REFERRAL FOR COMMUNITY CARE SERVICES (CCS)
1157 FORM INSTRUCTIONS

PURPOSE:

The DHS 1157 form is the referral to the Department of Human Services (DHS), Med-QUEST Division (MQD), Community Care Services (CCS) program for Medicaid eligible adult members (18 ± years old), have been diagnosed with a serious mental illness (SMI) or serious and persistent mental illness (SPMI), and require additional services beyond the basic behavioral health services provided by QUEST Integration (QI) Health Plans.

CCS CRITERIA *(CCS RFP §9.2.B.1 and §9.2.C.2)*:

- Adults with an eligible CCS SMI/SPMI diagnosis (See diagnoses list on page 3).
- SMI/SPMI interferes substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration.
- SMI/SPMI results in long-term limitation in their functional capacities for primary activities of daily living (ADLs).
- Demonstrates the presence of the eligible SMI/SPMI diagnosis for at least twelve (12) months or is expected to demonstrate the qualifying diagnosis for the next twelve (12) months.
- Meets at least one of the criteria demonstrating instability and/or functional impairment:
    - Clinical records demonstrate that member is unstable under current treatment, plan or care; or
    - Requires protective services or intervention by housing/law enforcement officials.

REFERRAL PROCESS:

Completion of the DHS 1157 form requires a face-to-face assessment of the member by a physician or Qualified Mental Health Professional (QMHP)*. **In addition, verbal or written member consent for the 1157 referral is required.** If the member has a Legal Guardian/Power of Attorney (POA)/Surrogate, please be sure to obtain and provide written, signed and dated consent from the Legal Guardian/POA/Surrogate and copies of legal documents. ***DO NOT ALTER THE 1157 FORM.** If anything is altered, the referral will not be accepted and returned.

To ensure the most current information for CCS eligibility assessment is provided for review, **all 1157 forms need to be completed (signed/dated) within 90 days of submitting to MQD.** If it is past 90 days, the referral will be returned.

I. Standard 1157 Referral Process:

a. **For community providers**: a 1157 referral packet comprised of the following shall be submitted to the member's QI health plan:

1) A completed 1157 form.

2) At least one (1) current (within 6 months of the 1157 form completion), signed and dated biopsychosocial or psychiatric evaluation/assessment by a QMHP that documents the same

primary CCS-eligible diagnosis and supports the functional impairment described in the 1157 form.

3) Other documents, if any, that demonstrate the duration and current CCS functional impairment criteria.

b. **The QI Health Plan and Other State Departments/Divisions** shall do the following:

1) Check the DMO for current Medicaid status.

I. If Medicaid is NOT active, members ARE NOT eligible for CCS.

II. If member is showing enrollment with AMHD or CAMHD, please verify and work with AMHD or CAMHD. Please note that MQD cannot enroll members into CCS if they are enrolled with other state agencies.

2) Review the 1157 referral packet as follows:

i. Be sure the 1157 form is completely filled out, signed and dated by QMHP.

ii. The most current supporting document(s) must list the same primary CCS-eligible diagnosis and confirm the functional impairment described in the 1157 referral form.

iii. Complete and include the **CCS 1157 Referral Coversheet** (QI Health Plan or Other State Departments/Divisions coversheets)

3) Submit the 1157 referral packet to the Med-QUEST Division/Clinical Standards Office (MQD/CSO).

c. Upon receipt, MQD will then review the 1157 referral packet for contract content compliance and then forwarded to MQD/CSO psychiatrist and/or Medical Director to determine CCS eligibility. Please note that from the date of submission, MQD has thirty (30) business days to determine CCS eligibility. If additional information is requested, or if the referral packet is incomplete, the determination, if it can be made, will be done within thirty (30) business days of receipt of the resubmitted packet.

d. After this review, MQD/CSO will then return the 1157 referral with the CCS eligibility determination to the referring QI Health Plan or State Department/Divisions.

MQD/CSO only accepts CCS 1157 referrals from a QI health plan or State agency. CCS 1157 referrals submitted by any other provider/agency will be returned. Please note, if there is no contact information (email/fax/phone #) on the CCS 1157 referral submitted, the referral will be deleted/discarded.

All CCS 1157 referrals are now electronic. Please fax CCS 1157 referrals to MQD/CSO at (808) 692-8131 or submit via secure/encrypted email in one (1) PDF file to MQDCSO@dhs.hawaii.gov or SharePoint site if established with MQD/CSO. QI Health Plans and State Departments/Divisions will complete and include the CCS 1157 Referral Coversheet with all 1157 referrals. If the referral requires an expedited review, please designate “URGENT” in the email to MQD/CSO and coversheet. In addition, please be sure to provide the REASON for urgent review on the coversheet. If not, the CCS 1157 referral will be returned to specify the reason for MQD expedited review of the CCS 1157 referral.

