

**Behavioral Health and Developmental Disabilities Division (BHDD)  
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?	<input type="checkbox"/> Yes ( <i>contact AMDD to request a stipulation.</i> ) <input type="checkbox"/> Yes, and the member has received a stipulation from AMDD. ( <i>Continue with the evaluation.</i> ) <input type="checkbox"/> No, this member was denied a stipulation by AMDD ( <i>Do not continue with the evaluation.</i> ) <input type="checkbox"/> No, this member does not have a dementia diagnosis ( <i>Continue with the evaluation.</i> )
<input type="checkbox"/> Member is 18+ years old. <input type="checkbox"/> Member is transitional age -- <i>specify age</i> _____. ( <i>Please call the HCBS SDMI program before continuing.</i> )	

MENTAL HEALTH DIAGNOSIS ( <i>Both DSM V and ICD-10 codes are required in this section</i> )	
Primary Mental Health Diagnosis:	DSM V: _____ ICD-10: _____

HCBS SDMI Eligibility Criteria
<input type="checkbox"/> 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 ( <i>go to attached Level of Impairment (LOI) worksheet</i> ) <b>OR</b> <input type="checkbox"/> Has a primary qualifying SDMI diagnosis ( <i>see attached eligible diagnoses</i> ) <b>AND</b> <input type="checkbox"/> Has 3 areas of at least high level of impairment as indicated by a LOI score of 3 or above ( <i>go to attached Level of Impairment (LOI) worksheet</i> )

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

Your signature below indicates that you assessed the individual named above and certify the information in this document is true to the best of your knowledge and that this individual meets the HCBS waiver SDMI criteria.

Licensed Mental Health Professional  
Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact information for questions regarding the HCBS SDMI Waiver Program:  
*Jennifer Fox*  
 Program Officer, Addictive Mental Disorders Division  
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**Severe Disabling Mental Illness (SDMI)  
Home and Community Base Waiver (HCBS)  
Level of Impairment (LOI) Form**

This worksheet must be used to determine if a member has a HCBS waiver SDMI. The form must be completed by a licensed mental health professional. The impaired functioning must tie back to the symptoms of the 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.

<b>Area 1 Self-Care</b>	
<b>LOI</b>	<b>Description of Mental Health Impairment</b>
<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.
<input type="checkbox"/> 1	Mild level of impairment: No assistance needed in caring for self; household cleanliness and/or hygiene are sporadic. Completes self-care tasks 75 percent of the time.
<input type="checkbox"/> 2	Moderate level of impairment: occasional assistance required in caring for self; household cleanliness and/or hygiene are marginal. Completes self-care tasks 50 percent of the time on own. Requires some assistance; responds to direction and cues; complies to requests to complete self-care needs.
<input type="checkbox"/> 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 self-care tasks 25 percent of the time on own. Requires multiple, cues, requests or direction to complete self-care tasks.
<input type="checkbox"/> 4	Severe level of impairment: unable to care for self in a safe and sanitary manner. Will only attend to grooming, hygiene, and household cleanliness with continual supervision and direction.
<input type="checkbox"/> 5	Gravely disabled: in extreme need of complete supportive care. Requires one-to-one assistance or requires nursing home level of care.

<b>Area 2 Basic Needs</b>	
<b>LOI</b>	<b>Description of Mental Health Impairment</b>
<input type="checkbox"/> 0	No problems in this area: able to complete basic needs; follows treatment recommendations and is medication compliant at this time.
<input type="checkbox"/> 1	Mild level of impairment: No assistance needed in obtaining basic needs. Misses 1 of 4 appointments; medication compliant 5 out of 7 days. Completes basic needs tasks 75 percent of the time.
<input type="checkbox"/> 2	Moderate impairment: occasional assistance required in obtaining basic needs; regularly misses 50 percent of appointments; medication compliant 50 percent of the time. Completes basic needs tasks 50 percent of the time. Requires some assistance; responds to direction and cues; complies to requests to complete basic needs tasks.
<input type="checkbox"/> 3	High level of impairment: assistance needed in obtaining basic needs; lack of groceries and/or basic needs; inconsistent treatment and medication compliance. Regularly misses 75 percent of appointments and/or medication compliant 25 percent of the time. Requires multiple, cues, requests or direction to complete basic needs tasks.
<input type="checkbox"/> 4	Severe level of impairment: unable to obtain basic needs in a safe and sanitary manner. Will not grocery shop without supervision; does not take medication or attend appointments without supervision; does not complete necessary paperwork for resources, services, or programs.
<input type="checkbox"/> 5	Gravely disabled: in extreme need of complete supportive care. Shut in and requires grocery delivery, not taking medications or attending appointments. Requires one-to-one assistance to complete tasks.

