

Community Services - Eligibility

- In order for DMH to reimburse care, the individual must meet both financial and clinical eligibility criteria.
- These criteria are described in detail in the DMH provider manual.
- The provision of information through the enrollment/registration of an individual with DHS/DMH establishes which Eligibility Group the individual is qualified for, and an individual's eligibility group determines what services DHS/DMH will pay for and, in the case of non-Medicaid eligible individuals, up to what limits.
- An individual's household income and size determines the amount of the DHS/DMH rate for a mental health service that will be paid for by DHS/DMH. Individuals who:
 - do not meet the criteria for one of the eligibility groups, or
 - who are not eligible for Medicaid and whose household income is 400% or greater than the Federal Poverty Guidelinesare ineligible for payment by DHS/DMH for their mental health services.

Community Services –Eligibility

Eligibility Group 1: Medicaid Eligible Criteria

To be eligible for this group an individual must:

- be in need of mental health services for a mental disorder or suspected mental disorder,
- have a qualifying diagnosis as listed in the [Rule 132 Diagnosis Codes - DMH](#)
- not be enrolled in the Illinois Healthcare and Family Services' Integrated Care Program,
- be enrolled/registered with DHS/DMH, and
- be currently eligible under the state's Medicaid program.

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Eligibility Group 2: Non-Medicaid Target Population Criteria

This eligibility group is aimed at applying state funding for mental health services for an individual with limited resources who is either:

an adult experiencing a serious mental illness, or

a child with a serious emotional disturbance.

To be eligible for this group an individual must:

- be in need of mental health services for a mental disorder,
- be enrolled/registered with DHS/DMH, including entry of the individual's Recipient Identification Number (RIN) and household income and size, and
- meet the following diagnostic, functioning level and treatment history criteria:

Clinical Criteria for Eligibility Group 2

FOR ADULTS (18 years of age or older):

- **Target Population: Serious Mental Illness (SMI) for DHS/DMH funded MH services**
- Individuals whose emotional or behavioral functioning is so impaired as to interfere with their capacity to remain in the community without supportive treatment.
- The mental impairment:
 - is SEVERE and PERSISTENT
 - may result in a limitation of capacities for primary activities of daily living, interpersonal relationships, homemaking, self-care, employment or recreation.
 - may limit ability to seek or receive local, state or federal assistance such as housing, medical and dental care, rehabilitation services, income assistance and food stamps, or protective services.

Eligibility Group 2 – Adults (cont)

Must meet I + (II or III)

I. Diagnoses: The individual must have one of the following diagnoses that meets DSM-IV criteria and which is the focus of the treatment being provided:

- Schizophrenia (295.xx)
- Schizophreniform Disorder (295.4)
- Schizo-affective Disorder (295.7)
- Delusional Disorder (297.1)
- Shared Psychotic Disorder (297.3)
- Brief Psychotic Disorder (298.8)
- Psychotic Disorder NOS (298.9)
- Bipolar Disorders (296.0x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89, 296.90)
- Cyclothymic Disorder (301.13)
- Major Depression (296.2x, 296.3x)
- Obsessive-Compulsive Disorder (300.30)
- Anorexia Nervosa (307.1)
- Bulimia Nervosa(307.51)
- Post Traumatic Stress Disorder (309.81)

Eligibility Group 2 - Adults (cont)

II. Treatment History (covers the individual's lifetime treatment and is restricted to treatment for the DSM IV diagnosis specified in Section I.) To qualify under this section, the individual must meet at least ONE of the criteria below:

- A. 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.
- B. Six months continuous residence in residential programming (e.g., long-term care facility or assisted, supported or supervised residential programs)
- C. Two or more admissions of any duration to inpatient treatment, day treatment, partial hospitalization or residential programming within a 12-month period.
- D. 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.
- E. Previous treatment in an outpatient modality, and a history of at least one mental health psychiatric hospitalization.

Eligibility Group 2 – Adults (cont)

- III. Functional Criteria** (Functional criteria has 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 individual must meet at least TWO of the criteria, A1 through A7, or B1 as a result of the DSM-IV diagnosis specified in Section I. The individual:
- A. 1) Has a serious impairment in social, occupational or school functioning.
2) Is unemployed or working only part-time due to mental illness and not for reasons of physical disability or some other role responsibility; 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
4) Does not seek appropriate supportive community services without assistance.
5) Lacks supportive social systems in the community
6) Requires assistance in basic life and survival skills
7) Exhibits inappropriate or dangerous social behavior which results in demand for intervention by the mental health and/or judicial/legal system.

Eligibility Group 2 - Adults (cont)

- B. The individual does not currently meet the functional criteria listed in A, however, the individual:
- 1) is currently receiving treatment,
 - 2) has a history within the past 5 years of functional impairment meeting TWO of the functional criteria listed in A which persisted for at least 1 month,
 - 3) and there is documentation supporting the professional judgement that regression in functional impairment would occur without continuing treatment.

