



**SERIOUS MENTAL ILLNESS (SMI)  
AND SERIOUS EMOTIONAL  
DISTURBANCE (SED) PORTAL  
USER MANUAL**

Updated March 24, 2025

Client Information Systems  
File Layout and Specifications Manual  
v.1

Section 1

SMI/SED Determination Process  
Effective March 28, 2025

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## ABH SMI Portal

SMI/SED Determinations are entered into a secure web-based portal by the third-party vendor for processing. This portal is maintained and administered by Arizona Health Care Cost Containment System (AHCCCS). The following sections of this document serve as a guide for data entry into the SMI Portal by the third-party vendor, including the rules and logic edits incorporated into the Portal necessary to ensure an acceptable level of data integrity.

### Accessing the Portal

The SMI Portal is located at <https://abhportal.azahcccs.gov>. All users must first register and be approved by Master Account Holder prior to accessing this site. Please refer to the User Guide ABH Portal Account Registration and Management sent out on February 8, 2023.



The screenshot shows the ABH Portal login interface. At the top, there is a banner with the AHCCCS logo, a group photo of people, and the AZ.GOV logo. Below the banner, the text reads: "Thank you for visiting ABH Portal. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at (602) 417-4451 or contact: ISDCustomerSupport@azahcccs.gov."

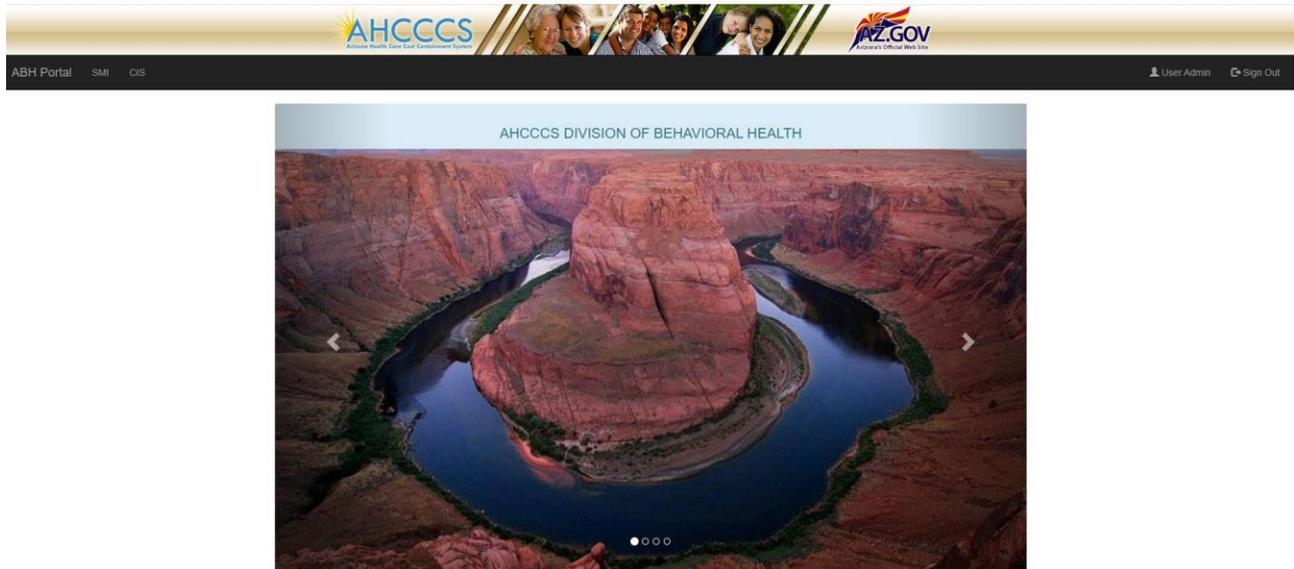
The login area is divided into two sections:

- External User Log In:** Contains fields for "User Name" (with the value "abh\_cmuserintest3") and "Password". Below these fields is a green "Sign In" button. There are also links for "Forgot your Password?" and "Create new account?". A yellow warning box states: "Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature."
- AHCCCS User Log In:** Contains instructions: "If you are an AHCCCS employee AND you are currently logged onto the AHCCCS network AND you are accessing this application from a browser on your workstation Then click the button below to use this application with your network login credentials". Below this text is a green "AHCCCS Sign In" button.

At the bottom of the page, there is a "WARNING!" section: "This system contains State of Arizona and U.S. Government information. This information is confidential under state and federal law. Use and disclosure of this information is limited to purposes directly related to the administration of the Arizona Health Care Cost Containment System. The use and disclosure of this information is also subject to the privacy and security requirements of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (HIPAA). By using this information system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized or improper use of, or access to, this system may subject you to state and federal criminal prosecution and penalties as well as civil penalties. At any time, the government may intercept, search, and seize any communication or data transiting or stored on this information system."

After registration, users can log in to the ABH Portal.

The main screen of the ABH Portal is displayed on the following page. All users granted access to the SMI portal are also permitted limited rights to the Client Information System (CIS) member eligibility look-up tool; these applications are accessible from the banner at the top of the screen. This is necessary to complete the full SMI/SED Determination process, beginning with member identification and continuing through any potential appeal of the decision.



OR



### Initiating a New Case

Once the third-party vendor receives a referral for determination from a provider they are to access the SMI Portal and initiate a case for that request. The user will select “SMI” from the main screen (above) to begin this process.



