



Governor's Access Plan (GAP) Serious Mental Illness (SMI) Screening Tool

The SMI screening must be submitted electronically via the Magellan Website, Magellanofvirginia.com, in the Registration and Authorization Application. No other types of submissions will be accepted. Unless noted as "optional" all fields on this form are required; any incomplete requests will be rejected. Providers must file a separate claim for reimbursement of the screening. Refer to attached instructions for additional details.

COVER VIRGINIA		
<input type="checkbox"/> Confirm that the individual has made an application with Cover Virginia.		
SMI Screening Referral		
Date SMI Screening Referral Received: _____		
Referral Source:		
<input type="checkbox"/> Cover Virginia	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other
<input type="checkbox"/> Self	<input type="checkbox"/> Veteran's Administration	<input type="checkbox"/> Community Services Board
<input type="checkbox"/> Family Member	<input type="checkbox"/> Behavioral Health Provider	<input type="checkbox"/> Medical Care Provider/Clinic
Type of Screening		
Procedure Code:		
<input type="checkbox"/> H0032 – UB (*evaluation completed by an Licensed Mental Health Professional prior to GAP Screening)		
<input type="checkbox"/> H0032 - UC (*evaluation completed by an Licensed Mental Health Professional at the time of GAP screening)		
Applicant Demographic Information		
Name (Last, First, MI):		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #:
Street Address:		
City, State, and Zip code		
Ethnicity Hispanic/Latino (OPTIONAL—If applicable, check all that apply)		
<input type="checkbox"/> Mexican	<input type="checkbox"/> Mexican American	<input type="checkbox"/> Chicano/a
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Other
Race - (OPTIONAL)		
<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other	
Screener Information:		
Name of Screening Site:	Contact Name for Screening Facility:	Screening Site Phone #:
Screening Site Fax #:	Name of Screener:	
Screener Credentials/Licensure:	Screener Phone#:	
Screener Zip Code#:	Screening Site NPI:	
Magellan Provider Identifier (MIS #):	Screener Signature:	
*Date of SMI Screening:	*Date of Licensed Mental Health Professional Evaluation:	
Other Referrals Made (Check All That Apply)		
<input type="checkbox"/> Veteran's Administration	<input type="checkbox"/> Social Security Administration	<input type="checkbox"/>
<input type="checkbox"/> Housing/Shelter Resources	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Services	<input type="checkbox"/>	<input type="checkbox"/>

Governor's Access Plan (GAP) Serious Mental Illness (SMI) Screening Tool (Continued)

Yes	No	Serious Mental Illness Criteria
		1. Age: The person is 21-64 years of age or older.
		2. Diagnosis: The person has a serious mental illness diagnosed under Axis I in the DSM. At least one of the following diagnoses must be present. Adjustment Disorder or V Code diagnoses do not meet this criterion.
		Schizophrenia spectrum disorders & other psychotic disorders Exception: substance/medication induced psychotic disorder
		Major depressive disorder
		Bipolar and related disorders Exception: cyclothymic disorder
		Post-Traumatic Stress Disorder
		Other: OCD, Panic Disorder, Agoraphobia, Anorexia nervosa, Bulimia nervosa
		3. Duration of Illness: The person must meet at least one of these criteria:
		Is expected to require services of an extended duration.
		Has undergone psychiatric treatment more intensive than outpatient care, such as crisis response services, alternative home care, partial hospitalization, or inpatient hospitalization, more than once in his or her lifetime.
		Has experienced an episode of continuous, supportive residential care, other than hospitalization, for a period long enough to have significantly disrupted the normal living situation.
		4. Level of Disability: The person must meet at least two of these criteria on a continuing or intermittent basis. There must be evidence of severe and recurrent disability resulting from mental illness. The disability must result in functional limitation in major life activities. Due to the person's mental illness:
		Is unemployed; employed in a sheltered setting or a supportive work situation; has markedly limited or reduced employment skills; or has a poor employment history.
		Requires public and family financial assistance to remain in the community and may be unable to procure such assistance without help.
		Has difficulty establishing or maintaining a personal social support system.
		Requires assistance in basic living skills such as personal hygiene, food preparation, or money management.
		Exhibits inappropriate behavior that often results in intervention by the mental health or judicial system.
		5. Due to mental illness, the person requires assistance to consistently access and to utilize needed medical and/or behavioral health services/supports. (required)
		If YES is checked for criterion #1, for at least one response in criterion #2, for at least one response in criterion #3, for at least two responses in criterion #4, and YES is checked for criterion #5, then check YES here to indicate the SMI criteria has been met.

****Clinical documentation supporting the above checked criteria must be submitted with this form to Magellan for GAP eligibility review. Psychiatric evaluations must be performed by a Licensed Mental Health Professional (LMHP) within the last year or during the GAP screening.***