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2 **320-P** ~~ELIGIBILITY DETERMINATIONS FOR INDIVIDUALS WITH~~  
3 ~~SERIOUS EMOTIONAL DISTURBANCE AND SERIOUS MENTAL~~  
4 ~~ILLNESS-ELIGIBILITY DETERMINATION~~ELIGIBILITY  
5 DETERMINATIONS

6  
7 REVISION DATE: TBD

8 REVIEW DATE:

9 EFFECTIVE DATE: July 14, 2021

10 REFERENCES: A.R.S. 36-550, A.A.C. R9-21-101(B), AMPM Policy 320-P

11  
12 **PURPOSE**

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14 This policy applies to the Division of Developmental Disabilities (Division)  
15 and establishes requirements for eligibility determinations for individuals  
16 with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI).-  
17 ~~describes the role the Division plays in supporting members to receive~~  
18 ~~eligibility determinations for serious mental illness benefits when~~  
19 ~~appropriate.~~

20 Further, this policy describes requirements for Division oversight and  
21 monitoring of duties delegated to Administrative Services Subcontractors  
22 (AdSS) as specified in contract and AdSS Medical Policy 320-P.

23 ~~The responsibilities of the Division for providing Serious Mental Illness-~~  
24 ~~Eligibility Determination to ALTCS members are outlined in this policy,~~  
25 ~~including additional requirements for members that have chosen the~~

26  
27 ~~American Indian Health Plan (AIHP) as their health plan. The Division is~~  
28 ~~responsible for collaborating with Tribal entities and behavioral health~~  
29 ~~providers to ensure access to services for AIHP members. See Administrative~~  
30 ~~Services Subcontractor's (AdSS) Medical Policy 320-P for responsibilities of~~  
31 ~~the Division's Subcontracted Health Plans providing Serious Mental Illness~~  
32 ~~Eligibility Determination to ALTCS members.~~

### 33 **DEFINITIONS**

34  
35 ~~"Assessment": T means the ongoing collection and analysis of an individual's~~  
36 ~~medical, psychological, psychiatric, and social conditions to initially~~  
37 ~~determine if a health disorder exists, if there is a need for behavioral health~~  
38 ~~services, and on an ongoing basis ensure that the individual's service plan is~~  
39 ~~designed to meet the individual's (and family's) current needs and long-term~~  
40 ~~goals.~~

- 41 1. "Business Day" means a Monday, Tuesday, Wednesday, Thursday or  
42 Friday, excluding State and Federal Holidays.
- 43 2. "Determining Entity" means an entity designated by Arizona Health  
44 Care Cost Containment System (AHCCCS) and authorized to make  
45 SED and SMI eligibility determinations, or a ~~or a~~ Tribal Regional  
46 Behavioral Health Authority (TRBHA) authorized to make the final  
47 determination of SED or SMI eligibility.

48  
49 ~~“Health Care Decision Maker”: means An individual who is authorized to~~  
50 ~~make health care treatment decisions for the patient. As applicable to the~~  
51 ~~situation, this may include a parent of an unemancipated minor or a person~~  
52 ~~lawfully authorized to make health care treatment decisions pursuant to~~  
53 ~~A.R.S. §§ Title 14, chapter 5, article 2 or 3; or A.R.S. §§ 8-514.05, 36-3221,~~  
54 ~~36-3231 or 36-3281.~~  
55

56 3. “Designated Representative” means an individual parent, guardian,  
57 relative, advocate, friend, or other individual, designated orally or in  
58 writing by a Member or Responsible Person who, upon the request of  
59 the Member, assists the Member in protecting the Member’s rights and  
60 voicing the Member’s service needs.

61 4. “Member” means the same as “Client” as defined in A.R.S. § 36-551.

62 5. “Removal of Serious Emotional Disturbance Designation” means the  
63 process that results in the removal of the SED behavioral health  
64 category from the individual’s most recent, active enrollment segment.  
65

66 6. “Removal of Serious Mental Illness Designation” means the process  
67 that results in a modification to a Member’s medical record by  
68 changing the behavioral health category designation from SMI to  
69 General Mental Health.

70 7. “Responsible Person” means the parent or guardian of a minor with a

- 71  
72 developmental disability, the guardian of an adult with a  
73 developmental disability or an adult with a developmental disability  
74 who is a Member or an applicant for whom no guardian has been  
75 appointed.
- 76 8. "Serious Emotional Disturbance" (SED) means a designation for  
77 individuals from birth up to age 18 who currently or at any time during  
78 the past year have had a diagnosable mental or emotional disorder of  
79 sufficient duration to meet diagnostic criteria specified within the  
80 current version of the Diagnostic and Statistical Manual of Mental  
81 Disorders that resulted in functional impairment, which substantially  
82 interferes with or limits the child's role or functioning in family, school,  
83 or community activities.
- 84 9. ~~"Serious Mental Illness" (SMI):~~ means ~~A~~ a designation as defined in  
85 A.R.S. § 36-550 and determined in an individual 18 years of age or  
86 older.
- 87 ~~"Serious Mental Illness (SMI) Decertification":~~ means ~~T~~ the process that  
88 results in a modification to an individual's medical record by changing the  
89 behavioral health category designation from SMI to general mental health.¶
- 90 10. ~~"Serious Emotional Disturbance or Serious Mental Illness (SMI)"~~

91  
92 Eligibility Determination” means a process used to  
93 determinedetermination whether an individual meets the diagnostic  
94 and functional criteria established for the purpose of determining an  
95 individual’s eligibility for SED or SMI services.