<b>Area 3 Employment/Education</b>	
<b>LOI</b>	<b>Description of Mental Health Impairment</b>
<input type="checkbox"/> 0	No problems in this area: by report only and has no issues in this area and/or reports no goals or objectives in this area.
<input type="checkbox"/> 1	Mild level of impairment: problems in this area are by report only with minimal consequences.
<input type="checkbox"/> 2	Moderate level of impairment: occasional problems due to reprimands at work/school; has had two or more incidents of absenteeism/tardiness or inappropriate behavior in the past 30 days.
<input type="checkbox"/> 3	High level of impairment: job/school instability/insecurity due to disciplinary action in last 60 days.
<input type="checkbox"/> 4	Severe level of impairment: Does not work or go to school due to being easily overwhelmed by demands of work/school; is unemployed with no income.
<input type="checkbox"/> 5	Gravely disabled: severe and chronic difficulties. Receives social security benefits due to severity of mental illness.

<b>Area 4 Housing/Financial</b>	
<b>LOI</b>	<b>Description of Mental Health Impairment</b>
<input type="checkbox"/> 0	No problems in this area: has an adequate income, has adequate 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; received two or more housing complaints in the past 30 days due to inappropriate behavior or tenancy problems.
<input type="checkbox"/> 3	High level of impairment: assistance needed in managing finances (impulsive with money, debt higher than income due to spending habits); housing instability due to threat of eviction or living in a residential setting or 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); homeless, living with family/friends, couch surfing.
<input type="checkbox"/> 5	Gravely disabled: severe and chronic difficulties. No income; risky and inappropriate financial behaviors; collection, garnishment, repossession; homeless with no options, living on the street or homeless shelter.

<b>Area 5 Family/Interpersonal Relationships</b>	
<b>LOI</b>	<b>Description of Mental Health Impairment</b>
<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 and 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 and 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 and interactions.

<b>Area 6 Mood/Thought Functioning</b>	
<b>LOI</b>	<b>Description of Mental Health Impairment</b>
<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; (e.g., judgment, memory, insight, orientation); thought disturbance 10% of the time (e.g., worries, ruminations, obsessions, compulsions).
<input type="checkbox"/> 2	Moderate impairment: moderate impairment in mood, exhibits cognitive impairment 25% of the time (e.g., judgment, memory, insight, orientation); odd or impoverished thought process/content 25% of the time (e.g., worries, ruminations, obsessions, compulsions).
<input type="checkbox"/> 3	High level of impairment: severe impairment in mood, exhibits cognitive impairment 50% of the time (e.g., judgment, memory, insight, orientation); odd or impoverished thought process/content 50% of the time (e.g., worries, ruminations, obsessions, compulsions).
<input type="checkbox"/> 4	Severe impairment: severe impairment in mood, persistent cognitive impairment 75% of the time (e.g., judgment, memory, insight, orientation); odd or impoverished thought process/content 75% of the time (e.g., 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 7 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: evidence of 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; history of 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 at this time.

Area 8 Substance Use	
LOI	Description of Mental Health Impairment
<input type="checkbox"/> 0	No problems in this area: no present or past substance use; 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 (e.g., 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 (e.g., 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 (e.g., 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 WITH A SCORE OF 3 OR ABOVE (HIGH LEVEL) OF IMPAIRMENT: \_\_\_\_\_**

Contact information for questions regarding the HCBS SDMI LOI Form:

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## HCBS SDMI WAIVER ELIGIBLE DIAGNOSES

(Effective 07/01/2020)

<u>ICD 10</u>	<u>DSM 5</u>	<u>Diagnosis</u>
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
F43.11	309.81	Posttraumatic Stress Disorder, Acute
F43.12	309.81	Posttraumatic Stress Disorder, Chronic
F60.3	301.83	Borderline Personality Disorder
F32.1	296.22	Major Depressive Disorder, Single, Moderate
F33.1	296.32	Major Depressive Disorder, Recurrent, Moderate
F41.1	300.02	Generalized Anxiety Disorder