

320-	P -ELIGIBILITY DETERMINATIONS-SERIOUS EMOTIONAL
	DISTURBANCE AND SERIOUS MENTAL ILLNESS ELIGIBILITY
	DETERMINATIONS AND SERIOUS EMOTIONAL
	DISTURBANCE ELIGIBILITY DETERMINATION
	SION DATE: (TBD), 7/14/21
	EW DATE:
	CTIVE DATE: October 1, 2019
REFE	RENCES: A.R.S. 36-550, A.A.C. R9-21-101(B), AMPM Policy 320-P
PURI	POSE
This	policy applies to the Division of Developmental Disabilities' (Division)
Admi	nistrative Services Subcontractors (AdSS) and establishes requirements
for el	igibility determinations for individuals with Serious Emotional
Distu	rbance (SED) and or Serious Mental Illness (SMI). The Division contracts
with	the AdSS and delegates the responsibilities of implementing this policy.
The L	Division provides oversight and monitoring of delegated duties.
DEFI	NITIONS
1.	"Business Day" means a Monday, Tuesday, Wednesday, Thursday or
	Friday, excluding State and Federal Holidays.
	"Assessment" means the ongoing collection and analysis of an
	individual's medical, psychological, psychiatric, and social conditions to
	initially determine if a health disorder exists, if there is a need for
	320-P SED and SMI Eligibility Determinations
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27 28		behavioral health services, and on an ongoing basis ensure that the
29		individual's service plan is designed to meet the individual's (and
30		family's) current needs and long-term goals.
31	2.	"Designated Representative" means an individual parent, guardian,
32		relative, advocate, friend, or other individual, designated orally or in
33		writing by a Member or Responsible Person who, upon the request of
34		the Member, assists the Member in protecting the Member's rights and
35		voicing the Member's service needs.
36	3.	"Determining Entity" means an entity designated bythe AHCCCS
37		and designee authorized to make SED and orthe determination of SMI
38		eligibility determinationseligibility.
39	4.	"Member"means the same as "Client" as defined in A.R.S. § 36-551.
40 41	5.	"Removal of Serious Emotional Disturbance Designation" means the
42		process that results in the removal of the SED behavioral health
43		category from the individual's most recent, active enrollment segment.
44	6.	"Removal of Serious Mental Illness Designation" means the process
45		that results in a modification to a Member's medical record by
46		changing the behavioral health category designation from SMI to
47		General Mental Health.



48 49	7.	"Responsible Person" means the parent or guardian of a minor with a
50		developmental disability, the guardian of an adult with a
51		developmental disability or an adult with a developmental disability
52		who is a Member or an applicant for whom no guardian has been
53		appointed.
54		Health Care Decision Maker An individual who is authorized to make
55		health care treatment decisions for the patient. As applicable to the-
56		situation, this may include a parent of an unemancipated minor or a
57		person lawfully authorized to make health care treatment decisions-
58		pursuant to A.R.S. §§ Title 14, chapter 5, article 2 or 3; or A.R.S. §§
59		8 514.05, 36 3221, 36 3231 or 36 3281.
60	8.	"Serious Emotional Disturbance" (SED)-means a designation for
61		individuals from birth up to age 18 who currently, or at any time
62		during the past year , have had a diagnosable mental or emotional
63		disorder of sufficient duration to meet diagnostic criteria specified
64		within the current version of the Diagnostic and Statistical Manual of
65	\mathbf{C}	Mental Disorders that resulted in functional impairment, which
66	v	substantially interferes with or limits the individual's child's role or
67		functioning in family, school, or community activities.



68 69		"Serious Emotional Disturbance (SED) Removal of Designation" means-
70		the process that results in the removal of the SED behavioralbeahvioral
71		health category from the individual's most recent, active enrollment-
72		segment
73	9.	"Serious Mental Illness" (SMI) - means Aa designation as defined in
74		A.R.S. §36-550 and determined in an individual 18 years of age or
75		older.
76		Serious Mental Illness Decertification" means - Tthe process that
77		results in a modification to a member's medical record by changing the
78		behavioral health category designation from SMI to General Mental
79		Health.
80	10.	"Serious Emotional Disturbance or Serious Mental Illness (SMI)
81		Eligibility Determination" means a process used to
82		determinedetermination as to whether an individual meets the
83		diagnostic and functional criteria established for the purpose of
84		determining an individual's eligibility for SED orfor SMI services.
85	\mathbf{C}	"Serious Mental Illness (SMI) Evaluation" - Tmeans the process of
86	v	analyzing current and past treatment information, including
87		assessment, treatment, other medical records, and documentation, for-
88		purposes of determining an individual's eligibility for SMI services.



