

Community Care Services (CCS) Eligibility/Enrollment Criteria

- A. Medicaid Eligible – current/active Medicaid ID number
- B. Member is age 18 and older
- C. Legal Status – No legal encumbrances (i.e. conditional release, jail diversion). Member is NOT engaged in AMHD case management services.
- D. Eligible Serious Mental Illness (SMI) Diagnosis:
 - 1) Substance Induced Psychosis
 - ICD-9: 291.3, 291.5, 292.1x
 - ICD-10: Alcohol Induced Psychosis: F10.15x, F10.25x, F10.95x
 - Opioid Induced Psychosis: F11.15x, F11.25x, F11.95x
 - Cannabis Induced Psychosis: F12.15x, F12.25x, F12.95x
 - Sedative Induced Psychosis: F13.15x, F13.25x, F13.95x
 - Cocaine Induced Psychosis: F14.15x, F14.25x, F14.95x
 - Other Stimulant Induced Psychosis: F15.15x, F15.25x, F15.95x
 - Hallucinogen Induced Psychosis: F16.15x, F16.25x, F16.95x
 - Inhalant Induced Psychosis: F18.15x, F18.25x, F18.95x
 - Other Substance Induced Psychosis: F19.15x, F19.25x, F19.95x
 - 2) PTSD
 - ICD-9: 309.81
 - ICD-10: F43.1x
 - 3) Schizophrenia
 - ICD-9: 295.1x, 295.2x, 295.3x, 295.6x, 295.9x
 - ICD-10: F20.x, includes schizophreniform disorder F20.81
 - 4) Schizoaffective Disorder
 - ICD-9: 295.70
 - ICD-10: F25.x
 - 5) Delusional Disorder
 - ICD-9: 297.1
 - ICD-10: F22
 - 6) Bipolar Disorder
 - ICD-9: 296.0, 296.4x, 296.5x, 296.6x, 296.7, 296.89
 - ICD-10: F30.xx, F31.xx
 - 7) Major Depressive Disorder, Severe
 - ICD-9: 296.24, 296.33, 296.34
 - ICD-10: F32.3, F33.2, F33.3

E. Behavioral Functioning Criteria

- Interferes substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration
- Mental Disability is severe and persistent resulting in long-term limitation in their functional capacities for primary activities of daily living (ADLs)
- Demonstrates the presence of a qualifying diagnosis for at least twelve months or is expected to demonstrate the qualifying diagnosis for the next 12 months.
- Meets **at least one** of the criteria demonstrating instability and/or functional impairment:
 - a. GAF of 49 or below
 - b. Clinical records demonstrate that member is unstable under current treatment, plan or care (i.e. multiple hospitalizations in the last year and currently unstable, substantial history of crises and currently unstable, consistently non-complaint with meds and follow-up, unengaged with providers, significant and consistent isolation, at risk for hospitalization, resource deficit causing instability).
 - c. The member is under protective service 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.

Community Care Services (CCS) Initial Referral Packet Requirements

1. Completed form DHS 1157. Please be sure to fill out Section A, C and D completely
 - Page 1:
 - Provide all contact information for member
 - Eligible CCS Diagnosis listed in “ Primary Diagnosis” in Section A
 - Client ID Number is member’s Medicaid number
 - Fill in any Behavioral Health Hospitalizations
 - List any medications member is taking
 - List all outpatient therapists including outpatient psychiatrist
 - Leave Section B blank
 - Page 2:
 - Be sure to answer each mental state A-J. Put “N/A” if it does not apply.
 - Page 3:
 - Functional Scales – Provide as much detail as possible
 - If the functional scale does not apply, please put “N/A” , do not leave blank
 - Section D – sign, date and provide credentials. Please print name legibly. Psychiatrist, psychologist or other licensed behavioral health professional may complete the DHS 1157
2. Attach supporting documentation:
 - Psychiatric and/or psychosocial assessment within the past year
 - Clinical Notes within the past year outlining current plan of care and treatment
 - Hospital Admission and discharge notes within the past year, if applicable
 - Global Assessment of Functioning (GAF) scores within the last six months, and highest within the last year, supported by clinical documentation
 - With the exception of Substance Induced Psychosis, primary diagnosis of substance abuse or dependence not eligible for CCS
 - If substance abuse/dependence is present, demonstrate SMI diagnosis independent of substance use.
3. If there is involvement with a legal guardian or POA, please be sure to provide guardianship and POA documents along with a copy of consent for the CCS referral.

Community Care Services (CCS) Application

1. To enroll in Community Care Services (CCS) Member must have a psychiatrist, psychologist or other licensed behavioral health professional complete and fax the CCS SMI referral packet (DHS 1157 form) to the member's QUEST Integration Health Plan.
 - ❖ 'Ohana Health Plan fax to 888-481-9739
 - ❖ UHC fax to 877-840-5581
 - ❖ Kaiser fax to 808-432-7615
 - ❖ Aloha Care fax to 808-973-6324
 - ❖ HMSA fax to 808-695-7790
2. Completed packets that meet minimum eligibility requirements are forwarded by the Medicaid plan to MQD for an eligibility determination. **DHS has the sole authority to enroll or disenroll members into CCS.**
3. Members who have lost CCS eligibility for less than 6 months can be re-enrolled by contacting 'Ohana Customer Service. This does not require a new DHS 1157. For gaps in eligibility greater than 6 months, a new DHS 1157 referral is required.
4. Members appropriate for CCS should have a psychiatrist involved in their ongoing care. "Needs a psychiatrist" should not be the only reason for referring a member to CCS. If the member cannot find a psychiatrist because their insurance is not accepted, the health plan needs to be notified.
5. A Member's impairment and acuity may diminish dramatically if they are treated with appropriate doses of medications. Some members are too ill/paranoid to take or maintain compliance with their medication regime. If this is the case, please document that in the supporting documentation.
6. Please do not submit medication administration records (MARs). Simply document medications member is taking, dosages and frequency.
7. If there is substance use, please be sure to document that the primary diagnoses is present independent of the substance use.
8. In your supporting documentation please be sure to provide information documenting twelve months of functional impairment. This is especially important for hospitals submitting the DHS 1157.
9. Do not forget to sign the DHS 1157. Please include your licensing credentials (i.e. LCSW, LMHC, LMFT, PhD, PsyD, MD) and print your name clearly. Please include the agency you are affiliated with.