



CRITERIA FOR SED/SMI ELIGIBILITY

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INTRODUCTION

It is the policy of Solari to make a clinical determination of eligibility for Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) based upon established criteria in a consistent, timely manner.

PROCEDURES

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

1. QUALIFYING DIAGNOSIS

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

2. FUNCTIONAL CRITERIA FOR SMI DETERMINATION

- 2.1. 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:
 - 2.1.1. 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;

- 2.1.2. 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;
- 2.1.3. 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
- 2.1.4. 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.).

2.2. The following reasons shall not be sufficient in and of themselves for denial of SMI eligibility:

- 2.2.1. An inability to obtain existing records or information; or
- 2.2.2. Lack of a face-to-face psychiatric or psychological evaluation.

3. FUNCTIONAL CRITERIA FOR SED DETERMINATION

3.1 To meet the functional criteria for SED status, an individual shall have, as a result of a qualifying SED diagnosis, dysfunction in at least one of the following four domains, as specified below, for most of the past six months, or for most of the past three months with an expected continued duration of at least three months:

- 3.1.1. 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 is at risk of confinement because of dangerous behavior. Persistently neglectful or abusive towards others. 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 individual's education or personal relationships,

3.1.2. Dysfunction in role performance. Frequently disruptive or in trouble at home or at school. Frequently suspended/expelled from school. Major disruption of role functioning. Requires structured or supervised school setting. Performance significantly below expectation for cognitive/developmental level. Unable to attend school or meet other developmentally appropriate responsibilities,

3.1.3. Child and Adolescent Level of Care Utilization System (CALOCUS) recommended level of care 4, 5, or 6, or

3.1.4. Risk of deterioration: i. A qualifying diagnosis with probable chronic, relapsing, and remitting course,
ii. Co-morbidities (e.g., developmental/intellectual disability, substance use disorder, personality disorders),
iii. Persistent or chronic factors such as social isolation, poverty, extreme chronic stressors (e.g., life-threatening or debilitating medical illnesses, victimization), or
iv. Other (e.g., 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).

3.2 The following reasons shall not be sufficient in and of themselves for denial of SED eligibility:

3.1.1. An inability to obtain existing records or information, or

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

4. PERSON WITH CO-OCCURRING SUBSTANCE ABUSE

4.1. 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*](#).

4.2. For persons who have a qualifying diagnosis and co-occurring substance abuse, for purposes of SED or SMI determination, presumption of functional impairment is as follows:

- 4.2.1. For psychotic diagnoses other than substance-induced psychosis (bipolar I disorder with psychotic features, delusional disorder, major depression, recurrent, severe, with psychotic features, schizophrenia, schizoaffective disorder, and any other diagnosis of persistent psychotic disorder) functional impairment is presumed to be due to the qualifying mental health diagnosis;
- 4.2.2. For other major mental disorders functional impairment is presumed to be due to the psychiatric diagnosis, unless:
 - 4.2.2.1. The severity, frequency, duration or characteristics of symptoms contributing to the functional impairment cannot be attributed to the qualifying mental health diagnosis, or;
 - 4.2.2.2. 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. In order to make such determinations, the assessor shall first look at a period of either 30 days or longer of abstinence, or 60 days or longer of reduced use that is less than the threshold expected to produce the resulting symptoms and disability and establish that the symptoms and resulting disability were no longer present after 30 or 60 day period and/or no longer required mental health treatment to prevent recurrence of symptoms.
 - 4.2.2.3. A diagnosis of substance-induced psychosis can only be made if both of the following conditions are present: a). There is no psychosis present before a period of substance use that is of sufficient type, duration, and intensity to cause psychotic symptoms, and b). The psychosis remits completely (not partially) after a period of abstinence of 30 days or less.
 - 4.2.2.4. Continuation of new-onset psychotic symptoms after a 30-day period of abstinence requires a presumptive diagnosis of persistent psychotic disorder.
 - 4.2.2.5. For persistent psychosis of undetermined onset, the absence of clear remission of psychosis during a period of abstinence of 30 days or less should be considered presumptive evidence of persistent psychotic disorder for SED or SMI eligibility purposes.
 - 4.2.2.6. For individuals who are not able to attain or maintain a period of abstinence from substance use, who continue to use substances, and/or do not experience consecutive days of abstinence, this is not a disqualifier to initiate the SED or SMI eligibility and determination



process. Some individuals will not meet the 30-day period of abstinence. This does not preclude them from the SED or SMI eligibility assessment and determination process.

4.2.2.7.

Approval

Date

A handwritten signature in blue ink that reads "Justin N. Chase".

7/17/23

Justin N. Chase, LMSW, MBA, FACHE | President and CEO