**REPORTS**

SEARCH BY CLIENT INFORMATION

Search By:  AHCCCS ID and DOB  
 LAST NAME, DOB and SSN  
 AHCCCS ID, NAME and DOB  
 AHCCCS ID, LAST and FIRST NAME and DOB  
 LAST and FIRST NAME & DOB  
 LAST and FIRST NAME, DOB & SSN  
 ALT ID and DOB

Search Fields (\* indicates required fields)

AHCCCS ID:\*  (A#####) or (S#####)  
 Date of Birth:\*  (MM/DD/YYYY)

SEARCH BY CASE ID

CASE ID:

“Search by Client Information” uses seven possible combinations of search criteria to help find the appropriate member. Listed below are seven different combinations available to search:

1. AHCCCS ID and Date of birth
2. Last name, Date of birth and Social security number
3. AHCCCS ID, Last name and Date of birth
4. AHCCCS ID, Last name, First Name and Date of birth
5. Last name, First name and Date of birth
6. Last name, First name, Date of birth and Social security number
7. Alternate ID (Client ID) and Date of birth

**Note:** Lower part of the search screen will change according to option user chose.

Below the Search Fields there are two buttons that are used for executing the search (Search) and clearing the fields and search results (Clear). Almost all fields shown in the Search fields form are required, and this is indicated by asterisk (\*).

If search is executed, and any of the fields are left empty or with a wrong format, process will display on the screen list of the errors, indicating problems found.

After entering members data in the search form, if one is not found in PMMIS using available information on that person, the following message appears “**NO RECORDS FOUND !!!**” an additional link will be displayed with the text “**Continue without AHCCCS ID**” to allow user to proceed to the next step.



**REPORTS**

SEARCH BY CLIENT INFORMATION

Search By:  AHCCCS ID and DOB  
 LAST NAME, DOB and SSN  
 AHCCCS ID, NAME and DOB  
 AHCCCS ID, LAST and FIRST NAME and DOB  
 LAST and FIRST NAME & DOB  
 LAST and FIRST NAME, DOB & SSN  
 ALT ID and DOB

Search Fields (\* indicates required fields)

AHCCCS ID:\*  (A#####) or (S#####)  
Date of Birth:\*  (MM/DD/YYYY)

**NO RECORDS FOUND !!!**

[Continue without AHCCCS ID](#)

SEARCH BY CASE ID

CASE ID:

### Proceeding without Member ID

In case member is not found, additional link “Continue without AHCCCS ID” is displayed below the search portion of the screen to allow sending email message to AHCCCS DMO in order to facilitate necessary follow-up. Clicking on the link will bring up modal pop-up containing search fields prepopulated with current search criteria, allowing user to type any information that may help in further search process.

SEARCH BY CLIENT INFORMATION

PROCEED WITHOUT AHCCCS ID

<b>FIRST NAME</b> :	<input type="text"/>	<b>LAST NAME</b> :	<input type="text"/>
<b>DATE OF BIRTH</b> :	<input type="text"/>	<b>SSN</b> :	<input type="text"/>
<b>AHCCCS ID</b> :	<input type="text"/>	<b>CIS ID</b> :	<input type="text"/>
<b>ADDRESS</b> :	<input type="text"/>		
<b>CITY</b> :	<input type="text"/>	<b>ZIP</b> :	<input type="text"/>
<b>Message (optional):</b>	<input type="text"/>		

SMI Determinations Entered with No ID will be Monitored by AHCCCS Compliance for Appropriate Use.

[Continue without AHCCCS ID](#)

SEARCH BY CASE ID

**CASE ID:**

Both of the search paths may return one or multiple members. In this case, search results are displayed below the Search Fields in the separate table under “CLIENT INFORMATION”. Table contains some additional fields, so the user can confirm and choose the correct one by clicking on the “Select” link in the first column of the table.

After filling out form and submitting, a new record will be created in the SMI/CIS system with a missing AHCCCS ID. These Cases will be in “PENDING” status and will not be sent to PMMIS for evening processing, as that process will not include Cases without AHCCCS ID.

An email with all submitted information will be sent to AHCCCS-ISD DMO (David Rudnick, Julie Nieder and Stephanie Lopez) for further research.

After research, AHCCCS-ISD DMO team may come to two conclusions:

1. Member exists in the PMMIS system, personal data is not correct.

In this instance SMI VENDOR will be informed about findings and member information including AHCCCS ID will be communicated to them.

On the Report page of the CIS SMI portal, under the link “**View cases open or submitted with no id**” where Cases are listed with missing AHCCCS ID, SMI VENDOR will be able to add a Case by selecting appropriate one and clicking on the button “**Add missing AHCCCS ID**” located on the “**CASE DETAILS**” form.

That process will automatically request all necessary member information from PMMIS and update SMI/CIS system. Updated record will be sent to the PMMIS in the next evening cycle.

[BACK TO REPORTS](#)

OPEN OR SUBMITTED WITH NO ID

CREAT.FROM  CREAT.TO  AHCCCS ID   
 FIRST NAME  LAST NAME  DOB  Search Clear Export

CASE ID	AHCCCS ID	LAST NAME	FIRST NAME	DOB	CASE CREATION DATE	SMI DETERMINATION	DETERMINATION DATE	CASE STATUS	EVALUATION PACKET
Select 63574		Test	Real	12/02/1966	06/12/2023	SMI	06/12/2023	SUBMITTED	

**CASE DETAILS**

Case Id: **63574** AHCCCS Id:

Status: **SUBMITTED**

**Pre-Determination Information:**

Health Plan:	010254
Date Determination Packet Received:	06/12/2023

- Member does not exist in PMMIS and requested T/RBHA or Health Plan will be informed to undertake all necessary steps to add member to PMMIS system.