89 90 91	POLICY							
91 92	A critical component of the AHCCCS delivery system is the effective and							
93	efficient identification of members who have behavioral health needs due to							
94	the severity of their behavioral health disorder. One such group is members							
95	designated to have a serious mental illness (SMI). Without receipt of the							
96	appropriate care, these members are at high risk for further deterioration of							
97	their physical and mental condition, increased hospitalizations, and potential							
98	homelessness and incarceration. To ensure that members who may have an							
99	SMI are promptly identified and evaluated, AHCCCS has established a							
100	standardized process for the referral, evaluation, and determination of SMI							
101	eligibility as set forth in this policy. The Division has adopted exhibits from							
102	AHCCCS - AMPM Policy 320-P - for use by the AdSS.							
103 104	A. GENERAL REQUIREMENTS							
104	1. The AdSS shall ensure Aall Members shall ensure all							
106	Membermembers from birth to 18 years of age are evaluated for							
107	SED eligibility by a qualified clinician and have and referred to							
108	the Determining Entity if the Member or Responsible Person or							
109	Designated Representative makes such a request.							
110	2. The AdSS shall ensure all Members ages 17.5 or older arebe							
111	evaluated for SMI eligibility by a qualified clinician, as defined in							
	320-P SED and SMI Eligibility Determinations							



112 113		A.A.C	C. R9-21-101(B), and are referred to the have an SMI
114		eligib	ility determination made by the Determining Entity if:
115		a.	The Member or Responsible Person or Designated
116			Representative makes such a request,
117			orA Health Care Decision Maker makes a request, on-
118			behalf of the Member,
119		b.	An Arizona Superior Court issues an order instructing that
120			a Member is to undergo an SMI evaluation/determination,-
121			0F
122		С.	It is \mathbf{c} clinically indicated by the presence of a qualifying
123			diagnosis, or
124		d.	There is reason to believe that the assessment may
125			indicate the presence of a qualifying diagnosis and
126			functional limitation(s), and-
127	S	e.	The actual SMI eligibility category will not become effective
128	00		until a member turns 18 years of age.
129	3.	The A	AdSS shall ensure the SED and SMI eligibility evaluation
130		recor	ds shall contain all documentation considered during the
131		revie	w, including but not limited to, current and/or historical



132 133		treat	ment records. The record may be maintained in either
134		hard	copy or electronic format.
135	4.	The A	AdSS shall develop and make available to providers any
136		requi	rements or guidance on SED and SMI eligibility evaluation
137		recor	d location and +or maintenance.
138	5.	2.	-The AdSS shall C computat ion e - of t ime is a s follows:
139 140		a.	Day zero: The day the initial assessment is completed by a
141			qualified clinician, regardless of time of the assessment;
142		b.	Day one: The next business day after the initial
143			assessment is completed. The individual or organization
144			completing the initial assessment must provide it to the
145			Determining Entity as soon as practicable, but no later
146			than 11:59 pm on day one;
147		с.	Day three: The third business day after the initial
148	Q	$\langle \rangle$	assessment is completed. The Determining Entity shall
149	5		have at least two business days to complete the final SED
150	\mathcal{O}		or SMI determination, but the final SED or SMI
151			determination must be completed no later than day three;
152			and



153		
154	d.	Determination due date: Day three, three business days
155		after day zero, excluding weekends and holidays, and is
156		the date that the determination decision must be rendered.
157		This date may be amended if an extension is approved in
158		accordance with this policy.
159	3. A TR	BHA or Tribal ALTCS Program may delegate to the AHCCCS
160	designee v	which conducts SMI Determinations, all of the responsibilities-
161	established	d-underspecified in this Policy and/or is contained in their-
162	Intergover	nmental Agreement.¶
163	4. A member	is at least the age of 17.5. (Refer to AHCCCS Transition to
164	Adulthood Practi	ce Tool).
165	B. PROCESS	FOR COMPLETION OF INITIAL SED OR SMI
166	ASSESSM	ENTEVALUATION
167	1. 1 .	The AdSS shall require thatensure the behavioral health
168	prov	iders, upon receipt of a referral or identification of the need
169		n SED or SMI Eligibility Determination, to schedule s an
170	\mathbf{O}	ssment with the Member member and a qualified clinician, if
171	×	has not been completed within the past six months, within
172		n business days of receipt of the referral or request, or $-$ as
1/2	5676	r business days of receipt of the releftal of request, of $-$ as
173	expe	ditiously as the Member's health condition requiresif one-



174 175		has not been completed within the pastlast six months. Upon-
176		receipt of a request, referral, or identification of the need for an
177		SMI determination, the behavioral health provider will schedule
178		an appointment for an initial meeting with the member and a
179		qualified clinician. This shall occur as expeditiously as the
180		member's health condition requires, but no later than seven-
181		business days after receiving the request or referral.
182	2.	For urgent eligibility determination referrals for members
183		admitted to a hospital for psychiatric reasons, the The AdSS shall
184		allow the hospital an inpatient facility to complete the assessment
185		if it meets the criteria needed to render a decision. SED or SMI-
186		eligibility determination and referral for Members admitted to a
187		hospital for psychiatric reasons.For referrals seeking an SMI
188		eligibility determination for members admitted to a hospital for
189	Q	psychiatric reasons the entity scheduling the evaluation shall
190	0	ensure that documented efforts are made to schedule a
191	\mathbf{O}	face-to-face SMI assessment with the member while-
192	Ť	hospitalized.
193	3.	The AdSS shall ensure During that the qualified clinicians
194		complete the following during the assessmentinitial SMI



195 196 evaluation meeting with the Member: and gualified clinician, the

197 clinician shall:

