



REMOVAL OF DESIGNATION PROCESS

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| Policy Category | ECS Clinical Determinations | Policy Number | 2.03 |
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INTRODUCTION

It is the policy of Solari to accept requests for removal of designation of an individual previously determined to have a Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) in accordance with SED and SMI eligibility criteria and the review of a current assessment and supporting documentation. A SED or SMI removal of designation is the process that results in the removal of the SED or SMI behavioral health category from the individual's most recent, active enrollment segment. Solari's Chief Medical Officer will review any unique circumstances associated with the removal of designation requests. The review shall be comprised of all available data (including encounter data) to determine if additional clinical information is required. The review shall consider if a one-time SED or SMI clinical re-evaluation is necessary to make a determination.

PROCEDURES

1. REVIEW OF SED OR SMI ELIGIBILITY

1.1. A review of SED or SMI eligibility for individuals currently designated as a person with a SED or SMI may be initiated by the contractor, T/RBHA, Tribal ALTCS case manager, or behavioral health providers:

- 1.1.1.1. As part of an instituted, periodic review of all persons determined to have an SED or SMI;
- 1.1.1.2. When there has been a clinical assessment that supports that the individual no longer meets the functional and/or diagnostic criteria; or
- 1.1.1.3. As requested by an individual who has been determined to meet SED or SMI eligibility criteria, or their HCDM.

1.2 A review of the eligibility determination may not be requested within the first six months from the date an individual has been designated SED or SMI eligible.



2. REQUIRED DOCUMENTS

2.1. The Contractor, T/RBHA, Tribal ALTCS Case Manager, or behavioral health provider must submit the following documentation to Solari via the Provider Submission Portal (PSP) located at <https://community.solari-inc.org/eligibility-and-care-services/provider-submission-portal/> to request a review of SED or SMI eligibility

- 2.1.1. Solari Attestation Form
- 2.1.2. Client cover sheet (client demographic form)
- 2.1.3. Most recent Psychiatric Evaluation
- 2.1.4. SED or SMI Determination form (to be completed by the current treating provider)

2.2. Solari will evaluate the submitted documents to determine if there is sufficient clinical documentation to evaluate the individual's SED or SMI status. If there is insufficient documentation, the provider and individual will be notified of what documentation is necessary to complete the determination. If the update is not received within the 3-business day timeframe, the case will be closed until such time that the documentation requested by Solari is submitted.

3. REMOVAL OF DESIGNATION

3.1 Based on a review of the individual's request and clinical data provided, Solari will determine the removal of SED or SMI behavioral health category will occur if:

- 3.1.1. The individual is an enrolled member and has not received a behavioral health service within the previous six months, or
- 3.1.2. The individual is determined to no longer meet the diagnostic and/or functional Requirements for SED or SMI designation.

4. ACTIONS FOLLOWING REMOVAL OF DESIGNATION

4.1 In the event of the Removal of Designation, Solari shall:

- 4.1.1. Pending the outcome of the review and if the SED or SMI designation is removed, the clinical team at the Direct Care Clinic (DCC) will provide a referral for General Mental Health services through a network provider and will coordinate the transition of care, to include staffing between the DCC clinical team and the provider agency.
- 4.1.2. The results of Solari's decision regarding the removal of designation will be entered into the state ABH portal.



- 4.1.3. Provide written notice of the determination and right to appeal to the affected individual with an effective date of 30 calendar days after the date the written notice is issued, and
- 4.1.4. The Contractor, TRBHA, Tribal ALTCS, or behavioral health provider shall ensure that services are continued in the event an appeal is timely filed, and the services are appropriately transitioned.

Approval

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

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

Date

7/17/23