For these instances, a new daily process will be established to retry matching Cases in the “PENDING” status and missing AHCCCS ID with PMMIS data. If member is found, record will be updated with the returned AHCCCS ID and other necessary information and will be sent to PMMIS in the next evening cycle.

All Cases having “PENDING” status will be outdated and removed from the CIS SMI system after 90 days of their SMI VENDOR submission date.



**REPORTS**

**SEARCH BY CLIENT INFORMATION**

Search By:  AHCCCS ID and DOB  
 LAST NAME, DOB and SSN  
 AHCCCS ID, NAME and DOB  
 AHCCCS ID, LAST and FIRST NAME and DOB  
 LAST and FIRST NAME & DOB  
 LAST and FIRST NAME, DOB & SSN  
 ALT ID and DOB

**Search Fields (\* indicates required fields)**

AHCCCS ID:*	<input type="text" value="555555555"/>	(A#####) or (S#####)
Date of Birth:*	<input type="text" value="12/02/1966"/>	(MM/DD/YYYY)

**NO RECORDS FOUND !!!**

**SEARCH BY CASE ID**

CASE ID:

Selecting the member will then make another inquiry about member enrollment/eligibility data, displaying it together with some general member data on the page with a form to enter/update evaluation record.

In cases when member does not have ABH enrollment, it will not have Client ID assigned, and one will not be created for the purpose of recording SMI/SED evaluation. To allow submission without acquiring Client ID, Health plan dropdown is prepopulated with a record found in the current member behavioral services enrollment segment and is mandatory to save the record. This value will be locked and cannot be changed. This value is also used to determine where evaluation packages and reports will be sent. **There is a new field called State Only Health Plan in the Pre-Determination Information section where you will enter in the State Only Health Plan based on the members GSA if the enrollment is terminated or does not exist.**

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**Member Information:**

DOB: 12/02/1966 Site:

CIS Id:

AHCCCS Id:

**Member Eligibility:**

Start date: 06/13/18 End Date: BHC: GMH/SA

**Case Id:**

**Status:**

CaseType: SMI

**Pre-Determination Information:**

* Health Plan:	UNITEDHEALTHCARE
* State Only Health Plan:	Please Select
* Date Determination Packet Received:	Please Select
* Referral Source:	NO
* Was Member Inpatient During Time of Evaluation Request:	MERCY CARE - 37
** Date the Evaluation Request was Received:	AZ COMPLETE CARE - 39
** Time the Evaluation Request was Received: (HH:MM AM/PM)	
* Date the Evaluation was Completed:	
** Time the Evaluation Request was Completed: (HH:MM AM/PM)	

**Demographics Info:**

LOCUS	
* Gender At Birth:	Please Select
* Gender Identity:	Please Select
* Race:	Please Select
* Ethnicity:	Please Select
* Spoken Language:	Please Select
* Sexual Orientation:	Please Select

**Pend or Extension Status:**

Pended Status:	
** Pended Status Date:	
** Pended Status Reason:	
2nd Extension Request:	
** Extension End Date:	

**Determination Results:**

* Is This a Removal of Designation?	<input type="radio"/> Admin <input type="radio"/> Clinical <input type="radio"/> No
* Is this a Supplemental Review/Decision Overturned?	<input type="radio"/> Yes <input type="radio"/> No
* Determination Date:	<input type="text"/>
** Date of First Redetermination/Appeal:	<input type="text"/>
** Date of Second Redetermination/Appeal:	<input type="text"/>
** Date of Third Redetermination/Appeal:	<input type="text"/>
* Eligibility Determination:	<input type="text" value="v"/>
** Reason for Denial:	<input type="text" value="v"/>
* Diagnosis CD 1:	<input type="text"/>
Diagnosis CD 2:	<input type="text"/>
Diagnosis CD 3:	<input type="text"/>
Diagnosis CD 4:	<input type="text"/>
Diagnosis CD 5:	<input type="text"/>
Diagnosis CD 6:	<input type="text"/>
Diagnosis CD 7:	<input type="text"/>
* Global Assessment of Functioning Score:	<input type="text"/>
* Provider Name:	<input type="text"/>
Provider Location:	<input type="text" value="..."/>
* First Name of Person who conducted assessment:	<input type="text"/>
* Last Name of Person who conducted assessment:	<input type="text"/>
* First Name of Behavioral Health Medical Practitioner:	<input type="text" value="..."/>
* Last Name of Behavioral Health Medical Practitioner:	<input type="text"/>
* License:	<input type="text" value="v"/>

**Member Assignment:**

Preferred Clinic:	<input type="text"/>
Reason for Preference:	<input type="text"/>

Case Notes:

Insert Cancel

\* - Field required for record submission

\*\* - Pended Status date is required if Pended Status if populated.

Pended Status reason is required if Pended Status if populated.

Reason for denial is required if member is not SMI eligible.

Extension date is required if Extension Request date is populated.

