Addictive and Mental Disorders Division (AMDD)
Severe and Disabling Mental Illness (SDMI)
Home and Community Based Services (HCBS) Waiver
Evaluation and Level of Impairment (LOI) Form

Name: ______________________________________ DOB: ______________ SSN: ________________________

ELIGIBILITY CRITERIA	
Does this member have a diagnosis of dementia?	☐ Yes, this member has a dementia diagnosis. ☐ No, this member does not have a dementia diagnosis.
☐ Member is 18+ years old. ☐ Member is transitional age -- *specify age* ____________. *(Please call the HCBS SDMI program before continuing.)*	

BEHAVIORAL HEALTH DIAGNOSIS *(The ICD-10 code is required in this section)*	
Primary Behavioral Health Diagnosis:	ICD-10:

Note: must have been diagnosed in the past 12 months.

HCBS SDMI Eligibility Criteria
☐ Has been involuntarily hospitalized for at least 30 consecutive days because of a mental disorder at Montana State Hospital (MSH) or the Montana Mental Health Nursing Care Center (MMHNCC) at least once in the past 12 months *(go to attached Level of Impairment (LOI) worksheet)* ***OR*** ☐ Has a primary qualifying SDMI diagnosis *(see attached eligible diagnoses)* ***AND*** ☐ Has 3 areas of at least high level of impairment as indicated by a LOI score of 3 or above *(go to attached Level of Impairment (LOI) worksheet)*

☐ Has a SDMI as defined by HCBS waiver criteria.

☐ Does not have a SDMI as defined by HCBS waiver criteria.

Your signature attests and certifies to the following: you are qualified to complete this form; you assessed the individual named above; and the information in this document is true to the best of your knowledge and abilities.

Licensed Health Care Professional Name: __________________________ Credentials: ________________

Signature: ____ Date: ________________

Address: _____________________________ City: ____________ State: _____ Zip: ______ Phone: ______________

Severe Disabling Mental Illness (SDMI)
Home and Community Base Waiver (HCBS)
Level of Impairment (LOI) Form

Dear Mental Health Professional and Health Care Provider:

Thank you for assisting with completing integrated biopsychosocial assessments including the LOI form that will determine eligibility for the SDMI HCBS Waiver program. This form must also be completed annually. This letter hopes to answer any questions you may have about the completion of the LOI form. If you have any questions, please contact Barbara Graziano at (406) 444-9330.

This updated form must be used to determine if a member has a HCBS waiver SDMI and must be completed and signed by a Licensed Healthcare Professional or Licensed Mental Health Professional. This includes all licensed healthcare professionals who are qualified to assess, evaluate, and diagnose a behavioral health condition, which encompasses a mental health and/or substance use condition. The following professionals can complete the LOI:

- Licensed Medical Doctor (MD)
- Licensed Advanced Practice Registered Nurse (APRN) with a clinical specialty in psychiatric mental health nursing
- Licensed Physician Assistant (PA) with a clinical specialty in psychiatric mental health
- Licensed Clinical Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Clinical Professional Counselor (LCPC)
- Licensed Marriage and Family Therapist (LMFT)

There are a variety of reasons that the member is experiencing impaired functioning including medical reasons, developmental issues, cognitive issues, and/or behavioral health conditions. The LOI form requires the most up-to-date information that is acquired by a face-to-face contact with the member. In most instances, an annual review or even a six-month review may be too long a timeframe that could result in inaccurate information on the LOI. Therefore, current information is vital to the correct usage of this form. All behavioral health services that are billed to Montana Medicaid, including SDMI HCBS Waiver services, must have an annual integrated biopsychosocial assessment in the medical record.

There are eight areas. Please rate and score one time in each area of functioning with a range of 0 to 5 as follows:

5 = Gravely disabled
4 = Severe level of impairment
3 = High level of impairment
2 = Moderate level of impairment
1 = Mild level of impairment
0 = No impairment

The bottom of each page has a section titled: *The reason(s) must justify the identified impairment*. This section is required to be completed and assists with the treatment planning process. It also assists the professional completing the form to determine the reason(s) for the impaired functioning. By following the requirements in Policy # 115 or the guidelines for the E&M code's comprehensive history and examination, the documentation should provide sufficient information to complete the LOI.

