

Integrated Health Home Notification Form Guide

Introduction

The guide will provide the Integrated Health Home (IHH) with information on how to request enrollment, annual renewal, change in tier or disenrollment of the member.

Integrated Health Homes Eligibility Criteria

Member is eligible for IHH services when all the following are met:

1. Member has full Medicaid or Medically Exempt Status.
2. Member has one (1) or more serious mental illness (SMI) or serious emotional disturbance (SED); and
3. Member has an identified functional impairment (FI) that:
 - Is episodic, recurrent, or continuous.
 - Substantially interferes with or limits the achievement of or maintenance of one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills; and
 - Substantially interferes with or limits the individual's functional capacity with family, employment, school, or community. "Functional impairment" does not include difficulties resulting from temporary and expected responses to stressful events in a person's environment. The level of functional impairment must be identified by the assessment completed by a mental health professional, as defined in rule 441—24.1(225C)

A Licensed Mental Health Professional (LMHP) must complete diagnosis and functional impairment documentation as outlined below.

- Enrollment – current diagnosis & functional impairment needs to be within the last 365 days.
- Annual Renewal – updated diagnosis and functional impairment needs to be within the last 365 days.

It is the health homes responsibility to ensure that they always have a current functional impairment and diagnosis on file. If not, the health home should disenroll the member if Non-Intensive Care Management non-ICM (Tier 5 and 6).

Members approved for Habilitation or Children's Mental Health Waiver (CMH) are not required to have a diagnosis or functional impairment submitted annually for enrollment into the Integrated Health Home.

Enrollment Process

1. Integrated Health Home meets with the member and reviews program expectations and supports provided and obtains member's consent to enroll into program.
 - Eligible individuals agree to participate in the IHH program at the initial engagement with the IHH provider. The IHH provider presents the qualifying member with the benefits of an IHH, and the member agrees to opt-in to IHH services.
 - The IHH must explain to the member, in a format easily understood by the member, how the team works together with the member at the center to improve the member's care as well as all team member's roles and responsibilities.

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- The IHH must advise members of their ability and the process to opt-out of IHHs services at any time.
 - Eligible members must agree to participate in the IHH program and the IHH must document the member's agreement in the member's record before submitting an enrollment request.
2. IHH obtains the necessary documentation to verify member's diagnosis and functional impairment from a qualified licensed mental health professional.
 3. IHH completes the Integrated Health Home Notification Form and selects "enrollment" in Section 3: Type of Request. See [How to Complete](#) section of guide for additional details.
 4. IHH submits the Integrated Health Home Notification Form along with diagnosis and functional impairment documentation to the respective Managed Care Organization (MCO) or Iowa Medicaid per the identified process.
 5. MCO/Iowa Medicaid reviews information and notifies the IHH of determination per the identified process.

Annual Renewal Process For Non ICM

1. Prior to renewal date, IHH obtains members updated diagnosis and functional impairment from qualified licensed mental health professional.
2. IHH completes the Integrated Health Home Notification Form and selects "renewal" in Section 3: Type of Request. See [How to Complete](#) section in guide for additional details.
3. IHH submits the Integrated Health Home Notification Form along with diagnosis and functional impairment documentation to the respective MCO or Iowa Medicaid per the identified process.
4. MCO/Iowa Medicaid reviews information and notifies IHH of determination per the identified process.

Change in Tier Process

1. IHH completes the Integrated Health Home Notification Form and selects "change in tier" Section 3: Type of Request. See [How to Complete](#) section in guide for additional details.
2. IHH submits the Integrated Health Home Notification Form to the respective MCO or Iowa Medicaid per the identified process.
3. MCO/Iowa Medicaid reviews information and notifies the IHH of determination per the identified process.

Disenrollment Process

1. IHH completes the Integrated Health Home Notification Form and selects "disenrollment" Section 3: Type of Request. See [How to Complete](#) section in guide for additional details.
2. IHH submits the Integrated Health Home Notification Form to the respective MCO or Iowa Medicaid per the identified process.
3. MCO/Iowa Medicaid reviews information and completes disenrollment.
 - a. If member is ICM and transferring to another IHH, the disenrollment will not be processed until the enrollment is received from the accepting IHH. The disenrolling IHH is responsible to follow member and complete necessary reporting during the transfer time.

