DEPARTMENT OF MENTAL HEALTH

CRT ELIGIBILITY DETERMINATION FORM NEW ENROLLMENT/REENROLLMENT/TRANSFER ENROLLMENT

(Fill out for all enrolling clients – type all information)

NOTE: This form is to be used to report enrollment changes in program assignment and/or change of Designated Agency (DA) for CRT clients. DMH must receive this form from the receiving DA with applicable sections completed, before the transfer enrollment can be completed.

Submission Date	Enrollment Date		
Designated Agency:	Type of enrollment		
Designated Agency Transferred from: (if transfer enrollment)			
Client Name (last) (first) (middle initial)		
Client Mailing Address			
Social Security Number	Date of Birth	Gender	
MSR Client ID Number			
Insurance/Payer	or Private Insurance		
Name of DA staff filling out form Contact			
Telephone Number			
Signature	Date		

IMPORTANT: This form is required by DMH and must be completed and submitted for each new enrollee. When complete upload Form to Globalscape. Please email Jessica Whitaker at Jessica.Whitaker@vermont.gov with any questions.

ELIGIBILITY CRITERIA

- An adult with severe mental illness is defined as a person whose emotional or behavioral functioning is impaired so as to interfere with their capacity to function in the community without support and treatment.
- The mental impairment is severe and persistent and may result in a limitation of functional capacities for primary activities of daily living, interpersonal relationships, homemaking, self-care, employment, or recreation.
- The mental impairment may limit ability to seek or receive local, state, or federal assistance such as housing, medical and dental care, rehabilitation services, income assistance, food stamps, or protective services. Although persons with primary diagnoses of mental retardation, head injuries, Alzheimer's Disease, or Organic Brain Syndrome frequently have similar problems or limitations, they are not to be included in this definition.

The consumer must have **one of the diagnoses listed below AND a modified Global Assessment of Functioning (GAF) scale (current functioning) of 50 or below. In addition, the consumer must meet ONE of Part B and TWO of Part C criteria** in order to be determined eligible for the CRT program by the Designated Agency. If, due to inadequate time to complete assessment or to rule out/in eligible diagnosis **AND** urgent need for services (e.g., involuntary hospitalization or to prevent hospitalization) the criteria threshold is not met, the DA may enroll the individual on a provisional basis for up to six months (or less).

A.1. Diagnostic Criteria - The diagnosis must be supported by a reliable rating scale. The diagnoses for CRT Eligibility must meet the ICD-10 criteria for one or more of (check all that apply):

	Schizophrenia
	Shizopheniform Disorder
	Schizoaffective Disorder
	Delusional Disorder:
	Unspecified Schizophrenia Spectrum and other Psychotic Disorder
	Major Depressive Disorder
	Bipolar I Disorder
	Bipolar II Disorder, Other specified Bipolar and related Disorder.
	Panic Disorder
	Agoraphobia
	Hoarding Disorder, Obsessive-Compulsive Disorder, Other specified Obsessive-Compulsive and
Re	lated Disorder, Unspecified Obsessive-Compulsive and Related Disorder
	Borderline Personality Disorder

ICD-10 – Diagnostic Code (Please indicate **all** diagnoses contributing clinical complexity to **or** cooccurring with CRT eligible diagnoses.)

ICD 10 Primary:	ICD 10 Tertiary:
ICD 10 Secondary:	ICD 10 Quaternary:

A.2.	GAF (current):	Score	Date		
	GAF (highest in past year):	Score	Date		
	Is the functional impairment related to the diagnosis reported in A1?				
	Date of Diagnosis				
	Diagnostician				
B.	Treatment History (check if one o		s)		

- □ 1. Continuous inpatient psychiatric treatment with a duration of at least sixty days, or three or more episodes of inpatient psychiatric treatment, or community-based hospital diversionary program during the last twelve months. (*Check if one or more applies*.)
- Continuous day treatment or partial hospitalization with a duration of at least sixty days, or three or more episodes of partial hospitalization or day treatment during the last twelve months. (*Check if one or more applies.*)
- 3. Six months of continuous residence or three or more episodes of residence in one or more of the following during the last twelve months: (*Check all that apply*.)
 - Residential Program
 - □ Community Care Home
 - □ Living situation with paid person providing primary supervision and care
- 4. Participation in an outpatient mental health treatment modality for a six-month period during the last twelve months, with no evidence of improvement.
- 5. The individual is on a court Order of Non-Hospitalization.
- **C. Impaired Role Functioning** (during the last twelve months, for a duration of at least six months, supported by corroborating evidence).
 - 1. A serious impairment in social, occupational, or self-care skills. (Check all that apply.)
 - consistently conflictual or otherwise disrupted relations with others
 - □ significant withdrawal and avoidance of almost all social interaction
 - □ consistent failure to maintain personal hygiene and appearance and self-care

inability to perform close to expected standards in school, work, or parenting responsibilities

2. Receives public financial assistance because of a mental illness.

\Box SSI	□SSDI	□VA	□ Other

- 3. Displays maladaptive, dangerous, and impulsive behaviors.
 - □ damages or destroys property
 - □ is self-injurious, expresses suicide threats, or has made suicide attempts
 - verbally assaults others, threatens physical violence towards others, or physically harms others
 - □ abuses drugs or alcohol
 - □ creates public disturbances, gets arrested, or has spent time in jail
 - □ requires use of involuntary mental health services.
- 4. Lacks supportive social systems in the community.
 - □ no close friends or group affiliations
 - \Box lives alone
 - □ is highly transient
 - □ has an inability to coexist within family setting or group living situation
- 5. Requires assistance in basic life and survival skills.
 - \square must be reminded to take medication
 - □ must have transportation to mental health clinic or other supportive services
 - needs assistance in household management (budgeting, shopping, meal preparation, etc.)
 - □ is homeless or is at risk of becoming homeless
 - □ inability to access and use community services

Summary of Eligibility

Part A: Diagnosis and GAF criteria met:	YES	🗌 NO
Part B: At least 1 criterion met:	YES	🗌 NO
Part C: At least 2 criteria met:	YES	NO NO

ACTION: Designated Agency check only one:

Criteria are met. Enroll in CRT.

Criteria are not currently met. Enroll provisionally in CRT for up to six months.

Criteria are not met. Notify client of appeal rights and refer to other appropriate program(s).