There have been a lot of questions regarding how a provider can be paid for completing a LOI. Unfortunately, the Department cannot give coding advice per ARM 37.85.413; however, the following codes are available depending on how you perform the LOI service:

- If you complete the LOI during a face-to-face, Psychiatric Diagnostic Evaluation, then you can bill one of the Common Procedural Terminology (CPT) evaluation codes (e.g. 90791, 90792) per the *2021 AMA CPT Professional*.

This is typically performed when a provider completes the annual integrated biopsychosocial assessments per Policy # 115 and completes all the requirements of the CPT code.

- If you complete the LOI during a face-to-face psychotherapy appointment, then you can bill one of the CPT psychotherapy codes (e.g., 90837, 30834, 90832). These codes give the clinician the ability to bill for ongoing assessments when performed during the psychotherapy appointment. Please note that the components in Policy # 115 still applies for the completion of the LOI.
- If you complete the LOI during an E&M visit that includes a comprehensive history and examination, then you can bill the appropriate E&M code per the *2021 AMA CPT Professional*.

Following is some important information to assist you with completing the LOI portion of the form:

1. To assist the case management teams with the treatment planning process and others reviewing the LOI, please check any box provided that describes the member's score in each area.
2. To score for the SDMI waiver functioning impairment criteria, add up the number of areas that has a score of 3 or higher. This score cannot be more than the number of areas available and, therefore, cannot be more than eight.
3. To utilize the LOI for a baseline and/or treatment measure, you can use one or both of the following to measure progress or lack of progress:
    - Utilize the score in each area and/or
    - Add up all the area's score for a total score.

Send the entire completed form to the member's waiver team as indicated in the waiver team contact information on the last page.

	AREA 1: Self-Care
LOI	**Description of Mental Health Impairment**
5 ☐	***Gravely disabled.*** In extreme need of complete supportive nursing care in a home and community-based setting or residential setting. Requires one-to-one assistance and/or extensive supervision for completion of the following self-care tasks due to mental health symptoms 100 percent of the time: ☐ Showering/bathing ☐ Dressing self ☐ Choosing appropriate clothes ☐ Making appropriate choices ☐ Toileting ☐ Feeding self ☐ Making appropriate decisions ☐ Choosing appropriate foods ☐ Appropriate meal planning ☐ House-hold cleaning ☐ Maintaining medication safely ☐ Following treatment recommendations safely ☐ Requires 24-hour supervision to maintain safety ☐ Other *(please specify)*
4 ☐	***Severe level of impairment.*** Unable to care for self in a safe and sanitary manner. Requires one-to-one continuous supervision and direction to complete many of the following self-care tasks 100 percent of the time: ☐ Showering/bathing ☐ Dressing self ☐ Choosing appropriate clothes ☐ Making appropriate choices ☐ Toileting ☐ Feeding self ☐ Making appropriate decisions ☐ Choosing appropriate foods ☐ Appropriate meal planning ☐ House-hold cleaning ☐ Maintaining medication safely ☐ Following treatment recommendations safely ☐ Requires 24-hour supervision to maintain safety ☐ Other *(please specify)*
3 ☐	***High level of impairment.*** Assistance needed in caring for self, due to inability to care for self with poor household cleanliness and hygiene. Completes tasks on own 25 percent of the time; therefore, requires multiple cues, requests, direction, and/or redirection to complete the following self-care tasks: ☐ Showering/bathing ☐ Dressing self ☐ Choosing appropriate clothes ☐ Making appropriate choices ☐ Making appropriate decisions ☐ Choosing appropriate foods ☐ Appropriate meal planning ☐ House-hold cleaning ☐ Maintaining medication safely ☐ Follows treatment recommendations safely ☐ Requiring supervision for safety ☐ Other *(please specify)*
2 ☐	***Moderate level of impairment.*** Occasional assistance required in caring for self. Household cleanliness and/or hygiene are marginal. Requires some assistance. Responds to direction, redirection, and cues. Complies to requests to complete self-care needs. Completes the following tasks on own 50 percent of the time: ☐ Showering/bathing ☐ Dressing self ☐ Choosing appropriate clothes ☐ Making appropriate choices ☐ Making appropriate decisions ☐ Choosing appropriate foods ☐ Appropriate meal planning ☐ House-hold cleaning ☐ Maintaining medication safely ☐ Following treatment recommendations safely ☐ Other *(please specify)*
1 ☐	***Mild level of impairment.*** No assistance needed in caring for self. Household cleanliness and/or hygiene are sporadic. Completes self-care tasks on own 75 percent of the time.
0 ☐	***No problems in this area.*** Able to care for self and provides for own needs. Hygiene is good. Demonstrates acceptable grooming.

