

# Kentucky Checklist for the Identification of Co-Occurring Behavioral Health and Chronic or Complex Physical Health Condition

Individual's Name \_\_\_\_\_ Identification Number \_\_\_\_\_ Diagnosis/ Diagnostic Code(s) \_\_\_\_\_

The following table illustrates the criteria that shall be met for an individual to be designated as qualifying for targeted case management for co-occurring Behavioral Health (SMI, SED, SUD) and a Chronic or Complex Physical Health Condition(s).

YES	NO	CRITERIA
		<p><b>Designation of Behavioral Health Conditions (Check all that apply):</b></p> <p>SED _____, SMI _____, SUD _____</p> <p>as determined and documented by a licensed behavioral health professional on _____ Date</p>
		<p><b>2. Chronic or Complex Physical Health Conditions:</b> Means that <i>significant symptoms of a physical health condition have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized as a result of this physical health condition for more than once in the last two (2) years, AND</i></p> <p>a) That the <i>symptoms of the physical health condition presently significantly impair the individual in his/her ability to function socially, educationally/occupationally, or both.</i></p> <p>b) <b>Physical Health Conditions:</b> For the purposes of this regulation, these physical health conditions may include disorders under the following categories:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> a. <i>Cardiovascular Disorders</i></li> <li><input type="checkbox"/> b. <i>Respiratory Disorders</i></li> <li><input type="checkbox"/> c. <i>Genito-Urinary Disorders</i></li> <li><input type="checkbox"/> d. <i>Endocrine Disorders</i></li> <li><input type="checkbox"/> e. <i>Musculoskeletal Disorders</i></li> <li><input type="checkbox"/> f. <i>Neurological Disorders</i></li> <li><input type="checkbox"/> g. <i>Immune System Disorders</i></li> <li><input type="checkbox"/> h. <i>Gastrointestinal Disorders</i></li> <li><input type="checkbox"/> i. <i>Hematological Disorders</i></li> </ul> <p><i>Note: Documentation of the existence of these criteria is present in the individual's medical record (documented and signed/dated behavioral health assessment has been conducted by a qualified, licensed behavioral health professional) and with the Physical Health diagnosis (documented and signed/dated has been made by a qualified medical professional).</i></p>

Print Name/Credentials \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_