

SMI SCREENING FORM

Instructions: Complete and retain one screening form for each individual residing in the personal care home.

Resident's Name _____

Date of Admission _____

A **“serious mental illness”** or **“SMI”** is a mental illness or disorder that is diagnosed by a physician or behavioral health practitioner, that impairs functioning in one or more major areas of living, and is unlikely to improve without treatment, services, or support. SMI does **not** include Alzheimer’s disease, dementia, developmental disabilities, autism, Down syndrome, cerebral palsy, or epilepsy. For more information, see the definition of SMI in 908 KAR 20:036, Section 1.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the individual’s medical record include a diagnosis of mental illness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the individual receive Social Security Disability Income (SSDI) due to a mental illness as determined by the Social Security Administration? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the individual receive Supplemental Security Income (SSI) due to a mental illness as determined by the Social Security Administration? |

If you answered “yes” to any of the above, the individual has an SMI. A PCH that serves residents with 35% or more having an SMI is a specialized personal care home under 902 KAR 20:036.

PCH Employee Signature

Date