96 ~~“Serious Mental Illness (SMI) Evaluation”: means tThe process of analyzing~~  
97 ~~current and past treatment information, including assessment, treatment,~~  
98 ~~other medical records, and documentation for the purpose of determining an~~  
99 ~~individual’s eligibility for SMI services.~~

## 100 **POLICY**

101  
102 A critical component of the AHCCCS delivery system is the effective and  
103 efficient identification of individuals who have behavioral health needs due to  
104 the severity of their behavioral health disorder. One such group is individuals  
105 designated to have a serious mental illness (SMI). Without receipt of the  
106 appropriate care, these individuals are at high risk for further deterioration  
107 of their physical and mental condition, increased hospitalizations, and  
108 potential homelessness and incarceration. To ensure that individuals who  
109 may have an SMI are promptly identified and evaluated, AHCCCS has  
110 established a standardized process for the referral, evaluation, and  
111 determination of SMI eligibility as set forth in this Policy. The Division has  
112 adopted Exhibits from AHCCCS AMPM Policy 320-P for its use.¶

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**A. GENERAL REQUIREMENTS**

1. The Division shall ensure ~~A~~**all** Members from birth to 18 years of age are evaluated for SED eligibility by a qualified clinician and have an SED eligibility determination made by the Determining Entity if the Responsible Person or Designated Representative makes such a request. ~~referred to a behavioral health provider for an assessment of SED eligibility by a qualified clinician if the Member or Responsible Person makes such a request.~~
2. The Division shall ensure ~~shall be~~ all Members age 17.5 or older are evaluated ~~referred to a behavioral health provider for an assessment~~ ~~evaluated~~ ~~ion of~~ 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 ~~D~~**determining e**Entity if:
  - a. ~~The~~~~the~~~~m~~ **The** Member or Designated Representative makes the request, ~~Responsible Person makes such a request,~~  
~~The Responsible Person or A Designated Representative health care decision maker makes a request on behalf of the Member, or~~

- 134  
135           b.     An Arizona ~~Superior~~ Court issues an order instructing a  
136           Member ~~that an individual is~~ to undergo an SMI  
137           Evaluation/~~determination,~~-
- 138           c.     It is clinically indicated by the presence of a qualifying  
139           diagnosis, or
- 140           d.     There is reason to believe that the assessment may  
141           indicate the presence of a qualifying diagnosis and  
142           functional limitation(s), and
- 143           e.     The actual SMI eligibility category will not become  
144           effective until a member turns 18 years of age.
- 145        3.     The Division shall require the SED and ~~or~~ SMI eligibility  
146           evaluation record: ~~shall~~ records contains all documentation  
147           considered during the review, including ~~but not limited to,~~  
148           current and/~~or~~ historical treatment records, and may be  
149           maintained in either hardcopy or electronic format.
- 150        4.     The Division shall provide ~~require~~ assistance and guidance on ~~or~~  
151           ~~requirements regarding~~ SED and SMI eligibility evaluation record  
152           location and maintenance, if needed. ~~are developed and made~~  
153           ~~available to providers. shall develop and make available to~~

154  
155 ~~providers any requirements or guidance on SMI eligibility~~  
156 ~~evaluation record location and/or maintenance.~~

157 5. The Division shall use ~~require~~ computation of time during the  
158 SED and SMI determination process ~~is~~ as follows:

159 a. Day zero: The day the initial assessment is completed by a  
160 qualified clinician, regardless of time of the assessment.

161 b. Day one: The next business day after the initial  
162 assessment is completed. The individual or organization  
163 completing the initial assessment must provide it to the  
164 Determining Entity as soon as practicable, but no later  
165 than 11:59 pm on day one.

166 c. Day three: The third business day after the initial  
167 assessment is completed. The Determining Entity shall  
168 have at least two business days to complete the final SMI  
169 determination, but the final SMI determination must be  
170 completed no later than day three.

171 d. Determination due date: Day three, three business days  
172 after day zero, excluding weekends and holidays, and is  
173 the date that the determination decision must be rendered.



174  
175 This date may be amended if an extension is approved in  
176 accordance with this policy.

177 4. ~~A member is at least the age of 17.5. (Refer to AHCCCS~~  
178 ~~Transition to Adulthood Practice Tool).~~

179 **B. PROCESS FOR COMPLETION OF THE INITIAL SED OR SMI**

180 **~~ASSESSMENT~~INITIAL ~~SMI~~ EVALUATION**

181 1. ~~Upon receipt of a request, referral, or identification of the need~~  
182 ~~for an SMI determination, the behavioral health provider will~~  
183 ~~schedule an appointment for an initial meeting with the Member~~  
184 ~~and a qualified clinician. This shall occur no later than seven~~  
185 ~~business days after receiving the request or referral. The~~  
186 Division shall require behavioral health providers, upon receipt of  
187 a request, referral, or identification of the need for an SED or  
188 SMI determination, to schedule an assessment with the Member  
189 and a qualified clinician if one has not been completed within the  
190 past six months.

191 a. ~~The Division shall require the A assessments assessments~~  
192 are to be scheduled as expeditiously as the Member's  
193 health condition requires, but no later than seven business  
194 days after receipt of the a request or referral. ~~This shall~~

- 195  
196 ~~occur no later than seven business days after receiving the~~  
197 ~~request or referral.~~
- 198 b. For urgent eligibility determination referrals for  
199 Members ~~individuals~~ admitted to a hospital for psychiatric  
200 reasons, the Determining Entity is able to accept an  
201 assessment completed by the hospital, ~~so long as~~ if it  
202 meets the criteria needed to render a decision. ~~For referrals~~  
203 ~~seeking an SMI eligibility determination for members~~  
204 ~~admitted to a hospital for psychiatric reasons the entity~~  
205 ~~scheduling the evaluation shall ensure that documented~~  
206 ~~efforts are made to schedule a face to face SMI~~  
207 ~~assessment with the member while hospitalized.~~
- 208 2. ~~The Division shall require the qualified clinician to complete the~~  
209 ~~following D~~ during the ~~initial SMI assessment evaluation~~ meeting  
210 with the Member, the qualified clinician shall: ~~and qualified~~  
211 ~~clinician, the clinician shall:~~
- 212 a. Make a clinical judgment as to whether the Member is  
213 competent ~~enough~~ to participate in an evaluation;
- 214 b. Obtain written consent to conduct the assessment from the