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How to Complete Document

- **Section 1: Member Information**
 - Member Name – *enter member’s legal name.*
 - Date of Birth – *enter in member’s date of birth.*
 - Phone – *If member does not have one, enter None.*
 - MCO-Assigned Member ID Number - *Required for Wellpoint members.*
 - Medicaid ID Number – *enter in member’s Medicaid number.*
 - Home Address - *If member is homeless, enter None or homeless.*

- **Section 2: Health Home Provider Information**
 - Health Home Name – *enter in IHH name.*
 - Health Home Contact Name - *enter in IHH contact name.*
 - Phone Number – *enter in IHH contact phone number.*
 - Email – *enter in IHH contact email address.*
 - National Provider Identifier (NPI) – *enter in IHH NPI number for IHH services.*
 - MCO Assigned Provider # - *Required for Wellpoint members.*

- **Section 3: Type of Request**
 - Enrollment/Annual Renewal/Change in Tier Effective Date - *enter the date if requesting an enrollment, annual renewal, or change in tier.*
 - ✓ Effective date will be for the 1st of the month. The IHH determines the effective date for MCO members. For Fee For Service (FFS) members, IHH cannot determine effective date at this time.
 - ✓ Enrollments, annual renewals, and change in tier request will not be approved if the effective date is greater than one month prior or future of the submission month e.g., submitted December effective date can be November, December, or January 1st.
 - ✓ Members can only be enrolled in one IHH at a time.
 - Disenrollment Effective Date - *enter the date if requesting a disenrollment.*
 - ✓ The date would be for the last day of the month. The IHH determines the effective date for MCO members. For FFS members, IHH cannot determine effective date at this time.
 - ✓ Disenrollment effective date will not be approved if the effective date is greater than the previous month of submission e.g., submitted December effective date can be November 30th or December 31st.
 - Check the appropriate box to identify the request.
 - ✓ Enrollment – *select if requesting to enroll member into Health Home.*
 - i. When member transfers from MCO-to-MCO enrollment date can be backed dated up to 90 days, as long as the member was eligible with the MCO during that time. For FFS members, IHH cannot backdate effective date at this time.
 - ✓ Annual Renewal – *select if requesting annual renewal into IHH program.*
 - i. The renewal effective date can be identified as the first of the month and cannot be dated more than one month ahead i.e. submitted renewal in February and effective date would be 2/1/2024 or 3/1/2024.

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- ✓ Change in Tier – *select if requesting the member's tier to be changed from current tier. Identify from the dropdown the reason for the change in tier. Options include:*
 - i. Member requested – *select when member chooses to change tier.*
 - ii. Transferring to waiver Community Based Case Manager (CBCM) – *select when member has been approved for a waiver and member has requested to remain with the IHH. The effective date would be the first of the month following the CBCM assignment.*
 - iii. Other – *note reason in additional information section.*
 - 1. CMH waiver changing Tier 8 to Tier 6, please note the reason for the change provide:
 - a. If member choice, please indicate parent/guardian name and date requested closure.
 - b. If member admitted to Psychiatric Medical Institutions for Children (PMIC), include facility name and the admission date.
 - iv. Re-open Hab line (ITC & Molina Only) – *select when hab line has been closed but member's continue stay review is still current and member wants to access habilitation services again. Enter note in additional information member wants to start hab services again.*
- ✓ Disenrollment – *select if requesting member to be discharged from IHH. Identify from the dropdown the reason the disenrollment is being requested.*
 - i. Member requested – *select if member has requested to no longer receive IHH services.*
 - 1. When member is receiving tier 7/8 at time of discharge, in the additional information box, indicate if the member is disenrolling from both IHH and Hab/CMHW or just the IHH.
 - 2. CMH waiver member include documentation from the parents/legal representative; this can be verification via email or a written statement from the parents/legal representative.
 - ii. Deceased – *select if member is deceased. Provide date of death in additional information section.*
 - iii. Effectively self-coordinating services – *select if member is coordinating services on their own.*
 - 1. CMH waiver member include documentation from the parents/legal representative; this can be verification via email or a written statement from the parents/legal representative.
 - iv. Incarcerated - *select if member is incarcerated. Note date of incarceration in additional information section.*
 - v. Lost Medicaid eligibility – *select if member has lost Medicaid eligibility.*
 - vi. Moved from area – *select if member has moved from area and no longer wants to receive IHH services from current or new IHH.*
 - vii. Moved out of state – *select if member has moved out of state. Provide member's new address and date moved in the additional information section.*

