



320-P SERIOUS MENTAL ILLNESS ELIGIBILITY DETERMINATION

INITIAL

EFFECTIVE DATE: 07/01/2016

I. ~~Background~~PURPOSE

This Policy applies to:¹

1. RBHAs, CRS, and Acute Care Contractors, Tribal Regional Behavioral Health Authorities (TRBHAs), subcontracted providers, and the AHCCCS designee which conducts SMI determinations;^{2 3} and
2. IHS and providers that are owned or managed by Tribal governments (including 638 facilities) that choose to send assessments to the AHCCCS designee which conducts SMI determinations.⁴

A critical component of the service delivery system is the effective and efficient identification of persons who have special behavioral health needs due to the severity of their behavioral health disorder. One such group is persons with Serious Mental Illness (SMI). Without receipt of the appropriate care, these persons are at high risk for further deterioration of their physical and mental condition, increased hospitalizations and potential homelessness and incarceration. In order to ensure that persons with SMI are promptly identified and enrolled for services, ~~the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) AHCCCS~~ has developed a standardized process for the referral, evaluation, and determination ~~for~~ of SMI eligibility. The requirements associated with the referral for an SMI evaluation and SMI eligibility determination are set forth in this ~~section~~ Policy.

II. ~~DEFINITIONS~~DEFINITIONS

Assessment - The ongoing collection and analysis of a person's medical, psychological, psychiatric and social conditions in order to initially determine if a health disorder exists, if there is a need for behavioral health services, and on an ongoing basis ensure that the person's service plan is designed to meet the person's (and family's) current needs and long term goals.⁵

¹ Moved from original placement below

² Changed "ADHS/DBHS designee" (CRN) to "AHCCCS Designee" for clarity in some locations. Also, "determining entity" is used to refer to CRN and the TRBHAs.

³ Added applicability to Acute Care Contractors and CRS throughout policy

⁴ All Tribal government providers are authorized to send assessments to CRN for SMI determinations.

⁵ From DBHS



Evaluation: – The process of analyzing current and past treatment information including assessment, treatment other medical records and documentation for purposes of making a decision as to a person’s eligibility for SMI services under the SMI program category.⁶

Determining Entity - is either the AHCCCS Contractor designee for authorized to make which conducts SMI determinations or a TRBHA (for each TRBHAs tribal members only) authorized to make the final determination of SMI eligibility.⁷

SMI Determination - A determination as to whether or not an individual meets the diagnostic and functional criteria established for the purpose of determining a person’s eligibility for SMI services.⁸

SMI Decertification - The process that results in the removal of the SMI behavioral health category designation from the member’s record.

III. Amount, Duration and Scope Applicability
POLICY

This policy applies to:

1. Persons who are referred for, request, or have been determined to need an eligibility determination for SMI;
2. Persons who are determined SMI for whom a review of the determination is indicated; and
3. Tribal/Regional Behavioral Health Authorities (T/RBHAs), RBHA, CRS, and Acute Care Contractors, Tribal Regional Behavioral Health Authorities (TRBHAs), their subcontracted providers, AHCCCS registered providers, and the ADHS/DBHS RBHA designee AHCCCS Contractor for SMI determinations⁹;
4. Tribal government providers (including 638 and IHS) who IHS and providers that are owned or managed by a Tribal government (including 638) that

⁶ Added for clarification.

⁷ From DBHS

⁸ New for clarification.

⁹ Changed “ADHS/DBHS designee” (CRN) to “AHCCCS Contractor Designee for SMI determinations” for clarity in some locations. Also, “determining entity” is used to refer to CRN and the TRBHAs.



~~choose Tribal governments (including 638 facilities) that choose to send assessments to the AHCCCS Contractor for SMI determinations.¹⁰~~