- 215  
216 Member, ~~Member~~ or if applicable, the ~~Member's~~ Member's  
217 Responsible Person, ~~Health Care Decision Maker~~, unless the  
218 ~~Member is under court-ordered~~ has been ordered to  
219 undergo evaluation as part of court-ordered treatment  
220 proceedings;
- 221 c. Provide to the ~~Member~~, and, if applicable, the  
222 ~~Member's Responsible Person, Health Care Decision~~  
223 ~~Maker~~, the information required in A.A.C. R9-21  
224 301(D)(2), a ~~Member~~ client rights brochure, and the  
225 Member's notice of right to appeal required by A.A.C.  
226 R9-21- 401(B);
- 227 d. Obtain authorization for the release of information, if  
228 applicable, (~~refer to Division Medical Policy 940550~~) for  
229 any documentation that would assist in the determination  
230 of the Member's eligibility for SED or SMI  
231 designations~~services~~;
- 232 e. Conduct an assessment that is an accurate representation  
233 of the Member's current level of functioning, if one has  
234 not been completed within the ~~past~~ last six months;

- 235  
236 f. Complete the SED or SMI determination packet on the  
237 AHCCCS SMI Provider Submission Portal ~~Determination~~  
238 ~~Form (refer to AMPM 320-P~~  
239 ~~Attachment A); and~~
- 240 g. Upon completion ~~of the initial SMI evaluation~~, submit all  
241 information to the Determining Entity within one business  
242 day.  
243

244 **C. CRITERIA FOR SED ELIGIBILITY**

- 245 1. The Division shall require the final determination of SED to  
246 include both a qualifying SED diagnosis and functional  
247 impairment because ~~that is a result~~ of the qualifying diagnosis.
- 248 2. The Division shall refer ~~Refer to Prepaid Medical Management~~  
249 ~~Information System (PMMIS) screen RF260 and the Medical~~  
250 Coding Page on the AHCCCS website for a list of qualifying  
251 diagnoses.
- 252 3. To meet ~~The Division shall require the~~ the functional criteria for  
253 SED status, the Division shall require, ~~to include~~ as a result of a  
254 qualifying diagnosis, ~~dysfunction~~ in at least one of the following  
255 four domains ~~due to a qualifying SED diagnosis~~, for most of the  
256 past six months, ~~or for most of the past three months with an~~  
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- 258  
259 expected continued duration of at least three months:  
260  
261 a. Seriously disruptive to family or community, ~~including:~~  
262  
263 i. Pervasively or imminently dangerous to self or  
264 others' bodily safety;  
265 ii. Regularly engages in assaultive behavior;  
266  
267 iii. Has been arrested, incarcerated, hospitalized or is at  
268 risk of confinement because of dangerous behavior;  
269 iv. Persistently neglectful or abusive towards others;  
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271 v. Severe disruption of daily life due to frequent  
272 thoughts of death, suicide, or self-harm, often with  
273 behavioral intent or plan; or  
274 vi. Affective disruption causes significant damage to the  
275 Member's education or personal relationships  
276 b. Dysfunction in role performance:  
277  
278 i. Frequently disruptive or in trouble at home or at  
279 school;  
280 ii. Frequently suspended or expelled from school;  
281  
282 iii. Major disruption of role functioning;  
283  
284 iv. Requires structured or supervised school setting;  
285  
286 v. Performance significantly below expectation for

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cognitive or developmental level; or

vi. Unable to attend school or meet other developmentally appropriate responsibilities.

c. Child and Adolescent Level of Care Utilization System (CALOCUS) recommended level of care 4, 5, or 6.

d. Risk of deterioration:

i. A qualifying diagnosis with probable chronic, relapsing, and remitting course;

ii. Comorbidities including developmental or intellectual disability, substance use disorder, or personality disorders;

iii. Persistent or chronic factors, such as social isolation, poverty, extreme chronic stressors; or

iv. Other, such as 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.

~~Risk of deterioration- If a member does not meet any one of the above functional criteria, and is expected to deteriorate to such a level without treatment, SMI eligibility~~

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291 ~~may be established based on any of the following criteria,~~  
292 ~~of which criterium (b) is particularly pertinent to members~~  
293 ~~of the Division: a. a qualifying diagnosis with probable~~  
294 ~~chronic, relapsing and remitting course, b. co morbidities~~  
295 ~~(e.g., developmental/intellectual disability, substance use~~  
296 ~~disorder, personality disorders), c. Persistent or chronic~~  
297 ~~factors such as social isolation, poverty, extreme chronic~~  
298 ~~stressors (e.g., life threatening or debilitating medical~~  
299 ~~illnesses, victimization), or d. Other (e.g., past psychiatric~~  
300 ~~history, gains in functioning have not solidified or are a~~  
301 ~~result of current compliance only, court committed, care is~~  
302 ~~complicated and requires multiple providers).~~

- 304 4. The Division shall not allow the following reasons alone to be  
305 sufficient for denial of SED eligibility:
- 306 a. An inability to obtain existing records or information; or
  - 307 b. Lack of a face-to-face psychiatric or psychological
  - 308 evaluation.

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310 **D. CRITERIA FOR SMI ELIGIBILITY**

- 311 1. The Division shall require the final determination of SMI to  
312 include ~~requires both~~ a qualifying SMI diagnosis and functional  
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- 314  
315 impairment because of the qualifying diagnosis.
- 316  
317 2. The Division shall refer to ~~PMMIS screen RF260 and the Medical~~  
318 Coding Page on the AHCCCS website ~~AMPM 320-P Attachment B-~~  
319 for a list of qualifying ~~list qualifying~~ diagnoses).
- 320 3. ~~The D~~To meet the functional criteria for SMI status, the Division  
321 shall require, as a result of a qualifying SMI diagnosis, ~~ivision~~  
322 ~~shall require To meet the functional criteria for SMI status, to~~  
323 ~~include a member shall have, as a result of a qualifying SMI~~  
324 ~~diagnosis, dysfunction in at least one criterion within one of the~~  
325 following four domains, ~~as specified below,~~ for most of the past  
326 12 months, or for most of the past six months with an expected  
327 continued duration of at least six months: 7
- 328 a. Inability to live in an independent or family setting without  
329 supervision: 7
- 330 i. Neglect or disruption of ability to attend to basic  
331 needs;
- 332 ii. Needs assistance in caring for self;
- 333  
334 iii. Unable to care for self in a safe or sanitary manner;



