

Section 3.10 SMI Eligibility Determination

- 3.10.1 Introduction
- 3.10.2 Terms
- 3.10.3 Procedures
 - 3.10.3-A General Requirements
 - 3.10.3-B: Criteria for SMI eligibility determination
 - 3.10.3-C: Process for completion of initial SMI eligibility determination
 - 3.10.3-D: Issues preventing timely completion of SMI eligibility determination
 - 3.10.3-E: Process for completion of final SMI eligibility determination
 - 3.10.3-F: Notification of SMI eligibility determination
 - 3.10.3-G: Review of SMI eligibility determination
- 3.10.4 References
- 3.10.5 PM Forms
- 3.10.6 PM Attachments

3.10.1 Introduction

A critical component of the service delivery system is the effective and efficient identification of persons who have special behavioral health needs due to the severity of their behavioral health disorder. One such group is persons with Serious Mental Illness (SMI). Without receipt of the appropriate care, these persons are at high risk for further deterioration of their physical and mental condition, increased hospitalizations and potential homelessness and incarceration.

In order to ensure that persons with SMI are promptly identified and enrolled for services, the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) has developed a standardized process for the referral, evaluation and determination for SMI eligibility. The requirements associated with the referral for an SMI evaluation and SMI eligibility determination are set forth in this section.

3.10.2 Terms

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php> and <http://www.magellanofaz.com/for-providers/provider-manual/definitions.aspx>. The following terms are referenced in this section:

ADHS/DBHS Designee
Serious Mental Illness (SMI)
T/RBHA Designee
Qualified Assessor

3.10.3 Procedures

3.10.3-A. General requirements

This policy applies to:

- Persons who are referred for, request or have been determined to need an eligibility determination for SMI;

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
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- Persons who are enrolled as a person determined to have SMI for whom a review of the determination is indicated; and
- Tribal/Regional Behavioral Health Authorities (T/RBHAs), their subcontracted providers and the ADHS/DBHS designee.

All persons must be evaluated for SMI eligibility by a qualified assessor, and have an SMI eligibility determination made by Crisis Recovery Network (CRN), if the person:

- Requests an SMI determination; or
- Has a score of 50 or lower on the Global Assessment of Functioning Scale (GAF) and has a qualifying SMI diagnosis (see [PM Attachment 3.10.1](#) for a list of qualifying diagnoses).

Behavioral health providers must use the GAF score as a screening mechanism for identifying persons (including enrolled children upon reaching 17 years of age) who may have functional impairments indicative of a SMI; however, the GAF score shall not be used as a criterion for determining or denying SMI eligibility. The GAF is completed as part of the assessment process (see [Section 3.9, Assessment and Service Planning](#)).

The SMI eligibility determination record must include relevant current and/or historical treatment records and all documents reviewed in consideration of the determination and may be maintained in hardcopy or electronic format. The records will be maintained by CRN, but Magellan may request a copy to assist with site assignment and coordination of care.

3.10.3-B. Criteria for SMI eligibility determination

The determination of SMI requires both a qualifying SMI diagnosis and functional impairment as a result of the qualifying diagnosis (see [PM Attachment 3.10.1](#) for a list of qualifying diagnoses).

Functional Criteria for SMI Determination

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:

- 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.
- 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

Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Magellan Health Services of Arizona Edition

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.

- 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
- 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.).

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

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

Person with Co-occurring Substance Abuse

For persons with co-occurring substance abuse without an established psychiatric diagnosis, the diagnostic assessment may be performed in accordance with the [Practice Protocol, Co-occurring Psychiatric And Substance Disorders](#).

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

- For psychotic diagnoses (bipolar I disorder with psychotic features, delusional disorder, major depression, recurrent, severe, with psychotic features, schizophrenia, schizoaffective disorder and psychotic disorder NOS) functional impairment is presumed to be due to the qualifying psychiatric diagnosis;
- For other major mental disorders (bipolar disorders, major depression and obsessive compulsive disorder), functional impairment is presumed to be due to the psychiatric diagnosis, unless:
 - The severity, frequency, duration or characteristics of symptoms contributing to the functional impairment cannot be attributed to the qualifying mental health diagnosis; or
 - 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.