A. GENERAL REQUIREMENTS

1. All persons must be evaluated for SMI eligibility by a qualified ~~assessor-clinician, as defined in A.A.C.(R9-21-101)(B),¹¹~~ and have an SMI determination made by the ~~determining entity AHCCCS Contractor for SMI determinations authority designated by the ADHS/DBHS/RBHA or the T/RBHA. ~~if the person if:~~~~
 - a. ~~The person ~~requests an SMI determination~~ makes such a request.;~~
 - a. ~~_____~~
 - b. ~~A guardian/legal representative who is authorized to consent to inpatient treatment pursuant to A.R.S. 14-5312.01 ~~requests an SMI determination~~ makes a request on behalf of the person;~~
 - c. ~~The person has been ordered to undergo evaluation as part of Court Ordered Treatment proceedings. (see A.R.S. 36-550.06) An Arizona Superior Court issues an order instructing that a person is to undergo a SMI evaluation/determination.~~
 - d. ~~Has a score of 50 or lower on the Global Assessment of Functioning Scale (GAF) and has a qualifying SMI diagnosis (see Policy Attachment 106.1 Exhibit 320-3 for a list of qualifying diagnoses).¹²~~
 - e. ~~Behavioral health providers must use the GAF score as a screening mechanism for identifying persons (including enrolled children upon reaching 17.5 years of age) who may have functional impairment because of a SMI qualifying diagnosis; however, the GAF score shall not be used as a criterion for determining or denying SMI eligibility. The GAF is completed as part of the assessment process (see Policy 105, Assessment and Service Planning/AMPM Policy 320-O, Service Planning, Assessments, and Discharge Planning).¹³~~
 - i. The SMI eligibility ~~evaluation determination~~ record must ~~contain~~include all of the documentation that was considered during the review including, but not limited to current and/or historical treatment records. The record may be maintained in either hardcopy or electronic format. The T/RBHA or RBHA Contractor and TRBHAs must develop and make available to providers any requirements or guidance on SMI eligibility ~~evaluation determination~~ record location and/or maintenance.

¹⁰ ~~All Tribal government providers are authorized to send assessments to CRN for SMI determinations.~~

¹¹ ~~Changed to align with rule.~~

¹² ~~Clarification and conformity to current AHCCCS practice.~~

¹³ ~~This language removed because the GAF has been removed from the DSM V for clarification.~~



ii. Computation of time is as follows:¹⁴

~~1) Day Zero (0): The day the initial assessment is completed by a qualified clinician, regardless of time of the assessment. Evaluation date with a qualified clinician = day zero (0), regardless of time of the evaluation~~

~~2)1) _____~~

~~a. Day One (1): —The next business day after the initial assessment is completed. The individual or organization completing the initial assessment must provide it to the determining entity as soon as practicable, but no later than 11:59 pm on Day One. Determination due date = Three (3) business days from day zero (0), excluding weekends and holidays~~

~~3)2) _____~~

~~—Day Three (3): The third business day after the initial assessment is completed. The determining entity will shall have at least two business days to complete the final SMI determination but However, the final SMI determination must shall be completed no later than Day Three. The final determination is required three (3) business days from day zero, not 3 three business days from the date of submission to T/RBHA, designee or ADHS/DBHSRBHA designee. Providers that contract with T/RBHA must submit the SMI evaluation to the designees as soon as practicable, but no later than 11:59 p.m. on the next business day following the evaluation. The T/RBHA or ADHS/DBHSRBHA designee will have at least two (2) business days to complete the SMI determination.~~

~~3) _____~~

~~4) Determination Due Date: Day Three (3)– Three business days after Day Zero, excluding weekends and holidays, and is the date that the determination decision shall be rendered. This date may be amended if an extension is approved in accordance with this Policy.~~

iii. ~~A TRBHA may delegate to the AHCCCS designee which conducts SMI determinations AHCCCS Contractor for SMI Determinations some or part of the responsibilities established under this Policy.~~

B. PROCESS FOR COMPLETION OF THE INITIAL SMI EVALUATION

~~1. Upon receipt of a referral for, a request, or identification of the need for an SMI determination, the TRBHA or RBHA Contractors T/RBHA, TRBHAs, the ADHS/DBHS RBHA designee AHCCCS Contractor for SMI determinations¹⁵, or designated Arizona Department of Corrections (ADOC) or Arizona Department of Juvenile Corrections (ADJC) staff person will schedule an~~

¹⁴ Reworded for clarification.

¹⁵ Removed initial placement of CRN here – is not applicable



appointment for an initial meeting with the person and a qualified ~~assessor~~ clinician (see ~~Policy 405~~ AMPM Policy 950, *Credentialing and Re-credentialing Process*). This shall occur no later than ~~7~~ seven days after receiving the request or referral.~~x~~

NOTE: For referrals seeking regarding an SMI eligibility determination for individuals admitted to a hospital for psychiatric reasons the entity scheduling the evaluation Contractor and TRBHA shall ensure that documented efforts are made to schedule a face-to-face SMI assessment with the member while hospitalized¹⁶.