Date and Time the SMI evaluation was received are required only for inpatient members.

Time the SMI evaluation request was completed is required only for inpatient members.



[BACK TO SEARCH](#) | [REPORT](#)

**Member Information:**

DOB: 12/02/1966 Site: .

CIS Id: .

AHCCCS Id: .

**Member Eligibility:**

Start date: 06/13/18 End Date: BHC: GMH/SA

**Case Id:**

**Status:**

CaseType:

**Pre-Determination Information:**

* Health Plan:	<input type="text" value="*** Please select Health Plan ***"/>
* State Only Health Plan:	<input type="text" value="Please Select"/>
* Date Determination Packet Received:	<input type="text"/>
* Referral Source:	<input type="text"/>
* Was Member Inpatient During Time of Evaluation Request:	<input type="text"/>
** Date the Evaluation Request was Received:	<input type="text"/>
** Time the Evaluation Request was Received: (HH:MM AM/PM)	<input type="text"/>
* Date the Evaluation was Completed:	<input type="text"/>
** Time the Evaluation Request was Completed: (HH:MM AM/PM)	<input type="text"/>

**Demographics Info:**

LOCUS

* Gender At Birth:	<input type="text" value="Please Select"/>
* Gender Identity:	<input type="text" value="Please Select"/>
* Race:	<input type="text" value="Please Select"/>
* Ethnicity:	<input type="text" value="Please Select"/>
* Spoken Language:	<input type="text" value="Please Select"/>
* Sexual Orientation:	<input type="text" value="Please Select"/>

**Pend or Extension Status:**

Pended Status:	<input type="text"/>
** Pended Status Date:	<input type="text"/>
** Pended Status Reason:	<input type="text"/>
2nd Extension Request:	<input type="text"/>
** Extension End Date:	<input type="text"/>

**Determination Results:**

* Is This a Removal of Designation?	<input type="radio"/> Admin <input type="radio"/> Clinical <input type="radio"/> No
* Is this a Supplemental Review/Decision Overturned?	<input type="radio"/> Yes <input type="radio"/> No
* Determination Date:	<input type="text"/>
** Date of First Redetermination/Appeal:	<input type="text"/>
** Date of Second Redetermination/Appeal:	<input type="text"/>
** Date of Third Redetermination/Appeal:	<input type="text"/>
* Eligibility Determination:	<input type="text"/>
** Reason for Denial:	<input type="text"/>
* Diagnosis CD 1:	<input type="text"/>
Diagnosis CD 2:	<input type="text"/>
Diagnosis CD 3:	<input type="text"/>
Diagnosis CD 4:	<input type="text"/>
Diagnosis CD 5:	<input type="text"/>
Diagnosis CD 6:	<input type="text"/>
Diagnosis CD 7:	<input type="text"/>
* Global Assessment of Functioning Score:	<input type="text"/>
* Provider Name:	<input type="text"/>
Provider Location:	<input type="text"/>
* First Name of Person who conducted assessment:	<input type="text"/>
* Last Name of Person who conducted assessment:	<input type="text"/>
* First Name of Behavioral Health Medical Practitioner:	<input type="text"/>
* Last Name of Behavioral Health Medical Practitioner:	<input type="text"/>
* License:	<input type="text"/>

**Member Assignment:**

Preferred Clinic:	<input type="text"/>
Reason for Preference:	<input type="text"/>

A new case requires two pieces of data to be initiated – those being the “Date [SMI Vendor] Received Determination Packet” and the “Referral Source”, which are located in the section titled “Pre- Determination Information”.

## Entering Determination Information

Once the case has been initiated, the SMI Vendor may complete the evaluation review process and enter the required information (notated by an “\*”) into the portal for completion. The Portal is divided into five distinct sections:

- Pre-Determination Information;
- Demographics Information;
- Pend or Extension Status;
- Determination Results;
- Member Assignment

There is a new field called Case Type – the system, by default, will display SMI or SED based on age. When the member is 17 ½, the SMI Vendor will select SMI and NOT SED, for once the member turns 18 the SMI information will be released from the SMI Portal and sent to PMMIS system for updating.

There is also a section at the bottom where any case-specific notations can be added. This is a free text field.

The SMI Vendor may update the various case sections as the data becomes available and progress may be saved by selecting “Update” at the bottom of the screen. However, the case may not be submitted until all required fields are populated with valid information (see rules, pages 16-20).

### Pre-Determination Information:

The Pre-Determination section is designed to capture information largely focused on the activities that occurred prior to the SMI Vendor receiving the evaluation packet. This information is critical for monitoring and assessing the timeliness of the evaluation and determination process.

The Health Plan field will be populated from the member enrollment information returned from the PMMIS system and the field will be locked. The Health Plan field and State Only Health Plan field are mandatory to submit a record. Any issues or concerns, the SMI Vendor is to contact AHCCCS Business Partner for discussion.

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<sup>1</sup> Not all fields will be populated in instances where the member in question has no SMI or AHCCCS ID

### Demographics Information:

Information in this section is being gathered for reporting purposes. CALOCUS and LOCUS scores are optional, however it is best if that information can be provided. The other fields have drop-down values to be selected and at least one value must be selected. When “Other” is selected a second free

text box will open to key in the information.