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- viii. No longer meets criteria – *select if member no longer meets criteria for IHH services.*
 - 1. Not able to obtain recent diagnosis or functional impairment information or
 - 2. Member aged out of CMH waiver services and no longer wants IHH.
 - 3. Member's exception to policy for non-utilization of a waiver service was not approved.
 - ix. Not participating or unable to reach – *select when the IHH has followed their unable to contact or reach policy.*
 - 1. CMH waiver – include dates attempted to reach parents/legal representative along with date unable to reach letter was sent.
 - x. Provider requested – *select if IHH is requesting disenrollment. Provide additional information in the additional information section.*
 - xi. Transferred to another Health Home – *select if member is transferring to another IHH. Provide new IHH name member is transferring too in the additional information section.*
 - 1. Member can only be enrolled in one IHH per month, including pediatric to adult IHH.
 - 2. IHHs need to communicate with each other on effective dates.
 - 3. The disenrollment and enrollment forms need to be received prior to the processing of either one.
 - 4. The disenrolling IHH will remain responsible for members services, reporting until enrollment is processed.
 - xii. Transferred to MCO waiver CBCM ~~Community Based Case Manager (CBCM)~~ – *select if member transferred to MCO wavier CBCM.*
 - 1. If a member is receiving habilitation, the IHH must reach out to MCO CBCM to ensure collaboration and transfer from IHH to CBCM.
 - xiii. Transferred to higher level of care – *select if member has transferred to a higher level of care and Health Home will no longer remain involved. Provide where member is transferring to in additional information section.*
 - 1. PMIC, MHI Independence, MHI Cherokee, Nursing Facility, etc.
 - 2. CMH Waiver - If member admitted to PMIC, include facility name and the admission date.
 - xiv. Transferred to another MCO/FFS – *select if member has switched to another MCO or to Fee For Service.*
- Tier Level (check one) – *select the corresponding tier that according to the tier the IHH will be providing to the member.*
 - ✓ Tier 5 – Adult Non-Habilitation – *select if member is age 18 and up and;*
 - 1. Not approved for habilitation services, or
 - 2. No longer wants to receive habilitation service or
 - 3. Member has turned 18 and agrees to receive IHH services as an adult.
 - a. *The IHH should complete appropriate documents e.g., new releases of information (ROI), consent. Person Centered Service Plan (PCSP) and assessment as applicable.*

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- ✓ Tier 6 – Children Non-Waiver or Habilitation – *select if member is under the age 18 and;*
 1. Not approved for Children’s Mental Health waiver or habilitation services or
 2. Is no longer wanting to receive CMH or habilitation services.
 3. See section [Change in Tier Effective Dates for Minors](#) turning 18 section and remaining in IHH services.
- ✓ Tier 7 – Habilitation – *select if member is:*
 1. Eligible for habilitation services, or
 2. If a minor and ONLY eligible for Habilitation.
- ✓ Tier 8 – Children’s Mental Health Waiver – *select if member is under age 18 and;*
 1. Eligible for the Children’s Mental Health waiver services or
 2. Member is eligible for both CMH Waiver and Habilitation service.
 3. See Change in Tier Effective Dates for Minors Turning 18 section and remaining in the IHH program.
- **Section 4: Enrollment and Annual Renewal Documentation**
 - Diagnosis and functional impairment documentation is obtained from LMHP within 365 days of enrollment or annual renewal to be provided to MCO/FFS.
 - Qualifying Diagnosis Codes – enter in DSM diagnosis codes.
- **Section 5: Health Home Verification**
 - Health Home Staff Signature – IHH staff will sign the form. Electronic signatures are accepted.
 - Date – Date the form is completed.

