicaid programs are required to provide for any services that are included within the mandatory and optional services that are determined to be medically necessary for children under 21 years of age.”

### **Definition of Serious Emotional Disturbance**

“Serious emotional disturbance” means a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:

- (a) A substance use disorder.
- (b) A developmental disorder.
- (c) "V" codes in the Diagnostic and Statistical Manual of Mental Disorders.

### **Definition of Infant and Toddler with Serious Emotional Disturbance, Birth through 3 years (day before 4<sup>th</sup> birthday)**

Unique criteria must be applied to define serious emotional disturbance for the birth through age three population, given:

- the magnitude and speed of developmental changes through pregnancy and infancy and early childhood.
- the limited capacity of the very young to symptomatically present underlying disturbances.
- the extreme dependence of infants and toddlers upon caregivers for their survival and well-being; and
- the vulnerability of the very young to relationship and environmental factors.

Operationally, the above parameters dictate that the mental health professional must be cognizant of:

- the primary indicators of serious emotional disturbance in infants and toddlers, and
- the importance of assessing the constitutional/physiological and/or care-giving/environmental factors that reinforce the severity and intractability of the infant-toddler's disorder.

Furthermore, the rapid development of infants and toddlers results in transitory disorders and/or symptoms, requiring the professional to regularly re-assess the infant-toddler in the appropriate developmental context.

The access eligibility criteria delineated below do not preclude the provision of services to an adult beneficiary who is pregnant or a parent of an infant or toddler and who has a diagnosis within the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) that results in a care-giving environment that places the infant or toddler at high risk for serious emotional disturbance.

The following is the criteria for determining when an infant or toddler beneficiary is considered to have a serious emotional disturbance or is at high risk for serious emotional disturbance and qualifies for specialty mental health services and supports.

All of the dimensions must be considered when determining eligibility.

The infant/toddler shall meet each of the following:

#### Diagnosis

An infant or toddler has a mental, behavioral, or emotional disturbance sufficient to meet the diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association consistent with the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood that has resulted in functional impairment as indicated below. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance: (a) a substance use disorder, (b) a developmental disorder, or (c) "V" codes in the diagnostic and statistical manual of mental disorders.

### **Degree of Disability/Functional Impairment**

The required standardized tool specifically targeting social-emotional functioning for infants and toddlers is the MichiCANS. Functional impairment that substantially interferes with or limits the infant or toddler proficiency in performing developmentally appropriate skills is defined as meeting the following criteria on the MichiCANS Screener Birth through 5 years:

- At least one rating of 2 or 3 on any of the following Challenges Items: Impulsivity/Hyperactivity (36 mos. +), Depression, Anxiety, Oppositional Behavior (36 mos. +), Attachment Difficulties, Adjustment to Trauma, Regulatory, Atypical Behaviors or Aggression.
- **And**
  - At least one rating of 2 or 3 on any of the following items: Family Functioning, Social and Emotional Functioning, Early Care and Education, or Sleep (12 mos. +)
  - Or at least one rating of 2 or 3 on any of the following items: Failure to Thrive, Self-Harm (12 mos.+), Flight Risk/Bolting, or Cultural Stress (Caregiver Need)
  - Or at least one rating of 2 or 3 on any of the following Caregiver Items: Adjustment to Trauma, Mental Health, Caregiver Capacity, Supervision, Involvement with Care, Knowledge, or Safety.

In addition, the ***Devereaux Early Childhood Assessment*** (DECA) is required to specifically assess social-emotional functioning for infants and toddlers 1 month through 3 years (day before 4<sup>th</sup> birthday). Information obtained from the DECA will inform the MichiCANS.

Degree of disability/functional impairment may be evidenced by interference with, or limitation of, an infant or toddler's functioning and/or inability to obtain critical nurturing.

The following list includes examples of functional impairment. This is not an exhaustive list and decisions related to degree of disability/functional impairment should not be limited to the following examples.

#### **Area I:**

General and/or specific patterns of reoccurring behaviors or expressiveness indicating affect/modulation problems.