**Demographics Info:**

LOCUS	<input type="text"/>
* Gender At Birth:	Please Select <input type="button" value="v"/>
* Gender Identity:	Please Select <input type="button" value="v"/>
* Race:	Asian - Other Asian <input type="button" value="v"/> Identify: <input type="text"/>
* Ethnicity:	Please Select <input type="button" value="v"/>
* Spoken Language:	Please Select <input type="button" value="v"/>
* Sexual Orientation:	Please Select <input type="button" value="v"/>

### Pend or Extension Status:

Information in this section is not required for successful submission – as not all cases will pend or need an extension. However - should the case in question require a 20 or 30-day pend, or an extension, and this has been approved by the member and documented in the file, this **must** be entered into this section of the Portal. This allows the Department, as well as the SMI vendor, to account for cases that were not successfully completed and submitted within the required timeframes.

### Determination Results:

This section includes all pertinent data elements that substantiate the SMI Vendor’s conclusion as to the member’s SMI status. The vendor must populate all fields marked with an asterisk (\*) upon completion of the review process to finalize the submission.

This includes selecting: Is This a Removal of Designation (Decertification)–**A(Admin) C(Clinical) or NO**; Is This a Supplemental Review/Decision Overturned–Y or N– if Yes the Date of First Redetermination/Appeal must be populated; determination date, Eligibility Determination – will now have SMI or SED available based on Case Type selection, Reason for Eligibility Denial, Diagnoses and Functioning Score, as well as the names of the individuals who performed the SMI/SED assessment and the reviewing BHMP.

### Removal of Designation for Administrative or Clinical:

- **Start a new case for the appropriate member**
- **Select Administrative or Clinical - “Is This a Removal of Designation”**
- **Add date to the field “Date of Determination” field,**
- **Select Not SMI and reason for Eligibility Denial.**
- **Add note to Case Notes on what Health Plan the member would like to move to – if no note, AHCCCS will default to the RBHA ACC plan**
- **Attach any documents as necessary**
- **Then submit, which will send an email to TCUInquiry@AHCCCS.gov to finish the process.**
- **AHCCCS will update PMMIS appropriately and email the health plan once completed with the Removal of Designation**

New field called “Provider” which is a mandatory text field where you will enter in the submitting Providers name or Abbreviations or for Admin Removal of Designation add the name of who is contacting Solari.

New field called “Provider Location” which is an optional text field where you will enter in the submitting providers location of Street, City, State, Zip, if possible.

## Member Assignment:

During the SMI/SED evaluation process, and prior to determination review, the member is asked which SMI clinic they would like to be assigned to if they are subsequently determined SMI. This field Preferred Clinic is a text box field that the user can key into. Additionally, the SMI vendor should include why that clinic was selected by the member, for example, the geographic location, or familiarity with said provider agency. The T/RBHA will use this preference when assigning the member to their primary clinic if they are determined SMI.

## Member who is 17 ½ Process:

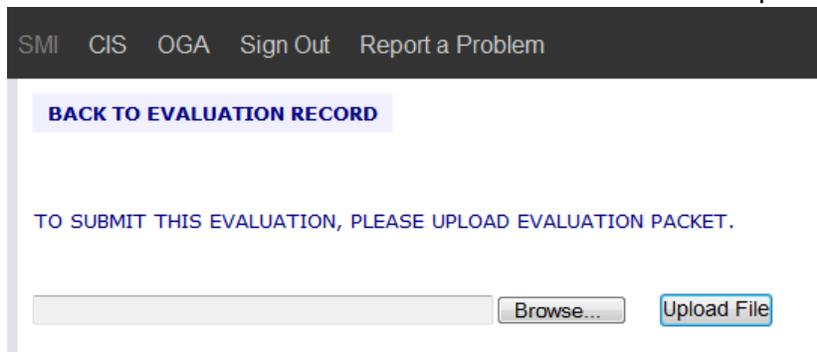
This member can be determined SED or SMI. If the member is determined SED and the Case Type has SMI selected or vice versa, you will enter in all the fields and select Inquiry – do not submit – then select Edit and change the Case Type appropriately.

When member is determined SMI at 17 ½, Solari will add to the Case Notes a comment that states; “member will receive SED determination as well”.

## Submitting a Case

Once all required documentation has been entered into the SMI Portal the case can be submitted to AHCCCS for processing. This is done by selecting “Submit Case” at the bottom of the data entry screen. The Portal performs a series of pre-submission logic edits that prevent the user from entering invalid or illogical data into the Portal. The user will receive notification should any field flag an error – this must be corrected prior to submission. Once the record is validated, the user will receive a prompt indicating that the case is about to be submitted and will no longer be available for editing.

The user will then be instructed to attach the evaluation packet. The evaluation material must be



SMI CIS OGA Sign Out Report a Problem

[BACK TO EVALUATION RECORD](#)

TO SUBMIT THIS EVALUATION, PLEASE UPLOAD EVALUATION PACKET.

provided in one file and is not to exceed 10MB. AHCCCS will rename this file to include the case ID and submittal date, and subsequently forward this file to the T/RBHA for the clinic’s records.

## Opening a Submitted Case

As noted in the preceding section, once a case is submitted to AHCCCS it is locked to prevent any accidental or inadvertent changes to the record. However, in certain circumstances it may be necessary to reopen and change the determination finding, or other information, within a previously submitted case. This is most commonly attributed to cases that are overturned after an appeal. In order to safeguard this process, only select individuals at AHCCCS and the SMI Vendor are permitted to reopen a case. Users with this privilege may search the Portal by case ID (main screen) and then select “Open Case” at the bottom of the data entry screen. They will then be allowed to make any needed changes and resubmit the case to AHCCCS.

