



# SMI Eligibility Training for Behavioral Health Providers



# Training Objectives

**Participants of this training can expect Magellan to:**

- Describe the SMI evaluation/determinations process
  - Explain SMI eligibility criteria
  - Clarify the appeals process
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# Who can be evaluated for SMI Eligibility?

- Maricopa County Resident (some Pinal County)
  - Legal Status
  - At least 17 years old
  - Gives informed consent for a determination; unless COE/COT, 17, or under guardianship
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## Who conducts the SMI evaluation?

- A person can call Magellan Customer Service to request an SMI evaluation. Crisis Prep and Recovery (CPR) will schedule a “routine” evaluation within 7 days.
- Hospital staff can call Customer Service to request an SMI evaluation on their patient . A CPR evaluator will conduct the evaluation within 24 hours.
- The person's current GMH/SA treatment team will submit the SMI evaluation.
- If a person is under 18 years of age, they must have their GMH/SA site submit the application, as CPR does not evaluate 17 year-olds.

## How are packets submitted to Magellan?

- Typically, packets (including the assessment, consent forms, treatment records, etc.) are scanned and faxed or e-mailed.
- They can also be mailed or brought by courier.
- Magellan Eligibility Processors receive the completed packets and ensure that all documentation is accurate, forms are signed and dated, etc...
- The Processors then submit completed packets to Magellan SMI Eligibility Reviewers electronically.
- Once the determination is completed, documents are sent back to the Processors for final processing.

# What are the timelines?

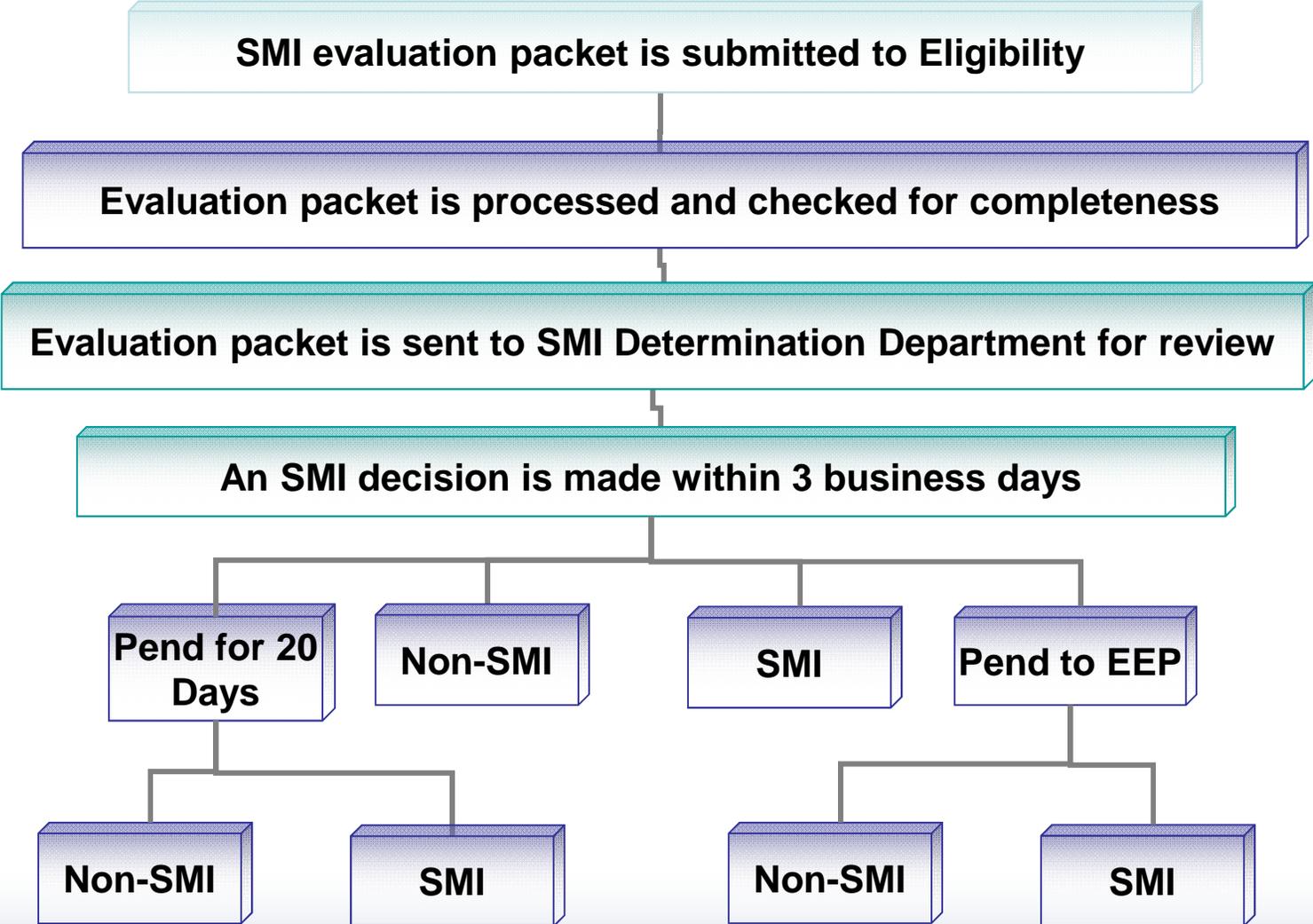
- A decision must be made within 3 business days after the evaluation has been completed.
  - For example, if an evaluation is done on Monday, a decision is due by Wednesday.
- There are 3 possible decisions that can be made within the 3 days:
  - A determination is made (i.e. SMI or non-SMI)
  - Pend for 20 days
  - Pend for 90 days