Indicators are:

- uncontrollable crying or screaming with difficulty calming with a familiar caregiver
- sleeping and eating disturbances

- disturbance (over or under expression) of affect, such as pleasure, displeasure, joy, anger, fear, curiosity, apathy toward environment and caregiver
- toddler has more difficulty with impulsivity and/or sustaining attention than same aged peers
- developmentally inappropriate aggressiveness or reckless behavior(s) toward others and/or toward self
- regression which may be a result of a trauma or other stressful life event (i.e., birth of a sibling, moving houses, death of a caregiver)
- behavior related to re-experiencing trauma, such as, numbing, or increased fearfulness.
  - sexualized behaviors inappropriate for developmental age

### Area II:

Behavioral patterns coupled with sensory, sensory motor, or organizational processing difficulty (homeostasis concerns) that inhibit the infant or toddler's daily adaptation and relationships. Behavioral indicators are:

- a restricted range of exploration and assertiveness
- severe reaction to changes in routines
- tendency to be frightened and clinging in new situations
- lack of interest in interacting with objects, activities in their environment, or relating to others and infant or toddler appears to have one of the following reactions to sensory stimulation:
  - hyper-sensitivity (i.e., strong reaction to loud noises, bright lights, and/or tactile stimuli such as clothing)
  - hypo-sensitive/under-responsive (i.e., lack of reaction to prompting by parent/caregiver, need for increased motor stimulation)
  - sensory stimulating-seeking/impulsive (i.e., hitting self, pattern of seeking same textures or objects)

### Area III:

Incapacity to obtain critical nurturing (often in the context of attachment-separation concerns), as determined through the assessment of infant/toddler, parent/caregiver, and environmental characteristics. Indicators in the infant or toddler are:

- does not meet developmental milestones (i.e., delayed motor, cognitive, social/emotional speech and language) due to lack of critical nurturing,
- has difficulty in relating and communicating,
- disorganized behaviors or play (i.e., parents/caregivers have difficulty making meaning out of the infant/toddler's play, inconsolable crying, difficulty in establishing routines)
- directs attachment behaviors non-selectively (does not show preference for parent/caregiver over unfamiliar adult),

- resists and avoids the caregiver(s) including childcare providers,
- developmentally inappropriate ability to comply with adult requests,
  - disturbed intensity of emotional expressiveness (anger, blandness or is apathetic) in the presence of a parent/caregiver:
    - who often interferes with infant's goals and desires,
    - dominates the infant or toddler through over-control,
    - does not reciprocate to the infant or toddler's gestures, and/or
    - whose anger, depression, or anxiety results in inconsistent parenting.

The parent/caregiver may be unable to provide critical nurturing and/or be responsive to the infant or toddler's needs due to diagnosed or undiagnosed peri-natal depression, other mental health concerns/conditions, is not able to provide consistent routine for infant/toddler, or there are concerns for safety within the home environment or living situation, etc.

### **Duration/History**

The very young age and rapid transition of infants and toddlers through developmental stages makes consistent symptomatology over time unlikely. However, indicators that a disorder is not transitory and will endure without intervention include one or more of the following:

- (1) The infant or toddler's disorder(s) is affected by persistent multiple barriers to normal development (inconsistent parenting or caregiving, chaotic environment, etc.); or
- (2) The infant or toddler has been observed to exhibit the functional impairments for more days than not for a minimum of two weeks (see Areas I-III above); or
- (3) An infant or toddler has experienced a traumatic event involving actual or threatened death or serious injury or threat to the physical or psychological integrity of the infant/toddler, parent or caregiver, such as abuse (physical, emotional, sexual), medical trauma, interpersonal violence and/or prolonged separation from parent/caregiver.

### **Definition of Young Child with Serious Emotional Disturbance, age 4 through 5 years (day before 6<sup>th</sup> birthday)**



For young children 4 through 5 (day prior to 6<sup>th</sup> birthday), decisions should utilize the following dimensions delineated below to determine whether a young child has a serious emotional disturbance and is in need of specialty mental health services and supports. The dimensions include:

- (1) a diagnosable behavioral or emotional disorder
- (2) functional impairment/limitation of major life activities; and
- (3) duration of condition.