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Magellan Health Services of Arizona Edition**

For all other mental disorders not covered above, functional impairment is presumed to be due to the co-occurring substance use unless:

- The symptoms contributing to the functional impairment cannot be attributed to the substance abuse disorder (see [PM Attachment 3.10.2, Substance Use/Psychiatric Symptomatology Table](#)¹); or
- The functional impairment is present during a period of cessation of the co-occurring substance use of at least 30 days; or
- The functional impairment is present during a period of at least 90 days of reduced use unlikely to cause the symptoms or level of dysfunction.

Re-enrollment or Transfer

If the person's status is SMI at disenrollment, at the end of an episode of care, or upon transfer from another T/RBHA, the person's status shall continue as SMI upon re-enrollment, opening of a new episode of care, or transfer.

3.10.3-C. Process for completion of initial SMI eligibility determination

Upon receipt of a referral for, a request, or identification of the need for an SMI determination, a qualified Provider Network Organization (PNO) SMI assessor (see [Section 3.20, Credentialing and Privileging](#)) or designated Department of Corrections staff person will schedule an appointment for an initial meeting with the person and a qualified assessor (see [Section 3.20, Credentialing and Recredentialing](#)). This shall occur no later than 7 days after receiving the request or referral. In the event an individual requiring/requesting an SMI eligibility determination is not assigned to a PNO, the individual making the request may call the Magellan Customer Service Department at 1-800-564-5465 for assistance.

During the initial meeting with the person by a qualified assessor, the assessor must:

- Make a clinical assessment whether the person is competent enough to participate in an assessment;
- Obtain general consent from the person or, if applicable, the person's guardian to conduct an assessment;
- Provide to the person and, if applicable, the person's guardian, the information required in R9-21-301(D)(2), a client rights brochure, and the appeal notice required by R9-21-401(B); and

If, during the initial meeting with the person, the assessor is unable to obtain sufficient information to determine whether the applicant is SMI, the assessor must:

¹ The psychiatric symptomatology table is a guideline only and is not to be used as a substitute for professional clinical judgment.

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Magellan Health Services of Arizona Edition**

- Request the additional information in order to make a determination of whether the person is SMI and obtain an authorization for the release of information, if applicable (see [Section 4.1, Disclosure of Behavioral Health Information](#)); and
- Initiate an assessment including completion of the SMI Determination Form ([see PM Form 3.10.1](#)).

3.10.3-D. Process for completion of final SMI eligibility determination

The SMI documentation (assessment, Section 3.10, and available medical records) shall be submitted to CRN. A licensed psychiatrist, psychologist, or nurse practitioner designated by CRN will make the final SMI determination. CRN will submit the determination to ADHS/DBHS. ADHS/DBHS will send a flat file to Magellan at the close of each business day that contains all of the determinations. Individuals who have been determined SMI will be assigned to a PNO by Magellan.

The licensed psychiatrist, psychologist, or nurse practitioner designated by CRN or ADHS/DBHS Designee must make a final determination as to whether the person meets the eligibility requirements for SMI status based on:

- A face-to-face assessment or reviewing a face-to-face assessment by a qualified assessor (see [Section 3.20, Credentialing and Recredentialing](#)); and
- A review of current and historical information, if any, obtained orally or in writing by the assessor from collateral sources, and/or present or previous treating clinicians.

The following must occur if the designated reviewing psychiatrist, psychologist, or nurse practitioner has not conducted a face-to-face assessment and has a disagreement with the current evaluating or treating qualified behavioral health professional or behavioral health technician (that cannot be resolved by oral or written communication):

Disagreement regarding diagnosis:

- Determination that the person does not meet eligibility requirements for SMI status must be based on a face to face diagnostic evaluation conducted by a designated psychiatrist, psychologist, or nurse practitioner. The resolution of (specific reasons for) the disagreement shall be documented in the person's comprehensive clinical record.

Disagreement regarding functional impairment:

- Determination that the person does not meet eligibility requirements must be based upon a face-to-face functional evaluation conducted by a designated psychiatrist, psychologist, or nurse practitioner. The psychiatrist, psychologist, or nurse practitioner shall document the specific reason(s) for the disagreement in the person's comprehensive clinical record.