- Make a clinical judgment as to whether the Member is competent enough to participate in thean assessmentevaluation;
- b. Obtain written consent to conduct the assessment from the Member or, if applicable, the Member's Responsible
 Personmember's Health Care Decision Maker, unless the
 Member is under court order to undergo an evaluation as
 part of the member is under court-ordered treatment
 proceedings; evaluation. as part of court- ordered
 treatment proceedings;
- c. Provide the Member or Responsible Personmember and, if applicable, the member's Health Care Decision Maker, the with the information required in A.A.C. R9-21-301(D)(2), a Member'sclient rights brochure, and the Member's notice of right to appeal notice-required by A.A.C. R9-21-401(B);
- d. Obtain authorization for the release of information, if
 applicable, for any documentation that would assist in the



198 199			determination of the Member's eligibility for SED or SMI
200			designation services;
201		e.	Conduct an assessment that is an accurate representation
202			of the Member's current level of functioning, if one has not
203			been completed within the past last six months;
204		f.	Complete the SED or SMI \mathbf{D} determination packet on the
205			SMI Provider Submission Portal Form (refer to AMPM 320-P
206			Attachment A); and
207		g.	Upon completion, of the assessment of the initial SMI
208			evaluation, submit all information to the Determining
209			Entity within one business day.
205			
210	C. CRIT	FERIA	FOR SED ELIGIBILITY
	C. CRI 1.		FOR SED ELIGIBILITY
210 211		The A	
210 211 212		The A both	AdSS shall ensure the final determination of SED includes
210 211 212 213		The A both becau	AdSS shall ensure the final determination of SED includes a qualifying SED diagnosis and functional impairment
210 211 212 213 214		The A both becau The A	AdSS shall ensure the final determination of SED includes a qualifying SED diagnosis and functional impairment use that is a result of the a qualifying SED diagnosis.
210 211 212 213 214 215		The A both becau The A Infor	AdSS shall ensure the final determination of SED includes a qualifying SED diagnosis and functional impairment use that is a result of the a qualifying SED diagnosis. AdSS shall refer Refer to Prepaid Medical Management
210 211 212 213 214 215 216		The A both becau The A Infor	AdSS shall ensure the final determination of SED includes a qualifying SED diagnosis and functional impairment use that is a result of the a qualifying SED diagnosis. AdSS shall refer Refer to Prepaid Medical Management mation System (PMMIS) screen RF260 and the Medical and Page on the AHCCCS website for a list of qualifying
210 211 212 213 214 215 216 217		The A both becau The A Infor Codir diagn	AdSS shall ensure the final determination of SED includes a qualifying SED diagnosis and functional impairment use that is a result of the a qualifying SED diagnosis. AdSS shall refer Refer to Prepaid Medical Management mation System (PMMIS) screen RF260 and the Medical and Page on the AHCCCS website for a list of qualifying



220 221		qual	ifying S	SED diagnosis, includes dysfunction in at least one of				
222		the	he following four domains due to a qualifying SED diagnosis, f or					
223		mos	t of the	e past six months , or for most of the past three				
224		mon	ths wit	th an expected continued duration of at least three				
225		mon	ths:					
226		a.	Seric	ously disruptive to family or community , including :				
227 228			i.	Pervasively or imminently dangerous to self or				
229				others' bodily safety;				
230			ii.	Regularly engages in assaultive behavior;				
231 232			iii.	Has been arrested, incarcerated, hospitalized or is at				
233				risk of confinement because of dangerous behavior;				
234			iv.	Persistently neglectful or abusive towards others;				
235 236			V.	Severe disruption of daily life due to frequent				
237				thoughts of death, suicide or self-harm, often with				
238	Q	Ċ		behavioral intent or plan; or				
239	5		vi.	Affective disruption causes significant damage to the				
240	\mathbf{O}			Member's education or personal relationships.				
241		b.	Dysf	unction in role performance:				
242 243			i.	Frequently disruptive or in trouble at home or at				
244				school;				



245 246		ii.	Frequently suspended or expelled from school;
247			
248 249		iii.	Major disruption of role functioning;
250		iv.	Requires structured or supervised school setting;
251		V.	Performance significantly below expectation for
252			cognitive or developmental level; or
253		vi.	Unable to attend school or meet other
254			developmentally appropriate responsibilities.
255	С.	Child	and Adolescent Level of Care Utilization System
256		(CAL	OCUS) recommended level of care 4, 5, or 6. -or
257	d.	Risk	of deterioration:
258 259		i.	A qualifying diagnosis with probable chronic,
260			relapsing, and remitting course;
261		ii.	Comorbidities including developmental or intellectual
262			disability, substance use disorder, or personality
263	X		disorder); ;
264	0	iii.	Persistent or chronic factors such as social isolation,
265	\mathbf{O}		poverty, extreme chronic stressors; or
266	*	iv.	Other, (e.g., such as past psychiatric history, gains in
267			functioning have not solidified or are a result of
268			current compliance only, court-committed, or care is



