Ordered Services Considerations

This document is designed to help shed more light on the nuances of outpatient treatment services under AOT orders, highlighting specific limitations to consider. By recognizing these barriers, courts can more effectively order services that align with an individual's needs, are achievable within the current system, and ultimately contribute to better outcomes.

When considering the variety of outpatient treatment services for an individual's Assisted Outpatient Treatment (AOT) order, it is important to recognize the limitations that exist. These limitations often stem from insurance barriers, resource availability, and whether an individual meets **medical necessity** for the treatment service.

Medical necessity, a key determinant for service eligibility, is defined by factors such as:

- Diagnosis
- symptom severity
- Duration
- Frequency

However, definitions of medical necessity can vary across insurance providers. If an individual does not meet these criteria, their insurance may deny coverage for services, even if they are court-ordered.

Accessibility

It is also important to consider the accessibility of the ordered treatment service. *Per the Michigan Mental Health Code, the individual must receive services that are least restrictive and suited to their condition, services that are appropriate and available (MCL 330.1708 (1), (3)).*

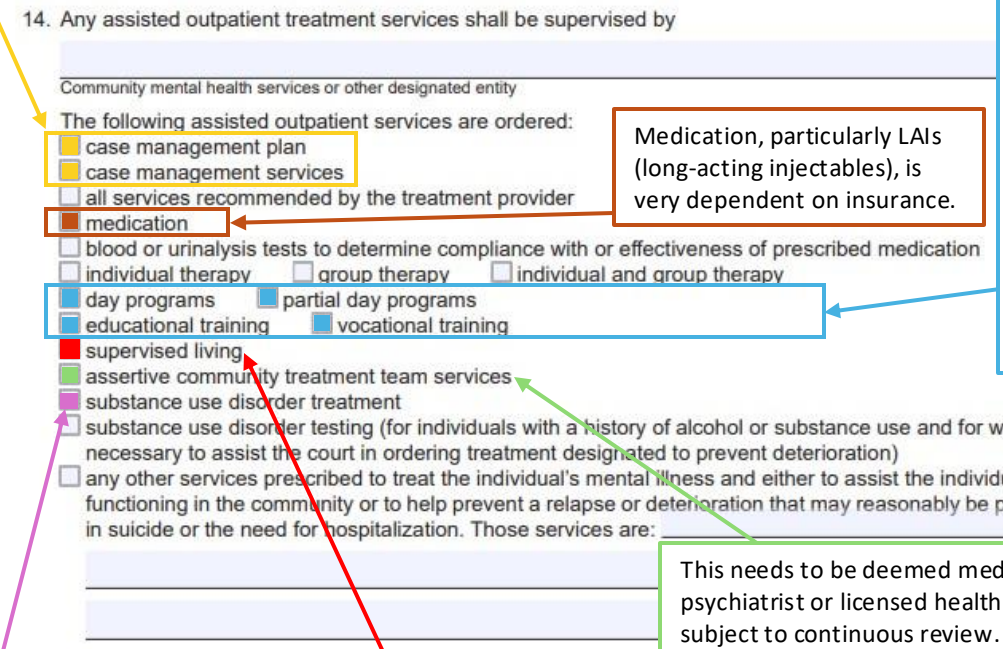
Many individuals on AOT orders do not have reliable forms of transportation, introducing another barrier to some ordered treatment services, like vocational and educational training programs. Additionally, not all providers have resources to provide transportation, such as bus tickets or taxi or Uber vouchers. Certain services, like supervised living arrangements or assertive community treatment (ACT) teams, are constrained by limited availability, stringent eligibility criteria, and ongoing insurance authorization requirements.

When issuing an AOT order, it is vital to evaluate whether the ordered services are realistically accessible and whether they meaningfully foster the individual's treatment and recovery. This is the benefit of having the provider fill out the PCM 216, Order and Report on Alternative Mental Health Treatment, and submit that to the court prior to a hearing. Forcing individuals into services they cannot access or that do not align with their medical and logistical realities may not only fail to support their recovery but could also place undue strain on the broader system of care. An example of this exists when someone is court ordered to live in an AFC home. The CMH may pay for the CLS services used within the AFC home, but individuals are responsible for paying room and board. This creates significant barriers for those without income.

Ordered Services Considerations (cont.)

This document depicts the limitations experienced by CMH and Individuals on an AOT order when carrying out court-ordered services. The largest takeaway is that most service delivery is dependent on the individual's capacity to meet medical necessity for the service, and what insurance will cover.

Individuals must meet medical necessity for case management services, many private insurances do not cover this service.



14. Any assisted outpatient treatment services shall be supervised by

Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy
- group therapy
- individual and group therapy
- day programs
- partial day programs
- educational training
- vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designated to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are:

Medication, particularly LAIs (long-acting injectables), is very dependent on insurance.

These are largely dependent upon an individual/provider having transportation resources. Additionally, they are often billed through insurance and the individual must meet medical necessity to have the insurance pay for the service.

This needs to be deemed medically necessary by a psychiatrist or licensed health professional and is subject to continuous review. Insurance is another factor in these services being authorized.

There is a severity criteria and their needs cannot be met at a lower level of care. Per the ACTP model, there are limits on how many new consumers they can accept a month and staff to consumer ratios are at least 1:10.

Federal 42CFR legislation restricts disclosing SUD dx and tx to anyone – making this challenging.

Additionally, the process to order involuntary SUD tx is separate from AOT and requires an additional and separate petition.

Supervised living requires individuals to meet specific criteria, including insurance and availability of spots. It can range from living with a parent for supervision to residing in a general or specialized Adult Foster Care (AFC) setting.

For general and specialized AFCs, consumers must pay rent, typically around $900 or more monthly. Those on Social Security (SS) can have staff assist in applying for increased benefits, but this process is slow, and few AFCs accept the "state rate," leading to affordability issues.

Specialized AFCs provide Community Living Supports (CLS) alongside standard AFC services. Consumers pay state rate rent, while CMH/Medicaid provides additional funding for the CLS plan, which must be medically necessary and has limited availability. Additionally, HCBS rules prevent locked facilities, despite demand for them.