Field Title	Definition	Allowable Options	Edits / Rules	Required to Submit
Case ID	Unique Record ID	NA	<i>System Generated</i>	
Date Determination Packet Received	The initial date the <b>SMI Vendor</b> received the SMI/SED Determination Packet for review	MM/DD/YYYY	Must be less than or equal to system date	Yes
Referral Source	Name of <b>Evaluating Provider</b> submitting SMI/SED Determination Packet for review	Free Text	Character Limited	Yes
Inpatient Status	Was Member Inpatient During Time of Evaluation Request?	Drop Down (Yes/No)	None	Yes
Date Evaluation Request Received	Date the SMI/SED Evaluation Request was Received by the <b>Evaluating Provider</b>	MM/DD/YYYY	Must be less than or equal to Received Date	Yes
Evaluation Request Time	Time the SMI/SED Evaluation Request was Received <b>Evaluating Provider</b>	(HH:MM)	Required if Inpatient Status is 'Yes'	Yes if Inpatient Status is 'Yes'
Date Evaluation Completed	Date the <b>Evaluating Provider</b> completed the SMI/SED Evaluation Assessment	MM/DD/YYYY	Must be less than or equal to Received Date	Yes
Evaluation Time	Time the <b>Evaluating Provider</b> completed the SMI/SED Evaluation Assessment	(HH:MM)	Required if Inpatient Status is 'Yes'	Yes if Inpatient Status is 'Yes'
State Only Health Plan	Select <b>NO</b> if the member has enrollment; Select the appropriate RBHA based on Member GSA if no enrollment	Drop down selection	Required field	Yes
CALOCUS/LOCUS	Score assessment	Numeric value 01-99	Character Limited	No
Gender at Birth	What is the members gender at birth	Drop Down Value	None	Yes
Gender Identity	What gender does the member identify as	Drop Down Value	None	Yes

Race	What Race is the member	Drop Down Value	None	Yes
Ethnicity	What Ethnicity is the member	Drop Down Value	None	Yes
Spoken Language	What language does the member speak	Drop Down Value	None	Yes
Sexual Orientation	What is the member's sexual orientation	Drop Down Value	None	Yes
Pended Status	The length of time the selected case's determination has been pended	Null	Must be Null if case is not pended; Pended Status Date and Reason must be Null	No
		20-day	Pended Status Date and Pend Status Reason cannot be Null	No

Field Title	Definition	Allowable Options	Edits / Rules	Required to Submit
		30-day	Pended Status Date and Pend Status Reason cannot be Null	No
Pended Status Date	Date the selected case was placed in pended status	MM/DD/YYYY	Default to Null if Pended Status is Null; must be greater than or equal to Received Date; cannot be greater than system date	Yes - if Pended Status is Not Null
Pended Status Reason	Reason selected case was pended	Null	Default to Null if Pended Status is Null; cannot be Null if Pended Status is populated	Yes - if Pended Status is Not Null
		Need Additional Information/ Records	20-Day	
		Need for Further Evaluation	20-Day or 30-Day	
		Substance Abuse evaluation/ abstinence	30-Day	
2 <sup>nd</sup> Extension Request	Individual agreed to an extension in determining their SMI/SED status	+30 Day	Default to Null if Pended Status is Null	No
Extension End Date	Date the extension ended	MM/DD/YYYY	Default to Null	No
SMI/SED Eligibility Determination	Result (Finding) of Vendor's review of SMI/SED Determination Packet	SMI	1) At least one of the Diagnosis (DX) Code (CD) disorders must equate to an SMI/SED-approved	Yes
		Not SMI/SED	1) No DX CD disorders equate to an SMI/SED-approved diagnosis - GAF Score greater than 50	
		Withdrawn	SMI/SED Determination Date must be populated; DX CD, GAF Score, Assessor and BHMP Names, License Type can be Null	
Reason for SMI/SED Eligibility Denial	Reason the member was not Determined to be SMI/SED	Null	Default to Null if SMI/SED Eligibility Determination is 'SMI/SED' or 'Withdrawn'	Yes if SMI/SED
		Individual Does not Meet Functional Requirements	GAF Score must be greater than 50	Eligibility equals Not-SMI/SED

Field Title	Definition	Allowable Options	Edits / Rules	Required to Submit
		Individual does not meet Diagnosis Qualifications	No DX CD disorders equate to an SMI/SED-approved diagnosis	
		Individual Does not Meet Either Functional or Diagnosis Requirements	GAF Score must be greater than 50 -AND - No DX CD disorders equate to an SMI/SED-approved	
Removal of Designation	Is this a Removal of Designation?	Radio Buttons: Admin, Clinical or NO	Required to denote if member is being decertified or not	Yes
Supplemental Review/Decision Overturned	Is there an action that took place to trigger a supplemental review or overturn a decision?	Yes/No	Required to select Yes or No. If selection is Yes, then you must enter in the Date of First	
SMI/SED Determination Date	Date the SMI/SED Determination for the selected case was completed	MM/DD/YYYY	Must be greater than or equal to Received Date; cannot be greater than system date; If SMI/SED Eligibility Determination equals "Withdrawn", this field must reflect the date the request for determination was withdrawn.	Yes
Eligibility Determination	This is to denote SMI/SED; NOT SMI/NOT SED; Withdrawal	Drop down value	If select not SMI/SED or Withdrawal, a Reason for Eligibility Denial must be populated	Yes
Diagnosis CD 1 - 7	Developmental and Personality Disorders	DSM-IV-TR format	Per policy, at least one of the DX CD disorders must equate to an SMI/SED-approved diagnosis if SMI/SED Eligibility Determination equals 'SMI/SED'	DX CD1 Yes; all others required if supplied by provider
Global Assessment of Functioning (GAF) Score	Member's level of functioning	0-100 point scale		Yes
Provider Name	Submitting Provider name; can use abbreviations	Text entry		Yes
Provider Location	Submitting Provider Location. Add Street; City; State; Zip if provided	Text Entry		No