Eligibility Group 2

FOR CHILDREN (Birth through 17 years of age) :

Target Population: Serious Emotional Disturbance (SED) for DHS/DMH funded MH services

- Individuals determined on the basis of a mental health assessment to have a serious emotional disturbance and display serious cognitive, emotional, and behavioral dysfunctions.
- **Must meet I + (II or III):**

Eligibility Group 2 – Children (cont)

I. Diagnoses: One of the following DSM-IV diagnoses which is the focus of the treatment being provided:

- Attention Deficit/Hyperactivity Disorders (314.00,314.01, 314.9)
- Schizophrenia (295.xx)
- Schizophreniform Disorder (295.4)
- Schizo-Affective Disorder (295.7)
- Delusional Disorder (297.1)
- Shared Psychotic Disorder (297.3)
- Brief Psychotic Disorder (298.8)
- Psychotic Disorder NOS (298.9)
- Bipolar Disorders (296.0x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89, 296.90)
- Cyclothymic Disorder (301.13)
- Major Depression (296.2x, 296.3x)
- Panic Disorder with or without Agoraphobia (300.01, 300.21)
- Obsessive-Compulsive Disorder (300.30)
- Anorexia Nervosa (307.1)
- Bulimia Nervosa (307.51)
- Post Traumatic Stress Disorder (309.81)
- Intermittent Explosive Disorder (312.34)
- Tourette's Disorder (307.23)

Eligibility Group 2 – Children (cont)

II. Treatment History (Treatment history cover's the client's **lifetime** treatment and is restricted to **treatment for a DSM IV diagnosis specified in Section I.**) The youth must meet at least ONE of the criteria below:

A. Continuous treatment of 6 months or more in one, or a combination of, the following: inpatient treatment; day treatment; or partial hospitalization.

B. Six months continuous residence in a residential treatment center.

C. Two or more admissions of any duration to inpatient treatment, day treatment, partial hospitalization or residential treatment programming within a 12 month period.

D. A history of using the following outpatient services over a 1 year period, either continuously or intermittently: psychotropic medication management, case management or SASS/intensive community based services.

E. Previous treatment in an outpatient modality and a history of at least one mental health psychiatric hospitalization.

Eligibility Group 2 – Children (cont)

III. Functional Criteria

- Functional criteria has been purposely narrowed to **descriptors of the most serious levels** of functional impairment and **are not intended** to reflect the full range of possible impairments.
- The youth must meet criteria for functional impairment in **TWO** areas.
- The functional impairment must:
 - be the result of the mental health problems for which the child is or will be receiving care and
 - be expected to persist in the absence of treatment.

Eligibility Group 2 – Children (cont)

Areas of potential functional impairment:

- A. Functioning in self care
- B. Functioning in community
- C. Functioning in social relationships
- D. Functioning in the family
- E. Functioning at school

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Eligibility Group 3: Non-Medicaid First Presentation of Psychosis Criteria

- This eligibility group is aimed at applying state funding for mental health services for an individual with limited resources who is an adult that is presenting to the mental health service system for the first time as experiencing a serious mental illness.
- To be eligible for this group an individual must:
 - be in need of mental health services for a mental disorder,
 - be enrolled/registered with DHS/DMH, including entry of the individual's Recipient Identification Number (RIN) and household income and size, and
 - meet the following age, diagnostic and treatment history criteria (must meet all of these criteria):

Eligibility Group 3 (cont)

- Between the ages 18 up until age 41 at the time of the first presentation for mental health services;
- Diagnosed with one or more of the following psychiatric diagnoses **by a psychiatrist**:
 - 295.00 Schizophrenic Disorder, Simple Type
 - 295.05 Schizophrenia, Simple Type, in Remission
 - 295.10 Schizophrenia Disorganized Type
 - 295.20 Schizophrenia, Catatonic Type
 - 295.25 Schizophrenia, Catatonic Type, in Remission
 - 295.30 Schizophrenia, Paranoid Type
 - 295.40 Schizophreniform Disorder, Acute Schizophrenic Episode
 - 295.70 Schizoaffective Disorder
 - 295.90 Schizophrenia, Undifferentiated Type
 - 296.04 Bipolar I Disorder, Single Manic Episode, Severe with Psychotic Features
 - 296.44 Bipolar I Disorder, Most Recent Episode Manic, Severe with Psychotic Features
 - 296.54 Bipolar I Disorder, Most Recent Episode Depressed, Severe with Psychotic Features
 - 296.64 Bipolar I Disorder, Most Recent Episode Mixed, Severe with Psychotic Features

Eligibility Group 3 (cont)

- Minimal or no prior mental health treatment, as evidenced by the individual not having been prescribed more than 16 weeks of antipsychotic medications;
- No history of autism, pervasive developmental disorder, mental retardation, or organic brain issues (trauma, tumor, etc.) requiring ongoing primary services for any of these problems.

Community Services - Eligibility

Eligibility Group 4: Non-Medicaid Eligible Population Criteria

- This eligibility group is aimed at applying state funding for mental health services for an individual with limited resources who is in need of mental health services for a mental disorder or suspected mental disorder as indicated by their mental health diagnosis and functioning level.
- To be eligible for this group an individual must:
 - be in need of mental health services for a mental disorder,
 - be enrolled/registered with DHS/DMH, including entry of the individual's Recipient Identification Number (RIN) and household income and size, and
 - meet the following diagnostic and functioning level criteria:

Community Services –Eligibility

Eligibility Group 4: Non-Medicaid Eligible Population Individuals who are not Medicaid eligible but are in need of mental health services as indicated by their diagnosis and functioning level

The individual must:

- have a qualifying diagnosis as listed in the [Rule 132 Diagnosis Codes - DMH](#)
- have significant impairment in an important area of life functioning as a result of the mental disorder identified in diagnostic criteria above and as indicated on the Global Level of Functioning (GAF) or Children's Global Assessment Scale (CGAS).
- Meet financial criteria (less than 400% FPL)

Service Benefit Packages

- Group 1 (Medicaid) – all medically necessary Rule 132 services
- Group 2 (Non-Medicaid Target) and Group 3 (Non-Medicaid First Presentation)
 - crisis intervention
 - limited amounts of:
 - mental health assessment
 - case management
 - psychotropic medication
- Group 4 (Non-Medicaid Eligible)
 - crisis intervention
 - Limited amounts of mental health assessment