Change in Tier Effective Dates for Minors Turning 18

If the minor is enrolled in a Health Home that serves adults and children and member was approved/receiving CMH Waiver and habilitation services, the MCO will automatically change the tier from tier 8 to tier 7 based on when the member turned 18. Effective date is determined by the date of the member’s birthday.

- Member’s birthday is the 1st of the month the tier will change to an ICM adult tier 7 on the 1st of the birth month.
- Member’s birthday is after the 1st of the month, the tier will be effective the 1st of the month following the birthday.

Other Requirements for Minors turning 18.

- Health Home will need to obtain a consent from the member when the member turns 18.
- Health Home will need to submit a disenrollment if they no longer plan to serve member after the member turns 18.
- If member is non-ICM, Health Home will need to submit a change in tier, if the member plans to continue to receive services as an adult.
- Pediatric Health Home should make a referral to an adult Health Home one to three months prior to the member’s 18th birthday, if member is going to continue to receive Health Home services or habilitation services.

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How to Submit

Submit the Health Home Notification Form along with supporting documentation to the member's respective MCO.

- Iowa Medicaid: upload to IMPA
- Iowa Total Care: upload via Client portal or fax (833)864-9673
- Molina: fax (833)616-4714 or upload via Availity Portal
- Wellpoint: fax (844)556-6125

Location of Form

The Health Home Notification form can be located on the DHS website at:

[470-5582, Integrated Health Homes \(IHH\) Managed Care Organizations \(MCOs\) Notification \(iowa.gov\)](#)

SMI & SED Definitions

Diagnosis must be determined by use the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases (ICD).

Serious Mental Illness (SMI) is defined as an adult that has a persistent or chronic mental illness, a behavioral, or emotional disorder that causes serious functional impairment and substantially interferes with or limits one or more major life activities including functioning in the family, school, employment, or community. SMI may co-occur with substance use disorder, developmental, neurodevelopmental, or intellectual disabilities but those diagnoses may not be the clinical focus for health home services.

Serious emotional disturbance (SED) is defined by a child having a diagnosable mental, behavioral, or emotional disorder which results in a functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities. SED may co-occur with substance use disorder, developmental, neurodevelopmental, or intellectual disabilities but those diagnoses may not be the clinical focus for health home services.

Licensed Mental Health Professional (LMHP) Definition

Licensed mental health professional meets all of the following conditions:

1. Holds at least a master's degree in a mental health field including, but not limited to, psychology, counseling and guidance, psychiatric nursing, and social work; or is a Doctor of Medicine or osteopathic medicine; and
2. Holds a current Iowa license when required by the Iowa professional licensure laws (such as a psychiatrist, a psychologist, a marital and family therapist, a mental health counselor, an advanced registered nurse practitioner, a psychiatric nurse, or a social worker); and
3. Has at least two years of post-degree experience supervised by a licensed mental health professional in assessing mental health problems, mental illness, and service needs and in providing mental health services.

Functional Impairment Definition

The level of functional impairment must be identified by an assessment completed by the Licensed mental health Professional.

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Functional Impairment (FI) means.

- a. The loss of functional capacity that is episodic, recurrent, or continuous and
- b. Substantially interferes with or limits the achievement of or maintenance of one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills and
- c. Substantially interferes with or limits the individual’s functional capacity with family, employment, school, or community.

Function Impairment Assessment examples may include:

- Annual Mental Health Assessment / Evaluation
- DLA 20 <https://www.thenationalcouncil.org/areas-of-expertise/dla-20-mental-health-outcomes-measurement/>
- Strengths and Difficulties Questionnaire [https://sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz\(USA\)](https://sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz(USA))
- WHODAS 2.0 https://www.who.int/classifications/icf/more_whodas/en/
- Other appropriate mental health functional impairment assessments

Functional Impairment & Diagnosis Documentation Required

The following is a guide on when the Health Home is required to submit functional impairment diagnosis(initial enrollment and annual renewal)with the Health Home Notification Form.