269 270 271				complicated and requires multiple providers.).
271 272		4.	The A	dSS shall not allow the following reasons alone, in and of
273			theme	selves, to be sufficient as reason for denial of SED
274			eligibi	lity:
275 276			a.	An inability to obtain existing records or information; or
277			b.	Lack of a face-to-face psychiatric or psychological
278				evaluation.
279 280	D.	CRIT	ERIA	FOR SMI ELIGIBILITY
281		1.	The A	dSS shall ensure the final determination of SMI
282			includ	es requires both a qualifying SMI diagnosis and functional
283			impaiı	rment because of the qualifying diagnosis.
284		2.	The A	dSS shall refer Refer to PMMIS screen RF260 and the
285			Medic	al Coding Page on the AHCCCS website for a list of
286			qualify	ying diagnoses. (refer to AMPM 320-P Attachment B for
287		Ç	qualify	ying diagnoses).
288		3.	2	The AdSS shall ensure To meet the functional criteria for
289	\bigcirc		SMI s	tatus , includes , due to -a member must have, as a result of
290	~		a qua	lifying SMI diagnosis, includes dysfunction in at least one
291			ocrite	rion within of the following four domains, as a result of a
292			qualify	ying SMI diagnosis f the four domains, for as specified



293 294		below	v for r	nost of the past twelve months $_7$ or for most of the
295		past	six mo	onths with an expected continued duration of at least
296		six m	nonths	
297		a.	Inabi	ility to live in an independent or family setting without
298			supe	rvision:
299			i.	Neglect or disruption of ability to attend to basic
300				needs;
301 302			ii.	Needs assistance in caring for self;
302 303 304			iii.	Unable to care for self in a safe or sanitary manner;
305			iv.	Housing, food and clothing is provided or arranged
306				for by others;
307			V.	Unable to attend to the majority of basic needs of
308			Ń	hygiene, grooming, nutrition, medical and dental
309				care;
310	Q	<``	vi.	Unwilling to seek prenatal care or necessary medical/
311	0			or dental care for serious medical or dental
312	\mathbf{O}			conditions;
313	*		vii.	Refuses treatment for life threatening illnesses
314				because of behavioral health disorder; or
315			viii.	A risk of serious harm to self or others.



316 317 318 319	b.	Serio i.	usly disruptive to family and/ or community: Pervasively or imminently dangerous to self or
320			others' bodily safety;
321		ii.	Regularly engages in assaultive behavior;
322		iii.	Has been arrested, incarcerated, hospitalized or at
323			risk of confinement because of dangerous behavior;
324		iv.	Persistently neglectful or abusive towards others;
325 326		V.	Severe disruption of daily life due to frequent
327			thoughts of death, suicide, or self-harm, often with
328			behavioral intent and/ or plan; , or
329		vi.	Affective disruption causes significant damage to the
330			Member's education, livelihood, career, or personal
331		j.	relationships.
332	c.	Dysfu	unction in role performance:
333	X	i.	Frequently disruptive or in trouble at work or at
334	.0		school;
335	\mathcal{O}	ii.	Frequently terminated from work or suspended or
336			expelled from school;
337		iii.	Major disruption of role functioning;



338 339		iv.	Requires structured or supervised work or school
340			setting;
341		V.	Performance significantly below expectation for
342			cognitive/developmental level; or
343		vi.	Unable to work, attend school, or meet other
344			developmentally appropriate responsibilities. , or
345	d.	Risk (of deterioration: - If a member does not meet any one
346		of the	e above functional criteria, and is expected to
347		deter	iorate to such a level without treatment, SMI
348		eligib	ility may be established based on any of the following
349		criter	ia, of which criteriuonm (ii) is particularly pertinent to
350		mem	bers of the Division:
351		i.	A qualifying diagnosis with probable chronic,
352		0	relapsing and remitting course;
353	K)	ii.	Co-morbidities including developmental and
354	0		intellectual disability, substance use and personality
355	\mathbf{O}		disorders;-such (e.g., developmental/intellectual-
356	Ŧ		disability, substance use disorder, personality
357			disorders);



358 359		iii.	Persistent or chronic factors such as social isolation,
360			poverty, extreme chronic stressors; , (e.g.,
361			life-threatening or debilitating medical illnesses,
362			victimization); or
363		iv.	Other, such as past (e.g., Past psychiatric history,
364			gains in functioning have not solidified or are a result
365			of current compliance only, court-committed, care is
366			complicated and requires multiple providers.).
367	4.	The AdSS s	shall not allow the following reasons alone, in and of
368		themselves	, to be sufficient for denial of SMI eligibility:
369		a. An in	ability to obtain existing records or information, or
370		b. Lack	of a face-to-face psychiatric or psychological
371		evalu	ation.
372	E. ME	MBERS WITH	H CO-OCCURRING SUBSTANCE USE
		X	
373 374	1.	The AdSS s	shall ensure, for purposes of SED or SMI eligibility
375	0	determinat	ion, the For purposes of SMI eligibility determination,
376		presumptio	n of functional impairment is as follows due to a
377		qualifying S	SED diagnosisfollows for Members with co-occurring
378		substance	use: when assessing for SED or SMI eligibility:



379 380	a.	For psychotic diagnoses other than substance-induced
381		psychosis (bipolar I disorder with psychotic features,
382		delusional disorder, major depression, recurrent, severe,
383		with psychotic features, schizophrenia, schizoaffective
384		disorder, and any other diagnosis of persistent psychotic
385		disorder) functional impairment is presumed to be due to
386		the qualifying mental health diagnosis.
387	b.	For other qualifying psychiatric disorders, functional
388		impairment is presumed to be due to the psychiatric
389		diagnosis, unless:
390		i. The severity, frequency, duration, or characteristics
391		of symptoms contributing to the functional
392		impairment cannot be attributed to the qualifying
393		mental health diagnosis; or
394	K)	ii. The assessor can demonstrate, based on a historical
395	5	or prospective period of treatment, that the
396	\mathbf{O}	functional impairment is present only when the
397	~	Member is actively using substances or experiencing
398		symptoms of withdrawal from substances.