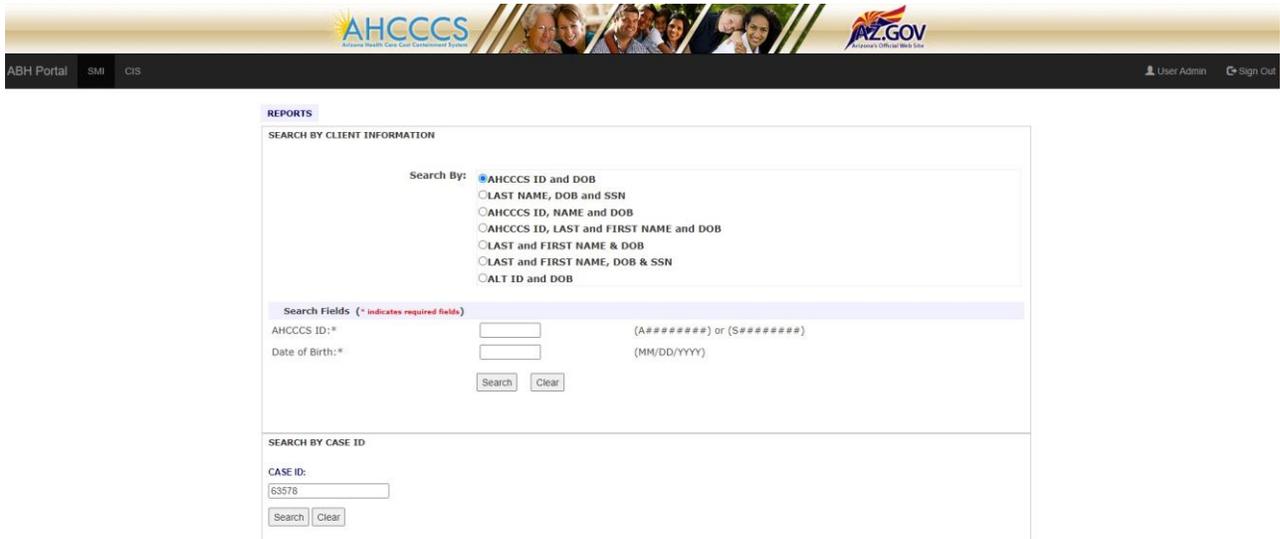
First Name of Person who Conducted SMI Assessment	Free Text	Free Text	Character Limited	Yes
Last Name of Person who Conducted SMI Assessment	Free Text	Free Text	Character Limited	Yes
First Name of Behavioral Health Medical Practitioner	Free Text	Free Text	Character Limited	Yes
Last Name of Behavioral Health Medical Practitioner	Free Text	Free Text	Character Limited	Yes
License	BHMP / BMP	Drop Down		Yes

## Web-Based Reports

The SMI Portal has an integrated reporting feature which permits users to readily review the status of current and historical determination cases, including:

- Cases Open, not yet Submitted to AHCCCS
- Cases Submitted to AHCCCS
- Cases Open or Submitted with no SMI ID

This feature is accessed by selecting “Report” at the top of the Portal’s member/case search screen.



The screenshot shows the AHCCCS SMI Portal interface. At the top, there is a navigation bar with "ABH Portal", "SMI", and "CIS" tabs. The main content area is titled "REPORTS" and contains two search sections. The first section, "SEARCH BY CLIENT INFORMATION", has a "Search By:" dropdown menu with several radio button options: "AHCCCS ID and DOB" (selected), "LAST NAME, DOB and SSN", "AHCCCS ID, NAME and DOB", "AHCCCS ID, LAST and FIRST NAME and DOB", "LAST and FIRST NAME & DOB", "LAST and FIRST NAME, DOB & SSN", and "ALT ID and DOB". Below this are "Search Fields" with asterisks indicating required fields: "AHCCCS ID:\*" with a text input field and a placeholder "(A\*\*\*\*\*) or (S\*\*\*\*\*)", and "Date of Birth:\*" with a date input field and a placeholder "(MM/DD/YYYY)". There are "Search" and "Clear" buttons. The second section, "SEARCH BY CASE ID", has a "CASE ID:" label and a text input field containing "63578", with "Search" and "Clear" buttons.

## Post-Submission Processing

Once the SMI Vendor has completed the determination and submitted the case to AHCCCS, the record status is updated to ‘Submitted’ and staged for enrollment processing via the nightly Change File generation package.

