



SMI HH+ LGU/SPOA Clinical Discretion Workflow

The following outlines the process for SMI HH+ LGU/SPOA clinical discretion requests for SMI HH+.

1. Care Coordinators and Supervisors review case internally to determine if the case is appropriate for SMI HH+. Some items to review internally include the following.
 - a. Is the Plan of Care up to date and reflective of need for SMI HH+ level of care?
 - b. What case documentation (Referral, Intake Assessment, Comprehensive Assessment, Care Note Documentation with Member, Case Conferences with providers) reflects the need for the level of care or the intensive level of work already being provided?
 - c. Complete the Clinical Discretion Request Form
 - d. Obtain consent for the local SPOA/LGU from the Member
2. Once the case is reviewed and deemed appropriate with complete information, the Clinical Discretion Request Form and the required accompanying documentation (see list on the form) is sent to the Lead Health Home for review. (HealthHome@sphp.com)
3. The Lead Health Home will review the case and provide feedback, if any, to the CMA.
4. Once reviewed by the Health Home, the Health Home will add the case review to the standing meeting (fourth Wednesday of the month at 2pm) with the clinical discretion group (i.e., county SPOA/LGU representatives from all three CRHC counties). Representative(s) from the CMA present the case to the group for approval. Cases are presented in a de-identified format to maintain confidentiality.
5. If approved, the home county LGU/SPOA signs off on the form which is uploaded with the SMI HH+ Eligibility Checklist.