399			
400	i	ii.	In order to make such determinations, the assessor
401			shall first look at a period of either 30 days or longer
402			of abstinence, or 60 days or longer of reduced use
403			that is less than the threshold expected to produce
404			the resulting symptoms and disability, and establish
405			that the symptoms and resulting disability were no
406			longer present after the 30- or 60-day period and /or-
407			no longer required mental health treatment to
408			prevent recurrence of symptoms.
409	С.	A dia	gnosis of substance-induced psychosis can only be
410		made	e ifit both of the following conditions are present:
411		i.	There is no psychosis present before a period of
412		Ń	substance use that is of sufficient type, duration, and
413			intensity to cause psychotic symptoms, and
414	K)	ii.	The psychosis remits completely (not partially) after
415	0		a period of abstinence of 30 days or less.
416	d.	Cont	inuation of new onset psychotic symptoms after a
417	*	30-d	ay period of abstinence requires a presumptive
418		diagr	nosis of a persistent psychotic disorder.



419 420		e.	For persistent psychosis of undetermined onset, the
421			absence of clear remission of psychosis during a period of
422			abstinence of 30 days or less should be considered
423			presumptive evidence of a persistent psychotic disorder for
424			SED or SMI eligibility purposes.
425		f.	For Members who are not able to attain or maintain a
426			period of abstinence from substance use, who continue to
427			use substances and/or do not experience consecutive days
428			of abstinence, this is not a disqualifier to initiate the SED
429			or SMI eligibility and determination process. Some
430			Members will not meet the 30-day period of abstinence.
431			This does not preclude them from the SED or SMI eligibility
432			assessment and determination process.
433	F. PRO	CESS	FOR COMPLETION OF FINAL SED OR SMI ELIGIBILITY
434	DETI		ATION
435	1.0	The A	AdSS shall develop policies and procedures that describe the
436	$\mathbf{\nabla}^{*}$	provi	ders' requirements for submitting the evaluation packet and
437		provi	ding additional clinical information for the Determining
438		Entity	γ to make the final SED or SMI eligibility determination.



439 440	2.	The AdSS shall ensure the evaluating agency responds to the
441		Determining Entity within three business days of a request for
442		additional information Iif the Determining Entity requires
443		additional information to make a final SED or SMI eligibility
444		determination, the AdSS must ensure that evaluating agencies
445		respond to the determining entity within three business days of
446		the request for information.
447	2	The licensed psychiatrist, psychologist or nurse practitioner
448		designated by the determining entity will make a final-
449		determination as to whether the member meets the eligibility
450		requirements for SMI status based on:
451		a. A face-to-face assessment or reviewing a face-to-face-
452		assessment by a qualified clinician; and
453	Ś	b. A review of current and historical information, if any,
454	0	obtained orally or in writing by the assessor from collateral
455	Q,	sources, and/or present or previous treating clinicians.¶
456	3	The following shall occur if the designated reviewing psychiatrist,
457		psychologist or nurse practitioner has not conducted a
458		face-to-face assessment and has a disagreement with the



459 460	current evaluating or treating qualified behavioral health
461	professional or behavioral health technician that cannot be-
462	resolved by oral or written communication:
463	a. Disagreement regarding diagnosis: Determination that the
464	member does not meet eligibility requirements for SMI
465	status must be based on a face to face diagnostic
466	evaluation conducted by a designated psychiatrist,
467	psychologist, or nurse practitioner. The resolution of
468	(specific reasons for) the disagreement must be
469	documented in the member's comprehensive clinical
470	record.¶
471	b. Disagreement regarding functional impairment:
472	Determination that the member does not meet eligibility
473	requirements must be documented by the psychiatrist,
474	psychologist or nurse practitioner in the member's
475	comprehensive clinical record to include the specific-
476	reasons for the disagreement and will include a clinical
477	review with the qualified clinician.



478 479	4.—	If there is sufficient information to determine SMI eligibility, the
480		member shall be provided written notice of the SMI eligibility
481		determination within three business days of the initial meeting-
482		with the qualified clinician in accordance with this policy.
483	G. —G.	ISSUES PREVENTING TIMELY COMPLETION OF SMI
484	ELIC	GIBILITY DETERMINATION AND EXTENSION OF
485	TIM	EEXTENDING COMPLETION OF SMI ELIGIBILITY TIME
486	PER	IOD
487	1.	The AdSS shall allow an extension of up to 20 calendar days the-
488		time to initiate or complete the SED or SMI eligibility
489		determination to be extended no more than 20 calendar days an-
490		extension of no more than 20 calendar days time to initiate or-
491		complete the SED or SMI eligibility determination may be
492		extended no more than 20 calendar days if the Responsible
493		PersonMember agrees to the extension and:
494	²	a. There is substantial difficulty scheduling a meeting in
495	<u>(</u>)	which all necessary participants can attend;
496		b. The Member fails to keep an appointment for assessment,
497		evaluation, or any other necessary meeting;



