## Adult SMI-SPMI Eligibility Screening Tool

<table>
<thead>
<tr>
<th>List A (Mild-Moderate) Up to 3 from List A</th>
<th>List B (SMI-SPMI) 1 from List B (or 4+ from list A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Unable to obtain or maintain employment or schooling due to mental health condition within past 12 months</td>
<td>☐ Two or more psychiatric hospitalizations within past 12 months</td>
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<td>☐ Unable to obtain or maintain stable housing due to mental health condition within past 12 months</td>
<td>☐ Functionally significant, non-substance induced paranoia, delusions, hallucinations, mania, or dissociative symptoms that significantly interfere with current functioning</td>
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<tr>
<td>☐ Mental health condition interferes with ability to form or maintain social/family relationships or causes extreme self-isolation</td>
<td>☐ Suicidal/homicidal pre-occupation with plan or behavior within past 12 months</td>
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<tr>
<td>☐ Physically aggressive/assaultive/self-destructive behavior with intent to cause harm within past 6 months</td>
<td>☐ Transition Aged Youth (age 16-25) with prodromal psychotic symptoms and signs identified by the Prodromal Questionnaire (PQ-B)</td>
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<td>☐ Two or more PES visits or 911 calls for psychiatric behavior within last 6 months</td>
<td>☐ Eating disorder with medical complications (with medical condition being treated by Health Plan)</td>
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<tr>
<td>☐ Three or more co-morbid mental health AND chronic physical health or substance use conditions</td>
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<tr>
<td>☐ Significant inability to carry out Activities of Daily Living (ADL), such as eating, bathing, getting dressed, toileting, transferring, and managing personal finances and personal safety concerns due to a mental health condition</td>
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</table>

**Individuals will be determined to meet criteria for Serious or Severe and Persistent Mental Illness eligibility for Adult Specialty Mental Health System of Care if:**

a) the individual has a qualifying diagnosis of mental illness; AND

b) meets **four (4) or more** criteria from List A OR one (1) criterion from List B; AND

c) there is a reasonable expectation that specialty mental health treatment interventions will significantly diminish functional impairment or prevent significant deterioration in functioning; AND

d) the functional impairment is not responsive to physical health care treatment
Please indicate whether you have had the following thoughts, feelings and experiences in the past month by checking "yes" or "no" for each item. Do not include experiences that occur only while under the influence of alcohol, drugs or medications that were not prescribed to you. If you answer "YES" to an item, also indicate how distressing that experience has been for you.

1. Do familiar surroundings sometimes seem strange, confusing, threatening or unreal to you?
   □ YES  □ NO  if YES: When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

2. Have you heard unusual sounds like banging, clicking, hissing, clapping or ringing in your ears?
   □ YES  □ NO  if YES: When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

3. Do things that you see appear different from the way they usually do (brighter or duller, larger or smaller, or changed in some other way)?
   □ YES  □ NO  if YES: When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

4. Have you had experiences with telepathy, psychic forces, or fortune telling?
   □ YES  □ NO  if YES: When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

5. Have you felt that you are not in control of your own ideas or thoughts?
   □ YES  □ NO  if YES: When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

6. Do you have difficulty getting your point across, because you ramble or go off the track a lot when you talk?
   □ YES  □ NO  if YES: When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

7. Do you have strong feelings or beliefs about being unusually gifted or talented in some way?
   □ YES  □ NO  if YES: When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

8. Do you feel that other people are watching you or talking about you?
   □ YES  □ NO  if YES: When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

9. Do you sometimes get strange feelings on or just beneath your skin, like bugs crawling?
   □ YES  □ NO  if YES: When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

10. Do you sometimes feel suddenly distracted by distant sounds that you are not normally aware of?
    □ YES  □ NO  if YES: When this happens, I feel frightened, concerned, or it causes problems for me:
    □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree
11. Have you had the sense that some person or force is around you, although you couldn't see anyone?
   □ YES □ NO  If YES:  When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

12. Do you worry at times that something may be wrong with your mind?
   □ YES □ NO  If YES:  When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

13. Have you ever felt that you don't exist, the world does not exist, or that you are dead?
   □ YES □ NO  If YES:  When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

14. Have you been confused at times whether something you experienced was real or imaginary?
   □ YES □ NO  If YES:  When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

15. Do you hold beliefs that other people would find unusual or bizarre?
   □ YES □ NO  If YES:  When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

16. Do you feel that parts of your body have changed in some way, or that parts of your body are working differently?
   □ YES □ NO  If YES:  When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

17. Are your thoughts sometimes so strong that you can almost hear them?
   □ YES □ NO  If YES:  When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

18. Do you find yourself feeling mistrustful or suspicious of other people?
   □ YES □ NO  If YES:  When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

19. Have you seen unusual things like flashes, flames, blinding light, or geometric figures?
   □ YES □ NO  If YES:  When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

20. Have you seen things that other people can't see or don't seem to see?
   □ YES □ NO  If YES:  When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree

21. Do people sometimes find it hard to understand what you are saying?
   □ YES □ NO  If YES:  When this happens, I feel frightened, concerned, or it causes problems for me:
   □ Strongly disagree □ disagree □ neutral □ agree □ strongly agree