

## MaineCare Section 17 Eligibility Form

### Instructions

To be eligible the person must meet the criteria in part 1, part 2A or part 2B, and part 3

#### Part 1

\_\_\_\_\_ The person is 18 or older or an emancipated minor (if yes, go to part 2, if no, person is not eligible)

#### Part 2A

\_\_\_\_\_ A primary diagnosis of Schizophrenia or Schizoaffective disorder in accordance with the DSM 5 criteria; (if yes, go to part 3, if no go to part 2B)

#### Part 2B

\_\_\_\_\_ Another primary DSM 5 diagnosis or DSM 4 equivalent diagnosis with the exception of Neurocognitive Disorders, Neurodevelopmental Disorders, Antisocial Personality Disorder and Substance Use Disorders who has at least one of the following risk factors. History can be oral or written and be supplied by the member, a provider or a caregiver. (check all that apply).

\_\_\_\_\_ significant risk factors of homelessness

\_\_\_\_\_ significant risk of criminal justice involvement

\_\_\_\_\_ significant risk of mental health inpatient treatment greater than 72 hours

\_\_\_\_\_ significant risk of residential treatment unless community support program services

- \_\_\_\_\_ has received treatment in a state psychiatric hospital, within the past 24 months, for a non-excluded DSM 5 diagnosis
- \_\_\_\_\_ has been discharged from a mental health residential facility, within the past 24 months
- \_\_\_\_\_ has had two or more episodes of inpatient treatment for mental illness, for greater than 72 hours per episode, within the past 24 months
- \_\_\_\_\_ has been committed by a civil court for psychiatric treatment as an adult;
- \_\_\_\_\_ until the age of 21, the recipient was eligible as a child with severe emotional disturbance, and the recipient has a written opinion from a clinician, in the last 12 months, stating that the recipient had risk factors.

(If person meets part 2B criteria go to Part 3)

Part 3A

\_\_\_\_\_ LOCUS score of 17 or higher (if person needs community rehabilitation services go to part 3B)

Part 3B

\_\_\_\_\_ LOCUS score of 20 or higher (Community Rehabilitation Services)

This evaluation was completed by \_\_\_\_\_ on \_\_\_\_\_.

Signature: \_\_\_\_\_

License #/Credentials: \_\_\_\_\_

Address: \_\_\_\_\_  
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