

Kentucky Determination Criteria Checklist for Serious Mental Illness (SMI)

Relates to KRS 210.005 and 907 KAR 15:060, 15:065, 15:050, and 15:055, and 908 KAR 2:260

Individual's Name _____ Identification Number _____ Diagnostic Code(s) _____

The following table illustrates the criteria that shall be met for an individual to be designated as seriously mentally ill (SMI). In order to designate an individual as SMI, all of the criteria in Sections 1, 2, 3 and 4 shall be met.

Please check the following criteria for age, diagnoses, disability and duration.

YES	NO	CRITERIA																								
		<p>1. Age: Is a person aged 18 years or over (calculated at the time of service)</p>																								
		AND																								
YES	NO	<p>2. Diagnosis (please circle applicable diagnosis)</p> <p>Has one or more of the following mental health diagnoses as designated in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders:</p> <p>Schizophrenia Spectrum and Other Psychotic Disorders</p> <table border="1"> <tr> <td><input type="checkbox"/> Delusional Disorder</td> <td>297.1</td> </tr> <tr> <td><input type="checkbox"/> Schizophreniform Disorder</td> <td>295.40</td> </tr> <tr> <td><input type="checkbox"/> Schizophrenia</td> <td>295.90</td> </tr> <tr> <td><input type="checkbox"/> SchizoAffective Disorder</td> <td>295.70</td> </tr> <tr> <td><input type="checkbox"/> Other Specified Schizophrenia Spectrum and Other Psychotic Disorder</td> <td>298.8</td> </tr> <tr> <td><input type="checkbox"/> Unspecified Schizophrenia Spectrum and Other Psychotic Disorder</td> <td>298.9</td> </tr> </table> <p>Bipolar and Related Disorders</p> <table border="1"> <tr> <td><input type="checkbox"/> Bipolar I Disorder</td> <td>296.41, 296.42, 296.43, 296.51, 296.52, 296.53, 296.44, 296.45, 296.46, 296.40, 296.54, 296.55, 296.50</td> </tr> <tr> <td><input type="checkbox"/> Bipolar II Disorder</td> <td>296.89</td> </tr> <tr> <td><input type="checkbox"/> Cyclothymic Disorder</td> <td>301.13</td> </tr> <tr> <td><input type="checkbox"/> Other Specified Bipolar and Related Disorder</td> <td>296.89</td> </tr> <tr> <td><input type="checkbox"/> Unspecified Bipolar and Related Disorder</td> <td>296.80</td> </tr> </table> <p>Depressive Disorders</p> <table border="1"> <tr> <td><input type="checkbox"/> Major Depressive Disorder</td> <td>296.21, 296.31, 296.22, 296.32, 296.23, 296.33, 296.24, 296.34, 296.25, 296.35, 296.20, 296.30</td> </tr> </table>	<input type="checkbox"/> Delusional Disorder	297.1	<input type="checkbox"/> Schizophreniform Disorder	295.40	<input type="checkbox"/> Schizophrenia	295.90	<input type="checkbox"/> SchizoAffective Disorder	295.70	<input type="checkbox"/> Other Specified Schizophrenia Spectrum and Other Psychotic Disorder	298.8	<input type="checkbox"/> Unspecified Schizophrenia Spectrum and Other Psychotic Disorder	298.9	<input type="checkbox"/> Bipolar I Disorder	296.41, 296.42, 296.43, 296.51, 296.52, 296.53, 296.44, 296.45, 296.46, 296.40, 296.54, 296.55, 296.50	<input type="checkbox"/> Bipolar II Disorder	296.89	<input type="checkbox"/> Cyclothymic Disorder	301.13	<input type="checkbox"/> Other Specified Bipolar and Related Disorder	296.89	<input type="checkbox"/> Unspecified Bipolar and Related Disorder	296.80	<input type="checkbox"/> Major Depressive Disorder	296.21, 296.31, 296.22, 296.32, 296.23, 296.33, 296.24, 296.34, 296.25, 296.35, 296.20, 296.30
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		<input type="checkbox"/> Persistent Depressive Disorder (Dysthymia)	300.4
		<input type="checkbox"/> Other Specified Depressive Disorder	311
		<input type="checkbox"/> Unspecified Depressive Disorder	311
Trauma and Stressor Related Disorders			
		<input type="checkbox"/> Posttraumatic Stress Disorder	309.81
AND			
YES	NO	3. Disability (Please circle domains with impairments) Clear evidence of functional impairment in two or more of the following domains: <ul style="list-style-type: none"> <input type="checkbox"/> • Societal/Role Functioning: Functioning in the role most relevant to his/her contribution to society and, in making that contribution, how well the person maintains conduct within societal limits prescribed by laws, rules and strong social mores. <input type="checkbox"/> • Interpersonal Functioning: How well the person establishes and maintains personal relationships. Relationships include those made at work and in the family settings as well as those that exist in other settings. <input type="checkbox"/> • Daily Living/Personal Care Functioning: How well the person is able to care for him/herself and provide for his/her own needs such as personal hygiene, food, clothing, shelter and transportation. The capabilities covered are mostly those of making reliable arrangements appropriate to the person's age, gender and culture. <input type="checkbox"/> • Physical Functioning: Person's general physical health, nutrition, strength, abilities/disabilities and illnesses/injuries. <input type="checkbox"/> • Cognitive/Intellectual Functioning: Person's overall thought processes, capacity, style and memory in relation to what is common for the person's age, gender, and culture. Person's response to emotional and interpersonal pressures on judgments, beliefs and logical thinking should all be considered in making this rating. 	
AND			
YES	NO	4. Duration (Please circle at least one duration condition) One or more of these conditions of duration: <ul style="list-style-type: none"> <input type="checkbox"/> • Clinically significant symptoms of mental illness have persisted in the individual for a continuous period of at least 2 (two) years. <input type="checkbox"/> • The individual has been hospitalized for mental illness more than once in the past 2 (two) years. <input type="checkbox"/> • There is a history of one or more episodes with marked disability and the illness is expected to continue for a two-year period of time. 	

This individual meets the criteria for the designation of Serious Mental Illness (SMI). Documentation of the existence of these criteria of Age, Diagnosis, Disability and Duration is present in the individual's medical record and assessment has been conducted by a qualified, licensed behavioral health professional.

Print Name/Credentials _____

Signature _____

Date _____