

OSWEGO COUNTY MENTAL HEALTH SCM/ ICM ELIGIBILITY FORM

APPLICANT'S NAME: _____ DATE OF BIRTH _____

NEW YORK STATE OFFICE OF MENTAL HEALTH CRITERIA FOR SEVERE AND PERSISTENT MENTAL ILLNESS AMONG ADULTS

TO BE CONSIDERED AN ADULT DIAGNOSED WITH SEVERE AND PERSISTENT MENTAL ILLNESS, **CRITERIA A MUST BE MET. IN ADDITION, CRITERIA B OR C OR D MUST BE MET.** PLEASE CIRCLE LETTER OR NUMBER OF ALL THAT CURRENTLY APPLY.

A. Designated Mental Illness Diagnosis _____
Description Code

The individual is 18 years of age or older and currently meets the criteria for a DSM IV psychiatric diagnosis other than alcohol or drug disorders (291.xx - 292.xx, 303.xx) organic brain syndromes (290.xx, 293.xx – 294.xx), developmental disabilities (299.xx, 315.xx-319.xx), or social conditions (Vxx.xx). ICD-9-CM categories and codes that do not have an equivalent in DSM IV are also not included as designated mental illness diagnoses.

AND

B. SSI or SSDI Enrollment due to Mental Illness
The individual is currently enrolled in SSI or SSDI due to a designated mental illness.

OR

C. Extended Impairment in Functioning due to Mental Illness
The individual must meet 1 or 2 below:

1. The individual has experienced two of the following four functional limitations due to a designated mental illness over the past 12 months on a continuous or intermittent basis.
 - a. Marked difficulties in self-care (personal hygiene; diet; clothing; avoiding injuries; securing health care or complying with medical advice).
 - b. Marked restriction of activities of daily living (maintaining a residence; using transportation; day to day money management; accessing community services).
 - c. 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).
 - d. 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 limitations 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 the 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 DSM IV) due to a designated mental illness over the past twelve months on a continuous or intermittent basis.

OR

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.

DATE _____ PSYCHIATRIST NAME (PRINT) _____

PSYCHIATRIST SIGNATURE _____ TITLE _____