

320-P - SERIOUS MENTAL ILLNESS ELIGIBILITY DETERMINATION

EFFECTIVE DATES: 07/01/16, 10/01/17, 03/01/19, 10/01/19, 10/01/20, 04/15/21

APPROVAL DATES: 01/04/17, 12/06/18, 11/21/19, 07/02/20, 04/05/21

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs as specified within this Policy including: AIHP, Tribal ALTCS, TRBHAs, and all FFS populations, excluding Federal Emergency Services (FES) (For FES, as referred in AMPM Chapter 1100), and the AHCCCS designee which conducts Serious Mental Illness (SMI) determinations.

This Policy also applies to subcontracted providers, Indian Health Services (IHS), and tribally owned and/or operated facilities that choose to send assessments to the AHCCCS designee which conducts SMI determinations. This Policy establishes requirements regarding SMI eligibility determinations.

II. DEFINITIONS**ASSESSMENT -
BEHAVIORAL HEALTH**

The ongoing collection and analysis of an individual's medical, psychological, psychiatric and social conditions in order to initially determine if a health disorder exists, if there is a need for behavioral health services, and on an ongoing basis ensure that the individual's service plan is designed to meet the individual's (and family's) current needs and long term goals.

DAY

For the purposes of this Policy, computation of time as defined in A.A.C. R9-21-103.

DETERMINING ENTITY

Either the AHCCCS designee authorized to make serious mental illness (SMI) determinations or a TRBHA (for each TRBHA or Tribal ALTCS,) authorized to make the final determination of SMI eligibility.

**EVALUATION - SERIOUS
MENTAL ILLNESS
(SMI)**

The process of analyzing current and past treatment information including assessment, treatment, or other medical records and documentation for purposes of making a determination as to an individual's serious mental illness eligibility.

**HEALTH CARE DECISION
MAKER
(HCDM)**

An individual who is authorized to make health care treatment decisions for the patient. As applicable to the particular situation, this may include a parent of an unemancipated minor or a person lawfully authorized to make health care treatment decisions pursuant to A.R.S. §§ Title 14, chapter 5, article 2 or 3; or A.R.S. §§ 8-514.05, 36-3221, 36-3231 or 36-3281.

**SERIOUS MENTAL ILLNESS
(SMI)**

A designation as defined in A.R.S. § 36-550 and determined in an individual 18 years of age or older.

**SERIOUS MENTAL ILLNESS
(SMI) DECERTIFICATION**

The process that results in a modification to an individual's medical record by changing the behavioral health category designation from serious mental illness to general mental health.

**SERIOUS MENTAL ILLNESS
(SMI) ELIGIBILITY
DETERMINATION**

A determination as to whether or not an individual meets the diagnostic and functional criteria established for the purpose of determining an individual's eligibility for SMI services.

III. POLICY

A critical component of the AHCCCS delivery system is the effective and efficient identification of individuals who have behavioral health needs due to the severity of their behavioral health disorder. One such group is individuals designated to have a SMI. Without receipt of the appropriate care, these individuals are at high risk for further deterioration of their physical and mental condition, increased hospitalizations and potential homelessness and incarceration. In order to ensure that individuals who may qualify for SMI designation are promptly identified and enrolled for services, AHCCCS has developed a standardized process for the referral, evaluation, and determination of SMI eligibility. The requirements associated with the referral for an SMI evaluation and SMI eligibility determination are specified in this Policy.

A. GENERAL REQUIREMENTS

1. All individuals shall be evaluated for SMI eligibility by a qualified clinician, as defined in A.A.C. R9-21-101(B), and have an SMI eligibility determination made by the determining entity if:
 - a. The individual makes such a request, or
 - b. A Health Care Decision Maker (HCDM) makes a request on behalf of the individual,
 - c. An Arizona Superior Court issues an order instructing that an individual is to undergo an SMI evaluation/determination:
 - i. The SMI eligibility evaluation record shall contain all of the documentation that was considered during the review including, but not limited to current and/or historical treatment records. The record may be maintained in either hardcopy or electronic format. The Contractor and TRBHAs shall develop and

