

## 550 – SERIOUS EMOTIONAL DISTURBANCE IDENTIFICATION

EFFECTIVE DATE: 10/01/25

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### I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA; and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, refer to AMPM Chapter 1100). The Contractor is responsible for adhering to all requirements as specified in Contract, Policy, 42 CFR Part 457 and 42 CFR Part 438. This Policy establishes requirements for the formal identification of members who meet Serious Emotional Disturbance (SED) criteria and the coordination process to ensure access to care.

### II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

### III. POLICY

A critical component of the AHCCCS delivery system is the effective and efficient identification of children and adolescents who have a Serious Emotional Disturbance (SED) and need intensive services including those not covered by Title XIX/XXI or commercial insurance plans. For information on Non-Title XIX/XXI funding and service coverage for children and adolescents who meet SED criteria see AMPM Policy 320-T1 and AMPM Policy 320-T2. Without receipt of the appropriate care, these children and adolescents are at high risk for deterioration of their physical and mental condition, increased hospitalization and potential removal/out of home placement and justice involvement. To ensure that children and adolescents who meet SED criteria are promptly identified, AHCCCS has developed a standardized process for the formal identification of members with an SED, and under or uninsured children and adolescents residing in Arizona.

#### A. GENERAL REQUIREMENTS

The Contractor, Tribal ALTCS, and TRBHA case managers shall ensure that providers serving children and adolescents are familiar with the SED identification process and perform regular screening and assessment as required in AMPM Chapters 400, AMPM Chapter 500, and AMPM Policy 320-O. The Contractor shall ensure that all children and adolescents 6-18 years of age with behavioral health conditions receiving behavioral health services and that providers utilize the Child and Adolescent Level of Care Utilization System (CALOCUS) and are trained in its use as a component of the SED identification process as referenced in AMPM 580. The FFS providers are not required to utilize CALOCUS; however, CALOCUS is a tool that is available to FFS providers to assist in the identification of functional limitations and member needs.

All children and adolescents from birth up to 18 years of age shall be evaluated for SED eligibility by a qualified clinician if the individual or their Health Care Decision Maker (HCDM) makes such a request, and the individual has or is believed to have a qualifying diagnosis pending assessment or evaluation. Refer to the SED Diagnosis List published on the AHCCCS [Medical Coding Page](#) of the AHCCCS website for a list of qualifying diagnoses.

## RECORDS

The provider shall include in the medical record all documentation that was considered during the review of SED identification, including but not limited to current and/or historical treatment records, and in accordance with AMPM Policy 940. The medical record may be maintained in either hardcopy or electronic format.

## B. CRITERIA FOR SERIOUS EMOTIONAL DISTURBANCE IDENTIFICATION

The SED identification criteria requires both a qualifying SED diagnosis and functional impairment(s) as a result of the qualifying diagnosis. Refer to the SED Diagnosis List published on the AHCCCS [Medical Coding Page](#) of the AHCCCS website for a list of qualifying diagnoses.

To meet the functional criteria for SED, an individual shall have:

1. The Impairment due to the qualifying SED diagnosis, in at least one of the following domains, for most of the past three months with an expected continued duration of at least three months:
  - a. Seriously disruptive to family and/or community which can include but is not limited to any of the following:
    - i. Pervasively or imminently dangerous to self or others' bodily safety,
    - ii. Regularly engages in assaultive behavior,
    - iii. Has been arrested, incarcerated, hospitalized or is at risk of confinement because of dangerous behavior,
    - iv. Persistently neglectful or abusive towards others,
    - v. Severe disruption of daily life due to frequent thoughts of death, suicide, or self-harm, often with behavioral intent and/or plan, or
    - vi. Affective disruption that causes significant damage to the individual's education or personal relationships and puts the individual at risk of displacement.
  - b. Dysfunction in role performance which can include but is not limited to any of the following:
    - i. Frequently disruptive or in trouble at home or at school,
    - ii. Frequently suspended/expelled from school,
    - iii. Major disruption of role functioning,
    - iv. Requires structured or supervised school setting,
    - v. Performance is significantly below expectation for cognitive/developmental level, or
    - vi. Unable to attend school or meet other developmentally appropriate responsibilities or milestones.
  - c. 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 (SUD),
  - 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-ordered, care is complicated and requires multiple providers).
2. CALOCUS identified levels of care 2, 3, 4, 5, or 6.

**C. INDIVIDUALS WITH CO-OCCURRING SUBSTANCE USE**

For purposes of SED identification, 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 identifications, 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.
4. Continuation of new onset psychotic symptoms after a 30-day period of abstinence requires a presumptive diagnosis of a persistent psychotic disorder.
5. 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 SED identification purposes.

6. 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 SED identification process. Some individuals will not meet the 30-day period of abstinence. This does not preclude them from the SED assessment or identification process.