Scenario	Functional Impairment & Diagnosis Required	Notes/Expectations
Enrollment as Non ICM (Tier 5/6)	Required	
Enrollment as ICM (Tier 7/8)	Not required	Health Home should obtain documentation within 60 days of enrollment and place in member’s record.
MCO to MCO/FFS Non ICM (Tier 5/6)	Required	
MCO to MCO/FFS ICM (Tier 7/8)	Not required	Health Home needs to follow Managed Care Organization (MCO)/Iowa Medicaid processes to secure funding for services.
IHH to IHH Transfer Non ICM (Tier 5/6)	Required	
IHH to IHH Transfer ICM (Tier 7/8)	Not required	
Annual renewal of Non ICM (Tier 5/6)	Required	IHH needs to submit renewal within 60 days of expiration. If renewal not submitted within 60 days, IHH, would submit for disenrollment.

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		Fee for Service will change to tier 0 – on the first of month 13, and disenroll on the last day of month 14.
Annual renewal of ICM (Tier 7/8)	Not required	
Change from ICM (Tier 7/8) to Non ICM (Tier 5/6)	Required	Health Home needs to submit diagnosis and functional impairing that was completed by a LMHP within 365 days of change in tier request.

Placement Setting Situations

The following is a guide regarding when a member’s placement changes.

Placement	Current Tier	Health Home Notification Form to Complete & When	IHH Expectation
PMIC	Tier 6	No change required.	IHH communicates with PMIC at least monthly and participates in member centered meetings (MCM) to assist with discharge planning including requesting waiver line to be reopened or requesting reserved capacity slot if applicable.
PMIC	Tier 8	Submit change in tier to a 6 when notified that the member’s CMH waiver has been closed by HHS.	
Shelter/QRTP	Tier 6	No change required.	IHH must coordinate with the HHS worker, shelter and/or QRTP staff regarding MCM meetings, discharge plans and assist with making referrals as applicable.
Shelter/QRTP	Tier 8	Submit change in tier to a 6 when notified that the member’s CMH waiver has been closed by HHS.	<p>MCOs will automatically change to tier 6 if CMH waiver line has closed in IMPA.</p> <p>IHH must coordinator with HHS worker, shelter and/or QRTP staff regarding MCM meetings, and assist with making referrals as applicable.</p> <p>FFS does not automatically change from tier 8 to tier 6. IHH must change this in IMPA with DX and FI.</p>
Nursing Facility	Tier 5	No change required	IHH must coordinate quarterly with MCO case manager, attend MCM meetings as scheduled to assist with discharge planning as applicable.
Nursing Facility	Tier 7	Submit change in tier to a 5 when notified that the member’s hab line has been closed by HHS.	MCO will automatically change to tier 5 when habilitation lines show

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			<p>closed in IMPA, and nursing facility line is open.</p> <p>IHH must coordinate quarterly with MCO case manager working with the member, attend MCM meetings as schedule to assist with discharge planning as applicable.</p> <p>FFS does not automatically change from tier 7 to tier 5. IHH must change this in IMPA with DX and FI.</p>
Out of State Placement	Tier 5 Tier 6	No change required.	<p>IHH must coordinate quarterly with MCO case manager working with the member, attend MCM meetings, and assist with discharge planning as applicable.</p>
Out of State Placement	Tier 7 Tier 8	IHH submits change in tier to 5/6 once the member's CMH waiver or habilitation line has been closed in IMPA.	<p>MCO will automatically change to tier 5 or 6 when IMPA line is showing CMH waiver or habilitation is closed.</p> <p>IHH must coordinate quarterly with MCO case manager working with the member, attend MCM meetings and assist with discharge planning as applicable.</p> <p>FFS does not automatically change to a tier 5 to tier 6. IHH must change this in IMPA with DX and FI.</p>
ICF-ID	Tier 5 Tier 6	No change required.	<p>IHH must coordinate quarterly with MCO case manager working with the member, attend MCM meetings, and assist with discharge planning as applicable.</p> <p>FFS the IHH must coordinate with the TCM/CM at least quarterly.</p>
ICF-ID	Tier 7 Tier 8	Submit change in tier to a 5/6 once the member's CMH waiver or habilitation line has been closed in IMPA.	<p>MCO will automatically change to tier 5 or 6 when IMPA line is showing CMH waiver or habilitation is closed.</p>