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336           iv.    Housing, food and clothing is provided or arranged  
337                   for by others;
- 338           v.    Unable to attend to the majority of basic needs of  
339                   hygiene, grooming, nutrition, medical and dental  
340                   care;
- 341           vi.   Unwilling to seek prenatal care or necessary  
342                   medical/dental care for serious medical or dental  
343                   conditions;
- 344           vii. Refuses treatment for life threatening illnesses  
345                   because of behavioral health disorder; or
- 346           viii. A risk of serious harm to self or others.
- 347           b.    Seriously disruptive to family and/or community:
- 348                   i.    Pervasively or imminently dangerous to self or  
349                            others' bodily safety;
- 350                   ii.   Regularly engages in assaultive behavior;
- 351                   iii.   Has been arrested, incarcerated, hospitalized or at  
352                            risk of confinement because of dangerous behavior;
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- iv. Persistently neglectful or abusive towards others;
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- v. Severe disruption of daily life due to frequent
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- thoughts of death, suicide, or self-harm, often with
  - behavioral intent ~~and~~/or plan; or
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- vi. Affective disruption causes significant damage to the
  - Member's education, livelihood, career, or personal
  - relationships.
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- c. Dysfunction in role performance:
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- i. Frequently disruptive or in trouble at work or at
- 368
- school;
- 369  
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- ii. Frequently terminated from work or suspended/  
expelled from school;
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- iii. Major disruption of role functioning;
- 372  
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- iv. Requires structured or supervised work or school
- 374
- setting;
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- v. Performance significantly below expectation for
- 376
- cognitive/developmental level; or
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- vi. Unable to work, attend school, or meet other



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401 complicated and requires multiple providers.  
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403 ~~POther (e.g., past psychiatric history; Gains in~~  
404 ~~functioning have not solidified or are a result of~~  
405 ~~current compliance only Court-committed, or Care~~  
406 ~~is complicated and requires multiple providers).~~

407 4. The Division shall not allow ~~The~~ the following reasons alone to  
408 ~~bein and of themselves are not as sufficient alone reasons for~~  
409 denial of SMI eligibility:

- 410 a. An inability to obtain existing records or information; or  
411  
412 b. Lack of a face-to-face psychiatric or psychological  
413 evaluation.

414 **E. MEMBERS WITH CO-OCCURRING SUBSTANCE USE**

415 1. The Division shall require the ~~For purposes of SMI eligibility~~  
416 ~~determination,~~ presumption of functional impairment is as  
417 follows for Members with co-occurring substance use when  
418 assessing for SED or SMI eligibility:

- 419 a. For psychotic diagnoses other than substance-induced  
420 psychosis (bipolar I disorder with psychotic features,  
421

422  
423 delusional disorder, major depression, recurrent, severe,  
424 with psychotic features, schizophrenia, schizoaffective  
425 disorder, and any other diagnosis of persistent psychotic  
426 disorder) functional impairment is presumed to be due to  
427 the qualifying mental health diagnosis.

428 b. For other qualifying psychiatric disorders, functional  
429 impairment is presumed to be due to the psychiatric  
430 diagnosis unless:

431 i. The severity, frequency, duration, or  
432 characteristics of symptoms contributing to the  
433 functional impairment cannot be attributed to the  
434 qualifying mental health diagnosis;<sup>7</sup> or

435 ii. The assessor can demonstrate, based on a historical  
436 or prospective period of treatment, that the  
437 functional impairment is present only when the  
438 Member is actively using substances or experiencing  
439 symptoms of withdrawal from substances; and<sup>7</sup>

440 iii. To make such determinations, the assessor shall  
441 first look at a period of either 30 days or longer of

- 442  
443                   abstinence, or 60 days or longer of reduced use that  
444                   is less than the threshold expected to produce the  
445                   resulting symptoms and disability, and establish  
446                   that the symptoms and resulting disability were no  
447                   longer present after the 30- or 60-day period and  
448                   ~~/or~~ no longer required mental health treatment to  
449                   prevent recurrence of symptoms.
- 450           c.       A diagnosis of substance-induced psychosis can only be  
451           made if both of the following conditions are present:
- 452                   i.       There is no psychosis present before a period of  
453                   substance use that is of sufficient type, duration,  
454                   and intensity to cause psychotic symptoms; and  
455                   ii.       The psychosis remits completely (not partially) after  
456                   a period of abstinence of 30 days or less.
- 457           d.       Continuation of new onset psychotic symptoms after a  
458                   30-day period of abstinence requires a presumptive  
459                   diagnosis of a persistent psychotic disorder.
- 460           e.       For persistent psychosis of undetermined onset, the  
461                   absence of clear remission of psychosis during a period of

462  
463                   abstinence of 30 days or less should be considered  
464  
465                   presumptive evidence of a persistent psychotic disorder  
466                   for SED or SMI eligibility purposes.  
467  
468                   f.       For Members who are not able to attain or maintain a  
469                   period of abstinence from substance use, who continue to  
470                   use substances and/or do not experience consecutive  
471                   days of abstinence, this is not a disqualifier to initiate the  
472                   SED or SMI eligibility and determination process.  
473                   g.       For ~~Some~~ Members who ~~do will~~ not meet the 30-day period  
474                   of abstinence, this ~~This~~ does not preclude them from the  
475                   SED or SMI eligibility ~~assessment and~~ determination  
476                   process.