498			
499		с.	The Member is capable of, but temporarily refuses to
500			cooperate in the preparation of the completion of an
501			assessment or evaluation;
502		d.	The Member, or member or the member's Responsible-
503			Person, or Designated Representativehealthcare decision
504			maker and /or Designated Representative requests an
505			extension of time;
506		e.	Additional documentation has been requested but not
507			received; or
508		f.	There is insufficient functional or diagnostic information to
509			determine SED or SMI eligibility within the required time
510			periods.
	2		
511	2.	The A	AdSS shall ensure "insufficient NOTE: IInsufficient
512		diagn	ostic information" isshall be understood to means that the
513	Ś	inforr	nation available to the reviewer is suggestive of two or
514	0	more	equally likely working diagnoses, only one of which
515	$\mathbf{\nabla}^{*}$	qualif	ies as SED or SMI, and an additional piece of existing
516		histo	rical information or a face-to-face psychiatric evaluation is
517		likely	to support one diagnosis more than the other(s).



518 519	2. The determining entity shall:¶
520 521	a. Document the reasons for the delay in the member's
522	eligibility determination record when there is an
523	administrative or other emergency that will delay the
524	determination of an SMI status, and
525	b. Not use the delay as a waiting period before determining
526	an SMI status or as a reason for determining that the
527	member does not meet the criteria for SMI eligibility-
528	(because the determination was not made within the time-
529	standards).
530	3. In situations in which the extension is due to insufficient
531	information: #
532	a. The determining entity shall request and obtain the additional-
533	documentation needed (e.g., current and/or past medical-
534	records) and/or perform or obtain any necessary psychiatric or-
535	psychological evaluations,¶
536	b. The designated reviewing psychiatrist, psychologist or
537	nurse practitioner must communicate with the member's



538 539	current treating clinician, if any, prior to the determination
540	of an SMI, if there is insufficient information to determine
541	the member's level of functioning, and
542	c. SMI eligibility must be determined within three days of
543	obtaining sufficient information, but no later than the end-
544	date of the extension.
545	4. If the evaluation or information cannot be obtained within the
546	required time period because of the need for a period of
547	observation or abstinence from substance use in order to
548	establish a qualifying mental health diagnosis, the member shall
549	be notified by the determining entity that the determination may,
550	with the agreement of the member, be extended for up to 60
551	calendar days for an extended evaluation period. This is a
552	60-day period of abstinence, or reduced use from drug and/or
553	alcohol use in order to help the reviewing psychologist make an
554	informed decision regarding SMI eligibility.
555	This extension may be considered a technical re-application to
556	ensure compliance with the intent of A.A.C. R9-21-303; however,
557	the member does not need to reapply. Alternatively, the



558 559	determination process may be suspended, and a new application
560	initiated upon receipt of necessary information.¶
561	5. If the member refuses to grant an extension, SMI eligibility must-
562	be determined based on the available information. If SMI
563	eligibility is denied, the member will be notified of his/her appeal-
564	rights and the option to reapply in accordance with this policy.
565	NOTIFICATION OF SED OR SMI ELIGIBILITY DETERMINATION
566 567	1. If the member is designated to have an SMI, the SMI status-
568	must be reported to the member or their Health Care Decision
569	Maker, by the determining entity, in writing, including notice of
570	the member's right to appeal the decision.
571	If the eligibility determination results in a denial of SMI status,
572	the determining entity must provide written notice of the
573	decision and include:
574	a. The reason for denial of SMI eligibility (refer to AMPM
575	320 P Attachment A),
576	b. The right to appeal, and



577 578	C.	The statement that members who are ALTCS eligible will-
579		continue to receive needed ALTCS covered services. In
580		such cases, the member's behavioral health category
581		assignment must be assigned based on criteria in the-
582		AHCCCS Technical Interface Guidelines.
583	H. RE-ENR	OLLMENT OR TRANSFER
584 585	1 . Th	e AdSS shall adhere to the following:
586 587	a.	If a the Member's status is SED or SMI at disenrollment,
588		while incarcerated, or transition to anotheor transition to-
589		another health planAdSS or acute contractor, the Member's
590		status shall continue as SED or SMI.
591	b.	A Member shall retain their his/her SED or SMI status
592	•	unless the Member's enrollment is active and a
593	X	determination is made by a Determining Entity that the
594	3	Member no longer meets the criteria.
595	I. REVIEV	V OF SMI ELIGIBILITY
596 597	1. T ř	e AdSS shall indicate in policies and procedures made
598	av	ailable to their providers the process for reviewing an SMI



599	aligibility determination. The AdCC may each a review of a
600	eligibility determination. The AdSS may seek a review of a
601	member's SMI eligibility from the dDetermining Entity:
602	a. As part of an instituted, periodic review of all members
603	designated to have an SMI,¶
604	b. When there has been a clinical assessment that supports
605	that the member no longer meets the functional and/or-
606	diagnostic criteria, or
607	c. As requested by a member, who has been determined to
608	meet SMI eligibility criteria, or their legally authorized
609	representative.
610	2. A review of the determination will not be requested by the AdSS
611	or their contracted behavioral health providers within six months
612	from the date a member has been designated as SMI eligible.¶
613	I. REMOVAL OF SED OR SMI DESIGNATIONSMI DECERTIFICATION
614 615	There are two established methods for removing an SMI designation,
616	one clinical and the other an administrative option, as follows:



617 618	1.	The A	\dSS s	hall indicate in policies and procedures made
619		availa	able to	providers, the tThe AdSS process for reviewing an
620		SED	or SMI	designation, including:
621		a.	A Ash	all not allow a request for a review of the eligibility
622			deter	mination may not be requested within the first six
623			mont	hs from the date a Member an individual has been
624			desig	nated as SED or SMI eligible.
625		b.	A The	AdSS shall allow a request tofor review of the
626			Memt	per's SED or SMI designation from the Determining
627			Entity	may be requested: is allowedwhen:
628			i.	As part of an instituted, periodic review of all
629				Members designated to have an SED or SMI
630			0	designations; -
631	R		ii.	When there has been a clinical assessment that
632	0			supports the Member no longer meets the functional
633	Ô,			and or diagnostic criteria; or .
634			iii.	As requested by athe Member Responsible Person, or
635				Designated Representitive . for who has been an
636				Member determined to meet SED or SMI eligibility



637 638			criteria, or their Responsible Person or Designated
639			Representative.
640	С.	Based	d on review of the request and clinical data provided,
641		remo	val of the SED or SMI behavioral health category will
642		occur	· if:
643		i.	The individual is an enrolled member and has not
644			received any behavioral health service within the
645			past six months; or
646		ii.	The Member is determined to no longer meet the
647			diagnostic and or functional requirements for SED or
648			SMI designation.
649	Upor	remo	val of an SED or SMI designation, the Determining
650	Entit	y is re	sponsible for the following:¶
651	a.	Infor	m the Member of changes that may occur as a result
652	\mathbf{O}	of th	e designation removal.¶
653	b.	Provi	de written notice of the determination and the
654		Memt	per's right to appeal within 30 calendar days from the
655		date -	of the written notice of determination is issued.¶



656 657	SMI Clinical Decertification: A member who has an SMI designation or an-
658	individual from the member's clinical team may request an SMI clinical
659	decertification from the AHCCCS designee that conducts SMI determinations.
660	An SMI clinical decertification is a determination that a member who has an
661	SMI designation no longer meets SMI criteria. If, as a result of a review, the
662	member is determined to no longer meet the diagnostic and/or functional
663	requirements for SMI status:¶
664	a. The determining entity must ensure that written notice of
665	the determination and the right to appeal is provided to
666	the affected member with an effective date of 30 calendar
667	days after the date the written notice is issued, and
668	2. The AdSS shall must ensure that services are continued in the
669	event if an of a timely filed appeall, is timely filed, and that
670	services are appropriately transitioned as part of the discharge
671	planning process.
672	3. SMI Administrative Decertification: A member who has an SMI
673	designation may request an SMI administrative decertification
674	from AHCCCS, DHCM, and Clinical Resolution Unit if the member-



675 676	has not received behavioral health services for a period of two or
677	more years.¶
678	a. Upon receipt of a request for administrative decertification,
679	the AdSS shall direct the member to contact AHCCCS,
680	DHCM, Customer Service, and
681	b. AHCCCS will evaluate the member's request and review
682	data sources to determine the last date the member
683	received a behavioral health service. AHCCCS will inform
684	the member of changes that may result with the removal-
685	of the member's SMI designation. Based upon review, the
686	fellowing will occur:
687	i. If the member has not received a behavioral health
688	service within the previous two years, the member-
689	will be provided with AMPM 320 P Attachment C.
690	This form must be completed by the member and
691	returned to AHCCCS, or
692	ii. If the review finds that the member has received
693	behavioral health services within the prior two year
694	period, the member will be notified that they may
	320-P SED and SMI Eligibility Determinations



695 696				seek decertification of their SMI status through the					
697				clinical decertification process.¶					
698		Signature of Chief Medical Officer:¶							
699 700				SUPPLEMENTAL INFORMATION					
701 702		The ir	nforma	ation contained in Sections J through M of this policy are					
703		AHCC	CCS re	quirements for the Determining Entity authorized by					
704		AHCC	CS to	make the final SED and SMI designation determinations.					
705 706	J.			ING ENTITY RESPONSIBILITY FOR COMPLETION OF ON OF FINAL ELIGIBILITY DETERMINATION					
707		1.	A lice	nsed psychiatrist, psychologist or nurse practitioner					
708			desig	nated by the Determining Entity will make a final					
709			deter	mination as to whether the Member meets the eligibility					
710			requi	rements for SED or SMI status based on:					
711			a.	A face-to-face assessment or reviewing a face-to-face					
712	\mathbf{O}	< 0.		assessment by a qualified clinician; and					
713			b.	A review of current and historical information, if any,					
714				obtained orally or in writing by the assessor from collateral					
715				sources, and/or present or previous treating clinicians.					