- make available to providers any requirements or guidance on SMI eligibility evaluation record location and/or maintenance,
- ii. Computation of time is as follows:
 - 1) Day Zero: The day the initial assessment is completed by a qualified clinician, regardless of time of the assessment,
 - 2) Day One: The next business day after the initial assessment is completed. The individual or organization completing the initial assessment shall provide it to the determining entity as soon as practicable, but no later than 11:59 pm on day one,
 - 3) Day Three: The third business day after the initial assessment is completed. The determining entity shall have at least two business days to complete the final SMI eligibility determination but the final SMI eligibility determination shall be completed no later than day three, and
 - 4) Determination Due Date: Day Three - Three business days after day Zero, excluding weekends and holidays, and is the date that the determination decision shall be rendered. This date may be amended if an extension is approved in accordance with this policy.
 - iii. A TRBHA or Tribal ALTCS Program may delegate to the AHCCCS designee which conducts SMI determinations, all of the responsibilities specified in this Policy and/or is contained in their Intergovernmental Agreement.
 - d. A member is at least the age of 17.5. Refer also to AHCCCS Transition to Adulthood Practice Tool.

B. PROCESS FOR COMPLETION OF THE INITIAL SMI EVALUATION

1. Upon receipt of a referral, a request, or identification of the need for an SMI Eligibility Determination, the Contractor, TRBHA, Tribal ALTCS case manager, the FFS provider (for members enrolled in AIHP), or designated Arizona Department of Corrections (ADC) or Arizona Department of Juvenile Corrections (ADJC) staff will schedule an appointment for an initial meeting with the individual and a qualified clinician (as specified in AMPM Policy 950). This shall occur no later than seven business Days after receiving the request or referral.

For urgent SMI eligibility determination referrals for individuals admitted to a hospital for psychiatric reasons, the entity scheduling the evaluation shall ensure that documented efforts are made to schedule a face-to-face SMI assessment with the individual while hospitalized.

2. During the initial SMI evaluation meeting with the individual and a qualified clinician, the clinician shall:
 - a. Make a clinical judgement as to whether the individual is competent enough to participate in an evaluation,
 - b. Obtain written consent to conduct the assessment from the individual or, if applicable, the individual's HCDM, unless the individual has been ordered to undergo evaluation as part of court ordered treatment proceedings,

- c. Provide to the individual and, if applicable, the individual's HCDM, the information required in A.A.C. R9-21-301(D)(2), a client rights brochure, and the appeal notice required by A.A.C. R9-21-401(B),
- d. Obtain authorization for the release of information, if applicable, (as specified in AMPM Policy 940) for any documentation that would assist in the determination of the individual's eligibility for SMI services,
- e. Conduct an assessment if one has not been completed within the last six months,
- f. Complete the SMI eligibility determination form (refer to Attachment A), and
- g. Upon completion of the initial evaluation, submit all information to the determining entity within one business Day.

C. CRITERIA FOR SMI ELIGIBILITY

1. The final determination of SMI requires both a qualifying SMI diagnosis and functional impairment because of the qualifying diagnosis (refer to Attachment B for a list of qualifying diagnoses).
2. Functional criteria for SMI eligibility
To meet the functional criteria for SMI status, an individual shall have, as a result of a qualifying SMI diagnosis, dysfunction in at least one of the following four domains, as specified below, for most of the past 12 months, or for most of the past six months with an expected continued duration of at least six months.
 - a. Inability to live in an independent or family setting without supervision – neglect or disruption of ability to attend to basic needs, including but not limited to, hygiene, grooming, nutrition, medical care and/or dental care. Needs assistance in caring for self. Unable to care for self in a safe or sanitary manner. Housing, food and clothing is or shall be provided or arranged for by others. Unable to attend to the majority of basic needs of hygiene, grooming, nutrition, medical and dental care. Unwilling to seek prenatal care or necessary medical/dental care for serious medical or dental conditions. Refuses treatment for life threatening illnesses because of behavioral health disorder, a risk of serious harm to self or others,
 - b. Seriously disruptive to family and/or community. Pervasively or imminently dangerous to self or others' bodily safety. Regularly engages in assaultive behavior. Has been arrested, incarcerated, hospitalized or is at risk of confinement because of dangerous behavior. Persistently neglectful or abusive towards others. Severe disruption of daily life due to frequent thoughts of death, suicide, or self-harm, often with behavioral intent and/or plan. Affective disruption causes significant damage to the individual's education, livelihood, career, or personal relationships,
 - c. Dysfunction in role performance – frequently disruptive or in trouble at work or at school. Frequently terminated from work or suspended/expelled from school. Major disruption of role functioning. Requires structured or supervised work or school setting. Performance significantly below expectation for cognitive/developmental level. Unable to work, attend school, or meet other developmentally appropriate responsibilities, or