~~1.~~ During the initial SMI evaluation meeting with the person ~~by and~~ a qualified ~~assessor~~ clinician, the ~~assessor~~ clinician must:

1.

~~a.~~ Make a clinical judgement assessment as to whether the person is competent enough to participate in an evaluation assessment;

~~b.~~ a.

~~e.~~ Obtain written general consent to conduct the assessment from the person or, if applicable, the person's guardian ~~to conduct an assessment, unless the person has been ordered to undergo evaluation as part of Court Ordered Treatment proceedings.~~¹⁷

~~d.~~ b.

~~e.~~ Provide to the person and, if applicable, the person's guardian, the information required in R9-21-301(D)(2), a client rights brochure, and the appeal notice required by R9-21-401(B); ~~and~~

~~f.~~ c.

~~g.~~ Obtain authorization for the release of information. If, during the initial meeting with the person, the assessor is unable to obtain sufficient information to determine evaluate whether the applicant is SMI, the assessor must:

~~Request the additional information in order to make a determination evaluate of whether the person is SMI and obtain an authorization for the release of information, if applicable applicable, (see Policy 1401, Confidentiality AMPM Policy 550, Medical Records and Confidentiality Policy 550) for any documentation that would assist in the determination of the person's eligibility for SMI services;~~

~~d.~~

~~—~~ Conduct an assessment if one has not been completed within the last six months;

~~e.~~

~~h.~~ and Complete the

¹⁶ Language moved from AMPM 580.

¹⁷ Clarification



- ~~—Initiate an assessment including completion of the SMI Determination Form (see [Policy Form 106.1 Exhibit Attachment 320-34](#)); and-~~
- ~~f.~~
- ~~i.g. Upon completion of the initial evaluation, submit all information to the Determining Entity¹⁸ -within one business day.~~

C. CRITERIA FOR SMI ELIGIBILITY

1. The final¹⁹ determination of SMI requires both a qualifying SMI diagnosis and functional impairment because of the qualifying diagnosis (see [Policy Attachment Exhibit Attachment 106.1320-43](#) for a list of qualifying diagnoses).
- ~~2.~~ Functional Criteria for SMI eligibility:
- ~~3.~~
4. To meet the functional criteria for SMI status, a person must have, as a result of a qualifying SMI diagnosis, dysfunction in at least one of the following four domains, as described below, for most of the past twelve ~~(12)~~ months or for most of the past six ~~(6)~~ months with an expected continued duration of at least six ~~(6)~~ months.
 - ~~5.2.~~
 - ~~a.~~ Inability to live in an independent or family setting without supervision – 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.
 - ~~b.a.~~
 - ~~e.~~ A risk of serious harm to self or others – Seriously disruptive to family and/or community. Pervasively or imminently dangerous to self or others' bodily safety. Regularly engages in assaultive behavior. Has been arrested, incarcerated, hospitalized or at risk of confinement because of dangerous behavior. Persistently neglectful or abusive towards others in the 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 person's education, livelihood, career, or personal relationships.
 - ~~d.b.~~
 - ~~e.c.~~ Dysfunction in role performance – Frequently disruptive or in trouble at work or at school. Frequently terminated from work or

¹⁸ Defined in policy

¹⁹ Clarification.



suspended/expelled from school. Major disruption of role functioning. Requires structured or supervised work or school setting. Performance significantly below expectation for cognitive/developmental level. Unable to work, attend school, or meet other developmentally appropriate responsibilities; or

3. Risk of Deterioration:—

- a. A qualifying diagnosis with probable chronic, relapsing, and remitting course.
- b. Co-morbidities (~~like e.g.~~ mental retardation, substance dependence, personality disorders, ~~etc.~~).
- c. Persistent or chronic factors such as social isolation, poverty, extreme chronic stressors (~~e.g.~~ life-threatening or debilitating medical illnesses, victimization, ~~etc.~~).
- d. Other (~~e.g.~~ past psychiatric history; gains in functioning have not solidified or are a result of current compliance only; court-committed; care is complicated and requires multiple providers; ~~etc.~~).

~~—The following reasons shall not be sufficient in and of themselves for denial of SMI eligibility:~~

- ~~—~~
- ~~—~~
- ~~—~~
- ~~—~~

4.

