

# Questionnaire: Rehabilitative and Community Support (RCS2)

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## Rehabilitative and Community Support (RCS2)

1. *Is this request a new treatment/episode of care?*  
(Please select one.)
  - Yes
  - No
  
2. *Is this Section 28 service being provided in a school setting?*  
(Please select one.)
  - Yes
  - No

### **If you answered "Yes" on question 2**

- 2.1.1. *Are services being provided pursuant to IDEA?*  
(Please select one.)
  - Yes
  - No
  - Partial
  
- 2.1.2. *Does member have an active IEP?*  
(Please select one.)
  - Yes
  - No

### **If you answered "No" on question 2.1.2**

- 2.1.2.2.1. *Please select rationale*  
(Please select one.)
  - Member has not been evaluated by Child Development Services (CDS) or their School Administrative Unit (SAU).
  - Member has been evaluated by Child Development Services (CDS) or their School Administrative Unit (SAU) and does not qualify for an IEP.
  - The member does have an IEP however the IEP team did not agree the services is needed for the member pursuant to IDEA. This services is being providing in addition to other services from the member's Child Development Services (CDS) region or School Administrative Unit

(SAU).

- Member parent/guardian is accessing services in addition to what has been suggested by Child Development Services (CDS) or their School Administrative Unit (SAU).

**If you answered "Member parent/guardian is accessing services in addition to what has been suggested by Child Development Services (CDS) or their School Administrative Unit (SAU)." on question 2.1.2.2.1**

2.1.2.2.1.5.1. *How many hours per week are based upon CDS/SAU suggestion?*

Min/Max - 0/168; 2 decimal places allowed

2.1.2.2.1.5.2. *How many additional hours per week are being provided per MaineCare medical necessity criteria?*

Min/Max - 0/168; 2 decimal places allowed

3. *Please provide the functional assessment tool used:*

(Please select one.)

- ABAS
- Battelle
- Bayley
- CAFAS
- PECAFAS
- Vineland

4. *Date of Functional Assessment:*

5. *Functional Assessment Scores:*

6. *Name and credentials of who completed the assessment:*

**Instructions:** A new physician letter does not need to be uploaded at each request.

7. *Has a physician Letter for members under six years of age been uploaded?*

(Please select one.)

- Yes
- No
- N/A

8. *Has this member received all authorized units of service during the last review period?*  
(Please select one.)
- Yes
  - No

**If you answered "No" on question 8**

- 8.2.1. *Why not?*  
(Please select between 1 and 3 items.)
- Staff availability
  - Family availability
  - Illness

9. *Would the guardian be interested in the member participating in a Section 28 group that included other Section 28 members?*  
(Please select one.)
- Yes
  - No

10. *Would the guardian be interested in participating in a Section 28 group with other members and guardians?*  
(Please select one.)
- Yes
  - No
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