~~**PROCESS FOR COMPLETION OF FINAL SED OR SMI ELIGIBILITY  
DETERMINATION¶**~~

477                   ~~2.       The Division has procedures that describe the providers'~~  
478                   ~~requirements for submitting the evaluation packet and providing~~  
479                   ~~additional clinical information in order for the Determining Entity~~  
480                   ~~to make the final SMI eligibility determination.¶~~  
481                   ~~3.       The Division shall require the evaluating agency to respond to a~~  
482                   ~~Dif the determining Entity's within three business days of a~~

483  
484 ~~request for additional information from the Determining Entity if~~  
485 ~~the Determining Entity requires additional information to make a~~  
486 ~~final SED of SMI eligibility determination within three business~~  
487 ~~days of receipt of the request.. requires additional information~~  
488 ~~to make a final SMI eligibility determination, the evaluating~~  
489 ~~agencies are expected to respond to the Determining Entity~~  
490 ~~within three business days of the request for information.~~

491 ~~The licensed psychiatrist, psychologist or nurse practitioner~~  
492 ~~designated by the Determining Entity will make a final~~  
493 ~~determination as to whether the member meets the eligibility~~  
494 ~~requirements for SED or SMI status based on:~~

495 ~~a. A face to face assessment or reviewing a face to face~~  
496 ~~assessment by a qualified clinician, and~~

497 ~~b. A review of current and historical information, if any,~~  
498 ~~obtained orally or in writing by the assessor from collateral~~  
499 ~~sources, and/or present or previous treating clinicians.~~

500 ~~3. The following shall occur if the designated reviewing psychiatrist,~~  
501 ~~psychologist or nurse practitioner has not conducted a~~  
502 ~~face to face assessment and has a disagreement with the~~



- 503  
504 ~~current evaluating or treating qualified behavioral health~~  
505 ~~professional or behavioral health technician that cannot be~~  
506 ~~resolved by oral or written communication.¶¶~~
- 507 ~~a. Disagreement regarding diagnosis: Determination that the~~  
508 ~~member does not meet eligibility requirements for SED or~~  
509 ~~SMI status must be based on a face to face diagnostic~~  
510 ~~evaluation conducted by a designated psychiatrist,~~  
511 ~~psychologist or nurse practitioner. The resolution of~~  
512 ~~(specific reasons for) the disagreement must be~~  
513 ~~documented in the member's comprehensive clinical~~  
514 ~~record.¶¶~~
- 515 ~~b. Disagreement regarding functional impairment:~~  
516 ~~Determination that the member does not meet eligibility~~  
517 ~~requirements must be documented by the psychiatrist,~~  
518 ~~psychologist, or nurse practitioner in the member's~~  
519 ~~comprehensive clinical record to include the specific~~  
520 ~~reasons for the disagreement and will include a clinical~~  
521 ~~review with the qualified clinician.¶¶~~
- 522 ~~4. If there is sufficient information to determine SMI eligibility, the~~

523 ~~member shall be provided written notice of the SMI eligibility~~  
524 ~~determination within three business days of the initial meeting~~  
525 ~~with the qualified clinician in accordance with this policy.¶~~  
526

527 ~~5. The Determining Entity shall provide notification of the eligibility~~  
528 ~~determination result to AHCCCS via the AHCCCS Behavioral~~  
529 ~~Health Web Portal and to the provider who completed the~~  
530 ~~Assessment through an agreed upon medium. For DDD THP~~  
531 ~~members, the Determining Entity shall also provide notification~~  
532 ~~to AHCCCS DFSM.¶~~

533 ~~6. Once an SED or SMI eligibility determination decision is made~~  
534 ~~and submitted to AHCCCS, AHCCCS will update the member's~~  
535 ~~behavioral health category to SED or SMI respectively and will~~  
536 ~~provide the eligibility determination documentation to the MCO~~  
537 ~~of enrollment, as applicable, via the AHCCCS Secured File~~  
538 ~~Transfer Protocol (SFTP) server.¶~~

539 ~~**F. EXTENSION OF TIME DUE TO**~~  
540  
541 ~~**F. ISSUES PREVENTING TIMELY COMPLETION OF SMI**~~  
542 ~~**ELIGIBILITY DETERMINATION AND EXTENSION OF TIME**~~  
543 ~~**EXTENDING COMPLETION OF SMI ELIGIBILITY TIME**~~  
544 ~~**PERIOD**~~

- 545  
546 1. The Division shall require the evaluating agency to respond to a  
547 Determining Entity's request for additional information to make a  
548 final SED of SMI eligibility determination within three business  
549 days of receipt of the request.
- 550 2. The Division shall allow an extension of no more than 20  
551 calendar days ~~time~~ to initiate or complete the SED or SMI  
552 eligibility determination ~~may be extended no more than 20~~  
553 ~~calendar days~~ if the individual ~~Member~~ agrees to the extension  
554 and:
- 555 a. There is substantial difficulty scheduling a meeting in  
556 which all necessary participants can attend;;
- 557 b. The individual ~~Member~~ fails to keep an appointment for  
558 assessment, evaluation, or any other necessary meeting;;
- 559 c. The individual ~~Member~~ is capable of, but temporarily  
560 refuses to cooperate in the preparation of the completion  
561 of an assessment or evaluation;
- 562 d. The individual, or if applicable the individual's ~~member, or~~  
563 Responsible Person, ~~or Designated Representative~~ the  
564 ~~member's health care decision maker and/or designated~~

- 565  
566 ~~representative~~ requests an extension of time;
- 567  
568 e. Additional documentation has been requested but not  
569 received; or
- 570  
571 f. There is insufficient functional or diagnostic information to  
572 determine SED or SMI eligibility within the required time  
573 periods.
- 574 3. ~~NOTE:~~ The Division shall ensure ~~allow~~ require that ~~the I use of an~~  
575 “insufficient diagnostic information” means that ~~the diagnostics~~  
576 ~~to be based on~~ information shall be understood to mean that  
577 ~~the~~ information available to the reviewer is suggestive of two or  
578 more equally likely working diagnoses, only one of which  
579 qualifies as SED or SMI, and an additional piece of existing  
580 historical information or a face-to-face psychiatric evaluation is  
581 likely to support one diagnosis more than the other(s).  
582 ~~The Determining Entity shall:~~
- 583 a. ~~Document the reasons for the delay in the member’s~~  
584 ~~eligibility determination record when there is an~~  
585 ~~administrative or other emergency that will delay the~~  
586 ~~determination of an SED or SMI status, and~~

