

## **INSTRUCTIONS**

### **DHS 1157 (Interim 02/14)**

#### **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/recipient of financial and/or medical assistance may meet the definition of SMI and would meet the criteria to receive services from CCS.

#### **GENERAL INSTRUCTIONS:**

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

#### **SPECIFIC INSTRUCTIONS:**

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

Page 1:

1. Furnish the following identifying data: the applicant/recipient'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. Hospitalizations: Identify if the applicant/recipient 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.
5. Medications: List the routine psychiatric medications, as well as frequently used prn psychiatric medications identifying the medication strength, dosage, start date and end date.
6. 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.
7. "Section to be completed by MQD/CSO Evaluation Panel"

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

- a. The date the Referral for CCS is evaluated;

- b. 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.
- c. Whether the applicant/recipient is approved for CCS referral or if additional information is needed;
- d. Whether re-evaluation is required, if yes, date to be re-evaluated;
- e. Reason for denial and any other comments.

Page 2: Mental States:

Complete as self-explanatory.

Page 3: Functional Scales:

Complete as self-explanatory.

8. The DHS 1157 page 1, the Mental States page 2, and the Functional Scales page 3, should be signed by the applicant/recipient's treating psychiatrist or psychologist. If the applicant/recipient does not have a treating psychiatrist or psychologist, then the treating medical provider for the applicant/recipient may sign where indicated on the form. Signature also required indicating review and concurrence by the health plan medical director or behavioral health specialist.
9. Indication must be given as to whether or not the patient is receiving services from the Adult Mental Health Division and if so, describe why patient is being referred to CCS. I

#### ELIGIBILITY CRITERIA

**The recipient is eligible for CCS referral if 1 through 5 can be answered Yes.**

1. The applicant/recipient is 18 years of age or older, Medicaid eligible.
2. The applicant/recipient is NOT engaged in AMHD case management services for the legally encumbered.
3. The applicant/recipient's diagnosis falls under one of the qualifying diagnoses.
4. The applicant/recipient 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.
  - Schizophrenic Disorders
  - Schizoaffective Disorders
  - Delusional Disorders
  - Mood / Bipolar Disorders
  - Mood / Depressive Disorders
  - Substance Induced Psychosis
  - Post-Traumatic Stress Disorder
5. The applicant/recipient meets at least one of the criteria below that demonstrates instability and/or functional impairment:
  - a. Clinical records demonstrate that the recipient 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/recipient'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/recipient is under Protective Services 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 1 through 5 above to make a determination, the referral will be sent back for more information, or the health plan or hospital will be contacted to provide more information.

**Upon referral to CCS by the MQD**, the applicant/recipient will be assessed by CCS. If the applicant/recipient does not meet or no longer meets criteria for CCS admission, based on the initial evaluation, CCS will complete the DHS 1157A to indicate reason for applicant/recipient not being recommended for either continued services or dis-enrollment from CCS. MQD will return the recipient referral back to the referring health plan or if applicant/recipient 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/recipient must be re-evaluated by MQD at the timeframe indicated on the DHS 1157 using the DHS 1157A, "Determination for Discharge or Continued Stay in Community Care Services (CSS) Program".

#### **FILING INSTRUCTIONS:**

In order for MQD CSO to perform an evaluation and determination, the supportive documentation must be adequate and complete. The following is required to 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 with the applicable attachments as identified above should be faxed or mailed to the member's Health Plan directly.