

SERIOUS DISABLING MENTAL ILLNESS (SDMI) and LEVEL OF IMPAIRMENT WORKSHEET (LOI)

SDMI is defined as an adult 18 years or older who presently or any time in the past 12 months has had a diagnosable mental illness that has interfered with functioning and has resulted in significant difficulty in community living without supportive treatment or services of a long-term or indefinite duration. These members struggle daily with severe mental illness that is chronic and persistent resulting in impaired functioning.

Member Name: _____ **Member ID #:** _____

ELIGIBILITY CRITERIA – Choose one of the following:
<input type="checkbox"/> SDMI eligible if the adult has been involuntarily hospitalized for at least 30 consecutive days because of a mental disorder at Montana State Hospital within the past 12 months. <input type="checkbox"/> Has a diagnosis within the Schizophrenia Spectrum Disorder category. (F20.0, F20.1, F20.2, F20.5, F22, F25.0, or F25.1)

If none of the above apply, complete sections 1 and 2 below.

SECTION 1 <i>See manual for eligible diagnoses</i>
Primary SDMI Diagnosis: _____ ICD-10: _____

SECTION 2
SDMI Level of Impaired Functioning Areas Level of Impairment (LOI) Score: <u>Level A</u> <input type="checkbox"/> 3 areas of at least moderate level impairment for a total score of 6 or above; or <input type="checkbox"/> 4 areas of at least moderate level impairment for a total score of 8 or above <u>Level B</u> <input type="checkbox"/> 3 areas of at least moderate level impairment for a total score of 9 or above; or <input type="checkbox"/> 4 areas of at least moderate level impairment for a total score of 12 or above

ELIGIBILITY DETERMINATION FORMULA

To determine SDMI eligibility, the diagnosis category found in the Addictive and Mental Disorder Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health must meet the following level of impairment:

1. Category I Diagnoses **and** Impaired Level of Impairment A **or** B.
2. Category II Diagnoses **and** Impaired Level of Impairment B.

Licensed Mental Health Professional Name: _____ Credentials: _____

Signature: _____ Date: _____

NOTE: The SDMI Eligibility and LOI Worksheet must be completed at least annually and put in the member's medical chart/file unless another service or program requires otherwise. AMDD reserves the right to review the SDMI eligibility form.

Severe Disabling Mental Illness (SDMI) Level of Impairment (LOI) Worksheet

This worksheet must be used to determine if a member has a SDMI. The form must be completed by a licensed mental health professional. The mental health impaired functioning must tie back to mental health diagnosis for a period of at least 6 months or for a predicable period over 6 months within the past 12 months. Score each area with a range of 0 to 5 with 0 being no impairment and 5 being grave. Score one time in each area of functioning.

Area 1 Self-Care/Basic Needs	
LOI	Description of Mental Health Impairment
<input type="checkbox"/> 0	No problems in this area: Able to care for self and provide for own needs; hygiene is good; demonstrates acceptable grooming; follows treatment recommendations/medication compliant at this time
<input type="checkbox"/> 1	Mild level of impairment: No assistance needed in caring for self and obtaining basic needs; household cleanliness and/or hygiene are sporadic; misses 1 of 4 appointments; medication compliant 5 out of 7 days
<input type="checkbox"/> 2	Moderate level of impairment: occasional assistance required in caring for self and obtaining basic needs; household cleanliness and/or hygiene are marginal; regularly misses 50 percent of appointments; medication compliant 50 percent of the time
<input type="checkbox"/> 3	High level of impairment: assistance needed in caring for self and obtaining basic needs due to inability to care for self with poor household cleanliness and hygiene; lack of groceries and/or basic needs; inconsistent treatment and medication compliance
<input type="checkbox"/> 4	Severe level of impairment: unable to care for self and obtain basic needs in safe and sanitary manner (will only attend to grooming with assistance, will not grocery shop without assistance, not taking medication)
<input type="checkbox"/> 5	Gravely disabled: in extreme need of complete supportive care (shut in and requires grocery delivery, not taking medication)

Area 2 Employment/Education/Housing/Financial	
LOI	Description of Mental Health Impairment
<input type="checkbox"/> 0	No problems in this area: has an adequate income, housing, and manages finances appropriately at this time
<input type="checkbox"/> 1	Mild level of impairment: problems in this area are by report only with minimal consequences
<input type="checkbox"/> 2	Moderate impairment: occasional problems due to limited income, some difficulties with finances (pays bills but often 30+ days behind); reprimands at work/school (2 or more incidents of absenteeism/tardiness, inappropriate behavior in the past 30 days); received housing complaints
<input type="checkbox"/> 3	High level of impairment: assistance needed in managing finances (impulsive with money, debt higher than income due to spending habits); job/school instability/insecurity due to disciplinary action in last 60 days; housing instability due to eviction or living in group home
<input type="checkbox"/> 4	Severe level of impairment: easily overwhelmed by finances (has not maintained checkbook in past 60 days or has a representative payee); easily overwhelmed by demands of work/school; unable to work/attend school; receives social security benefits due to severity of mental illness, (homeless, living with family/friends, couch surfing)
<input type="checkbox"/> 5	Gravely disabled: severe and chronic difficulties; no income, risky/inappropriate financial behaviors (collection/garnishment/ repossession); homeless with no options),(living on the street/homeless shelter)

