



<b>Use</b>	This form is to be completed for individuals who have previously been determined to have SMI, but whose determination paperwork is outdated (10+ years old), missing, or otherwise incomplete. This is <u>NOT</u> for use with any population other than those currently determined SMI by the appropriate authority.
<b>Purpose</b>	The purpose of this form is to allow the T/RBHA and its contracted providers to submit updated diagnostic and functional status for individuals who have already been determined to have SMI in the Arizona public health system.
<b>Instructions</b>	This form is to be completed by a licensed psychiatrist, psychologist, or nurse practitioner. By signing this form, the provider attests that, to the best of their knowledge, the individual has been determined to have SMI. The qualified person must check off the current diagnosis/diagnoses, check off the area/areas of impairment, check off the A or B status, and complete the signature line at the bottom. The form must be forwarded to the T/RBHA for review and signature by appropriate T/RBHA staff and included in the individual's Medical Record. (For more information see DBHS Policy 106, Serious Mental Illness Determination).

**SERIOUS MENTAL ILLNESS (SMI) DETERMINATION VERIFICATION**  
**(For individuals who have previously been determined SMI and require updated determination documentation)**

To be completed by a licensed psychiatrist, psychologist, or nurse practitioner:

1. **Qualifying Diagnosis:** (Select the person's principal diagnosis(es) supported by available information.)

**Psychotic Disorders:**

- F20.0,  F20.1,  F20.2,  F20.3,  F20.5,  F20.9,  F21,  F22,  F25.0,  F25.1,  F25.8,  F25.9,  
 F28,  F29

**Bipolar Disorders:**

- F31.0,  F31.1,  F31.10,  F31.11,  F31.12,  F31.13,  F31.2,  F31.30,  F31.31,  F31.32,  F31.4,  
 F31.5,  F31.60,  F31.61,  F31.62,  F31.63,  F31.64,  F31.70,  F31.71,  F31.72,  F31.73,  
 F31.74,  F31.75,  F31.76,  F31.77,  F31.78,  F31.81,  F31.89,  F31.9,  F34.0

**Obsessive Compulsive Disorder:**

- F42

**Depressive Disorder:**

- F32.0,  F32.1,  F32.2,  F32.3,  F32.4,  F32.5,  F32.8,  F32.9,  F33.0,  F33.1,  F33.2,  
 F33.3,  F33.4,  F33.40,  F33.41,  F33.42,  F33.9,  F34.1

**Other Mood Disorders:**

- F39

**Post-Traumatic Stress Disorder:**

- F43.10,  F43.11,  F43.12

**Dissociative Disorder:**

- F44.81

**Obsessive Compulsive Disorder and Variants:**

- F42

**Anxiety Disorders:**

- F40.00,  F40.01,  F40.02,  F41.0,  F41.1,  F41.8,  F41.9

**Personality Disorders:**

- F60.0,  F60.1,  F60.3,  F60.4,  F60.5,  F60.6,  F60.7,  F60.81,  F60.89,  F60.9

2. **Functional Criteria:** As a result of the above diagnosis, the person exhibits any item listed under 2(a), (b), and/or (c) for most of the past twelve months **or** for most of the past six months with an expected continued duration of at least six months:

- 2(a) **Inability to live in an independent or family setting without supervision (Self Care/Basic Needs)** – The person's capacity to live independently or in a family setting, including the capacity to provide or arrange for needs such as food, clothing, shelter and medical care.
- 2(b) **A risk of serious harm to self or others (Social/ Legal and/or Feeling/Affect/Mood)** - The extent and ease with which the person is able to maintain conduct within the limits prescribed by law, rules and social expectations, and/or the extent to which the person's emotional life is well modulated or out of control.
- 2(c) **Dysfunction in Role Performance** – Person's capacity to perform the present major role function in society -- school, work, parenting or other developmentally appropriate responsibility.

3. **Risk of Deterioration:**

- 3) **Risk of Deterioration:** The person does **not** currently meet any one of the above functional criteria 2(a) through 2(c) but may be expected to deteriorate to such a level without treatment.

**FINAL SMI DETERMINATION**

SMI-A – functional criteria 2a or 2b.

SMI-B – functional criteria 2c or 3.

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**Assessor's Name (print) / Signature**

/  
\_\_\_\_\_  
**Credentials/Position**

\_\_\_\_\_  
**Date**

/  
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**T/RBHA Reviewer Name (print) / Signature**

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**Credentials/Position**

\_\_\_\_\_  
**Date**