- 587  
588           ~~b. Not use the delay as a waiting period before determining~~  
589           ~~an SED or SMI status or as a reason for determining that~~  
590           ~~the member does not meet the criteria for SMI eligibility~~  
591           ~~(because the determination was not made within the time~~  
592           ~~standards).¶~~
- 593           ~~4. In situations in which the extension is due to insufficient~~  
594           ~~information:¶~~
- 595           ~~a. The Determining Entity shall request and obtain the~~  
596           ~~additional documentation needed (e.g., current and/or past~~  
597           ~~medical records) and/or perform or obtain any necessary~~  
598           ~~psychiatric or psychological evaluations, and¶~~
- 599           ~~b. The designated reviewing psychiatrist, psychologist or~~  
600           ~~nurse practitioner must communicate with the member's~~  
601           ~~current treating clinician, if any, prior to the determination~~  
602           ~~of an SMI, if there is insufficient information to determine~~  
603           ~~the member's level of functioning, and SMI eligibility shall~~  
604           ~~be determined within three days of obtaining sufficient~~  
605           ~~information, but no later than the end date of the~~  
606           ~~extension.¶~~

607  
608 ~~5. If the evaluation or information cannot be obtained within the~~  
609 ~~required time period because of the need for a period of~~  
610 ~~observation or abstinence from substance use in order to~~  
611 ~~establish a qualifying mental health diagnosis, the member shall~~  
612 ~~be notified by the Determining Entity that the determination~~  
613 ~~may, with the agreement of the member, be extended for up to~~  
614 ~~60 calendar days for an extended evaluation period. This is a~~  
615 ~~60 day period of abstinence, or reduced use from drug and/or~~  
616 ~~alcohol use in order to help the reviewing psychologist make an~~  
617 ~~informed decision regarding SMI eligibility.¶~~

618 ~~This extension may be considered a technical re-application to~~  
619 ~~ensure compliance with the intent of A.A.C. R9-21-303; however,~~  
620 ~~the member does not need to reapply. Alternatively, the~~  
621 ~~determination process may be suspended, and a new application~~  
622 ~~initiated upon receipt of necessary information.¶~~

623 ~~6. If the member refuses to grant an extension, SMI eligibility shall~~  
624 ~~be determined based on the available information. If SMI~~  
625 ~~eligibility is denied, the member will be notified of his/her appeal~~  
626 ~~rights and the option to reapply in accordance with this policy.¶~~

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**G. NOTIFICATION OF SED OR SMI ELIGIBILITY DETERMINATION**

1. The Division Behavioral Health Administration shall review notifications of SED or SMI determination results received from the Determining Entity or AHCCCS Division of Fee-For-Service Management (DFSM). ~~DFSM.~~
2. The Division Behavioral Health Administration shall notify the assigned Support Coordinator of the SED or SMI determination results.
3. The Division shall ensure the Member's record is updated to reflect the status of the Member's SED or SMI eligibility.  
~~If the member is designated SMI, the SMI status must be reported to the member or their Health Care Decision Maker, by the Determining Entity, in writing, including notice of the member's right to appeal the decision.¶~~
4. ~~If the eligibility determination results in a denial of SMI status, the Determining Entity must provide written notice of the decision and include:¶~~
  - a. ~~The reason for denial of SMI eligibility (refer to AMPM 320-P, Attachment A),¶~~

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- ~~b. The right to appeal, and~~
- ~~c. The statement that members who are ALTCS eligible will continue to receive needed ALTCS covered services. In such cases, the member's behavioral health category assignment shall be assigned based on criteria in the AHCCCS Technical Interface Guidelines.~~

**H. RE-ENROLLMENT OR TRANSFER**

~~The Division shall ensure the SMI determination process is initiated for adolescents as specified in Division Medical Policy 520.~~

1. The Division shall require the following:
  - a. If the Member's status is SED or SMI at disenrollment, while incarcerated, or transition to another Contractor, ~~between health plans or to another acute contractor,~~ the Member's status shall continue as SED or SMI.
  - b. A Member shall retain their SED or SMI status unless the Member's enrollment is active and a determination is made by a Determining Entity that the Member no longer meets criteria.



671  
672 c. The SMI determination process is initiated for adolescents  
673 as specified in Division Medical Policy 520.

674 ~~If the member's status is SMI at disenrollment or transition to~~  
675 ~~another AdSS or acute contractor, the member's status shall~~  
676 ~~continue as SMI.¶~~

677 ~~2. A member shall retain his/her SMI status unless a determination~~  
678 ~~is made by a Determining Entity that the member no longer~~  
679 ~~meets criteria.~~

680 **~~REVIEW OF SMI ELIGIBILITY¶~~**

681 ~~7. The Division makes available to their unique providers the~~  
682 ~~process for reviewing an SMI eligibility determination.¶~~

684 ~~8. The Division may seek a review of a member's SMI eligibility~~  
685 ~~from the Determining Entity, including from an AdSS:¶~~

686 ~~a. As part of an instituted, periodic review of all members~~  
687 ~~designated SMI;¶~~

688 ~~b. When there has been a clinical assessment that supports~~  
689 ~~that the member no longer meets the functional and/or~~  
690 ~~diagnostic criteria; or¶~~

691  
692 c. ~~As requested by a member, who has been determined to~~  
693 ~~meet SMI eligibility criteria, or his/her legally authorized~~  
694 ~~representative.~~

695 9. ~~A review of the determination may not be requested by the~~  
696 ~~Division, an AdSS or their contracted behavioral health providers~~  
697 ~~within six months from the date a member has been designated~~  
698 ~~SMI eligible.~~

699 **I. REMOVAL OF SED OR SMI DESIGNATION-DECERTIFICATION**

700 1. The Division shall ensure behavioral health providers are aware  
701 of the following process for review of SED or SMI designations:  
702

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

705 a. ~~The Division shall not allow~~ permit a ~~A request to for a~~  
706 review of the eligibility determination may not be  
707 requested within the first six months from the date the ~~an~~  
708 Member ~~individual~~ has been designated as SED or SMI.  
709 eligible.