Reason(s) must justify the identified impairment *(choose all that apply)*

☐ Physical impairment
☐ Cognitive impairment
☐ Mood instability
☐ Lack of motivation/apathy
☐ Behavioral issues
☐ Lack of awareness
☐ Delusional thinking
☐ Hallucinations
☐ Paranoia
☐ Pica

Comments:

	AREA 2: Basic Needs
LOI	**Description of Mental Health Impairment**
5 ☐	***Gravely disabled.*** In extreme need of complete supportive nursing care in a supervised home and community-based setting or residential setting. Requires one-to-one assistance and/or extensive supervision for completion of the following basic needs tasks 100 percent of the time: ☐ Shop for everyday needs ☐ Money management ☐ Everyday financial needs ☐ Complete paperwork ☐ Transportation ☐ Acquire community resources ☐ Make and attend necessary appointments ☐ Take medication as prescribed ☐ Acquire resources (e.g., food, housing, water, electricity, etc.) ☐ Community Integration ☐ Follow through with decisions ☐ Follow through with medical treatment recommendations ☐ Other *(please specify)*
4 ☐	***Severe level of impairment.*** Unable to care for self in a safe and sanitary manner. Requires one-to-one continuous supervision and direction to complete many of the following self-care tasks 100 percent of the time: ☐ Shop for everyday needs ☐ Money management ☐ Everyday financial needs ☐ Complete paperwork ☐ Transportation ☐ Acquire community resources ☐ Make and attend necessary appointments ☐ Take medication as prescribed ☐ Acquire resources (e.g., food, housing, water, electricity, etc.) ☐ Community Integration ☐ Follow through with decisions ☐ Follow through with medical treatment recommendations ☐ Other *(please specify)*
3 ☐	***High level of impairment.*** Assistance needed in caring for self, due to inability to care for self with poor household cleanliness and hygiene. Completes tasks on own 25 percent of the time; therefore, requires multiple cues, requests, direction, and/or redirection to complete the following self-care tasks: ☐ Shop for everyday needs ☐ Money management ☐ Everyday financial needs ☐ Complete paperwork ☐ Transportation ☐ Acquire community resources ☐ Make and attend necessary appointments ☐ Take medication as prescribed ☐ Acquire resources (e.g., food, housing, water, electricity, etc.) ☐ Community Integration ☐ Follow through with decisions ☐ Follow through with medical treatment recommendations ☐ Other *(please specify)*
2 ☐	***Moderate level of impairment.*** Occasional assistance required in obtaining basic needs. Regularly misses 50 percent of appointments and is medication compliant 50 percent of the time. Completes basic needs tasks 50 percent of the time. Responds to direction, redirection, and cues. Complies to requests to complete basic needs tasks. Completes the following tasks on own 50 percent of the time: ☐ Shop for everyday needs ☐ Money management ☐ Everyday financial needs ☐ Complete paperwork ☐ Transportation ☐ Acquire community resources ☐ Make and attend necessary appointments ☐ Take medication as prescribed ☐ Acquire resources (e.g., food, housing, water, electricity, etc.) ☐ Community Integration ☐ Follow through with decisions ☐ Follow through with medical treatment recommendations ☐ Other *(please specify)*
1 ☐	***Mild level of impairment.*** No assistance needed in obtaining basic needs. Misses 1 of 4 appointments and is medication compliant 5 out of 7 days. Completes basic needs tasks 75 percent of the time.
0 ☐	***No problems in this area.*** Able to complete basic needs. Follows treatment recommendations and is medication compliant at this time.

