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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