- ~~a. An inability to obtain existing records or information, or~~
- ~~a.b. Lack of a face-to-face psychiatric or psychological evaluation.~~

~~The following reasons shall not be sufficient in and of themselves for denial of SMI eligibility:
An inability to obtain existing records or information; or
Lack of a face-to-face psychiatric or psychological evaluation.~~

D. PERSON WITH CO-OCCURRING SUBSTANCE ABUUSE

- ~~1. For persons with co-occurring substance abuse without an established psychiatric diagnosis, the diagnostic assessment may be performed in accordance with the DBHS Guidance Document, Co-occurring Psychiatric, and Substance Disorders.²⁰~~

²⁰ Protocol no longer applicable per Kevin Flynn and Bob Crouse. Paragraph deleted.



~~2.~~ For persons who have a qualifying SMI diagnosis and co-occurring substance ~~ab~~use, for purposes of SMI determination, presumption of functional impairment is as follows:

~~3.1.~~

- a. For psychotic diagnoses (bipolar I disorder with psychotic features, delusional disorder, major depression, recurrent, severe, with psychotic features, schizophrenia, schizoaffective disorder and psychotic disorder not due to a substance or known psychological condition²¹NOS) functional impairment is presumed to be due to the qualifying psychiatric diagnosis~~;~~
- b. For other major mental disorders (bipolar disorders, major depression, and obsessive-compulsive disorder), functional impairment is presumed to be due to the psychiatric diagnosis, unless:
 - i. The severity, frequency, duration or characteristics of symptoms contributing to the functional impairment cannot be attributed to the qualifying mental health diagnosis~~;~~ or~~;~~
~~4.~~ The assessor can demonstrate, based on a historical or prospective period of treatment, that the functional impairment is present only when the person is abusing substances or experiencing symptoms of withdrawal from substances.
 - ii.
- c. For all other mental disorders not covered above, functional impairment is presumed to be due to the co-occurring substance use unless:
 - i. The symptoms contributing to the functional impairment cannot be attributed to the substance ~~ab~~use disorder~~;~~ or
 - ii. The functional impairment is present during a period of cessation of the co-occurring substance use of at least ~~thirty (30)~~ days~~;~~ or
 - iii. The functional impairment is present during a period of at least ~~ninety (90)~~ days of reduced use and is unlikely to cause the symptoms or level of dysfunction.

E. PROCESS FOR COMPLETION OF FINAL SMI DETERMINATION

1. ~~The T/RBHA, TRBHA or RBHA Contractor-Contractors and TRBHAs~~ must develop and make available to the providers, policies and procedures that describe the provider~~s~~' requirements for submitting the evaluation packet in ord~~for submission of information or for the D~~etermining Entity AHCCCS Contractor for SMI determinations to make²² ~~for~~ the final SMI eligibility determination.

²¹ Clarification and conformity to current practice.

²² Clarification



- ~~2.~~ The licensed psychiatrist, psychologist, or nurse practitioner designated by the ~~T/RBHA~~²³ ~~or ADHS/DBHS/RBHA~~ ~~dDesignee~~ ~~the Determining Entity AHCCCS Contractor for SMI determinations~~ must make a final determination as to whether the person meets the eligibility requirements for SMI status based on:
- ~~3.2.~~
- ~~a.~~ A face-to-face assessment or reviewing a face-to-face assessment by a qualified ~~assessor/clinician~~ (see ~~AMPM Policy 950, Credentialing and Recredentialing Process~~ ~~Policy 950~~ ~~Policy 405, Credentialing and Recredentialing~~); and
- ~~b.a.~~
- ~~e.b.~~ A review of current and historical information, if any, obtained orally or in writing by the assessor from collateral sources, and/or present or previous treating clinicians.
4. The following must occur if the designated reviewing psychiatrist, psychologist, or nurse practitioner has not conducted a face-to-face assessment and has a disagreement with the current evaluating or treating qualified behavioral health professional or behavioral health technician that cannot be resolved by oral or written communication:
- ~~5.3.~~
- ~~a.~~ Disagreement regarding diagnosis: Determination that the person does not meet eligibility requirements for SMI status must be based on a face-to-face diagnostic evaluation conducted by a designated psychiatrist, psychologist, or nurse practitioner. The resolution of (specific reasons for) the disagreement shall be documented in the person's comprehensive clinical record.
- ~~b.a.~~
- ~~e.~~ Disagreement regarding functional impairment: Determination that the person does not meet eligibility requirements must be documented by the psychiatrist, psychologist, or nurse practitioner in the person's comprehensive clinical record to include the specific reasons for the disagreement and will include a clinical review with the qualified assessor/clinician. based upon a face-to-face functional evaluation conducted by a designated psychiatrist, psychologist, or nurse practitioner. The psychiatrist, psychologist, or nurse practitioner shall document the specific reason(s) for the disagreement in the person's comprehensive clinical record.²⁴
- ~~d.b.~~
- ~~6.4.~~ If there is sufficient information to determine SMI eligibility, the person shall be provided written notice of the SMI eligibility determination within three (3)