Reason(s) must justify the identified impairment *(choose all that apply)*

☐ Physical impairment
☐ Cognitive impairment
☐ Mood instability
☐ Lack of motivation/apathy
☐ Behavioral issues
☐ Lack of awareness
☐ Delusional thinking
☐ Hallucinations
☐ Paranoia
☐ Pica

Comments:

	AREA 3: Employment/Education
LOI	**Description of Mental Health Impairment**
	Gravely disabled. *(please specify)* *(must provide proof)*
	Severe level of impairment. *(please specify)*
	High level of impairment. *(please specify)*
	Moderate level of impairment. *(please specify)*
	Mild level of impairment.
	No problems in this area.

Reason(s) must justify the identified impairment *(choose all that apply)*

Comments:

	AREA 4: Housing/Financial
LOI	**Description of Mental Health Impairment**
	Gravely disabled. = = @ O # O \ *(please specify)* =
	Severe level of impairment. = - O = = = \ *(please specify)* - =
	High level of impairment. = @ O \ *(please specify)*) O =
	Moderate level of impairment. = \ k O o \ *(please specify)* h
	Mild level of impairment. V h
	No problems in this area. k

Reason(s) must justify the identified impairment *(choose all that apply)*

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Comments:

	AREA 5: Family/Interpersonal Relationships
LOI	**Description of Mental Health Impairment**
5 ☐	***Gravely disabled.*** Has exhibited severe, chronic, and persistent difficulties due to the severity of the following impairments associated with symptoms of mental illness and impaired relational skills: ☐ No family, friends, or social supports. Is alone. ☐ Persistent isolative or others avoid due to strange or intense behaviors and interactions (shut-in). ☐ History of violent and aggressive behaviors within the past 12 months. ☐ Is a registered sex offender. ☐ Other *(please specify)*
4 ☐	***Severe level of impairment.*** Has exhibited severe and chronic difficulties due to the severity of the following impairments associated with symptoms of mental illness and impaired relational skills: ☐ Identifies one friend but not close who is actually a community resource or service provider. ☐ Exhibits poor relationship formation and maintenance. ☐ Has a criminal history. ☐ Exhibits extremely poor boundaries. ☐ Exhibits intense love and hate interactions that isolates them from others. ☐ Persistent impulsive behaviors. ☐ Exhibits frequent angry outbursts that causes fear in others. ☐ Other *(please specify)*
3 ☐	***High level of impairment.*** Has exhibited a high level of difficulties due to the severity of the following impairments associated with symptoms of mental illness and impaired relational skills: ☐ Identifies one friend but not close. ☐ Has tenuous and strained relationships. ☐ Persistently argumentative. ☐ Lacks give and take of a healthy relationship. ☐ Impulsive and does not wait turn. ☐ Persistently blames others for mistakes or problems. ☐ Other *(please specify)*
2 ☐	***Moderate level of impairment.*** Has exhibited a moderate level of difficulties due to the following impairments associated with symptoms of mental illness and impaired relational skills: ☐ Identifies 1+ friend. ☐ Difficulty developing or maintaining healthy relationships. ☐ Difficulty meeting and greeting people. ☐ Lack of eye contact. ☐ Presents as odd. ☐ Has strained family relationships. ☐ Other *(please specify)*
1 ☐	***Mild level of impairment.*** No assistance needed. Problems in this area are by report only with minimal consequences.
0 ☐	***No problems in this area.*** Reports an adequate support system with family and friends, as well as gets along well with others.