However, as with infants and toddlers (birth through age 3), the assessment must be sensitive to the critical indicators of development and functional impairment for this age group. Impairments in functioning are revealed across life domains in the young child's regulation of emotion and behavior, social development (generalization of relationships beyond parents, capacity for peer relationships and play, etc.), physical and cognitive development, and the emergence of a sense of self. All of the dimensions must be considered when determining whether a young child is eligible for specialty mental health services and supports as a child with serious emotional disturbance.

The parameters delineated below do not preclude the provision of services to an adult beneficiary of a young child who is a parent and who has a diagnosis within the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) that results in a care-giving environment that places the child at-risk for serious emotional disturbance.

The following is the criteria for determining when a young child beneficiary is considered to have a serious emotional disturbance. All of the dimensions must be considered when determining whether a young child is specialty eligible for mental health services and supports.

The young child shall meet each of the following:

#### Diagnosis

A young child has a mental, behavioral, or emotional disturbance sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the department that has resulted in functional impairment as explained below. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance: (a) a substance use disorder, (b) a developmental disorder, or (c) "V" codes in the diagnostic and statistical manual of mental disorders.

#### Degree of Disability/Functional Impairment

The required standardized tool specifically targeting social-emotional functioning for young children 4 through 5 years (day prior to 6<sup>th</sup> birthday) is the MichiCANS. Functional impairment that substantially interferes with or limits a young child's proficiency in performing developmentally appropriate skills when compared to other young children of the same age, is defined as meeting the following criteria on the MichiCANS Screener Birth through 5 years:

- At least one rating of 2 or 3 on any of the following Challenges items: Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional Behaviors, Attachment Difficulties, Adjustment to Trauma, Regulatory, Atypical Behaviors, or Aggression
- **And**
  - At least one rating of 2 or 3 on any of the following items: Family Functioning, Social and Emotional Functioning, Early Care and Education, or Sleep
  - Or at least one rating of 2 or 3 on any of the following items: Failure to Thrive, Self-Harm, Flight Risk/Bolting, or Cultural Stress (Caregiver Need)
  - Or at least one rating of 2 or 3 on any of the following Caregiver items: Adjustment to Trauma, Mental Health, Caregiver Capacity, Supervision, Involvement with Care, Knowledge, or Safety

In addition, the *Devereaux Early Childhood Assessment* (DECA) is required to specifically assess social-emotional functioning for young children 3 through 5. Information obtained from the DECA will inform the MichiCANS.

Degree of disability/functional impairment may be evidence by interference with or limitation of a young child's functioning and/or inability to obtain critical nurturing. The following are examples of functional impairment for this age range. This is not an exhaustive list and decisions related to degree of disability/functional impairment should not be limited to the following examples.

#### Area I:

Limited capacity for self-regulation, inability to control impulses, or modulate emotions as indicated by:

#### Internalized Behaviors:

- prolonged listlessness irritability or sadness
- inability to cope or intense distress with separation from primary caregiver (i.e., during routine separation, for example, during childcare or pre-school drop-off)
  - disturbance (over or under expression) of affect, such as pleasure, displeasure, joy, anger, fear, curiosity, apathy toward environment and caregiver
- shows inappropriate emotions for situation
- anxious or fearful
- cries a lot and cannot be consoled

- frequent nightmares
- makes negative self-statements that may include suicidal thoughts

Externalized Behaviors:

- frequent intense tantrums and/or low frustration tolerance
  - aggressiveness toward others, self, and animals and/or deliberately damages property
- severe reaction to changes in routine and/or inflexibility
- disorganized behaviors or play (i.e., parents/caregivers have difficulty making meaning out of the young child's play, inconsolable crying, difficulty in establishing routines)
- shows inappropriate emotions for situation
- reckless behavior
- danger to self, including self-mutilation
- impulsive or danger seeking and/or need for constant supervision
- sexualized behaviors inappropriate for developmental age
- developmentally inappropriate ability to comply with adult requests
- refuses to attend childcare and/or school
- deliberately damages property
- fire starting
- stealing

Difficulty with social relationships as indicated by:

- inability to engage in interactive play with peers
- frequent suspensions and/or expulsions from childcare/school, inability to maintain placements in childcare or other organized groups
- failure to display social values or empathy toward others
- threatens or intimidates others
- inability to engage in reciprocal communications
- directs attachment behaviors non-selectively (does not show preference for parent/caregiver over unfamiliar adult especially during time of stress or need)

Area II:

Physical symptoms, as indicated by behaviors that are not the result of a medical condition, include:

- bed wetting
- sleep disorders

- eating disorders
- encopresis
- somatic complaints

#### Area III:

Disturbances of thought, as indicated by the following behaviors:

- inability to distinguish between real and pretend
- difficulty with transitioning from self-centered to more reality-based thinking
- communication is disordered or bizarre
- repeats thoughts, ideas, or actions over and over
- absence of imaginative play or verbalizations commonly used by preschoolers to reduce anxiety or assert order/control on their environment

#### Area IV:

Care-giving or household factors that reinforce the severity or intractability of the childhood disorder and the need for intervention strategies such as:

- a chaotic household/constantly changing care-giving environments
- parental expectations are inappropriate considering the developmental age of the young child
- inconsistent parenting
- subjection to others' violent or otherwise harmful behavior
- over-protection of the young child
- parent/caregiver is insensitive, angry and/or resentful to the young child
- impairment in parental judgment or functioning (mental illness, domestic violence, substance use, etc.)
- failure to provide emotional support to a young child who has been abused or traumatized

The parent/caregiver may be unable to provide critical nurturing and/or be unresponsive to the young child's needs due to diagnosed or undiagnosed depression, other mental health concerns/conditions, is not able provide consistent routine for young child, or there are concerns for safety within the home environment or living situation, etc.

#### **Duration/History**

The young age and rapid transition of young children through developmental stages makes consistent symptomatology over a long period of time unlikely.

However, indicators that a disorder is not transitory and will endure without intervention include one or more of the following:

- (1) Evidence of two continuous months of symptomatology or
- (2) Three months of symptomatology/dysfunction in a six-month period; or
- (3) Conditions that are persistent in their expression and are not likely to change without intervention; or
- (4) A young child has experienced a traumatic event involving actual or threatened death or serious injury or threat to the physical or psychological integrity of the child, parent, or caregiver, such as abuse (physical, emotional, sexual), medical trauma and/or domestic interpersonal violence and/or prolonged separation from parent/caregiver.

#### Definition of Child with Serious Emotional Disturbance, age 6 through 17 years (day before 18<sup>th</sup> birthday)

The definition of SED for children 6 through 17 years detailed below is based on the Mental Health Code, Section 330.1100d. The parameters do not preclude the diagnosis of and the provision of services to an adult beneficiary who is a parent and who has diagnosis within the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) that results in a care-giving environment that places the child at-risk for serious emotional disturbance.

The following is the criteria for determining when a child 6 through 17 years is considered to have a serious emotional disturbance. All of the dimensions must be considered when determining whether a child is eligible for specialty mental health services and supports as a child with serious emotional disturbance.

The child shall meet each of the following:

#### **Diagnosis**

Serious emotional disturbance means a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the department and that has resulted in functional impairment as indicated below. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance: (a) a substance use disorder, (b) a developmental disorder, or (c) "V" codes in the diagnostic and statistical manual of mental disorders.

#### **Degree of Disability/Functional Impairment**

The required standardized tool specifically targeting social-emotional functioning in children and youth ages 6 through 17 years (day before 18<sup>th</sup> birthday) is the MichiCANS. Functional impairment that substantially interferes with or limits the child or youth's role or results in impaired

functioning in family, school, or community activities is defined as meeting the following criteria on the MichiCANS Screener 6 through 20 (day prior to 21):

- **At least one** rating of 2 or 3 on any of the Behavioral/Emotional Needs items; Psychosis, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional Behavior, Conduct, Adjustment to Trauma, , Anger Control, Substance Use, or Eating Disturbance.
- **And**
  - At least a rating of 2 or 3 on any of the following Functioning Needs items: Family Functioning, Living Situation, Social Functioning, Legal (age 11+), Medical/Physical, Sleep, School or Job Functioning (age 16+) Decision Making or Caregiver Supervision;
  - Or **at least one** rating of 2 or 3 on any of the following Risk Behaviors: Suicide Risk, Non-suicidal self-injury (NSSI) Behavior, Other Self-Harm, Danger to Others, Problematic Sexual Behavior, Runaway, Victimization/Exploitation.