# Pend Options



- Extended Evaluation Program (EEP): Recipient is assessed and monitored to clarify the dx and fx in context of sobriety
  - EEP is managed by CPR master's level staff
  - BHR may be referred to GMHSA or private providers
  - Outreach and engagement occurs through weekly calls
  - Urine Drug Screens are conducted
  - Past treatment records are requested
  - Functional level is observed
  - Determination is made within 90 days
- 20 Day Pend
  - Records are requested and a determination is made within 20 days
  - ROI's must be submitted in the packet

# The SMI Determination Process - Overview



## If Determined SMI:

- Select a site within 24 hours of the determination decision (if not already selected)
- Case manager makes contact within 24 hours
- Eligibility will fax notification of the determination decision to the provider
- Provider to follow RBHA guidelines for correct transfer procedures from GMH provider to SMI provider



## If Determined Non-SMI:

- Recipient referred to a GMH/SA Provider
  - Title-XIX
    - » AHCCCS covers services
  - Non-Title-XIX
    - » Provided community resource information
- The recipient can file an appeal, or a designated representative can assist in filing an appeal, within 60 days of the denial.
- Per DBHS, the BHR can re-apply for SMI benefits at least 6 months after they have been determined non-SMI.

# Eligibility and Evaluations Contacts

Telephone: 1-800-564-5465

Fax Number: (888) 656-2659

Address: 4801 E. Washington  
Phoenix, AZ 85034



Web link to forms:

[www.magellanofaz.com](http://www.magellanofaz.com)

Click on “For Providers” and “ Provider Forms” Section 3.10

If unable to locate forms, contact eligibility department by phone

Assessment: Click on “Provider Manual” and scroll down to 10.0

# Defining Serious Mental Illness

## **ASRS 36-501. Serious Mental Illness (SMI)**

- A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder...exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.

# SMI Criteria

- AZ/DBHS has set forth specific criteria that must be met in order to be eligible for SMI benefits; see provider manual and SMI Determination Form
- It is the role of the SMI Eligibility Reviewers to review each application and determine if AZ/DBHS criteria are met
- The criteria are three-pronged:
  - Qualifying Diagnosis
  - Functional Impairment
  - Link between Qualifying Diagnosis and Functional Impairment

# Part C Additional Addenda

## I. Preliminary SMI Eligibility Determination Recommendation

Based upon my direct behavioral health assessment of this person, I \_\_\_\_\_  
Print Name Credentials/Position

make the following preliminary SMI eligibility recommendation.

1. Preliminary Recommendation of Qualifying SMI Diagnosis (*circle the person's principal diagnosis (es) supported by available information*)

**Psychotic disorders** (295.10, 295.20, 295.30, 295.60, 295.70, 297.1, 295.90, 298.9); **Bipolar disorders** (296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.80, 296.89); **Obsessive-compulsive disorder** (300.3); **Major Depression** (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36); **Other Mood Disorders** (296.90, 301.13, 311, 300.4); **Anxiety disorders** (300.00, 300.01, 300.02, 300.14, 300.21, 300.22, 309.81); **Personality disorders** (301.0, 301.20, 301.22, 301.4, 301.50, 301.6, 301.81, 301.82, 301.83, 301.9)

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

1(b) Based on the assessment and other available information, the person's current GAF score was determined to be \_\_\_\_\_

## Part C Additional Addenda Cont...

2. Preliminary Recommendation of Functional Criteria: As a result of the above diagnosis, the 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 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.