#### **D. PROCESS FOR COMPLETION OF FORMAL SED IDENTIFICATION**

The process for submitting formal notification of SED identification to AHCCCS is described below through use of the Demographic User Guide (DUG) via the DUGless portal.

A member is required to have an AHCCCS ID for providers to input information into the DUGless Portal. In instances where an AHCCCS ID is not found and/or an enrollment is not active, providers shall coordinate with the ACC-RBHA Contractor or TRBHA (if applicable for Non-Title XIX/XXI eligibility) to ensure member eligibility records are created. Providers shall coordinate with the identified ACC-RBHA Contractor or TRBHA to receive the AHCCCS ID number and open enrollment for the provider to input the information into the DUGless Portal to complete the process of SED identification.

Completion of SED Identification DUGless Portal entry:

1. If a child is identified by the provider as meeting criteria for SED, the provider shall submit the following three elements into the DUGless Portal:
  - a. The SED qualifying diagnosis from the SED qualifying diagnoses list published on the AHCCCS [Medical Coding Page](#) of the AHCCCS website,
  - b. CALOCUS score with date. For a child under the age of six, 99 shall be entered as CALOCUS is not validated for this age category. 99 shall also be entered for FFS members as the CALOCUS tool is recommended but not required, and
  - c. SED identification - Selection of “yes” or “no” option. The “yes” option indicates that the child is identified SED. The “no” option is in the removal of the SED identification process as described below.
2. The provider shall communicate the SED qualifying diagnosis and CALOCUS score (if applicable) resulting in the SED identification to the member and HCDM and document this communication in the medical record.
3. The provider is required to reassess the member and update the CALOCUS at least every six months or more often as clinically indicated and shall submit updated results into the DUGless Portal as described above at the time of re-assessment.
4. The providers shall complete a DUGless Portal entry for members up to the age of 18 for SED identification even when the member has completed an SMI determination at age 17.5 years to ensure SED identification through age 18. Refer to AHCCCS AMPM Policy 320-P - Eligibility Determinations for Individuals with Serious Mental Illness (SMI).

#### **E. REMOVAL OF SED IDENTIFICATION**

The removal of SED identification shall occur when the provider’s comprehensive assessment determines that the member no longer meets the diagnostic and/or functional limitation criteria for SED identification.

In the event removal of SED identification is warranted, the provider shall:

1. Revise the member’s following information in the DUGless Portal:
  - a. CALOCUS score with date. For a child under the age of six, 99 shall be entered as the CALOCUS assessment tool is not validated for this age. 99 shall also be entered for FFS members as the tool is recommended but not required, and
  - b. An SED identification entered as “no” option. The “no” option indicates that the child is no longer identified SED.
2. The provider shall communicate the assessed diagnostic change and/or functional limitation changes and CALOCUS score (if applicable) resulting in the removal of the SED identification to the member and HCDM and document this communication in the medical record.

The Contractor, Tribal ALTCS, TRBHA, or behavioral health provider shall ensure that services are appropriately transitioned. Refer to AMPM Policy 520 related to member transitions.

If a child or adolescent has discontinued or not engaged in behavioral health services for the previous six months, the member's SED behavioral health category may be removed. The member or HCDM may request removal of the SED behavioral health category and their Contractor, Tribal ALTCS, or TRBHA shall verify that the child or adolescent has not accessed behavioral health services the previous six months and provide verification to the AHCCCS Technical Coordination Unit (TCU) to request the change of behavioral health category. Refer to DUGless Portal Guide for additional assistance. In the rare instances that it is determined by the Contractor, Tribal ALTCS or TRBHA that verification cannot be provided, the Contractor, Tribal ALTCS, or TRBHA shall note these specific cases in the member’s record and utilize secure encrypted communication methods for further verification and resolution with AHCCCS.

#### **F. NON-TITLE XIX/XXI CARE COORDINATION REQUIREMENTS**

The Contractor shall ensure that all providers are trained to connect children and adolescents who are identified as meeting SED criteria to Non-Title XIX/XXI funded services within their Geographic Service Area (GSA). These services are administered by the ACC-RBHA Contractors in the Northern, Central, and Southern GSAs of Arizona. Providers shall open a non-titled enrollment with the applicable ACC-RBHA and coordinate care for the member with providers within the ACC-RBHA network who are able to provide the identified service for the member.

The Tribal ALTCS, TRBHAs and FFS providers shall assist members in accessing services utilizing Non-Title funding sources through referral and care coordination activities in partnership with the ACC-RBHA or TRBHA responsible for the administration of Non-Title XIX/XXI funding. For Tribal ALTCS members, providers shall contact the Tribal ALTCS program of enrollment to determine whether a member qualifies for a Non-Title XIX/XXI service.