#### Duration/History

Evidence that the disorder exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.

#### Definition of Young Adults, Age 18 through 20 years (day before 21<sup>st</sup> birthday), with Serious Emotional Disturbance (SED) under Early and Periodic, Screening, Diagnosis and Treatment (EPSDT)

The young adult population ages 18 through 20 with SED served by the PIHP system requires a specialized and individualized approach to address their behavioral health needs during transition. The definition of SED in the Michigan Mental Health Code, which mirrors the federal definition, applies to minors. However, EPSDT services are required under federal and state policy to be offered to young adults up to 21 years of age. It is recommended that the SED criteria be utilized to determine eligibility for behavioral health services for young adults, ages 18 through 20 years.

In an effort to address the unique behavioral health needs of young adults ages 18 through 20, the following criteria is intended to for use in determining the most clinically appropriate, medically necessary specialty mental health service array for this young adult population. Parents and family are an integral part of the ongoing treatment team with consent of the young adult. The family driven youth guided approach begins to move towards youth and young adult driven and family involved.

#### Diagnosis

SED means a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the department and that has resulted in functional impairment as indicated below. The

following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance: (a) a substance abuse disorder, (b) a developmental disorder, or (c) "V" codes in the diagnostic and statistical manual of mental disorders.

### Degree of Disability/Functional Impairment

The required standardized tool specifically targeting the social-emotional functioning of young adults 18 through 20 (day prior to 21<sup>st</sup> birthday) is the MichiCANS. Functional impairment that substantially interferes with or limits the young adult's role or results in impaired functioning in family, school, or community activities or for those who are new or currently receiving PIHP/CMHSP service is defined as:

- **At least one** rating of 2 or 3 on any of the following Behavioral/Emotional Needs items: Psychosis, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional Behavior, Conduct, Adjustment to Trauma, Anger Control, Substance Use, or Eating Disturbance;
  - **And**
  - At least one rating of 2 or 3 on any of the following: Functioning Needs items: Family Functioning, Living Situation, Social Functioning, Legal, Medical/Physical, Sleep, School or Job Functioning, Decision Making, or Caregiver Supervision;
  - Or at least one rating of 2 or 3 on any of the following Risk Behaviors: Suicide Risk, NSSI Behavior, Other Self-Harm, Danger to Others, Problematic Sexual Behavior, Runaway, or Victimization/Exploitation.

The young adult population is unique due to many factors and these need to be considered when determining functional impairment, medical necessity, and service array. Is the young adult:

- Involved in other transition systems (foster care, housing, legal involvement, alternative education and/or vocational rehabilitation services)?
- Lacking social and emotional skills to live independently?
- Displaying difficulty in gaining and/or maintaining employment?
- In need of connection to family/natural supports to maintain level of functioning?
- In need of connection to community supports in order to maintain their level of functioning?
- A parent themselves? If so, what best meets their service needs for themselves and their infant/toddler?

### Duration/History

Evidence that the disorder exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.

### **Definition of individual with Developmental Disability**

"Developmental disability" means either of the following:

(a) If applied to an individual older than 5 years of age, a severe, chronic condition that meets **all** of the following requirements:

- (i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
- (ii) Is manifested before the individual is 22 years old.
- (iii) Is likely to continue indefinitely.
- (iv) Results in substantial functional limitations in 3 or more of the following areas of major life activity:

- (A) Self-care.
- (B) Receptive and expressive language.
- (C) Learning.
- (D) Mobility.
- (E) Self-direction.
- (F) Capacity for independent living.
- (G) Economic self-sufficiency.

(v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

(b) If applied to a minor from birth to 5 years of age, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.

### **Definition of individual with Intellectual Disability**

"Intellectual disability" means a condition manifesting before the age of 18 years that is characterized by significantly subaverage intellectual functioning and related limitations in 2 or more adaptive skills and that is diagnosed based on the following assumptions:

- (a) Valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors.
- (b) The existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs for support.
- (c) Specific adaptive skill limitations often coexist with strengths in other adaptive skills or other personal capabilities.