- d. Risk of deterioration
 - i. A qualifying diagnosis with probable chronic, relapsing, and remitting course,
 - ii. Co-morbidities (e.g. developmental/intellectual disability, substance use disorder, personality disorders),
 - iii. Persistent or chronic factors such as social isolation, poverty, extreme chronic stressors (e.g. life-threatening or debilitating medical illnesses, victimization),
or
 - iv. Other (e.g. past psychiatric history, gains in functioning have not solidified or are a result of current compliance only, court-committed, care is complicated and requires multiple providers).
3. The following reasons shall not be sufficient in and of themselves for denial of SMI eligibility:
 - a. An inability to obtain existing records or information, or
 - b. Lack of a face-to-face psychiatric or psychological evaluation.

D. INDIVIDUALS WITH CO-OCCURRING SUBSTANCE USE

For purposes of SMI eligibility determination, presumption of functional impairment is as follows for individuals with co-occurring substance use:

1. For psychotic diagnoses other than substance-induced psychosis (bipolar I disorder with psychotic features, delusional disorder, major depression, recurrent, severe, with psychotic features, schizophrenia, schizoaffective disorder, and any other diagnosis of persistent psychotic disorder), functional impairment is presumed to be due to the qualifying mental health diagnosis.
2. For other qualifying psychiatric disorders, functional impairment is presumed to be due to the psychiatric diagnosis, unless:
 - a. The severity, frequency, duration, or characteristics of symptoms contributing to the functional impairment cannot be attributed to the qualifying mental health diagnosis, or
 - b. The assessor can demonstrate, based on a historical or prospective period of treatment, that the functional impairment is present only when the individual is actively using substances or experiencing symptoms of withdrawal from substances. In order to make such determinations, the assessor shall first look at a period of either 30 days or longer of abstinence, or 60 days or longer of reduced use that is less than the threshold expected to produce the resulting symptoms and disability and establish that the symptoms and resulting disability were no longer present after the 30 or 60 day period and/or no longer required mental health treatment to prevent recurrence of symptoms.
3. A diagnosis of substance-induced psychosis can only be made if both of the following conditions are present:
 - a. There is no psychosis present before a period of substance use that is of sufficient type, duration, and intensity to cause psychotic symptoms, and

- b. The psychosis remits completely (not partially) after a period of abstinence of 30 days or less.

Continuation of new onset psychotic symptoms after a 30 day period of abstinence requires a presumptive diagnosis of a persistent psychotic disorder.

For persistent psychosis of undetermined onset, the absence of clear remission of psychosis during a period of abstinence of 30 days or less should be considered presumptive evidence of a persistent psychotic disorder for SMI eligibility purposes.

For individuals who are not able to attain or maintain a period of abstinence from substance use, who continue to use substances and/or do not experience consecutive days of abstinence, this is not a disqualifier to initiate the SMI eligibility and determination process. Some individuals will not meet the 30 day period of abstinence. This does not preclude them from the SMI eligibility assessment and determination process.

E. PROCESS FOR COMPLETION OF FINAL SMI ELIGIBILITY DETERMINATION

1. The Contractor shall develop and make available to providers its policies and procedures that describe the providers' requirements for submitting the evaluation packet and providing additional clinical information in order for the determining entity to make the final SMI eligibility determination.

