





Name: \_\_\_\_\_

**II. Final SMI Eligibility Determination**

- SMI** - All of the available information supports the conclusion that the above individual has a qualifying diagnosis (1) AND either meets one or more functional criteria (2) OR is at risk of deterioration (3) and therefore meets ADHS/DBHS clinical criteria for Serious Mental Illness (SMI).
- Not SMI** - The above individual does not meet ADHS/DBHS clinical criteria for SMI.

Clinical rationale for final determination:

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\_\_\_\_\_  
Reviewer Name (print) / Signature

\_\_\_\_\_  
Credentials/Position

\_\_\_\_\_  
Date