Reason(s) must justify the identified impairment *(choose all that apply)*

☐ Physical impairment
☐ Cognitive impairment
☐ Mood instability
☐ Lack of motivation/apathy
☐ Behavioral issues
☐ Lack of awareness
☐ Delusional thinking
☐ Hallucinations
☐ Paranoia
☐ Pica

Comments:

	AREA 6: Mood/Thought Functioning		
LOI	**Description of Mental Health Impairment**		
5 ☐	***Gravely disabled.*** Has exhibited severe, chronic, and persistent difficulties almost all of the time due to the severity of the following impairments associated with symptoms of mental illness: ☐ Extreme disruption in thought process (e.g., disorganized or tangential, etc.). ☐ Extreme disruption in communication (e.g., word salad, illogical, circumstantial, etc.).	☐ Extreme disruption in thought content (e.g., worries, ruminations, obsessions, compulsions). ☐ Extreme disruption in cognition (e.g., judgment, memory, insight, orientation, etc.)	☐ Extreme depression and/or anxiety. ☐ Extreme difficulty with mood swings. ☐ Extreme disconnection from reality. ☐ Other *(please specify)*
4 ☐	***Severe level of impairment.*** Has exhibited severe and chronic difficulties 75 percent of the time due to the severity of the following impairments associated with symptoms of mental illness: ☐ Severe disruption in thought process (e.g., odd or impoverished, etc.). ☐ Severe disruption in communication (e.g., word salad, illogical, circumstantial, etc.).	☐ Severe disruption in thought content (e.g., worries, ruminations, obsessions, compulsions). ☐ Severe disruption in cognition (e.g., judgment, memory, insight, orientation, etc.)	☐ Severe depression and/or anxiety. ☐ Severe difficulty with mood swings. ☐ Severe disconnection from reality. ☐ Other *(please specify)*
3 ☐	***High level of impairment.*** Has exhibited a high level of difficulties 50 percent of the time due to the severity of the following impairments associated with symptoms of mental illness: ☐ High level of disruption in thought process (e.g., odd or impoverished, etc.). ☐ High level of disruption in communication (e.g., word salad, illogical, circumstantial, etc.).	☐ High level disruption in thought content (e.g., worries, ruminations, obsessions, compulsions). ☐ High level of disruption in cognition (e.g., judgment, memory, insight, orientation, etc.). ☐ Moderate depression and/or anxiety.	☐ Moderate difficulty with mood swings. ☐ Moderate disconnection from reality. ☐ Other *(please specify)*
2 ☐	***Moderate level of impairment.*** Has exhibited moderate difficulties 25 percent of the time due to the following impairments associated with symptoms of mental illness: ☐ Moderate disruption in thought process. ☐ Moderate disruption in communication. ☐ Moderate disruption in thought content.	☐ Moderate disruption in cognition (e.g., judgment, memory, insight, orientation, etc.). ☐ Moderate depression and/or anxiety.	☐ Moderate difficulty with mood swings. ☐ Other *(please specify)*
1 ☐	***Mild level of impairment.*** No assistance needed. Has exhibited mild difficulties in mood, cognition, communication, and thought process 10 percent of the time due to impairments associated with symptoms of mental illness.		
0 ☐	***No problems in this area.*** Mood is within normal limits. Mood, cognition, communication, and thought process are appropriate and within normal limits.		

Reason(s) must justify the identified impairment *(choose all that apply)*

☐ Physical impairment
☐ Cognitive impairment
☐ Mood instability
☐ Lack of motivation/apathy
☐ Behavioral issues

☐ Lack of awareness
☐ Delusional thinking
☐ Hallucinations
☐ Paranoia
☐ Pica

Comments:

	AREA 7: Self-harm Behaviors/Harm to Others		
LOI	**Description of Mental Health Impairment**		
5 ☐	***Gravely disabled.*** Has exhibited grave difficulties at this time due to the severity of the following impairments associated with symptoms of mental illness:		
	☐ Demonstrates imminent harm and danger to self.	☐ Demonstrates imminent harm and danger to others.	☐ Other *(please specify)*
4 ☐	***Severe level of impairment.*** Has exhibited severe and chronic difficulties due to the severity of the following impairments associated with symptoms of mental illness:		
	☐ Recurrent thoughts of suicide. ☐ History of suicide attempts with intent to die.	☐ Recurrent aggressive behavior intended to cause injury or pain. ☐ History of verbal aggression leading to physical altercation.	☐ Other *(please specify)*
3 ☐	***High level of impairment.*** Has exhibited a high level of difficulties due to the severity of the following impairments associated with symptoms of mental illness:		
	☐ Evidence of self-harm behaviors with no thoughts of suicide. ☐ The intent of self-harm is not suicide or death.	☐ History of harming others that is impulsive without intent to harm others. ☐ No thoughts of harm to others. ☐ History of verbal attacks.	☐ Other *(please specify)*
2 ☐	***Moderate level of impairment.*** Has exhibited moderate difficulties in the past 12 months due to the following impairments associated with symptoms of mental illness:		
	☐ Has had recurrent thoughts of self-harm and/or suicide with no plan, intent, or actions. ☐ No history of suicidal or self-harm behaviors.	☐ Has had recurrent thoughts of harming others with no plan, intent, or actions. ☐ No history of aggressive behaviors.	☐ Other *(please specify)*
1 ☐	***Mild level of impairment.*** Has exhibited mild difficulties in the past 90 days due to the following impairments associated with symptoms of mental illness:		
	☐ Thoughts of self-harm 1 to 2 times with no plan or intent. ☐ No history of suicidal or self-harm behaviors.	☐ Thoughts of harming others 1 to 2 times with no plan or intent. ☐ No history of aggressive behaviors.	☐ Other *(please specify)*
0 ☐	***No problems in this area.*** No self-harm, suicidal thoughts or behaviors, thoughts of harm to others, or aggressiveness toward others.		

Reason(s) must justify the identified impairment *(choose all that apply)*

☐ Physical impairment
☐ Cognitive impairment
☐ Mood instability
☐ Lack of motivation/apathy
☐ Behavioral issues
☐ Lack of awareness
☐ Delusional thinking
☐ Hallucinations
☐ Paranoia
☐ Pica

Comments:

	AREA 8: Substance Use		
LOI	Description of Mental Health Impairment		
5 ☐	***Gravely disabled.*** Has exhibited grave difficulties in the past 90 days due to the following impairments associated with symptoms of substance use disorder: ☐ Dependent on continuing use to maintain functioning. ☐ Has experienced repeated negative consequences due to usage (e.g., DUI, blackouts, withdrawals) and continues to use despite these problems.	☐ 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, etc.).	☐ Engages in daily use with the goal of getting high or intoxicated. ☐ Use has resulted in overdose. ☐ Other *(please specify)* ___________ ________________________________ ________________________________
4 ☐	***Severe level of impairment.*** Has exhibited severe difficulties in the past 90 days due to the following impairments associated with symptoms of substance use disorder: ☐ Has experienced repeated negative consequences due to usage (e.g., missed work, failed obligations with family/friends) and continues to use despite persistent problems.	☐ Lifestyle centers on acquisition and use (e.g., preoccupied with thoughts or urges to use). ☐ Frequently high or intoxicated (e.g., more than 3 times a week).	☐ Other *(please specify)* ___________ ________________________________ ________________________________
3 ☐	***High level of impairment.*** Has exhibited a high level of difficulties in the past 90 days due to the following impairments associated with symptoms of a substance use disorder: ☐ Frequently high or intoxicated (e.g., more than 2 times a week). ☐ Behavior potentially endangering to self or others related to usage.	☐ Using substances or medications, including over the counter, with intent to get high or intoxicated.	☐ Has experienced repeated negative consequences. ☐ Other *(please specify)* ___________ ________________________________ ________________________________
2 ☐	***Moderate level of impairment.*** Has exhibited moderate difficulties in the past 90 days due to the following impairments associated with symptoms of substance use disorder: ☐ High or intoxicated once or twice a week. ☐ Behavior potentially harmful to self or others related to usage.	☐ Using substances or medications, including over the counter, in excess (e.g., multiple drinks daily or binge drinking). ☐ Getting into trouble is related to usage.	☐ Friendships change to mostly substance users. ☐ Other *(please specify)* ___________ ________________________________ ________________________________
1 ☐	***Mild level of impairment.*** Has exhibited mild difficulties in the past 90 days due to the following impairments associated with symptoms of substance use disorder: ☐ Infrequent excess and only without negative consequences.	☐ Regular usage (e.g., once a week) without intoxication or being obviously high.	☐ Other *(please specify)* ___________ ________________________________ ________________________________
0 ☐	***No problems in this area.*** No present or past substance use. Minimal use with no problems due to usage and/or taking medications as prescribed.		

