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
		1. Age: Is a person aged 18 years or over (calculated at the time of service)
		AND
YES	NO	**2. Diagnosis** *(please circle applicable diagnosis)* 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:

Schizophrenia Spectrum and Other Psychotic Disorders

Delusional Disorder	297.1
Schizophreniform Disorder	295.40
Schizophrenia	295.90
SchizoAffective Disorder	295.70
Other Specified Schizophrenia Spectrum and Other Psychotic Disorder	298.8
Unspecified Schizophrenia Spectrum and Other Psychotic Disorder	298.9

Bipolar and Related Disorders

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
Bipolar II Disorder	296.89
Cyclothymic Disorder	301.13
Other Specified Bipolar and Related Disorder	296.89
Unspecified Bipolar and Related Disorder	296.80

Depressive Disorders

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

		Persistent Depressive Disorder (Dysthymia)	300.4
		Other Specified Depressive Disorder	311
		Unspecified Depressive Disorder	311
		Trauma and Stressor Related Disorders	
		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: • ***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. • ***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. • ***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. • ***Physical Functioning***: Person's general physical health, nutrition, strength, abilities/disabilities and illnesses/injuries. • ***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: • Clinically significant symptoms of mental illness have persisted in the individual for a continuous period of at least 2 (two) years. • The individual has been hospitalized for mental illness more than once in the past 2 (two) years. • 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