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			<p>IHH must coordinate quarterly with MCO case manager working with the member and assist with discharge planning as applicable if member remains enrolled.</p> <p>FFS does not automatically change to a tier 5 to tier 6. IHH must change this in IMPA with DX and FI. IHH must coordinate with the TCM/CM at least quarterly.</p>
RCF	Tier 5 Tier 7	No change unless IHH requests change in tier or disenrollment, even if RCF is funded by region.	

Insurance Coverage Changes

Below outlines the process to follow when members experience a change in Medicaid coverage.

Situation	Current Tier	Health Home Notification Form to Complete & When	What Happens
Not Medically Exempt	All Tiers	<p>Submit for disenrollment after 60 days if coverage remains the same.</p> <p>IHH is not able to bill while member is not medically exempt.</p>	<p>IHH assists with getting Medically Exempt paperwork completed and submitted to Health and Human Services (HHS).</p> <p>If member shows ineligible after 60 days, MCOs and FFS will auto disenroll, e.g. not medically exempt coverage in January and remains this status until March.</p> <p>IHH will need to enroll member as new member if medically exempt status is approved in month three or later.</p>
Hawk-I	Tier 6 Tier 8	<p>Submit for disenrollment after 60 days if coverage remains the same.</p> <p>IHH is not able to bill for services when member has Hawk-I coverage.</p>	<p>IHH notifies family of change in coverage and that no longer eligible for IHH services. If member needs assistance with coordination of services, reach out to MCO representative to make a referral for MCO case management/care coordination.</p>

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			<p>If member shows ineligible after 60 days, MCOs and FFS will auto disenroll.</p> <p>e.g. Hawk-i coverage in January and remains this status until March, MCOs and FFS disenroll member the last day in February.</p>
HCBS Waiver Approved	Tier 5 Tier 6	No change required unless IHH requests disenrollment.	<p>IHH must coordinate quarterly with MCO case manager working with the member, attend MCM meetings, and support team as needed.</p> <p>FFS the IHH must coordinate with the TCM/CM at least quarterly.</p>
HCBS Waiver Approved	Tier 7 Tier 8	IHH submits change to tier 5 or tier 6 according to member's age or a disenrollment the month following notification of the Community Based Case Manager waiver assignment.	<p>MCO will notify IHH of the Community Based Case Manager waiver assignment and will request IHH submit a change in tier or disenrollment request, effective no later than the month following the request, e.g., MCO notifies IHH in February 2023 of waiver assignment & approval, IHH will submit change tier effective for 3/1/2023 or disenrollment effective February 28, 2023.</p> <p>IHH must coordinate quarterly with MCO case manager working with the member, attend MCM meetings, and support team as needed.</p> <p>FFS does not automatically change to a tier 5 to tier 6. IHH must change this in IMPA with DX and FI. IHH must coordinate with the TCM/CM at least quarterly.</p>
CMH Waiver Exception to Policy (ETP) is not approved	Tier 8	IHH will submit a change in tier to tier 6 or disenrollment for the effective date indicated on ETP letter for the last day of the month.	IHH notifies the family that waiver will be ending due to no utilization of services and that the family will receive notification from HHS regarding appeal process if they wish to appeal.