GENERAL INSTRUCTIONS:

Please provide all information. If blanks are left, the CCS 1157 referral may be returned. DO NOT modify or alter this form in any way. Any alterations will result in the referral being returned.

If the member has any current **LEGAL ENCUMBRANCES***, please **STOP**. Do not proceed with the referral until the member has been cleared of all legal encumbrances. If the member has legal encumbrances, the referral will be returned.

Be sure to obtain member consent for the CCS 1157 referral. Fill in the information at the top of page 1 of the 1157 form – specifying verbal or written consent. If this section is not completed, the referral will be returned.

Please be sure the information provided in the form is legible, if not, the referral will be returned.

PAGE 1:
Section A: Fill all blanks. If there are areas that have not been filled in, the 1157 referral will/may be returned.

- If there are any blanks in #1 – 8, the referral will be returned.
- If there is no contact information for the member (#8a – 9), the referral will be returned.
- If #10 and 11 are left blank or NOT a CCS eligible diagnosis (see list on page 4), the referral will be returned.
- If #12 and 13 do not apply, fill in "N/A".
- If #15 is "NO", then #16 & 17 may be left blank.
- If #18 is "YES", please be sure to list all medications on page 3 "MEDICAL/PHYSICAL" section or attach a copy of a medication list.
- Provide information for #19 and #20. If the member does not have a PCP or Psych Provider, please fill in "N/A", do not leave blank.

Section B: DO NOT fill out this section. To be completed by MQD/CSO only. However, MQD/CSO has the right to delegate completion of this section to appropriate psychiatric staff. If this is not left blank, the referral will be returned.

Section C: Functional Impairment:

PAGE 2: I - MENTAL STATUS Check off and provide information. If a section does not apply, please document "N/A" in the "Description". If sections are left blank, the 1157 referral will be returned.

PAGE 3: II – FUNCTIONAL SCALES: Provide DETAILED explanations in all fields. If the functional impairment does not apply to the member, please fill in the blank with "N/A". If all fields are left blank or all filled with N/A, the referral will be returned. Please note that this section provides the explanation of the member's functional impairment and is a key factor in determining CCS eligibility.

***Any attachment(s) or addendum(s) to the 1157 form, mainly for the "FUNCTIONAL SCALES" section, needs to have the member's name and must be signed and dated by the QMHP completing the 1157.*

Section D:

- To be signed and dated by the QMHP that completed the form. If the form was not completed by a QMHP, verification/co-signature by a QMHP is needed in the space provided. To assist with expediting the process, please provide a contact number/email in the event information may need to be clarified. If MQD is unable to verify that a QMHP completed the form, the CCS 1157 referral will be returned.

- All signatures should be by the person(s) completing the form. This includes manual signatures and electronic or digital signatures.

**Legal Encumbrances: Conditional Release (CR), Released on Conditions (ROC), Mental Health Court, and Jail Diversion.*

**Qualified Mental Health Professional (QMHP): Physician, Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Mental Health Counselor (LMHC), or Advanced Practice Registered Nurse (APRN). All QMHPs must be currently licensed in the State of Hawaii. (CCS RFP §4.12.C.3.k)*

CCS Eligible SMI/SPMI Diagnoses *(CCS RFP §9.2.D)*:

1) Substance Induced Psychosis ***(The "x" represents a number. Be sure to have three (3) numbers after the decimal point).***

ICD-10:	Alcohol Induced Psychosis:	F10.15x, F10.25x, F10.95x
	Opioid Induced Psychosis:	F11.15x, F11.25x, F11.95x
	Cannabis Induced Psychosis:	F12.15x, F12.25x, F12.95x
	Sedative Induced Psychosis:	F13.15x, F13.25x, F13.95x
	Cocaine Induced Psychosis:	F14.15x, F14.25x, F14.95x
	Other Stimulant Induced Psychosis:	F15.15x, F15.25x, F15.95x
	Hallucinogen Induced Psychosis:	F16.15x, F16.25x, F16.95x
	Inhalant Induced Psychosis:	F18.15x, F18.25x, F18.95x
	Other Substance Induced Psychosis:	F19.15x, F19.25x, F19.95x

2) PTSD
ICD-10: F43.1x

3) Schizophrenia
ICD-10: F20.x, includes schizophreniform disorder F20.81

4) Schizoaffective Disorder
ICD-10: F25.x

5) Delusional Disorder
ICD-10: F22

6) Bipolar Disorder
ICD-10: F30.xx, F31.xx

7) Major Depressive Disorder, Severe
ICD-10: F32.3, F33.2, F33.3

8) Borderline Personality Disorder
ICD-10: F60.3