²³ ~~Changed to TRBHA as RBHAs no longer make final determinations.~~

²⁴ ~~Functional requirement does not require face-to-face evaluation.~~



business days of the initial meeting with the qualified ~~assessor~~-clinician in accordance with ~~the next section of~~ this Policy.

F. ISSUES PREVENTING TIMELY COMPLETION OF SMI ELIGIBILITY DETERMINATION

1. The time to initiate or complete the SMI eligibility determination may be extended no more than 20 days if the person agrees to the extension and:

~~a.~~—There is substantial difficulty in scheduling a meeting at which all necessary participants can attend;²⁵

~~b.a.~~

~~e.~~—The person fails to keep an appointment for assessment, evaluation or any other necessary meeting (~~see Policy 1040, Outreach, Engagement, Re-Engagement and Closure~~);²⁵

~~d.b.~~

~~e.~~—The person is capable of, but temporarily refuses to cooperate in the preparation of the completion of an assessment or evaluation;²⁵

~~f.c.~~

~~g.~~—The person or the person's guardian and/or designated representative requests an extension of time;²⁵

~~h.d.~~

~~i.~~—Additional documentation has been requested, but has not yet been received;²⁵ or

~~j.e.~~

~~k.f.~~ There is insufficient functional or diagnostic information to determine SMI eligibility within the required time periods.

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

~~2.~~—The ~~D~~determining Entity T/RBHA or ADHS/DBHSRBHA designee must:

~~2.~~

~~a.~~—Document the reasons for the delay in the person's eligibility determination record when there is an administrative or other emergency that will delay the determination of SMI status;²⁵ and

~~b.a.~~

~~e.b.~~ Not use the delay as a waiting period before determining SMI status or as a reason for determining that the person does not meet the criteria for SMI

²⁵ ~~Information no longer needed.~~



eligibility (because the determination was not made within the time standards).

~~3.~~—In situations in which the extension is due to insufficient information:

~~4.3.~~

~~a.~~—The ~~D~~determining Entity ~~T/RBHA~~ must indicate in policies and procedures made available to the provider who makes this designation for the ~~T/RBHA~~. This designee²⁶ shall request and obtain the additional documentation needed (e.g., current and/or past medical records) and/or perform or obtain any necessary psychiatric or psychological evaluations;

~~b.a.~~

~~e.~~—The designated reviewing psychiatrist, psychologist, or nurse practitioner must communicate with the person's current treating clinician, if any, prior to the determination of SMI, if there is insufficient information to determine the person's level of functioning; and

~~d.b.~~

~~e.c.~~ SMI eligibility must be determined within three ~~(3)~~ days of obtaining sufficient information, but no later than the end date of the extension.

~~5.~~—If the person refuses to grant an extension, SMI eligibility must be determined based on the available information. If SMI eligibility is denied, the person will be notified of his/her appeal rights and the option to reapply ~~(see the next section of this policy)~~ in accordance with this Policy.

~~6.4.~~ If the evaluation or information cannot be obtained within the required time period because of the need for a period of observation or abstinence from substance use in order to establish a qualifying mental health diagnosis, the person shall be notified that the determination may, with the agreement of the person, be extended for up to 90 (calendar) days.

NOTE: This extension may be considered a technical re-application to ensure compliance with the intent of A.A.C. R9-21-303²⁷ Rule. However, the person does not need to actually reapply. Alternatively, the determination process may be suspended and a new application initiated upon receipt of necessary information.

G. NOTIFICATION OF SMI ELIGIBILITY DETERMINATION

1. If the person is determined²⁸ eligibility determination results in approval of SMI, by the AHCCCS Contractor for SMI determinations, status, the SMI status must be reported to the person or their legal guardian by the Ddetermining

²⁶ Clarification

²⁷ Included appropriate citation.