710 b. A behavioral health provider may request a review of a

- 711  
712 ~~The Division shall allow~~ permit a request for review of a  
713 Member's SED or SMI designation from the Determining  
714 Entity:
- 715 i. As part of an instituted, periodic review of all  
716 Members with ~~designated to have~~ an SED or SMI  
717 designations;
  - 718 ii. If there has been a clinical assessment that supports  
719 the Member ~~individual~~ no longer meets the functional  
720 or diagnostic criteria; or
  - 721 iii. As requested by the Member who has been  
722 determined to meet SED or SMI eligibility criteria, or  
723 their ~~the Member's~~ Responsible Person or Designated  
724 Representative.
  - 725 c. Based on review of the ~~Member's~~ request and clinical data  
726 provided, removal of the SED or SMI behavioral health  
727 category will occur if:
    - 728 i. The individual is an enrolled Member and has not  
729 received any behavioral health service within the  
730 past six months, or

731  
732           ii.     The Member is determined to no longer meet the  
733                     diagnostic and or functional requirements for SED or  
734                     SMI designation.

735           ~~SMI Clinical Decertification: A member who has an SMI~~  
736                     ~~designation or an individual from the member's clinical~~  
737                     ~~team may request an SMI clinical decertification from the~~  
738                     ~~AHCCCS designee that conducts SMI determinations.~~

739           ~~An SMI clinical decertification is a determination that a member~~  
740                     ~~who has an SMI designation no longer meets SMI criteria. If, as~~  
741                     ~~a result of a review, the member is determined to no longer~~  
742                     ~~meet the diagnostic and/or functional requirements for SMI~~  
743                     ~~status:~~

744           ~~a.     The Determining Entity must ensure that written notice of~~  
745                     ~~the determination and the right to appeal is provided to~~  
746                     ~~the affected member with an effective date of 30 calendar~~  
747                     ~~days after the date the written notice is issued, and~~

748           d.     In the event of the removal of the designation, the  
749                     following ~~The Division~~ shall occur:

750                     i.     The Determining Entity will inform the Member of

751  
752 changes that may result with the removal of the SED  
753 or SMI designation, and

754 ii. Provide written notice of the determination and  
755 the Member's right to appeal within 30 calendar days  
756 from the date the written notice is issued.

757

758 2. The Division shall ensure that ~~ensures that~~ services are  
759 continued in the event of a timely filed appeal and that services  
760 are appropriately transitioned ~~if a Member has had a removal of~~  
761 ~~designation and an appeal is timely filed, and that services are~~  
762 ~~appropriately transitioned as part of the discharge planning~~  
763 ~~process.~~

764 ~~SMI Administrative Decertification: A member who has an SMI~~  
765 ~~designation may request an SMI administrative decertification~~  
766 ~~from AHCCCS, DHCM, and Clinical Resolution Unit if the member~~  
767 ~~has not received behavioral health services for a period of two or~~  
768 ~~more years.¶~~

769 ~~b. Upon receipt of a request for administrative decertification,~~  
770 ~~the Division will direct the member to contact AHCCCS,~~  
771 ~~DHCM, Customer Service, and¶~~

772  
773 c. ~~AHCCCS will evaluate the member's request and review~~  
774 ~~data sources to determine the last date the member~~  
775 ~~received a behavioral health service. AHCCCS will inform~~  
776 ~~the member of changes that may result with the removal~~  
777 ~~of the member's SMI designation. Based upon review, the~~  
778 ~~following will occur:~~

779 i. ~~If the member has not received a behavioral health~~  
780 ~~service within the previous two years, the member~~  
781 ~~will be provided with AMPM 320-P Attachment C.~~  
782 ~~This form must be completed by the member and~~  
783 ~~returned to AHCCCS; or~~

784 ii. ~~If the review finds that the member has received~~  
785 ~~behavioral health services within the prior two-year~~  
786 ~~period, the member will be notified that he/she may~~  
787 ~~seek decertification of their SMI status through the~~  
788 ~~clinical decertification process.~~

789 **J. DIVISION OVERSIGHT AND MONITORING OF ADMINISTRATIVE**  
790 **SERVICES SUBCONTRACTORS ~~OVERSIGHT AND MONITORING OF~~**

- 791  
792 1. The Division shall provide oversight and monitoring of  
793 compliance by Administrative Services Subcontractors serving  
794 Members enrolled in a Division subcontracted health plan with  
795 respect to any contractual delegation of duties as specified in  
796 AdSS Medical Policy 320-P using the following methods:~~The~~  
797 ~~Division shall meet with the AdSS at least quarterly to:~~  
798 a. Meet with the AdSS at least quarterly to provide~~Provide~~  
799 ongoing evaluation, including data analysis,  
800 recommendations to refine processes, and address quality  
801 of care concerns. ;, and  
802 ~~Identify successful interventions and care pathways to~~  
803 ~~optimize results.~~  
804 b. Conduct~~The Division shall perform~~ an Operational Review  
805 of each~~the~~ AdSS on an annual basis that includes review of  
806 policy compliance.  
807 c. Review data submitted by the AdSS demonstrating  
808 ongoing compliance monitoring of their network and  
809 provider agencies.~~The Division monitors these~~  
810 ~~requirements when AdSS members are identified by the~~  
811 ~~Division and referred to the AdSS for SMI Eligibility~~

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~~Determination.~~

- ~~2. The Division also completes an annual Operational Review of each AdSS. Compliance with this policy and associated procedures may be reviewed during the annual Operational Review. Each AdSS is expected to comply with requirements described in the associated AdSS Medical Policy 320-P Serious Mental Illness Eligibility Determination.~~

~~**SUPPLEMENTAL INFORMATION**~~

**SUPPLEMENTAL INFORMATION**

The information contained in Sections K through M of this policy are AHCCCS requirements for the Determining Entity authorized by AHCCCS to make the final SED and SMI designation determinations.

