

Policy:

It is the policy of the Crisis Response Network (CRN) to make a clinical determination of eligibility for Serious Mental Illness (SMI) based upon established criteria in a consistent, timely manner.

Procedures:

The determination that an individual is SMI eligible is based upon AHCCCS established SMI Eligibility Criteria. SMI Eligibility is established when CRN determines that the individual has a qualifying SMI diagnosis and functional impairment as a result of that qualifying diagnosis, consistent with the parameters below.

I. Qualifying Diagnosis

To be considered eligible for SMI status, an individual must be determined to have a qualifying diagnosis. See [Form 2.01A SMI Qualifying Diagnoses](#) for a list of the qualifying diagnoses.

II. Functional Criteria for SMI Determination

A. To meet the functional criteria for SMI, 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 months or for most of the past six months with an expected continued duration of at least six months:

1. 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;

2. 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;
 3. Dysfunction in role performance – 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; or
 4. Risk of Deterioration – 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.).
- B. The following reasons shall not be sufficient in and of themselves for denial of SMI eligibility:
1. An inability to obtain existing records or information; or


2. Lack of a face-to-face psychiatric or psychological evaluation.

III. Person with Co-occurring Substance Abuse

- A. For persons with co-occurring substance abuse without an established psychiatric diagnosis, the diagnostic assessment may be performed in accordance with the [Co-occurring Psychiatric and Substance Disorders Practice Improvement Protocol](#).
- B. For persons who have a qualifying SMI diagnosis and co-occurring substance abuse, for purposes of SMI determination, presumption of functional impairment is as follows:
 1. For psychotic diagnoses (bipolar I disorder with psychotic features, delusional disorder, major depression, recurrent, severe, with psychotic features, schizophrenia, schizoaffective disorder and psychotic disorder NOS) functional impairment is presumed to be due to the qualifying psychiatric diagnosis;
 2. 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;
 - ii. 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.
- C. For all other mental disorders not covered above, functional impairment is presumed to be due to the co-occurring substance use unless:

1. The symptoms contributing to the functional impairment cannot be attributed to the substance abuse disorder (see [Form 2.01A Substance Use/Psychiatric Symptomatology Table I](#)); or
2. The functional impairment is present during a period of cessation of the co-occurring substance use of at least 30 days; or
3. The functional impairment is present during a period of at least 90 days of reduced use unlikely to cause the symptoms or level of dysfunction.

Approval:


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Chief Executive Officer

4/9/2020
Date