²⁸ Clarification



Entity²⁹ in writing, including notice of the his/her person's right to appeal the decision (see Policy 1804, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI ACOM Policy 444 Policy 1804, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI ACOM Policy 444 and ACOM 445).

2. If the eligibility determination results in a denial of SMI status, the T/RBHA Determining Entity designee shall must provide written notice of the decision and include: include in the notice above:³⁰
 - a. The reason for denial of SMI eligibility (see Policy Form 106.1, SMI Determination Exhibit Attachment 320-33).;
 - b.a.
 - e. The right to appeal (see Policy 1801, Title XIX and Title XXI Notice and Appeal Requirements ACOM Policy 414 and, ACOM Policy 444 Policy 1801, Title XIX and Title XXI Notice and Appeal Requirements ACOM Policy 414 and, ACOM Policy 444 and ACOM 445)., and Policy 1804, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI).³¹
 - d.b.
 - e.c. The statement that Title XIX/XXI eligible persons will continue to receive needed Title XIX/XXI covered services. In such cases, the person's behavioral health category assignment must be assigned based on criteria in the the AHCCCS Technical Interface Guidelines AHCCCS Technical Interface Guidelines.³² Policy 1601, Enrollment, Disenrollment, and Other Data Submission.

H. RE-ENROLLMENT OR TRANSFER

If the person's status is SMI at disenrollment, at the end of an episode of care, or upon transfer from another TRBHA or RBHA Contractor T/RBHA, the person's status shall continue as SMI.

A person shall retain their SMI status unless a determination is made by the Determining Entity AHCCCS Contractor for SMI determinations that the person no longer meets criteria. upon re-enrollment, opening of a new episode of care, or transfer.³³

REVIEW OF SMI ELIGIBILITY

²⁹ Clarification

³⁰ Post APC Clarification

³¹ Clarification

³² Clarification

³³ Clarification



I.

~~1. Each The T/RBHA, TRBHA³⁴ or RBHA Contractor~~ must indicate in policies and procedures made available to their providers the process for reviewing an SMI eligibility determination.³⁵ ~~who makes this designation for the T/RBHA.~~

~~1.2. The TRBHA, RBHA Contractor T/RBHA or the contracted behavioral health providers may seek a~~ review of a person's SMI eligibility from ~~the Determining Entity T/RBHA or ADHS/DBHS RBHA designee AHCCCS Contractor for SMI determinations for individuals currently enrolled as a person with a SMI may be initiated by a T/RBHA or their contracted behavioral health providers~~³⁶.

~~a.~~ As part of an instituted, periodic review of all persons determined to have a SMI;³

~~b.~~a.

~~e.~~ When there has been a clinical assessment that supports that the person no longer meets the functional and/or diagnostic criteria;³ or

~~d.~~b.

~~e.~~c. As requested by ~~an individual member who has been currently determined to enrolled as a person with meet a~~ SMI eligibility criteria, or their legally authorized representative.

~~2.3. A review of the determination may not be requested by the TRBHA, RBHA Contractor T/RBHA or their contracted behavioral health providers within six (6) months from the date an individual has been determined SMI eligible.~~

J. SMI DECERTIFICATION³⁷

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

1. A member who has an SMI designation or an individual from the member's clinical team may request an SMI Clinical Decertification.³⁸ An SMI Clinical Decertification is a determination that a member who has an SMI designation no longer meets SMI criteria. If, as a result of a review, the person is determined to no longer meet the diagnostic ~~is~~ and/or functional requirements for SMI status;³ ~~the T/RBHA must ensure that:~~

³⁴ TRBHAs do not have a contracted network.

³⁵ Clarification

³⁶ Clarification

³⁷ Post APC Clarification for section I.

³⁸ Post APC Change to Add first sentence describing who can request a clinical decertification



~~The T/RBHA or AHCCCS Contractor/Determining Entity shall ensure that written notice of the determination and the right to appeal is provided to the affected person with an effective date of 30 days after the date the written notice is issued.~~

- a.
- b. ~~The T/RBHA-TRBHA or RBHA-Contractor must ensure that Sservices are continued in the event an appeal is timely³⁹ filed, and that services are appropriately transitioned as part of the discharge planning process depending on Title XIX/XXI eligibility, TRBHA or RBHA Contractor T/RBHA service priorities, and any other requirements as described in AMPM Policy 310, AMPM Policy 320 T, AMPM Policy 520 and ACOM Policy 402.~~⁴⁰

2. SMI Administrative Decertification⁴¹

A member who has an SMI designation may request an SMI Administrative Decertification if the member has not received behavioral health services for a period of two or more years.