If there is sufficient information to determine SMI eligibility, the person shall be provided written notice of the SMI eligibility determination within three (3) business days of the initial meeting with the qualified assessor in accordance with Subsection 3.10.6-E. below.

3.10.3-E. Issues preventing timely completion of SMI eligibility determination

The time to initiate or complete the SMI eligibility determination may be extended no more than 20 days if the person agrees to the extension and:

- There is substantial difficulty in scheduling a meeting at which all necessary participants can attend;
- The person fails to keep an appointment for assessment, evaluation or any other necessary meeting (see [Section 3.8, Outreach, Engagement, Re-Engagement and Closure](#));
- The person is capable of, but temporarily refuses to cooperate in the preparation of the completion of an assessment or evaluation;
- The person or the person's guardian and/or designated representative requests an extension of time;
- Additional documentation has been requested, but has not yet been received; or
- There is insufficient functional or diagnostic information² to determine SMI eligibility within the required time periods.

CRN or ADHS/DBHS designee must:

- Document the reasons for the delay in the person's eligibility determination record when there is an administrative or other emergency that will delay the determination of SMI status; and
- Not use the delay as a waiting period before determining SMI status or as a reason for determining that the person does not meet the criteria for SMI eligibility (because the determination was not made within the time standards).

In situations in which the extension is due to insufficient information:

- The CRN shall request and obtain the additional documentation needed (e.g., current and/or past medical records) and/or perform or obtain any necessary psychiatric or psychological evaluations;
- The designated reviewing psychiatrist, psychologist, or nurse practitioner must communicate with the person's current treating clinician, if any, prior to the determination

² Insufficient diagnostic information shall be understood to mean that the information available to the reviewer is suggestive of two or more equally likely working diagnoses, only one of which qualifies as SMI, and an additional piece of existing historical information or a face-to-face psychiatric evaluation is likely to support one diagnosis more than the other(s).

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Magellan Health Services of Arizona Edition**

of SMI, if there is insufficient information to determine the person's level of functioning;
and

- SMI eligibility must be determined within three days of obtaining sufficient information, but no later than the end date of the extension.

If the person refuses to grant an extension, SMI eligibility must be determined based on the available information. If SMI eligibility is denied, the person will be notified of his/her appeal rights and the option to reapply (see subsection 3.10.6-E. below).

If the evaluation or information cannot be obtained within the required time period because of the need for a period of observation or abstinence from substance use in order to establish a qualifying mental health diagnosis, (in accordance with [PM Attachment 3.10.2, Substance Use/Psychiatric Symptomatology Table](#)), the person shall be notified that the determination may, with the agreement of the person, be extended for up to 90 (calendar) days.³

3.10.3-F. Notification of SMI eligibility determination

If the eligibility determination results in approval of SMI status, the SMI status must be reported to the person in writing, including notice of his/her right to appeal the decision (see [Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#)).

If the eligibility determination results in a denial of SMI status, the CRN shall include in the notice above:

- The reason for denial of SMI eligibility (see [PM Form 3.10.1, SMI Determination](#));
- The right to appeal (see [Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#), and [Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#)); and
- The statement that Title XIX/XXI eligible persons will continue to receive needed Title XIX/XXI covered services. In such cases, the person's behavioral health category assignment must be assigned based on criteria in [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#).

3.10.3-G. Review of SMI eligibility determination

A review of SMI eligibility made by CRN for individuals currently enrolled as a person with a SMI may be initiated by a T/RBHA or behavioral health provider:

- As part of an instituted, periodic review of all persons determined to have a SMI;

³ This extension may be considered a technical re-application to ensure compliance with the intent of Rule. However, the person does not need to actually reapply. Alternatively, the determination process may be suspended and a new application initiated upon receipt of necessary information.

Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Magellan Health Services of Arizona Edition

- When there has been a clinical assessment that supports that the person no longer meets the functional and/or diagnostic criteria; or
- As requested by an individual currently enrolled as a person with a SMI, or their legally authorized representative.

A review of the determination may not be requested by the T/RBHA or behavioral health provider within six months from the date an individual has been determined SMI eligible.