In the event the determining entity requires additional information to make a final SMI eligibility determination, the Contractor shall ensure that evaluating agencies respond to the determining entity within three business days of request of the information.

2. The licensed psychiatrist, psychologist, or nurse practitioner designated by the determining entity shall make a final determination as to whether the individual meets the eligibility requirements for SMI status based on:
 - a. A face-to-face assessment or reviewing a face-to-face assessment by a qualified clinician (as specified in AMPM Policy 950), and
 - b. A review of current and historical information, if any, obtained orally or in writing by the assessor from collateral sources, and/or present or previous treating clinicians.
3. The following shall occur if the designated reviewing psychiatrist, psychologist, or nurse practitioner has not conducted a face-to-face assessment and has a disagreement with the current evaluating or treating qualified behavioral health professional or behavioral health technician that cannot be resolved by oral or written communication:
 - a. Disagreement regarding diagnosis: determination that the individual does not meet eligibility requirements for SMI status shall be based on a face-to-face diagnostic evaluation conducted by a designated psychiatrist, psychologist, or

- nurse practitioner. The resolution of (specific reasons for) the disagreement shall be documented in the individual's comprehensive clinical record, and
- b. Disagreement regarding functional impairment: determination that the individual does not meet eligibility requirements shall be documented by the psychiatrist, psychologist, or nurse practitioner in the individual's comprehensive clinical record to include the specific reasons for the disagreement and will include a clinical review with the qualified clinician.
4. If there is sufficient information to determine SMI eligibility, the individual shall be provided written notice of the SMI eligibility determination within three business days of the initial meeting with the qualified clinician as specified within this Policy.

F. ISSUES PREVENTING TIMELY COMPLETION OF SMI ELIGIBILITY DETERMINATION – EXTENDING COMPLETION OF SMI ELIGIBILITY DETERMINATION TIME PERIOD

1. The time to initiate or complete the SMI eligibility determination may be extended no more than 20 calendar days if the individual agrees to the extension and:
 - a. There is substantial difficulty in scheduling a meeting at which all necessary participants can attend,
 - b. The individual fails to keep an appointment for assessment, evaluation or any other necessary meeting,
 - c. The individual is capable of, but temporarily refuses to cooperate in the preparation of the completion of an assessment or evaluation,
 - d. The individual or the individual's HCDM and/or designated representative (DR) requests an extension of time,
 - e. Additional documentation has been requested, but has not yet been received, or
 - f. There is insufficient functional or diagnostic information to determine SMI eligibility within the required time periods.

Insufficient diagnostic information shall be understood to mean that the information available to the reviewer is suggestive of two or more equally likely working diagnoses, only one of which qualifies as SMI, and an additional piece of existing historical information or a face-to-face psychiatric evaluation is likely to support one diagnosis more than the other(s).

2. The determining entity shall:
 - a. Document the reasons for the delay in the individual's eligibility determination record when there is an administrative or other emergency that will delay the determination of an SMI status, and
 - b. Not use the delay as a waiting period before determining an SMI status or as a reason for determining that the individual does not meet the criteria for SMI eligibility (because the determination was not made within the time standards).
3. In situations in which the extension is due to insufficient information:
 - a. The determining entity shall request and obtain the additional documentation needed (e.g., current and/or past medical records) and/or perform or obtain any necessary psychiatric or psychological evaluations,

- b. The designated reviewing psychiatrist, psychologist, or nurse practitioner shall communicate with the individual's current treating clinician, or appropriate clinical team member, if any, prior to the determination of an SMI, if there is insufficient information to determine the individual's level of functioning, and
 - c. SMI eligibility shall be determined within three days of obtaining sufficient information, but no later than the end date of the extension.
4. If the evaluation or information cannot be obtained within the required time period because of the need for a period of observation or abstinence from substance use in order to establish a qualifying mental health diagnosis, the individual shall be notified by the determining entity that the determination may, with the agreement of the individual, be extended for up to 60 calendar days for an Extended Evaluation Period (EEP). This is a 60 day period of abstinence, or reduced use from drug and/or alcohol use in order to help the reviewing psychologist make an informed decision regarding SMI eligibility.