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			<p>MCO will automatically change the tier for the effective date and request the change in tier or disenrollment to be submitted. If MCO changes tier the effective date will be the 1st of the month following the end date noted on Iowa Medicaid ETP letter. If disenrolling member this will be the last day of a month.</p> <p>FFS does not automatically change to tier 6. IHH must change this in IMPA with DX and FI.</p>
Incarceration or Detention	Tier 5 Tier 6 Tier 7 Tier 8	<p>Can remain enrolled in IHH as long as member remains Medicaid eligible.</p> <p>IHH can only bill if member has full Medicaid and IHH provided a core service during that month.</p>	<p>IHH will monitor eligibility to ensure remains Medicaid eligible.</p> <p>FFS will change to tier 0 – on the first of month 13, and disenroll on the last day of month 14.</p>

SMI/SED Diagnosis List

The following is a list of qualifying SMI/SED diagnosis and their ICD10 codes.

SMI/SED Diagnosis Name	ICD-10 Code
Schizophrenia	F20
Paranoid schizophrenia	F20.0
Disorganized schizophrenia	F20.1
Catatonic schizophrenia	F20.2
Undifferentiated schizophrenia	F20.3
Residual schizophrenia	F20.5
Other schizophrenia	F20.8
Schizophreniform disorder	F20.81
Other schizophrenia	F20.89
Schizophrenia, unspecified	F20.9
Schizotypal disorder	F21
Delusional disorders	F22
Brief psychotic disorder	F23
Schizoaffective disorders	F25
Other psychotic disorder not due to a substance or known physiological condition.	F28
Unspecified psychosis not due to a substance or known physiological condition	F29
Bipolar disorder	F31
• current episode hypomanic	F31.0
Bipolar disorder, current episode manic without psychotic features	F31.1

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<ul style="list-style-type: none"> • Unspecified • Mild • Moderate • Severe 	<p>F31.10</p> <p>F31.11</p> <p>F31.12</p> <p>F31.13</p>
Bipolar disorder, current episode manic severe with psychotic features	F31.2
Bipolar disorder, current episode depressed, mild or moderate severity.	F31.3
<ul style="list-style-type: none"> • Unspecified 	F31.30
Bipolar disorder, current episode depressed, mild.	F31.31
Bipolar disorder, current episode depressed, moderate.	F31.32
Bipolar disorder, current episode depressed, severe, without psychotic features.	F31.4
Bipolar disorder, current episode depressed, severe, with psychotic features.	F31.5
Bipolar disorder, current episode mixed.	F31.6
<ul style="list-style-type: none"> • Unspecified • Mild • Moderate • Severe, without psychotic features 	<p>F31.60</p> <p>F31.61</p> <p>F31.62</p> <p>F31.63</p> <p>F31.64</p>
Bipolar disorder, in full remission, most recent episode mixed.	F31.8
Other bipolar disorders	F31.81
Bipolar II disorder	F31.89
Other bipolar disorder	F31.9
Bipolar disorder, unspecified	
Major Depressive Disorder, single episode	F32
<ul style="list-style-type: none"> • Mild • Moderate • Severe without psychotic features • Severe with psychotic features • In partial remission 	<p>F32.0</p> <p>F32.1</p> <p>F32.2</p> <p>F32.3</p> <p>F32.4</p>
Other depressive episodes	F32.8
Premenstrual dysphoric disorder	F32.81
Major depressive disorder, single episode, unspecified	F32.9
Major Depressive Disorder, recurrent	F33
<ul style="list-style-type: none"> • Mild • Moderate • Severe without psychotic features • Severe with psychotic symptoms 	<p>F33.0</p> <p>F33.1</p> <p>F33.2</p> <p>F33.3</p>
Other recurrent depressive disorder	F33.8
Major Depressive Disorder, recurrent, unspecified	F33.9
Persistent mood (affective) disorders	F34
Cyclothymic disorder	F34.0
Dysthymic disorder	F34.1
Other persistent mood (affective) disorders	F34.8
Disruptive mood dysregulation disorder	F34.81
Other specified persistent mood disorder	F34.89
Persistent mood (affective) disorder, unspecified	F34.9

