

INSTRUCTIONS
DHS 1157 (Rev. 04/14)

**REFERRAL FOR SERIOUS MENTAL ILLNESS (SMI) COMMUNITY CARE SERVICES (CCS)
PROGRAM**

PURPOSE:

The DHS 1157, Referral for Serious Mental Illness (SMI) to the Community Care Services (CCS) Program, shall be initiated by the health plan or hospital when there is reason to believe that an applicant/beneficiary of medical assistance may meet the definition of SMI and would meet the criteria to receive services from CCS.

GENERAL INSTRUCTIONS:

The applicant/beneficiary's provider, with review and concurrence by the health plan medical director or attending physician, shall complete this form to refer an applicant/beneficiary for consideration for the CCS program and submit it along with pertinent medical records to the Med- QUEST Division/Clinical Standards Office (MQD/CSO). The MQD/CSO evaluation panel will complete the Section to be completed by MQD/CSO Evaluation Panel and make a determination for CCS referral based on the information provided in the Referral for SMI CCS packet.

SPECIFIC INSTRUCTIONS:

The DHS 1157 should be completed by the applicant/beneficiary's provider, with review and concurrence by the health plan medical director or attending physician.

The DHS 1157 page 1, the Mental States page 2, and the Functional Scales page 3, should be signed by the applicant/beneficiary's treating psychiatrist or psychologist. If the applicant/beneficiary does not have a treating psychiatrist or psychologist, then the treating medical provider for the applicant/beneficiary may sign where indicated on the form. Signature also required indicating review and concurrence by the health plan medical director or behavioral health specialist

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Section A: To Be Completed By the Health Plan Medical Director or Attending Physician

1. Furnish the following identifying data: the applicant/beneficiary's name, gender, home address, mailing address, date of birth, age, phone number, DHS case No., client ID No., Social Security number, county and health plan.
2. Indicate the primary and secondary diagnosis along with any current medical conditions and DSMIV code. Qualifying diagnosis need to be present for over 12 months or expected to continue for 12 months.
3. Complete date of referral, name of primary care provider (PCP) and identify whether or not the PCP was informed of the referral.
4. Applicant/beneficiary is to initial acknowledgement of the statement to comply with the CCS program directions and understand that current provider(s) may change.
5. Applicant/beneficiary signature is required for the process to move forward.
6. Hospitalizations:
Identify if the applicant/beneficiary is currently hospitalized and indicate the location. List all other hospitalizations by facility, location, date admitted, date discharged and diagnosis. Attach an extra sheet if more space is needed.

7. Medications:
List the routine psychiatric medications, as well as frequently used prn psychiatric medications identifying the medication strength, dosage, start date and end date

Outpatient therapists:

Provide a list of current and past mental health therapists, diagnosis, start and end dates of treatment. Attach an extra sheet if more space is needed.

Section B: To Be Completed By MQD/CSO Evaluation Panel

MQD medical director or behavioral health consultants will complete and sign this section indicating:

1. The date the Referral for CCS is evaluated;
2. If approved for CCS referral, the date of enrollment is indicated in this section and will be five business days after the date the CCS referral is approved.
3. Whether the applicant/beneficiary is approved for CCS referral or if additional information is needed;
4. Whether re-evaluation is required, if yes, date to be re-evaluated;
5. Reason for denial and any other comments.

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Section C: To Be Completed By the Health Plan Medical Director or Attending Physician

- I. MENTAL STATES - Self-explanatory.

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- II. FUNCTIONAL SCALES - Self-explanatory.

Section D: To Be Completed By the Health Plan Medical Director or Attending Physician

- III. SUPPORTING DOCUMENTATION – Provide additional comprehensive information and assessments to assist in the evaluation of the criteria for CCS eligibility.

ELIGIBILITY CRITERIA

The beneficiary is eligible for CCS referral if A through E can be answered “Yes.”

The applicant/beneficiary:

1. Is 18 years of age or older and is Medicaid eligible.
2. Is NOT successfully engaged in existing case management services, including AMHD Case management services.
3. Have been diagnosed as having one of the qualifying diagnoses (see attached).
4. Demonstrates the presence of the qualifying diagnosis for the last 12 months or is expected to demonstrate the qualifying diagnosis for the next 12 months.
5. Meets at least one of the criteria below that demonstrates instability and/or functional impairment:
 - a. Clinical records demonstrate that the beneficiary is currently unstable under

current treatment and plan of care (e.g. multiple hospitalizations in the last year and currently unstable, substantial history of crises and currently unstable, consistently noncompliant with meds and follow-up, unengaged with providers, significant and consistent isolation, at risk for hospitalization, resource deficit causing instability).

- b. The applicant/beneficiary's GAF scores, supported by submitted clinical records, currently is and have been consistently less than 50 over the past 6 months.
- c. The applicant/beneficiary is under Adult Protective Services (APS) or requires intervention by housing or law enforcement officials. Supporting documentation exists in the medical record, such as a letter from APS or housing official.

If the referral to CCS does not provide sufficient information under A through E to make a determination, the referral will be sent back for more information, or the health plan or hospital will be contacted to provide additional information.

Upon Referral to CCS by the MQD, the applicant/beneficiary will be assessed by CCS. If the applicant/beneficiary does not meet or no longer meets the criteria for CCS admission, based on the initial evaluation, CCS will complete the DHS 1157 to indicate the reason for applicant/beneficiary not being recommended for either continued services or disenrollment from CCS. MQD will return the beneficiary referral back to the referring health plan or if applicant/beneficiary is still hospitalized, to the hospital.

Provisional Referral to CCS is made for individuals whose qualifying condition or duration of illness is uncertain because of co-existing substance abuse or medical condition. The criteria above should still be met. CCS will be made aware of the provisional status of the referral and the applicant/beneficiary must be re-evaluated by MQD using the DHS 1157 and reassessment completed by CCS at the timeframe indicated on the initial DHS 1157.

FILING INSTRUCTIONS:

In order for MQD CSO to perform an evaluation and determination, the supporting documentation must be adequate and complete. The following requirements must be included as part of the SMI CCS packet:

1. DHS 1157 'Referral for Serious Mental Illness (SMI) CCS Program page 1, page 2 "Mental States" and page 3 "Functional Scales";
2. Clinical notes within the past year outlining current plan of care and treatment;
3. Hospital admission and discharge notes within the past year, if applicable;
4. Psychiatric and/or psychosocial assessment within the past year; and
5. Global Assessment of Functioning (GAF) scores within the last six months, and highest within the last year, supported by clinical documentation.

The DHS 1157 form and supporting documentation may be faxed or mailed to the applicant's health plan for referral to the CCS Program with the exception of those providers who are allowed to fax directly to MQD at 808-692-8131