(d) With appropriate supports over a sustained period, the life functioning of the individual with an intellectual disability will generally improve.

Definition of an Infant, Toddler or Young Child with Developmental Delay including Intellectual Disability, Birth through 5 years (day before 6<sup>th</sup> birthday)

#### Diagnosis

A child has a substantial **developmental delay** or a specific congenital or acquired condition sufficient to meet the diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.

A child has an **intellectual disability** characterized by significantly subaverage intellectual functioning based on a standardized, valid intellectual assessment based on the beneficiary's age, considering cultural and linguistic diversity, as well as differences in communication and behavioral factors.

#### Degree of Functional Impairment

The required standardized tool used to identify Developmental Delay and/or Intellectual Disability for infants, toddlers, and young children birth through 5 is the MichiCANS. Functional impairment that interferes with or limits a young child's proficiency in performing developmentally appropriate tasks when compared to other infants, toddlers, and young children of the same age, is defined as meeting the following criteria on the MichiCANS Screener Birth through 5 years:

- At least one rating of 2' or '3' on the Developmental/Intellectual or Autism Spectrum item
- **And**
  - At least one rating of '2' or '3' on any of the following items: family functioning, social emotional functioning, early care and education, or sleep (12 mos. +)
  - Or at least one rating of 2 or 3 on any of the following items: Failure to Thrive, self-harm (12 mos. +), flight risk/bolting, or cultural stress (Caregiver Need)
  - Or at least one rating of 2 or 3 on any of the following caregiver items: Adjustment to Trauma, Mental Health, Caregiver Capacity, Supervision, Involvement with Care, Knowledge, or Safety.

A child or youth with an **intellectual disability** must have limitations in 2 or more adaptive skills in any of the following areas:

- Communication
- Self-care
- Home living
- Social skills
- Community use
- Self-direction
- Health and safety
- Functional academics
- Leisure
- Work

The following is a list of developmental milestones for functioning (ZTT, 2016). It is important to remember that the following table lists just some examples of general developmental milestones. While milestones can provide a general range of time when certain aspects of development may occur, every child develops at their own unique pace. **This is not an exhaustive list and decisions related to degree of disability/functional impairment should not be limited to the following milestones.**

Adaptive functioning may be evidence by any of the following, characterized by age:

By 3 Months

- Follows people and objects with eyes
- Loses interest or protests if activity does not change

By 6 Months

- Tracks moving objects with eyes from side to side
- Experiments with cause and effect (e.g., bangs spoon on table)
- Smiles and vocalizes in response to own face in mirror image
- Recognizes familiar people and things at a distance
- Demonstrates anticipation of certain routine activities (e.g., shows excitement in anticipation of being fed)

By 9 Months

- Mouths or bangs objects
- Tries to get objects that are out of reach
- Looks for things they see others hide (e.g., toy under a blanket)

#### By 12 Months

- Watches the path of something as it falls
- Has favorite objects (e.g., toys, blanket)
- Explores objects and how they work in multiple ways (e.g., mouthing, touching, dropping)
- Fills and dumps containers
- Plays with two objects at the same time

#### By 15 Months

- Imitates complex gestures (e.g., signing)
- Finds hidden objects easily
- Uses objects for their intended purpose (e.g., drinks from a cup, smooths hair with a brush)

#### By 18 months

- Enacts play sequences with objects according to their use (e.g., pushing a dump truck and emptying its cargo)
- Shows interest in a doll or stuffed animal
- Points to at least one body part
- Points to self when asked
- Plays simple pretend games (e.g., feeding a doll)
- Scribbles with crayon, marker, and so forth
- Turns pages of book
- Recognizes self in mirror

#### By 2 Years

- Finds things even when hidden under two or three covers or when hidden in one place and moved to another
- Begins to sort shapes and colors
- Completes sentences and rhymes from familiar books, stories, and songs
- Plays simple make-believe games (e.g., pretend meal)
- Builds towers of four or more blocks
- Follows two-step instructions (e.g., “Pick up your shoes and put them in the closet”)

#### By 3 Years

- Labels some colors correctly
- Plays thematic make-believe with objects, animals, and people
- Answers simple “Why” questions (e.g., “Why do we need a coat when it’s cold”)

outside?”)

