

CRITERIA FOR SEVERE MENTAL ILLNESS AMONG ADULTS

595.4

Client Name: _____

DOB: _____

To be considered an adult diagnosed with severe mental illness **A** must be met. In addition, **B** or **C** or **D** must be met. Please check all criteria which pertain to the client.

_____A. SEVERE MENTAL ILLNESS DIAGNOSIS

The individual is 18 years of age or older and currently meets the criteria for an **ICD 10-** psychiatric diagnosis **other than** alcohol or drug disorder. (291.xx, 292.xx, 303.xx, 305.xx), organic brain syndromes (290.xx, 293.xx, 294.xx), developmental disabilities (299.xx, 315.xx, 319.xx) or social conditions (Vxx.xx).

_____B. SSI or SSDI ENROLLMENT/ELIGIBILITY DUE TO MENTAL ILLNESS

The individual is currently enrolled, or has applied, in SSI or SSDI due to a designated mental illness.

_____C. EXTENDED IMPAIRMENT IN FUNCTIONING DUE TO MENTAL ILLNES

1. The individual has experienced **two (2)** of the following four functional limitations due to a designated mental illness over the past 12 months on a continuous or intermittent basis, please check:

- Marked difficulty in self-care (personal hygiene, diet, and clothing, avoiding injuries, securing health care or complying with medical advice).
- Marked restriction of activities of daily living (maintaining a residence, using transportation, day-to-day money management, accessing community services).
- Marked difficulties in maintaining social functioning (establishing and maintaining social relationships, interpersonal interactions with primary partner, children, other family members, friends, neighbors, social skills, compliance with social norms, appropriate use of leisure time).
- Frequent deficiencies of concentration, persistence or pace resulting in failure to complete tasks in a timely manner in work, home, or school settings (ability to complete tasks commonly found in work settings or in structured activities that take place in home or school settings; individuals may exhibit limitation in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in tasks, or require assistance in completion of tasks).

2. The individual has met criteria for ratings of 50 or less on the Global Assessment of Functioning Scale (Axis V of the ICD-10) due to designated mental illness over the past twelve month on a continuous or intermittent basis.

_____D. RELIANCE ON PSYCHIATRIC TREATMENT, REHABILITATION, AND SUPPORTS

- A documented history shows that the individual, at some prior time, met the threshold for C (above), but symptoms and/or functioning problems are currently attenuated by medication or psychiatric rehabilitation and supports. Medication refers to psychotropic medications which may control certain primary manifestations of mental disorder, e.g., hallucinations, but may or may not affect functional limitations imposed by the mental disorder. Psychiatric rehabilitation and supports refer to highly structured and supportive settings which may greatly reduce the demands placed on the individual and, thereby, minimize overt symptoms and signs of the underlying mental disorder

COMPLETED BY: _____ DATE: _____

Credentials:

(LCSW, LMSW, LMHC, PhD, MD, etc.)