716 717	2.	The f	following shall occur if the designated reviewing psychiatrist,
718		psycl	hologist or nurse practitioner has not conducted a
719		face-	to-face assessment and has a disagreement with the
720		curre	ent evaluating or treating qualified behavioral health
721		profe	essional or behavioral health technician that cannot be
722		resol	ved by oral or written communication:
723		a.	Disagreement regarding diagnosis: Determination that the
724			Member does not meet eligibility requirements for SMI
725			status must be based on a face-to-face diagnostic
726			evaluation conducted by a designated psychiatrist,
727			psychologist, or nurse practitioner. The resolution of
728			(specific reasons for) the disagreement must be
729			documented in the Member's comprehensive clinical
730			record.
731	2	b.	Disagreement regarding functional impairment:
732	0		Determination that the Member does not meet eligibility
733			requirements must be documented by the psychiatrist,
734			psychologist or nurse practitioner in the Member's
735			comprehensive clinical record to include the specific



736 737				reasons for the disagreement and will include a clinical
738				review with the qualified clinician.
739		3.	If the	re is sufficient information to determine SED or SMI
740			eligib	ility, the Member shall be provided written notice of the
741			eligib	ility determination within three business days of the initial
742			meet	ing with the qualified clinician.
743 744 745	К.	PRE\	/ENTI	ING ENTITY RESPONSIBILITY DUE TO ISSUES NG TIMELY COMPLETION OF ELIGIBILITY NATION AND EXTENSION OF TIME
746		1.	The [Determining Entity shall:
747			a.	Document the reasons for the delay in the Member's
748				eligibility determination record when there is an
749				administrative or other emergency that will delay the
750				determination of an SED or SMI status, and
751		2	b.	Not use the delay as a waiting period before determining
752				an SED or SMI status or as a reason for determining that
753				the Member does not meet the criteria for SED or SMI
754				eligibility (because the determination was not made within
755				the time standards).



756 757	2.	In situ	ations in which the extension is due to insufficient
758		inform	ation:
759		a.	The Determining Entity shall request and obtain the
760		i	additional documentation needed (e.g., current and/or past
761		I	medical records) and/or perform or obtain any necessary
762		I	psychiatric or psychological evaluations,
763		b.	The designated reviewing psychiatrist, psychologist or
764		I	nurse practitioner must communicate with the Member's
765		(current treating clinician, if any, prior to the determination
766			of an SED or SMI, if there is insufficient information to
767		(determine the Member's level of functioning, and
768		с.	Eligibility shall SMI eligibility must be determined within
769		0	three days of obtaining sufficient information, but no later
770	Q		than the end date of the extension.
771	3.	If the	evaluation or information cannot be obtained within the
772	\mathbf{O}	require	ed time period because of the need for a period of
773		observ	vation or abstinence/reduction from substance use in order
774		to esta	ablish a qualifying mental health diagnosis, the Member
775		shall b	e notified by the Determining Entity that the



776 777		determination may, with the agreement of the Member, be
778		extended for up to 60 calendar days for an extended evaluation
779		period. This is a 60-day period of abstinence , or reduced use
780		from drug and/or alcohol use in order to help the reviewing
781		psychologist make an informed decision regarding SED orSMI
782		eligibility.
783	4.	This extension may be considered a technical re-application to
784		ensure compliance with the intent of A.A.C. R9-21-303; however,
785		the Member does not need to reapply. Alternatively, the
786		determination process may be suspended, and a new application
787		initiated upon receipt of necessary information.
788	5.	If the Member refuses to grant an extension, SED or SMI
789		eligibility shall must be determined based on the available
790	Ç	information.
791	6.	If SED or SMI eligibility is denied, the Member will be notified of
792	0,	their his/her- appeal rights and the option to reapply in
793	▼	accordance with this policy.
794	L. DET	ERMINING ENTITY RESPONSIBILITY FOR NOTIFICATION

795 **OF SED OR SMI ELIGIBILITY DETERMINATION**



796 797		1.	If the Member is determined to qualify for an SED or SMI	
798			designation, this status, the status must shall be reported to the	
799			Member or Responsible Person, by the Determining Entity, in	
800			writing, including notice of the Member's right to appeal the	
801			decision on the form approved by AHCCCS.	
802		2.	If the eligibility determination results in a determination that the	
803			Member does not qualify for-denial of the an SED or SMI	
804			designation status , the Determining Entity shall must provide	
805			written notice of the decision and include:	
806			a. The reason for denial of SED or SMI eligibility,	
807 808			b. The right to appeal, and	
809			c. The statement that Title XIX/XXI eligible	
810			individuals Members who are ALTCS eligible will continue to	
811			receive needed Title XIX/XXI covered services.ALTCS	
812		<u> </u>	covered services. In such cases, the Member's behavioral	
813			health category assignment shall must be assigned based	
814	$\mathbf{\nabla}$		on criteria in the AHCCCS Technical Interface Guidelines	
815	М.	DETERMINING ENTITY RESPONSIBILITY FOR REMOVAL OF SED		
816		OR S	5MI DESIGNATION	



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817				
818	1.	Upon	removal of an SED or SMI designation, the Determining	
819		Entity	y is responsible for the following:	
820		a.	Inform the Member of changes that may occur as a result	
821			of the designation removal.	
822		b.	Provide written notice of the determination and the	
823			Member's right to appeal within 30 calendar days from the	
824			date of the written notice of determination is issued.	
825				
826				
827				
828				
829			60	
830				
831	Signature o	Signature of Chief Medical Officer:		