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Unspecified mood (affective) disorder	F39
Other anxiety disorders	F41
Panic disorder (episodic paroxysmal anxiety) without agoraphobia	F41.0
Generalized anxiety disorder.	F41.1
Other mixed anxiety disorder	F41.3
Other specified anxiety disorder	F41.8
Anxiety disorder, unspecified	F41.9
Obsessive Compulsive Disorder	F42
Mixed obsessional thoughts and acts	F42.2
Hoarding disorder	F42.3
Other obsessive-compulsive disorder	F24.8
Obsessive compulsive disorder, unspecified	F42.9
Reaction to severe stress, and adjustment disorders	F43
Post-traumatic stress disorder	F43.1
Post-traumatic stress disorder, unspecified	F43.10
Post-traumatic stress disorder, acute	F43.11
Post-traumatic stress disorder, chronic	F43.12
Dissociative and conversation disorders	F44
Conversion disorder with motor symptom or deficit	F44.4
Conversion disorder with seizures or convulsions	F44.5
Conversion disorder with sensory symptom or deficit	F44.6
Conversion disorder with mixed symptom presentation	F44.7
Other dissociative and conversion disorders	F44.8
Dissociative identity disorder	F44.81
Other dissociative and conversion disorders	F44.89
Dissociative and conversion disorder, unspecified	F44.9
Somatoform disorders	F45
Somatization disorder	F45.0
Undifferentiated somatoform disorder	F45.1
Hypochondriacal disorders	F45.2
• Unspecified	F45.20
Hypochondriasis	F45.21
Body dysmorphic disorder	F45.22
Other hypochondriacal disorders	F45.29
Pain disorders related to psychological factors.	F45.4
Pain disorder exclusively related to psychological factors.	F45.41
Pain disorder with related psychological factors	F45.42
Other somatoform disorders	F45.8
Somatoform disorder, unspecified	F45.9
Eating disorders	F50
Anorexia nervosa	F50.0
• unspecified	F50.00
• restricting type	F50.01
• binge eating/purging type.	F50.02

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Bulimia nervosa	F50.2
Other eating disorders	F50.8
Binge eating disorder.	F50.81
Other specified eating disorder	F50.89
Eating disorder, unspecified	F50.9
Specific personality disorders	F60
Paranoid personality disorder	F60.0
Schizoid personality disorder	F60.1
Antisocial personality disorder	F60.2
Borderline personality disorder	F60.3
Histrionic personality disorder	F60.4
Obsessive-compulsive personality disorder	F60.5
Avoidant personality disorder	F60.6
Dependent personality disorder	F60.7
Other specific personality disorders	F60.8
Narcissistic personality disorder	F60.81
Other specific personality disorders	F60.89
Personality disorder, unspecified	F60.9
Impulse disorders	F63
Other impulse disorders	F63.8
Intermittent explosive disorder	F63.81
Other impulse disorders	F63.89
Impulse disorder, unspecified	F63.9
Conduct Disorder	F91
Conduct disorder confined to family context.	F91.0
Conduct disorder, childhood onset type.	F91.1
Conduct disorder, adolescent onset type.	F91.2
Oppositional defiant disorder	F91.3
Other conduct disorders	F91.8

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Qualified Mental Health Professional Credentials

Credentials	Title
LISW	Licensed Independent Social Worker
LMFT	Licensed Marriage and Family Therapist
LMHC	Licensed Mental Health Counselor
MFT-T or LMFT-T (Cosigner Needed)	Temporary Licensed Marriage and Family Therapist
MHC-T or LMHC-T (Cosigner Needed)	Temporary Licensed Mental Health Counselor
LMSW	Licensed Master Social Work
PMHNP	Psychiatric Mental Health Nurse Practitioner <ul style="list-style-type: none">• ARNP-may need to check for psychiatric nursing qualification via provider search
CADC	Certified Alcohol and Drug Counselor
BACB	Board Certified Behavior Analyst
MD	Psychiatrist- may need to check for board certification via provider search
DO	Psychiatrist- may need to check for board certification via provider search
Psy.D	Psychologist- may need to check for board certification via provider search