~~Upon receipt of a request for Administrative Decertification, tThe Contractor shall direct the member to contact notify-AHCCCS DHCM Customer Service;~~

- a.
- b. AHCCCS will evaluate the member's request and review data sources to determine the last date the member received a behavioral health service. AHCCCS will inform the member of changes that may result with the removal of the member's SMI designation. Based upon review, the following will occur:

In the event the member has not received a behavioral health service within the previous two years, the member will be provided with and make a determination. Policy 201, Covered Services, 901, Inter RBHA Coordination of Care and 110, Special Populations.

The member will be directed to utilize ExhibitAttachment⁴² 320-5. This form must be completed by the member and returned to AHCCCS.

In the event the review finds that the member has received behavioral health services within the prior two year period, the member will be notified that they

³⁹ Post APC Change to add 'timely' filed

⁴⁰ References not appropriate - removed

⁴¹ Post APC Clarification to section 2.

⁴² Post APC Change to Attachment for conformity.



~~may seek decertification of their SMI status through the Clinical Decertification process. when requesting an SMI Administrative Decertification.~~

~~Written notice of the determination made on review with the right to appeal is provided to the affected person with an effective date of thirty (30) days after the date the written notice is issued.~~

~~I. SMI ELIGIBILITY DETERMINATION VERIFICATION⁴³~~

- ~~1. Verification is not required related to behavioral health status. When a TRBHA, RBHA Contractor T/RBHA or their contracted providers are required to verify SMI Eligibility for individuals who have previously been determined SMI, but cannot locate the member's original SMI determination documentation, or when the SMI determination is outdated (more than 10 years old as required by AHCCCS for eligibility/enrollment for benefits), Policy Form 106.2, SMI Eligibility Determination Verification Exhibit 320 5, SMI Eligibility Determination Verification must be completed. The form does not replace Policy Form 106.1 Exhibit 320 34, SMI Determination, but enables the TRBHA or RBHA Contractor T/RBHA and providers to "verify" a member's current SMI eligibility.~~
- ~~2. The form must be completed by a licensed psychiatrist, psychologist, or nurse practitioner, and then submitted to the TRBHA or RBHA Contractor T/RBHA for approval. The TRBHA or RBHA Contractor T/RBHA is responsible for monitoring and validating the forms.~~
- ~~3. The TRBHA or RBHA Contractor T/RBHA must keep copies of the validated Policy Form 106.2, SMI Determination Verification Exhibit 320 35, SMI Determination Verification in the member's medical record.⁴⁴⁴⁵~~

~~REFERENCES~~

~~Policy 320 R of this Manual for Special Assistance for Persons Determined to have Serious Mental Illness~~

~~Chapter 500 of this Manual for Medical Records and Confidentiality~~

~~Policy 405 Chapter 900 of this Manual for, Credentialing and Re-Credentialing Process~~

⁴³ ~~Verification is not required related to behavioral health status.~~

⁴⁴ ~~Clarification~~

⁴⁵ ~~Removed reference list- applicable references are included in the policy~~



~~Policy 104, Chapter 1000 of this Manual for Outreach, Engagement, Re-Engagement and Closure~~

~~42 CFR 435.911~~

~~A.R.S. 36-107~~

~~A.R.S. Title 36, Chapter 5~~

~~9 A.A.C. 21~~

~~AHCCCS/ADHS Contract~~

~~ADHS/RBHA Contracts~~

~~ADHS/TRBHA IGAs~~

~~1. Policy 201, Covered Services~~

~~2. Policy 1601, Enrollment, Disenrollment, and Other Data Submission~~

~~3. Policy 1801, Title XIX and Title XXI Notice and Appeal Requirements~~

~~4. Policy 1802, Member Complaints~~

~~5. Policy 1803, Conduct of Investigations for Persons with Serious Mental Illness~~

~~6. Policy 1804, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI)~~

~~7. DBHS Guidance Document Co-occurring Psychiatric and Substance Disorders~~