

**ADULT PSYCHIATRIC REHABILITATION SERVICE
ELIGIBILITY WORKSHEET**

Date: _____

Date Initiated if re-evaluating: _____ Date of Re-evaluation: _____

Member: _____ ID #: _____

DOB: _____

Check one: New Referral Current Client (**re-evaluation must be done at a minimum annually**)

STEP ONE – Diagnostic Criteria: The individual has a diagnosable mental disorder of sufficient duration to meet the diagnostic criteria specified within the DSM-IV. Disorders include those listed in the DSM-IV or ICD-9 equivalent with the exception of the DSM-IV “V” codes, substance abuse or dependence, anti-social personality disorder, disorders due to a general medical condition, substance induced psychiatric disorders, and developmental disorders, unless they co-occur with another diagnosable disorder that is accepted within this definition.

YES the individual has a diagnosis that meets the above criteria.

Primary diagnosis to be treated in psychiatric rehabilitation services:

Diagnosis: _____

STEP TWO- Functional Criteria Checklist

Impaired functioning is evidenced by the following that have occurred as either a continuous or intermittent basis over the last two years and are as a direct result of the individual’s mental illness: Put a check mark by those that apply.

As a result of their mental illness -

- 1. Has been unemployed, employed in a supported setting, or has markedly limited skills and a poor work history and/or unable to attend school;
- 2. Requires public financial assistance for their out-of-institutional maintenance and is unable to procure such financial assistance without help;
- 3. Shows severe inability to establish or maintain a personal support system, evidenced by extreme withdrawal and isolation;
- 4. Requires help in instrumental activities of daily living such as shopping, meal preparation, laundry, basic housekeeping and money management;
- 5. Requires help in attending to basic health care regarding hygiene, grooming, nutrition,

medical and dental care and taking medications. (Note: this refers to the lack of a basic skill to accomplish the task, not to the appropriateness of their dress, meal choices, or personal hygiene);

6. Exhibits inappropriate social behavior not easily tolerated in the community, which results in demand for intervention by the mental health or judicial systems (e.g. screaming, self-abusive acts, inappropriate sexual behavior, verbal harassment of others, physical violence toward others),

7. Member has at least one psychiatric hospitalization within the last 2 years.

STEP THREE: Risk Assessment

DIRECTIONS: For each item listed below: (1) determine with the person being assessed whether the item applies to her/his life situation; (2) circle the correct number for the item, based on the time period that applies; and (3) enter the number in the box labeled "Score".

Risk Factor	Circle a number if the item applies		Score
	Within the past 30 days	Between 31 and 180 days	
1. Has been discharged from inpatient psychiatric hospitalization.	5	3	
2. History of suicide attempts/life threatening self harm.	5	5	
3. Documented threats of physical harm to others without follow through.	2	1	
4. Has been released from jail or prison due to a crime involving physical harm to self or others that was related to psychiatric symptoms.	3	1	
5. Experienced severe to extreme impairment due to physical health status (Impairment may be due to chronic health problems and/or frequency and severity of acute illnesses).	2	1	
6. Experienced severe to extreme impairment in thought processes (as evidenced by symptoms such as hallucinations, delusions, tangentially, loose associations, response latencies, incoherence).	5	3	
7. Experienced severe to extreme impairment due to abuse of drugs and/or alcohol (Abuse is NOT use: the abuse of substances must seriously interfere with daily functioning, i.e., in employment, family or social relationships, housing status, income, goal attainment, etc.).	2	1	