- Shows awareness of skill limitations
- Understands “bigger” and “smaller”
- Understands concept of “two”
- Enacts complex behavioral routines observed in daily life of caregivers, siblings, and peers [cont.]
- Solves simple problems (e.g., obtains a desired object by opening a container)
- Attends to a story for 5 minutes
- Plays independently for 5 minutes

#### By 4 Years

- Names several colors and some numbers
- Counts to five
- Has rudimentary understanding of time
- Shares past experiences
- Remembers part of a story
- Engages in make-believe play with capacity to build and elaborate on play themes
- Connects actions and emotions
- Responds to questions that require understanding of “same” and “different”
- Draws a person with two to four body parts
- Understands that actions can influence others’ emotions (e.g., tries to make others laugh by telling a joke)
- Waits for turn in simple game
- Plays board or card games with simple rules
- Describes what is going to happen next in a book
- Talks about right and wrong

#### By 5 Years

- Counts to 10 or more things
- Tells stories with beginning, middle, and end
- Draws a person with at least six body parts
- Acknowledges own mistakes or misbehaviors and can apologize
- Distinguishes fantasy from reality most of the time
- Names four colors correctly

- Follows rules in simple games
- Knows functions of every day household objects (e.g., money, cooking utensils)
- Attends to group activity for 15 minutes (e.g., circle time, storytelling)

### Duration/History

There is no duration/history requirement for an intellectual disability and/or developmental delay. A standardized, valid intellectual assessment should be administered every 3 years at a minimum, or sooner if changes in intellectual functioning are suspected.

The developmental disability is likely to continue indefinitely.

### Definition of Child, Youth or Young Adult with Intellectual and/or Developmental Disability, age 6 through 20 years (day before 21st birthday)

#### Diagnosis

A child, youth, or young adult has an intellectual disability characterized by significantly subaverage intellectual functioning based on a standardized, valid intellectual assessment based on the beneficiary's age, considering cultural and linguistic diversity, as well as differences in communication and behavioral factors.

A child, youth, or young adult has a developmental disability characterized by a severe, chronic condition that is attributable to a mental or physical impairment or a combination of mental and physical impairments as specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association

#### Degree of Disability/Functional Limitation

A child, youth, or young adult with an intellectual disability must have limitations in 2 or more adaptive skills in any of the following areas:

- Communication
- Self-care
- Home living
- Social skills
- Community use
- Self-direction
- Health and safety

- Functional academics
- Leisure
- Work

A child, youth, or young adult with a developmental disability must have substantial functional limitations in 3 or more of the following areas of major life activity:

- Self-care.
- Receptive and expressive language.
- Learning.
- Mobility.
- Self-direction.
- Capacity for independent living.
- Economic self-sufficiency.

The required standardized tool used to identify Intellectual and/or Developmental Disability for children, youth and young adults is the MichiCANS. Functional impairment that interferes with or limits a child, youth, or young adult's proficiency in performing developmentally appropriate tasks when compared to other children, youth, and young adults ages 6 through 20 years (day before 21) is defined as meeting the following criteria on the MichiCANS Screener through 20 years (day prior to 21<sup>st</sup> birthday):

- A rating of 2 or 3 on the Developmental/Intellectual or Autism Spectrum Disorder item
- **And**
  - At least one rating of 2 or 3 on any of the following Functioning Needs items: Family Functioning, Living Situation, Social Functioning, Legal (age 11+), Medical/Physical, Sleep, School or Job Functioning (age 16+), Decision Making or Caregiver Supervision.
  - Or at least one rating of 2 or 3 on any of the following Risk Behaviors: Suicide Risk, NSSI Behavior, Other Self Harm, Danger to Others, Problematic Sexual Behavior, Runaway, or Victimization/Exploitation

#### Duration/History

There is no duration/history requirement for an intellectual disability. A standardized, valid intellectual assessment should be administered every 3 years at a minimum, or sooner if changes in intellectual functioning are suspected.

The developmental disability is likely to continue indefinitely.