

DMHS POLICY AND PROCEDURES
PHYSICIAN CERTIFICATION OF ADULTS WITH A SERIOUS MENTAL ILLNESS

The policy and procedures outlined here are to be followed in completing the *PHYSICIAN CERTIFICATION OF ADULT WITH A SERIOUS MENTAL ILLNESS* form with revision date 07/01/03.

For all RSPMI providers (both those that are DMHS certified Community Mental Health Centers or Clinics and those that are not), the certification of an adult as having a Serious Mental Illness is required for obtaining authorization of Level of Care benefit packages under the Medicaid RSPMI Prior Authorization Program.

Additionally, for DMHS certified Community Mental Health Centers and Clinics (CMHCs), the procedures described here apply to all adult clients of the agency (including 18, 19 and 20 year olds) regardless of payer source. CMHCs must identify all clients that are SMI, regardless of payment source, for purposes of federal block grant reporting. Also, CMHCs should evaluate persons identified as having a Serious Mental Illness for need of community support program services, including coordinated case management. State law mandates such services for “individuals with long-term severe mental illness” (a subset of individuals with a Serious Mental Illness).

As part of the ongoing evaluation of clients, Providers will assess all clients for the presence of Serious Mental Illness. At the point when it is determined that an individual has a Serious Mental Illness this will be certified by the physician who has performed the medical review of the evaluation of the client. This certification will be documented by completing, and the physician signing, the DMHS approved *Physician Certification of Adult With A Serious Mental Illness* form. These certification forms are retained in the client’s medical record.

- If the medical review of the evaluation of the client is based on a direct examination of the client by the physician within in the past 45 days, the certification is valid for up to one calendar year from the date of the Medical Review.
- If the medical review of the evaluation of the client is not based on a direct examination of the client by the physician within the past 45 days (i.e. is based on review of documents or consultation in person or by phone), the certification is valid for up to 45 days from the date of the Medical Review.
- If the medical review of the evaluation of the client is based on the physician’s participation in ongoing treatment planning/review process, the certification is valid for the period of validity of the current physician approved treatment plan.

INSTRUCTIONS FOR COMPLETING FORM (Providers may convert the form to electronic format as long as it remains a one-page form with the data elements on the same lines and in the same order as on the paper form).

*Where applicable, type or print legibly, do not write longhand. Enter ALL data elements.

*RACE: WH=White, AS=Asian, BL=Black, AI/AN=American Indian/Alaskan Native NH/OPI= Native Hawaiian and Other Pacific Islander, Indicate Multiple Race by circling all races that apply.

*ETHNIC HISPANIC: Check here if client is of Hispanic or Latino origin (may be of any race).

*PROVIDER: Enter Provider Name OR four-digit CMHC code from DMHS data file field definitions.

*CLIENT ID NO: Client Medical Record number or other Provider client specific identifier.

*AXIS I & II CODES and GAF, From DSM IV, Enter five digit diagnosis codes with principal diagnosis first.

*FUNCTIONAL IMPAIRMENT CRITERIA: If one of the first two of the three criteria sets is checked, there is no requirement to check any of the specific subcriteria listed in the third criteria set. If the third criteria set is checked, at least one of the seven subcriteria must be checked, and if the last of these is checked it must be briefly described.

*If you have questions about these instructions, contact John Althoff, Ph.D. at 501-686-9166.