

AHCCCS MEDICAL POLICY MANUAL
EXHIBIT 320-P-1, SERIOUS MENTAL ILLNESS ELIGIBILITY DETERMINATION FORM

Name of Person receiving SMI Eligibility Determination

Date of Birth

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I. PRELIMINARY SERIOUS MENTAL ILLNESS ELIGIBILITY DETERMINATION RECOMMENDATION

Based upon my direct behavioral health assessment of this person/individual, or my review thereof, I

Assessor's Name (Print) Print Name

Credentials/Position

Make the following preliminary serious mental illness eligibility recommendation:

1. Preliminary Recommendation of Qualifying Serious Mental Illness Diagnosis (circle the individual's ~~person's~~ principal diagnosis (es) supported by available information)

Psychotic Disorders (F20.0, F20.1, F20.2, F20.3, F20.5, F20.9, F21, F22, F25.0, F25.1, F25.8, F25.9, F28, F29); Bipolar Disorders (F31.0, F31.1, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F34.0); Obsessive-Compulsive Disorders (F42.2, F42.8, F42.9); Depressive Disorders (F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.4, F33.40, F33.41, F33.42, F33.9, F34.1); Other Mood Disorders (F39); Anxiety Disorders (F40.00, F40.01, F40.02, F41.0, F41.1, F41.8, F41.9); Post Traumatic Stress Disorders (F43.10, F43.11, F43.12); Dissociative Disorder (F44.81) Personality Disorders (F60.0, F60.1, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9)

1(a) The above noted diagnosis(es) is/are suggested based upon the following signs and symptoms of the mental disorder(s): (Provide descriptions of both positive

¹ Policy reformatting to more distinctly indicate areas that need to be populated, to include individual's name and date of birth at the top of each page; to include an initial box at the bottom of each page without a signature required; to include additional lines for clinical supervisor information/signature; to separate signatory areas for Assessor, clinical supervisor, and Determining Entity

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(confirming) finding and negative (“rule-out”) findings for other diagnoses that were considered)

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2. Preliminary Recommendation of Functional Criteria: As a result of the above diagnosis, the individual person exhibits any item listed under 2 (a), (b) and/or (c) for most of the past twelve months or for most of the past six months with an expected continued duration of at least six months:

2(a) **Inability to live in an independent or family setting w/o supervision (Self Care/Basic Needs)** - The individual's person's capacity to live independently or in a family setting, including the capacity to provide or arrange for needs such as food, clothing, shelter and medical care.

- Neglect or disruption of ability to attend to basic needs.
- Needs assistance in caring for self.
- Unable to care for self in safe or sanitary manner.
- Housing, food and clothing must be provided or arranged for by others.
- Unable to attend to the majority of basic needs of hygiene, grooming, nutrition, medical and dental care.
- Unwilling to seek prenatal care or necessary medical/dental care for serious medical or dental conditions.
- Refuses treatment for life threatening illnesses because of behavioral health disorder.

2(b) **A risk of serious harm to self or others (Social/Legal and/or Feeling/Affect/Mood)** - The extent and ease with which the individual person is able to maintain conduct within the limits prescribed by law, rules and social expectations, and/or the extent to which the individual's person's emotional life is well modulated or out of control.

- Seriously disruptive to family and/or community.
- Pervasively or imminently dangerous to others' bodily safety.
- Regularly engages in assaultive behavior.
- Has been arrested, incarcerated, hospitalized or at risk of confinement because of dangerous behavior.
- Persistently neglectful or abusive towards others in the individual's person's care.
- Severe disruption of daily life due to frequent thoughts of death, suicide, or self-harm, often with behavioral intent and/or plan.
- Affective disruption causes significant damage to the individual's person's education, livelihood, career, or personal relationships.



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- 2(c) **Dysfunction in Role Performance** - Person's capacity to perform the present major role function in society school, work, parenting or other developmentally appropriate responsibility.
- Frequently disruptive or in trouble at work or at school.
- Frequently terminated from work or suspended/expelled from school.
- Major disruption of role functioning.
- Requires structured or supervised work or school setting.
- Performance significantly below expectation for cognitive/developmental level.
- Unable to work, attend school, or meet other developmentally appropriate responsibilities.

The above noted Functional Criteria ratings are suggested based upon the following information regarding this person's functioning: (Provide a description of both the positive (confirming) findings and negative ("rule-out") findings of the functioning of this person)

3. Risk of Deterioration

- The person does not currently meet any one of the above functional criteria 2(a) through 2(c) but may be expected to deteriorate to such a level without treatment.
- A qualifying diagnosis with probable chronic, relapsing and remitting course.
- Co-morbidities (like mental retardation, substance dependence, personality disorders, etc.)
- Persistent or chronic factors such as social isolation, poverty, extreme chronic stressors (life-threatening or debilitating medical illnesses, victimization, etc.)
- Other (past psychiatric history; gains in functioning have not solidified or are a result of current



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The above noted Functional Criteria ratings are suggested based upon the following information regarding this person's functioning: (Provide a description of both the positive (confirming) findings and negative ("rule-out") findings of the functioning of this person)

Assessor's Signature

Assessor's Credentials/Position

Date

Assessor's Name (print)/Signature

Assessor's Contact Phone #

Credentials/Position

Date

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Clinical Supervisor's Name (Print)
/Signature

Clinical Supervisor's Signature/Credentials/Position

Date

Clinical Supervisor Name (print)²

Clinical Supervisor's Credentials/Position

Clinical Supervisor's Contact Phone #

[End of Section I: SMI Determination Form/Preliminary Serious Mental Illness Eligibility Determination Recommendation]

²Added line for Name of Clinical Supervisor

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II. FINAL SERIOUS MENTAL ILLNESS ELIGIBILITY DETERMINATION

- Serious Mental Illness (SMI) - All of the available information supports the conclusion that the above person has a qualifying diagnosis (1) AND either meets one or more functional criteria (2) OR is at risk of deterioration (3) and therefore meets AHCCCS clinical criteria for SMI.
 - SMI-A – functional criteria 2a or 2b.
 - SMI-B – functional criteria 2c or 3.
- Not SMI- The above person does not meet AHCCCS clinical criteria for SMI.

Clinical rationale for final determination:

Reviewer's Name (print) / Signature

Credentials/Position *Date*

Assessor's Name (print) / Signature

Credentials/Position *Date*



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Clinical Supervisor Name (print)

[Redacted]

Determining Entity - Individual's Name (Print)

[Redacted]

Determining Entity - Individual's Signature

[Redacted]

Determining Entity- Individual's Credentials/Position

[Redacted]

Date

Determining Entity Name (print)/Signature

[Redacted]

Credentials/Position

[Redacted]

Date

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