## Part C Additional Addenda Cont...

- 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 person is able to maintain conduct within the limits prescribed by law, rules and social expectations, and/or the extent to which the 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 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.

## Part C Additional Addenda Cont...

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.

## Part C Additional Addenda Cont...

### 3. Risk of Deterioration

The individual 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 compliance only; court-committed; care is complicated and requires multiple providers; etc.)

*If the assessor concurs with the above statement, document*

*reason:* \_\_\_\_\_

4. 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)

# Examples of Potentially Appropriate Referrals

- Person who was getting SMI services or the equivalent in another state (although criteria may be different)
- Person has been obtaining GMH/SA treatment for an SMI qualifying diagnosis for some time, but has been deteriorating
- Person with a documented SMI diagnosis and severe functional impairment for at least 6 months
- Person who has been sober for a sustained period and still has significant psychiatric symptoms and impairment
- Person with a hx of suicide attempts and several hospitalizations, not while using substances, and currently having symptoms and functional impairment

## Recent Stats

- In 2010:
  - 4789 new SMI evaluations were reviewed and;
    - 32% (1539) were determined SMI
  - 672 Pre-SMI BHR's were re-opened with SMI clinics
- In 2011 (Jan-Nov):
  - 4262 new SMI evaluations were reviewed and;
    - 35% (1505) were determined SMI
  - 753 Pre-SMI BHR's were re-opened with SMI clinics
- From January-May 2011:
  - 363 BHR's filed an appeal; 65 (18% determined SMI)
  - 50 went to a fair hearing; 4 determined SMI at hearing (none determined SMI by DBHS)

## Recent month comparisons

There was an avg of 365 new evals/mth for Jan-July 2011, before changes to AHCCCS Eligibility took effect. An increase in the # of evals has been seen since then, and compared to the previous year:

- Evals in Aug 2011: 429 – 33% SMI (142) (Aug 2010: 389)
- Evals in Sept 2011: 451 – 35% SMI (158) (Sept 2010: 366)
- Evals in Oct 2011: 423 – 36% SMI (151) (Oct 2010: 321)
- Evals in Nov 2011 (thus far): 419 - 38% (160) SMI (Nov 2010: 296)

## Decertification (Once SMI, **NOT** Always SMI!)

- Recipients have the right to be decertified if they are determined SMI.
- A person who is voluntarily receiving SMI services may be decertified if they request to be decertified - or - if the treatment team at the DCC determines that they no longer meet SMI criteria.
- Decertification paperwork is submitted to Magellan SMI Eligibility Reviewers and processed accordingly.

# Common Reasons for Denying SMI Eligibility

- Information provided indicates that the recipient does not have a qualifying diagnosis
- Functional impairment criteria (type, duration, or cause) are not supported by the data
- Symptoms and functional impairments are better accounted for by a non-qualifying diagnosis or other factors
- Pending for records or EEP was unsuccessful in clarifying diagnosis or functional impairments
- Insufficient information was provided and the recipient has not authorized to pend



# Grievance & Appeals



# General Requirements for Initiating an Appeal

## Who may initiate an SMI determination appeal?

- Person denied
- Guardian
- Designated Representative

## How is an appeal filed?

- Call customer service at 1-800-564-5465 or write to G and A:  
4801 E. Washington  
Phoenix, AZ 85034



## What are the timelines for filing?

- Within 60 days from the day of denial

### **Note:**

A release of information form or designated representation form is needed for persons other than appellant who wish to participate in the appeals process.

The request for appeal will be denied if G&A determines that the appeal is out of timelines or filed by the wrong filing party.

# Grievance and Appeals Process

- The RBHA must have an informal conference within 7 days of receipt of the appeal. An extension may be filed.
- What happens at the informal conference?
  - A G&A coordinator requests ROI's, discusses the Appeals process, what it means to be SMI, and services available under AHCCCS. SMI Reviewer may mediate as well.
- The case is re-reviewed by an SMI Eligibility Reviewer no later than 20 days from the informal conference; new records may be included
- If denied after the review, a request for fair hearing must be received by DBHS no later than 30 days from denial

# Fair Hearing

- What happens at a fair hearing?
  - Appellant has burden of proof to establish that the denial was made in error
  - Administrative judge makes recommendation to DBHS
- What happens if recipient is denied via the hearing process?
  - Another SMI evaluation can be submitted (at least 6 months after the initial denial)
  - Recipient can receive GMHSA services if T19 eligible
  - Sliding fee referrals can be obtained

# Grievance and Appeals Contacts

For questions about Magellan Grievance and Appeals:

Call Customer Service at 1-800-564-5465



# Question & Answer Session