Area 3 Family/Interpersonal Relationships	
LOI	Description of Mental Health Impairment
<input type="checkbox"/> 0	No problems in this area: has an adequate support system with family and friends; gets along well with others
<input type="checkbox"/> 1	Mild level of impairment: problems in this area are by report only with minimal consequences
<input type="checkbox"/> 2	Moderate impairment: difficulty developing or maintaining healthy relationships (difficulty meeting/greeting people, lack of eye contact, presents as odd, identifies 1+ friends); strained family relationships
<input type="checkbox"/> 3	High level of impairment: inadequate relational skills resulting in tenuous and strained relationships (argumentative, lack of give and take, does not wait turn, identifies 1 friend but not close)
<input type="checkbox"/> 4	Severe impairment: impaired relational skills resulting in poor relationship formation and maintenance (poor boundaries, intense love/hate interactions, impulsive, frequent angry outbursts)
<input type="checkbox"/> 5	Gravely disabled: interpersonal relationships are virtually nonexistent (has no friends, isolative or others avoid due to strange or intense behaviors/interactions)

Area 4 Mood/Thought Functioning	
LOI	Description of Mental Health Impairment
<input type="checkbox"/> 0	No problems in this area: mood within normal limits, cognitive and thought process are appropriate
<input type="checkbox"/> 1	Mild level of impairment: mild impairment in mood; exhibits cognitive impairment 10% of the time (poor judgment, memory loss, insight, orientation); thought disturbance 10% of the time (worries, ruminations, obsessions, compulsions)
<input type="checkbox"/> 2	Moderate impairment: moderate impairment in mood, exhibits cognitive impairment 25% of the time (poor judgment, memory loss, insight, orientation); odd or impoverished thought process/content 25% of the time (worries, ruminations, obsessions, compulsions)
<input type="checkbox"/> 3	High level of impairment: severe impairment in mood, exhibits cognitive impairment 50% of the time (poor judgment, memory loss, insight, orientation); odd or impoverished thought process/content 50% of the time (worries/ruminations/obsessions/compulsions)
<input type="checkbox"/> 4	Severe impairment: severe impairment in mood, persistent cognitive impairment 75% of the time (poor judgment, memory loss, insight, orientation); odd or impoverished thought process/content 75% of the time (worries, ruminations, obsessions, compulsions)
<input type="checkbox"/> 5	Gravely disabled: severe impairment in mood, chronic impairment resulting in a higher level of care; thought processes are disorganized and tangential; persistent disruption in communication; extreme disconnection from reality

Area 5 Self-harm Behaviors/Harm to Others	
LOI	Description of Mental Health Impairment
<input type="checkbox"/> 0	No problems in this area: no self-harm, suicidal thoughts or behaviors, thoughts of harm to others or aggressiveness toward others
<input type="checkbox"/> 1	Mild impairment: in the past 90 days, thoughts of self-harm and/or suicide 1 to 2 times with no plan or intent; thoughts about harming others 1 to 2 times with no intent or plan; no history of aggressive behaviors
<input type="checkbox"/> 2	Moderate level of impairment: in the past 12 months, has recurrent thoughts of self-harm and/or suicide with no plan or intent; recurrent thoughts of harming others with no plan, intent, or actions
<input type="checkbox"/> 3	High level of impairment: has a history of self-harm behaviors but no thoughts of suicide; intent of self-harm behavior is not death; has a history of harming others that is impulsive without intent to harm others; verbal attacks
<input type="checkbox"/> 4	Severe impairment: recurrent thoughts of suicide; history of suicide attempts; recurrent aggressive behavior that is intended to cause injury or pain; verbal aggression leading to physical altercation
<input type="checkbox"/> 5	Gravely disabled: demonstrates imminent harm and/or danger to self or others

Area 6 Substance Use	
LOI	Description of Mental Health Impairment
<input type="checkbox"/> 0	No problems in this area: no present or past substance use; or abstinent if there is a history of substance use problems
<input type="checkbox"/> 1	Mild level of impairment: Minimal use with no problem due to usage and/or taking medications as prescribed
<input type="checkbox"/> 2	Moderate impairment: substance use likely leads to new health problems or makes existing ones worse (e.g., substance related injuries, ulcer, hypertension, vitamin deficiency, diabetes, memory problems); using substances or medications (including over the counter) in excess (multiple drinks daily or binge drinking) or not as prescribed
<input type="checkbox"/> 3	High level of impairment: has experienced repeated negative consequences due to usage (missed work, failed obligations with family/friends, DUI, blackouts, withdrawals) and continues to use despite persistent problems
<input type="checkbox"/> 4	Severe impairment: experiencing multiple signs of substance use disorder (unable to stop, withdrawals or sick when stopping; guilt/remorse about using, loss of friends/family due to use; loss of job due to use; and using larger amounts of substances more often to get the same effects
<input type="checkbox"/> 5	Gravely disabled: incapacitated by current substance use or experiencing life-threatening complications from overdose or withdrawal (e.g., loss of consciousness, shock, seizures, vomiting, diarrhea, confusion, breathing problems)

NUMBER OF AREAS OF MODERATE IMPAIRMENT: _____ **TOTAL SCORE:** _____