If, as a result of such review, the person is determined to no longer meet the diagnosis and functional requirements for SMI status, the T/RBHA must ensure that:

- Services are continued depending on Title XIX/XXI eligibility, T/RBHA service priorities and any other requirements as described in [Section 3.13, Covered Behavioral Health Services](#), [3.17, Transition of Persons](#) and [3.19, Special Populations](#).
- Written notice of the determination made on review with the right to appeal is provided to the affected person (consistent with subsection 3.10.6-E above) with an effective date of 30 days after the date the written notice is issued.

3.10.4 References

The following citations can serve as additional resources for this content area:

[42 CFR 435.911](#)

[A.R.S.36-107](#)

[A.R.S. Title 36, Chapter 5](#)

[9 A.A.C. 21](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[Section 3.8, Outreach, Engagement, Re-Engagement and Closure](#)

[Section 3.9, Assessment and Service Planning](#)

[Section 3.13, Covered Behavioral Health Services](#)

[Section 3.20, Credentialing and Recredentialing](#)

[Section 4.1, Disclosure of Behavioral Health Information](#)

[Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#)

[Section 5.2, Member Complaints](#)

[Section 5.3, Grievance and Requests for Investigation for Persons Determined to have a Serious Mental Illness](#)

[Section 5.4 Special Assistance for Persons Determined to have a Serious Mental Illness](#)

[Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#)

[Section 7.5, Enrollment, Disenrollment, and Other Data Submission](#)

[Practice Protocol Co-occurring Psychiatric And Substance Disorders](#)

Name of Person receiving SMI Determination

**PM Form 3.10.1
Serious Mental Illness
DETERMINATION**

I. Preliminary Serious Mental Illness Eligibility Determination Recommendation
Based upon my direct behavioral health assessment of this person, or my review thereof, I

Print Name

Credentials/Position

make the following preliminary serious mental illness eligibility recommendation:

1. Preliminary Recommendation of Qualifying Serious Mental Illness Diagnosis (circle the person's principal diagnosis(es) supported by available information)

Psychotic disorders (295.10, 295.20, 295.30, 295.60, 295.70, 297.1, 295.90, 298.9); Bipolar disorders (296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.80, 296.89); Obsessive-compulsive disorder (300.3); Major Depression (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36); Other Mood Disorders (296.90, 301.13, 311, 300.4); Anxiety disorders (300.00, 300.01, 300.02, 300.14, 300.21, 300.22, 309.81); Personality disorders (301.0, 301.20, 301.22, 301.4, 301.50, 301.6, 301.81, 301.82, 301.83, 301.9)

1(a) The above noted diagnosis(es) is/are suggested based upon the following signs and symptoms of the mental disorder(s): (Provide descriptions of both positive (confirming) finding and negative ("rule-out") findings for other diagnoses that were considered)

2. Preliminary Recommendation of Functional Criteria: As a result of the above diagnosis, the person exhibits any item listed under 2 (a), (b) and/or (c) 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(a) Inability to live in an independent or family setting w/o supervision (Self Care/Basic Needs)** - The person's capacity to live independently or in a family setting, including the capacity to provide or arrange for needs such as food, clothing, shelter and medical care.
- 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.

Name of Person receiving SMI Determination

- 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(b) A risk of serious harm to self or others (Social/Legal and/or Feeling/Affect/Mood)** - The extent and ease with which the person is able to maintain conduct within the limits prescribed by law, rules and social expectations, and/or the extent to which the person's emotional life is well modulated or out of control.
 - Seriously disruptive to family and/or community.
 - Pervasively or imminently dangerous to 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(c) Dysfunction in Role Performance** - Person's capacity to perform the present major role function in society school, work, parenting or other developmentally appropriate responsibility.
 - 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.

The above noted Functional Criteria ratings are suggested based upon the following information regarding this person's functioning: (Provide a description of both the positive (confirming) findings and negative ("rule-out") findings of the functioning of this person)

Name of Person receiving SMI Determination

3. Risk of Deterioration

- The person does not currently meet any one of the above functional criteria 2(a) through 2(c) but may be expected to deteriorate to such a level without treatment.