Reason(s) must justify the identified impairment *(choose all that apply)*

☐ Physical impairment
☐ Cognitive impairment
☐ Mood instability
☐ Lack of motivation/apathy
☐ Behavioral issues
☐ Lack of awareness
☐ Delusional thinking
☐ Hallucinations
☐ Paranoia
☐ Pica

Comments:

NUMBER OF LOI AREAS WITH A SCORE OF 3 OR ABOVE (HIGH LEVEL) OF IMPAIRMENT: ______________

TOTAL LOI SCORE: ___________________

HCBS SDMI WAIVER ELIGIBLE DIAGNOSES
(Effective 11/10/2020)

ICD 10	DSM 5	Diagnosis
F20.0	295.30	Schizophrenia, Paranoid Type
F20.1	295.10	Schizophrenia, Disorganized Type
F20.2	295.20	Schizophrenia, Catatonic Type
F20.3	295.90	Schizophrenia, Undifferentiated Type
F20.5	295.60	Schizophrenia, Residual Type
F22	297.1	Delusional Disorder
F25.0	295.70	Schizoaffective Disorder
F25.1	295.70	Schizoaffective Disorder, Depressive Type
F31.12	296.42	Bipolar I Disorder, Manic, Moderate
F31.13	296.43	Bipolar I Disorder, Manic, Severe without Psychotic Features
F31.2	296.44	Bipolar I Disorder, Manic, Severe with Psychotic Features
F31.32	296.52	Bipolar I Disorder, Depressed, Moderate
F31.4	296.53	Bipolar I Disorder, Depressed, Severe without Psychotic Features
F31.5	296.54	Bipolar I Disorder, Depressed with Psychotic Features
F31.62	296.62	Bipolar I Disorder, Mixed, Moderate
F31.63	296.63	Bipolar I Disorder, Mixed, Severe without Psychotic Features
F31.64	296.64	Bipolar I Disorder, Mixed, Severe with Psychotic Features
F31.81	296.89	Bipolar II Disorder
F32.2	296.23	Major Depressive Disorder, Single, Severe without Psychotic Features
F32.3	296.24	Major Depressive Disorder, Single, Severe with Psychotic Features
F33.2	296.33	Major Depressive Disorder, Recurrent, Severe without Psychotic Features
F33.3	296.34	Major Depressive Disorder, Recurrent, Severe with Psychotic Features
F32.1	296.22	Major Depressive Disorder, Single, Moderate
F33.1	296.32	Major Depressive Disorder, Recurrent, Moderate
F43.11	309.81	Posttraumatic Stress Disorder, Acute
F43.12	309.81	Posttraumatic Stress Disorder, Chronic
F41.1	300.02	Generalized Anxiety Disorder
F60.3	301.83	Borderline Personality Disorder

Contact the CMT for all questions regarding members and member services.

Contact information for programmatic questions regarding the HCBS SDMI Waiver Program:
Jennifer Fox
Program Officer, Addictive Mental Disorders Division
(406)444-4927 • JenFox@mt.gov