Furthermore, the nightly process will review all cases submitted for members with no AHCCCS ID and append the ID(s) to the record if found in SMI Portal. The system *must* first match 100% of the member’s identifying information prior to appending an ID to the record. Once completed, the case record is then reviewed against the above rules and processed appropriately.

All records submitted to the SMI Portal are reviewed for the above criteria every night and processed accordingly.

### Daily Status Files

AHCCCS produces four status reports that occurs every night Monday through Friday and provides these files to the SMI Vendor.

1. Open SMI\_SED Pended Eligible Report(All MCOs)  
 (Open-SMI\_SED-Pended-Elig-Report\_yyyymmdd\_#####(health plan ID).DAT)– daily summary of all submitted records where the SMI status of an eligible member is under evaluation by CRN, but still not submitted to PMMIS.
2. Open SMI\_SED Pended Non-Eligible Report(RHBA Plans Only)  
 (Open-SMI\_SED-Pended\_NonElig-Report\_yyyymmdd\_#####(health plan ID).DAT)– daily summary of all submitted records where the SMI status of non-eligible member is under evaluation by CRN, but still not submitted to PMMIS.
3. SMI\_SED Determination Outcome Eligible Report(All MCOs)  
 (SMI\_SED-Determination-Outcome-Elig-Report\_yyyymmdd\_#####(health plan ID).DAT) – daily summary of all records submitted by CRN to AHCCCS to indicate the final SMI status of an eligible member,
4. SMI\_SED Determination Outcome Non-Eligible Report(RBHA Plans Only)  
 (SMI\_SED-Determination-Outcome-Non-Elig-Report\_yyyymmdd\_#####(health plan ID).DAT) – daily summary of all records submitted by CRN to AHCCCS to indicate the final SMI status of non-eligible member,

#### Open-SMI\_SED-Pended-Elig-Report\_{yyymmdd}\_{health\_plan\_id}.DAT file layout

Field Name	Size	Record Position	
		From	To
Case Id	10	1	10
Client Id	10	11	20
AHCCCS Id	9	21	29
Last Name	20	30	49
First Name	20	50	69
Record Creation Date (YYYYMMDD)	8	70	77
Days between Current Date and Record Creation Date	4	78	81

Evaluator First Name	10	82	91
Evaluator Last Name	20	92	111
Record Creation Info	30	112	141
Removal of Designation	1	142	142

**Open-SMI\_SED-Pended-NonElig-Report\_{yyyymmdd}\_{health\_plan\_id}.DAT file layout**

Field Name	Size	Record Position	
		From	To
Case Id	10	1	10
Client Id	10	11	20
AHCCCS Id	9	21	29
Last Name	20	30	49
First Name	20	50	69
Record Creation Date (YYYYMMDD)	8	70	77
Days between Current Date and Record Creation Date	4	78	81
Evaluator First Name	10	82	91
Evaluator Last Name	20	92	111
Record Creation Info	30	112	141
Removal of Designation	1	142	142

**SMI\_SED-Determination-Outcome-Elig-Report\_{yyyymmdd}\_{health\_plan\_id}.DAT file layout**

Field Name	Size	Record Position	
		From	To
Case Id	10	1	10
RBHA Id	2	11	12
Client Id	10	13	22
AHCCCS Id	9	23	31
Last Name	20	32	51
First Name	20	52	71
Date Of Birth (YYYYMMDD)	8	72	79
Referral Source	30	80	109
Record Evaluation Date (YYYYMMDD)	8	110	117
Eligibility Determination	1	118	118
Denial Reason 1=(N/A - eligibility determination is SMI) 2=Individual Does Not Meet Diagnosis Qualifications 3=Individual Does Not Meet Functional Requirements 4=Individual Does Not Meet Either Functional or Diagnosis Requirements	1	119	119
Review Decision Date (YYYYMMDD)	8	120	127
Diagnosis CD 1	8	128	135
Diagnosis CD 2	8	136	143
Diagnosis CD 3	8	144	151
Diagnosis CD 4	8	152	159
Diagnosis CD 5	8	160	167
Diagnosis CD 6	8	168	175

Diagnosis CD 7	8	176	183
Evaluator First Name	10	184	193
Evaluator Last Name	20	194	213
Decision Taker First Name	10	214	223
Decision Taker Last Name	20	224	243
EOC Start Date (YYYYMMDD)	8	244	251
Demographics ECN	15	252	266
Days between Record Creation Date and Record Change Date	4	267	270
OGA Appeal	1	271	271
Site Description	35	272	306
Site Choice	35	307	341
Removal of Designation	1	342	342
Inpatient State	1	343	343
Request Received Date (YYYYMMDD)	8	344	351
Request Received Time	8	352	359
Request Completed Time	8	360	367
Days between Record Evaluation Date and Request Received Date	4	368	371
Referral Date (YYYYMMDD)	8	372	379

**SMI\_SED-Determination-Outcome-NonElig-Report\_{yyyymmdd}\_{health\_plan\_id}.DAT file layout**

Field Name	Size	Record Position	
		From	To
Case Id	10	1	10
RBHA Id	2	11	12
Client Id	10	13	22
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### T/RBHA Responsibilities

Once a case has been submitted to the SMI Portal the T/RBHA is responsible for ensuring that the member's status in SMI Portal and PMMIS is appropriately updated. Additionally, if the member is non-Medicaid eligible, the T/RBHA must transmit an 834 enrollment add or change record to AHCCCS with the correct mental health category documented.