- 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

The above noted Functional Criteria ratings are suggested based upon the following information regarding this person's functioning: (Provide a description of both the positive (confirming) findings and negative ("rule-out") findings of the functioning of this person)

Assessor's Name (print) / Signature

Credentials/Position

Date

Name of Person receiving SMI Determination

II. Final Serious Mental Illness Eligibility Determination

Serious Mental Illness (SMI) - All of the available information supports the conclusion that the above person has a qualifying diagnosis (1) AND either meets one or more functional criteria (2) OR is at risk of deterioration (3) and therefore meets ADHS/DBHS clinical criteria for SMI.

SMI-A – functional criteria 2a or 2b.

SMI-B – functional criteria 2c or 3.

Not SMI- The above person does not meet ADHS/DBHS clinical criteria for SMI.

Clinical rationale for final determination:

Reviewer Name (print) / Signature

Credentials/Position

Date of Determination

PM ATTACHMENT 3.10.1
Serious Mental Illness (SMI) Qualifying Diagnosis

Psychotic Disorders: (295.10, 295.20, 295.30, 295.60, 295.70, 297.1, 295.90, 298.9)

Bipolar Disorders: (296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.80, 296.89)

Obsessive-compulsive Disorder: (300.3)

Major Depression: (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36)

Other Mood Disorders: (296.90, 301.13, 311, 300.4)

Anxiety Disorders: (300.00, 300.01, 300.02, 300.14, 300.21, 300.22, 309.81)

Personality Disorders: (301.0, 301.20, 301.22, 301.4, 301.50, 301.6, 301.81, 301.82, 301.83, 301.9)

PM ATTACHMENT 3.10.2, Substance Use/Psychiatric Symptomatology Table

Category of Substance	Type of symptoms seen with use pattern			Resolution Period
	Mild Use Uses no more than 1-2 times/wk; does not use to severe intoxication; no observable impairment.	Moderate Use Uses regularly, but not usually to severe intoxication; and/or episodes of severe intoxication occur, but once/wk or less; and/or presence of negative outcomes (hangover, money loss), but not severe.	Heavy Use Uses regularly (more than 2x/wk) to point of severe intoxication; significant impairment, negative outcomes noted, such as ER visits, fights, can't pay rent, medical complications of substance dependence (liver disease, hemorrhage, etc.)	
Alcohol Benzodiazepines Sedatives	None	Anxiety, depression, not dysfunctional	Hallucinosis, not psychosis Patient usually reports hearing "voices", content non-bizarre, good reality testing, no thought disorder or bizarre behavior.	30 days

PM ATTACHMENT 3.10.2, Substance Use/Psychiatric Symptomatology Table

Category of Substance	Type of symptoms seen with use pattern			Resolution Period
	<p>Mild Use Uses no more than 1-2 times/wk; does not use to severe intoxication; no observable impairment.</p>	<p>Moderate Use Uses regularly, but not usually to severe intoxication; and/or episodes of severe intoxication occur, but once/wk or less; and/or presence of negative outcomes (hangover, money loss), but not severe.</p>	<p>Heavy Use Uses regularly (more than 2x/wk) to point of severe intoxication; significant impairment, negative outcomes noted, such as ER visits, fights, can't pay rent, medical complications of substance dependence (liver disease, hemorrhage, etc.)</p>	<p>Persistence of symptoms/impairment past this period is sufficient for psychiatric diagnosis.</p>
			<p>Anxiety Mood instability Patients occasionally can develop a first true manic episode during withdrawal Personality disorder</p>	<p>30-90 days Most severe symptoms will resolve (if they do) within 30 days - disability/fragility may persist longer.</p>

PM ATTACHMENT 3.10.2, Substance Use/Psychiatric Symptomatology Table

Category of Substance	Type of symptoms seen with use pattern			Resolution Period
	Mild Use Uses no more than 1-2 times/wk; does not use to severe intoxication; no observable impairment.	Moderate Use Uses regularly, but not usually to severe intoxication; and/or episodes of severe intoxication occur, but once/wk or less; and/or presence of negative outcomes (hangover, money loss), but not severe.	Heavy Use Uses regularly (more than 2x/wk) to point of severe intoxication; significant impairment, negative outcomes noted, such as ER visits, fights, can't pay rent, medical complications of substance dependence (liver disease, hemorrhage, etc.)	Persistence of symptoms/impairment past this period is sufficient for psychiatric diagnosis.
Stimulants (cocaine, Methamphetamine)	Mild anxiety, depression	Anxiety/panic, depression, mood instability	More severe anxiety & depression Personality disorder symptoms	30 days (mild/moderate) 30-90 days (heavy)