This extension may be considered a technical re-application to ensure compliance with the intent of A.A.C. R9-21-303. However, the individual does not need to actually reapply. Alternatively, the determination process may be suspended and a new application initiated upon receipt of necessary information.

5. If the individual refuses to grant an extension, SMI eligibility shall be determined based on the available information. If SMI eligibility is denied, the individual will be notified of their appeal rights and the option to reapply in accordance with this Policy.

G. NOTIFICATION OF SMI ELIGIBILITY DETERMINATION

1. If the individual is designated to have an SMI, the SMI status shall be reported to the individual or their HCDM by the determining entity in writing, including notice of the individual's right to appeal the decision (as specified in ACOM Policy 444).
2. If the eligibility determination results in a denial of an SMI status, the determining entity shall provide written notice of the decision and include:
 - a. The reason for denial of SMI eligibility (refer to Attachment A),
 - b. The right to appeal (refer to ACOM Policy 414 and ACOM Policy 444), and
 - c. The statement that Title XIX/XXI eligible individuals will continue to receive needed Title XIX/XXI covered services. In such cases, the individual's behavioral health category assignment shall be assigned based on criteria in the AHCCCS Technical Interface Guidelines.

H. RE-ENROLLMENT OR TRANSFER

If the individual's status is SMI at disenrollment or transition to another Contractor, TRBHA, or Tribal ALTCS, the individual's status shall continue as SMI.

An individual shall retain their SMI status unless a determination is made by a determining entity that the individual no longer meets criteria.

I. REVIEW OF SMI ELIGIBILITY

1. The Contractor shall indicate in policies and procedures made available to their providers the process for reviewing an SMI eligibility determination.
2. The Contractor, TRBHA, Tribal ALTCS case manager, or contracted behavioral health providers may seek a review of an individual's SMI eligibility from the determining entity:
 - a. As part of an instituted, periodic review of all individuals designated to have an SMI,
 - b. When there has been a clinical assessment that supports that the individual no longer meets the functional and/or diagnostic criteria, or
 - c. As requested by an individual who has been determined to meet SMI eligibility criteria, or their legally authorized representative.
3. A review of the determination may not be requested by the TRBHA, Contractor or their contracted behavioral health providers within six months from the date an individual has been designated as SMI eligible.

J. SMI DECERTIFICATION

There are two established methods for removing an SMI designation, one clinical and the other an administrative option, as follows:

1. SMI clinical decertification

An individual who has an SMI designation or an individual from the individual's clinical team may request an SMI clinical decertification from the AHCCCS designee which conducts SMI eligibility determinations. An SMI clinical decertification is a determination that an individual who has a SMI designation no longer meets SMI criteria. If, as a result of a review, the individual is determined to no longer meet the diagnostic and/or functional requirements for SMI status:

 - a. The determining entity shall ensure that written notice of the determination and the right to appeal is provided to the affected individual with an effective date of 30 calendar days after the date the written notice is issued, and
 - b. The Contractor, TRBHA, or Tribal ALTCS shall ensure that services are continued in the event an appeal is timely filed, and that services are appropriately transitioned as part of the discharge planning process.

2. SMI administrative decertification

An individual who has an SMI designation may request an SMI administrative decertification from AHCCCS/DHCM, Clinical Resolution Unit if the individual has not received behavioral health services for a period of two or more years.

- a. Upon receipt of a request for administrative decertification, the Contractor shall direct the individual to contact AHCCCS DHCM customer service, and
- b. AHCCCS will evaluate the individual's request and review data sources to determine the last date the individual received a behavioral health service. AHCCCS will inform the individual of changes that may result with the removal of the individual's SMI designation. Based upon review, the following will occur:
 - i. In the event the individual has not received a behavioral health service within the previous two years, the individual will be provided with Attachment C. This form shall be completed by the individual and returned to AHCCCS, and
 - ii. In the event the review finds that the individual has received behavioral health services within the prior two year period, the individual will be notified that they may seek decertification of their SMI status through the clinical decertification process.