

**Department of Health and Human Services**  
**Medical Eligibility Requirements for Psychotropic Medication Services**

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

Client Name: \_\_\_\_\_ MaineCare ID: \_\_\_\_\_

Start of Care: \_\_\_\_\_ Recertification: \_\_\_\_\_

A client meets the specific eligibility requirements for covered services if:

18 years or older or an emancipated minor;

AND

Primary diagnosis on Axis I or Axis II of the current version of the "Diagnostic and Statistical Manual of Mental Disorders," except that the following diagnosis may not be the primary diagnosis for purposes of this eligibility requirement:

Delirium, dementia, amnestic, and/or other cognitive disorders;

Mental disorders due to general medical condition, including neurological conditions and  
brain injuries;

Substance abuse or dependence;

Mental retardation;

Adjustment disorders;

V-codes; or

Antisocial personality disorders

AND

Has a LOCUS score, as determined by staff certified for LOCUS assessment, of 17 or greater and at least one of the following consequences resulting from signs and symptoms of the psychiatric diagnosis:

Has become homeless or at risk of losing his or current residence;

Is causing repeated disturbances in the community because of poor judgment or bizarre,  
intrusive, or ineffective behavior

Is at great risk of arrest because of behavior which results from psychiatric diagnoses, or is  
presently incarcerated because of such behavior;

Presents a clear risk of harming self or others without these services;

Manifests great difficulty caring for self, posing a threat to his/her life or limb, without services

Would deteriorate clinically to a point of needing immediate medical or psychiatric  
hospitalization in the absence of services

OR

An AMHI Consent Decree Class Member is eligible to receive services by virtue of class member status without meeting the eligibility requirements in Section 17.02-3(A).

Axis I diagnosis description: \_\_\_\_\_ ICD 9 code: \_\_\_\_\_

Axis II diagnosis description: \_\_\_\_\_ ICD 9 code: \_\_\_\_\_

LOCUS score: \_\_\_\_\_ Date of assessment: \_\_\_\_\_