

Evaluation Process for Determination of Eligibility for the Behavioral Health Managed Care (BHMC) Plan for Seriously Mentally Ill (SMI) Adults

1.) INPATIENTS

a) Adults on Oahu

If, after reviewing relevant clinical information, the QUEST plan or referring fee-for-service provider determines that a member meets the criteria for a Serious Mental Illness (SMI), they should complete and fax to the MQD the referral form entitled Referral for Serious Mental Illness. This form is self-explanatory, must be completed entirely, and should be submitted at least two (2) working days before anticipated discharge to:

MQD/Medical Standards Branch
Attention: Barbara Respicio, R.N.
Fax: (808) 692-8131

If the patient is discharged in advance of his/her projected discharge date, please inform the MQD Psychiatric Consultant at 692-8115 and use the process described under “OUTPATIENTS.”

b) Adults on Neighbor Islands

Use the process described under “OUTPATIENTS”.

2) **OUTPATIENTS** - The QUEST plans or referring provider should mail or fax to the MQD, the “Referral for SMI” form, the forms for the assessment of Mental States and Functional Scales. In addition, to expedite the processing of SMI referrals, it is asked that as much of the following information, as possible, be included:

- a) Personal history, family history, social history and history of drug use.
- b) Mental health history and educational history.
- c) History of past hospitalizations and other prior psychiatric care.
- d) Local hospital admission and discharge summaries (including medical and psychiatric histories and physical examinations).

- e) Most current psychiatric and psychological assessments to include pertinent history, behavioral observation and presentation, diagnostic impression, reports of psychological/psychiatric testing, Global Assessment of Functioning (GAF) scores and substance abuse information using ASAM placement criteria (if applicable).
 - f) Pre-signed option letters for patients who are or have Medicaid or Medicaid/Medicare insurance. (Note: Patients having Medicare only, are not eligible for SMI services.)
- 3) For QUEST plans, the MQD expects that the Medical Directors of the plans will review and sign all referrals for SMI and any information (such as the assessment of mental state and functional scales) which may have been completed by health plan staff. Thus, the MQD will not make a determination that a member is SMI (if referred by the plan) without the signature of the plan's Medical Director. Referrals for fee-for-service recipients can be made by providers other than the QUEST plans but need to be signed by a psychiatrist or psychologist.
 - 4) The MQD's psychiatric consultant will make a decision based on the information submitted.
 - 5) The Referral Form with the MQD's decision will be returned to the referring provider in most cases within seven (7) business days and not more than 30 days after receipt. The MQD makes one of the following four determinations:
 - a) SMI - yes, full acceptance
 - b) Provisional SMI - yes, provisional acceptance for limited period
 - c) SMI – no
 - d) Additional Information Needed
 - 6) Provisional SMI are those individuals who have a substance abuse condition and are suspected to suffer from a qualifying condition due to their symptoms and functional limitation. These persons have on-going and recent substance abuse which prevents the clinician from making a definitive qualifying diagnosis.
 - 7) If the member is determined to be SMI or provisional SMI, the BHMC plan will receive a copy of all pertinent information submitted by the referring provider. In addition, the MQD's Enrollment Call Center will be notified to add the member's eligibility status to the member's eligibility file.

- 8) If a member was not determined to be SMI or if additional information is needed, the MQD will indicate the reason for this decision or the additional information needed on the referral form.
- 9) After a referral has been submitted to the MQD and before the referring provider is notified of a decision, referring provider shall update the MQD in situations including but not limited to the following:
 - a) The patient was admitted to the hospital.
 - b) The patient has an urgent need for behavioral health managed care services.
 - c) The referring provider has not received a determination seven (7) working days or more after submission of the referral.

Additional clarification which applies to both INPATIENTS and OUTPATIENTS:

- 1) For the BHMC Plan only, if the member is not included in the tape for the month after enrollment, please contact the Med-QUEST Finance Office at 692-7957.
- 2) If no records of prior hospitalizations are available, outpatient treatment services will be considered by the MQD Psychiatric consultant in determining whether a member had an SMI diagnosis. The following criteria will be used for the determination: Treatment for at least 6 months or must have a 6 month minimal expected duration, or must have a combined present and expected duration of 6 months.
- 3) Those members with a qualifying condition will be accepted provisionally into the behavioral health managed care plan for six months to allow for a complete assessment and intensive case management. A case review by the BHMC will begin four months after enrollment for members in this category. Once an SMI diagnosis is established the member will be changed to an SMI category. If the member does not have an SMI diagnosis the member will be disenrolled from the behavioral health managed care plan. It is the responsibility of the referring provider to determine the continued treatment needs of those recipients determined not to have an SMI diagnosis and is in treatment for substance abuse at the time of disenrollment.
- 4) Do not refer the following types of members as they **DO NOT** meet **SMI** requirements:
 - a) Adults with SMI diagnosis or who (in the absence of a diagnosis) have documentation of displaying SMI symptoms for less than a combined and expected duration of at least 6 months.

- b) Adults whose serious mental illness is not expected to last more than 6 months.
 - c) Adults with substance abuse diagnosis(es) only and NO independent psychiatric diagnosis that would otherwise qualify for SMI consideration. Referrals can be made for those adults with a substance abuse diagnosis and a probable SMI diagnosis which is unclear due to the patients' recent and sustained substance abuse.
 - d) Adults with psychiatric diagnosis(es) and developmental disabilities (DD)/mental retardation (MR) (other than mild DD/MR).
 - e) Patients with SMI diagnosis(es) who are functioning well in the community.
 - f) Patients who do not have Medicaid insurance.
- 5) To expedite processing, the MQD will return only the referral forms. If a provider wishes to have a determination reconsidered, all applicable information should be resubmitted. A decision on the reconsideration will be rendered within seven (7) working days of receipt in most cases and as stated in the RFP, not more than 30 days after receipt.
- 6) If a provider questions a determination, he/she should contact the MQD psychiatric consultant at 692-8115.
- 7) Other individuals such as psychiatrists and psychologists can also make referrals for SMI evaluation.
- 8) If the referring provider needs clarification or has questions on SMI referrals, contact Ms. Barbara Respicio, R.N. at 692-8127.