**K. DETERMINING ENTITY RESPONSIBILITY FOR COMPLETION OF FINAL ELIGIBILITY DETERMINATION**

1. A licensed psychiatrist, psychologist, or nurse practitioner designated by the Determining Entity shall make a final determination as to whether the Member meets the eligibility requirements for SED or SMI status based on:



- 834  
835 a. A face-to-face assessment or reviewing a face-to-face  
836 assessment by a qualified clinician; and
- 837 b. A review of current and historical information, if any,  
838 obtained orally or in writing by the assessor from collateral  
839 sources and/or present or previous treating clinicians.
- 840 2. The following shall occur if the designated reviewing psychiatrist,  
841 psychologist, or nurse practitioner has not conducted a  
842 face-to-face assessment and has a disagreement with the  
843 current evaluating or treating qualified behavioral health  
844 professional or behavioral health technician that cannot be  
845 resolved by oral or written communication:
- 846 a. Disagreement regarding diagnosis: Determination that the  
847 Member does not meet eligibility requirements for SMI  
848 status shall be based on a face-to-face diagnostic  
849 evaluation conducted by a designated psychiatrist,  
850 psychologist, or nurse practitioner. The resolution of  
851 (specific reasons for) the disagreement shall be  
852 documented in the Member's comprehensive clinical  
853 record.

- 854  
855           b.     Disagreement regarding functional impairment:  
856  
857                     Determination that the Member does not meet eligibility  
858                     requirements shall be documented by the psychiatrist,  
859                     psychologist, or nurse practitioner in the Member's  
860                     comprehensive clinical record to include the specific  
861                     reasons for the disagreement and will include a clinical  
862                     review with the qualified clinician.
- 862           3.     If there is sufficient information to determine SED or SMI  
863                     eligibility, the Determining Entity shall provide the Member with  
864                     notice, in writing, of the eligibility determination within three  
865                     business days of the initial meeting with the qualified clinician.
- 866           4.     The Determining Entity shall provide notification of the eligibility  
867                     determination result to AHCCCS via the AHCCCS Behavioral  
868                     Health Web Portal and to the provider who completed the  
869                     Assessment/evaluation through an agreed upon medium. For  
870                     Division THP members, the Determining Entity shall also provide  
871                     notification to AHCCCS DFSM.
- 872           5.     Once an SED or SMI eligibility determination decision is made  
873                     and submitted to AHCCCS, AHCCCS will update the member's

874 behavioral health category to SED or SMI respectively and will  
875 provide the eligibility determination documentation to the MCO  
876 of enrollment, as applicable, via the AHCCCS Secured File  
877 Transfer Protocol (SFTP) server.  
878

879 **L. DETERMINING ENTITY RESPONSIBILITY DUE TO ISSUES**  
880 **PREVENTING TIMELY COMPLETION OF ELIGIBILITY**  
881 **DETERMINATION AND EXTENSION OF TIME**

- 882 1. The Determining Entity shall:
- 883 a. Document the reasons for the delay in the Member's
- 884 eligibility determination record when there is an
- 885 administrative or other emergency that will delay the
- 886 determination of an SED or SMI status; and
- 887
- 888 b. Not use the delay as a waiting period before determining
- 889 an SED or SMI status or as a reason for determining that
- 890 the Member does not meet the criteria for SED or SMI
- 891 eligibility (because the determination was not made within
- 892 the time standards).

- 893 2. In situations in which the extension is due to insufficient
- 894 information:
- 895 a. The Determining Entity shall request and obtain the

896  
897 additional documentation needed (e.g., current and/or past  
898 medical records) and/or perform or obtain any necessary  
899 psychiatric or psychological evaluations;

900 b. The designated reviewing psychiatrist, psychologist, or  
901 nurse practitioner shall communicate with the Member's  
902 current treating clinician, if any, prior to the determination  
903 of an SED or SMI, if there is insufficient information to  
904 determine the Member's level of functioning; and

905 c. Eligibility shall be determined within three days of  
906 obtaining sufficient information, but no later than the end  
907 date of the extension.

908 3. If the evaluation or information cannot be obtained within the  
909 required time period because of the need for a period of  
910 observation or abstinence/reduction from substance use in order  
911 to establish a qualifying mental health diagnosis, the Member  
912 shall be notified by the Determining Entity that the  
913 determination may, with the agreement of the Member, be  
914 extended for up to 60 calendar days for an extended evaluation  
915 period. This is a 60-day period of abstinence, or reduced use

916  
917 from drug and/or alcohol use in order to help the reviewing  
918 psychologist make an informed decision regarding SED or SMI  
919 eligibility.

920 4. This extension may be considered a technical re-application to  
921 ensure compliance with the intent of A.A.C. R9-21-303; however,  
922 the Member does not need to reapply. Alternatively, the  
923 determination process may be suspended and a new application  
924 initiated upon receipt of necessary information.

925 5. If the Member refuses to grant an extension, SED or SMI  
926 eligibility shall be determined based on the available information.

927 6. If SED or SMI eligibility is denied, the Member shall be notified of  
928 their appeal rights and the option to reapply in accordance with  
929 this policy.

930 **M. DETERMINING ENTITY RESPONSIBILITY FOR NOTIFICATION**  
931 **OF SED OR SMI ELIGIBILITY DETERMINATION**

932 1. If the Member is determined to qualify for an SED or SMI  
933 designation, this shall be reported to the Member, Responsible  
934 Person, or Designated Representative by the Determining Entity,

935  
936 in writing, including notice of the Member's right to appeal the  
937 decision on the form approved by AHCCCS.

938 2. If the eligibility determination results in a determination that the  
939 Member does not qualify for an SED or SMI designation, the  
940 Determining Entity shall provide written notice of the decision  
941 and include:

- 942 a. The reason for denial of SED or SMI eligibility,  
943 b. The right to appeal, and  
944 c. The statement that Title XIX/XXI eligible Members will  
945 continue to receive needed Title XIX/XXI covered services.  
946 In such cases, the Member's behavioral health category  
947 assignment shall be assigned based on criteria in the  
948 AHCCCS Technical Interface Guidelines.  
949

950  
951  
952 Signature of Chief Medical Officer: