Kentucky Checklist for the Identification of Co-Occurring Behavioral Health and Chronic or Complex Physical Health Condition

_____ _____ _____

Individual's Name Identification Number Diagnostic Code(s)

The following table illustrates the criteria that shall be met for an individual to be designated as qualifying for targeted case management for co-occurring Behavioral Health (SMI, SED, SUD) and a Chronic or Complex Physical Health Condition(s).

YES	NO	CRITERIA
		Designation of Behavioral Health Conditions (Check all that apply): *SED* _____, *SMI* _____, *SUD* _____ as determined and documented by a licensed behavioral health professional on _____. *Date*
YES	**NO**	**2. Chronic or Complex Physical Health Conditions**: Means that ***significant symptoms of a physical health condition have persisted in the individual for a continuous period of at least two (2) years, or that the individual has been hospitalized as a result of this physical health condition for more than once in the last two (2) years, AND*** ***a)*** That the ***symptoms of the physical health condition presently significantly impair the individual in his/her ability to function socially, educationally/occupationally, or both.*** b) **Physical Health Conditions**: For the purposes of this regulation, these physical health conditions may include disorders under the following categories: ***a. Cardiovascular Disorders*** ***b. Respiratory Disorders*** ***c. Genito-Urinary Disorders*** ***d. Endocrine Disorders*** ***e. Musculoskeletal Disorders*** ***f. Neurological Disorders*** ***g. Immune System Disorders*** ***h. Gastrointestinal Disorders*** ***i. Hematological Disorders*** *Note: Documentation of the existence of these criteria is present in the individual's medical record (documented and signed/dated behavioral health assessment has been conducted by a qualified, licensed behavioral health professional) and with the Physical Health diagnosis (documented and signed/dated has been made by a qualified medical professional).*

_____/_____ _____

Print Name/Credentials Signature Date

2/28/2020