PM ATTACHMENT 3.10.2, Substance Use/Psychiatric Symptomatology Table

Category of Substance	Type of symptoms seen with use pattern			Resolution Period
	Mild Use Uses no more than 1-2 times/wk; does not use to severe intoxication; no observable impairment.	Moderate Use Uses regularly, but not usually to severe intoxication; and/or episodes of severe intoxication occur, but once/wk or less; and/or presence of negative outcomes (hangover, money loss), but not severe.	Heavy Use Uses regularly (more than 2x/wk) to point of severe intoxication; significant impairment, negative outcomes noted, such as ER visits, fights, can't pay rent, medical complications of substance dependence (liver disease, hemorrhage, etc.)	Persistence of symptoms/impairment past this period is sufficient for psychiatric diagnosis.
			Paranoid psychosis	30 days
Hallucinogens (Mescaline, LSD,	Anxiety & depression,	Anxiety & depression	Psychosis	Usually 30 days

PM ATTACHMENT 3.10.2, Substance Use/Psychiatric Symptomatology Table

Category of Substance	Type of symptoms seen with use pattern			Resolution Period
Peyote)	<p>Mild Use Uses no more than 1-2 times/wk; does not use to severe intoxication; no observable impairment.</p>	<p>Moderate Use Uses regularly, but not usually to severe intoxication; and/or episodes of severe intoxication occur, but once/wk or less; and/or presence of negative outcomes (hangover, money loss), but not severe.</p>	<p>Heavy Use Uses regularly (more than 2x/wk) to point of severe intoxication; significant impairment, negative outcomes noted, such as ER visits, fights, can't pay rent, medical complications of substance dependence (liver disease, hemorrhage, etc.)</p>	<p>Persistence of symptoms/impairment past this period is sufficient for psychiatric diagnosis.</p>
	<p>Occasional psychosis or severe panic A single episode of hallucinogen use can occasionally precipitate psychosis or severe panic. This may also happen with methamphetamine</p>	<p>Flashbacks/hallucinotic experiences Sometimes, psychosis, panic, mood instability</p>	<p>Severe panic, mood instability,</p>	<p>Up to 90 days</p>

PM ATTACHMENT 3.10.2, Substance Use/Psychiatric Symptomatology Table

Category of Substance	Type of symptoms seen with use pattern			Resolution Period
	Mild Use Uses no more than 1-2 times/wk; does not use to severe intoxication; no observable impairment.	Moderate Use Uses regularly, but not usually to severe intoxication; and/or episodes of severe intoxication occur, but once/wk or less; and/or presence of negative outcomes (hangover, money loss), but not severe.	Heavy Use Uses regularly (more than 2x/wk) to point of severe intoxication; significant impairment, negative outcomes noted, such as ER visits, fights, can't pay rent, medical complications of substance dependence (liver disease, hemorrhage, etc.)	Persistence of symptoms/impairment past this period is sufficient for psychiatric diagnosis.
Opiates	None	Mild-moderate anxiety & depression	More severe anxiety & depression, personality disorder symptoms	60-90 days
			Occasional psychotic symptoms, during withdrawal only	7-10 days
Category of	Type of symptoms seen with use pattern			Resolution Period

PM ATTACHMENT 3.10.2, Substance Use/Psychiatric Symptomatology Table

Substance	Mild Use Smoking a single marijuana cigarette 1 - 2 times/wk	Moderate Use One or two marijuana cigarettes 3 -5 times/wk	Heavy Use Two or more marijuana cigarettes daily	Persistence of symptoms/impairment past this period is sufficient for psychiatric diagnosis.
Marijuana (cannabis sativa)	None	Mental confusion, agitation, feelings of panic	Acute toxic psychosis, paranoia, disorientation, severe agitation, depersonalization	Moderate - 24 - 72 hours Heavy - 30 to 60 days For heavy marijuana users, persistent anxiety, panic attacks, and mood/thought alteration may last up to 90 days.