Provider Training

Submit A Referral (Section 28 and Section 65/HCT)

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*Additional Referral material:*

*Maine ASO Atrezzo Portal Guide – for detailed instructions on how to submit a request*

[*http://www.qualitycareforme.com/media/2156/181008-maine-aso-atrezzo-portal-guide.pdf*](http://www.qualitycareforme.com/media/2156/181008-maine-aso-atrezzo-portal-guide.pdf)

*Maine ASO Provider Handbook – for an overview of utilization review processes*

[*http://www.qualitycareforme.com/media/2160/181008-maine-aso-provider-handbook.pdf*](http://www.qualitycareforme.com/media/2160/181008-maine-aso-provider-handbook.pdf)

# Submit a New Referral for HCT and/or Section 28 request in Atrezzo

### If provider has access to Atrezzo

1. Submit a new outpatient request in Atrezzo
	1. Service Type: 220-Behavioral Health Services (HCT)

170-Section 28 Referral Management Process

* 1. Request Type: Referral
	2. Procedure Code: 220-300-Section 65 eligibility Determination-OCFS Provider (HCT)

170-100-Non-Specialized 28 Eligibility Determination with Cognitive Impairment and functional limitations.

170-200- Specialized 28 Eligibility Determination with Cognitive Impairment and functional limitations.

* *Please refer to the MaineCare Service Grid (*[*http://www.qualitycareforme.com/media/1665/kepro-aso-mainecare-service-grid-july-1-2017.pdf*](http://www.qualitycareforme.com/media/1665/kepro-aso-mainecare-service-grid-july-1-2017.pdf)*)*
	1. Request: 365 days
	2. Qty: 1
	3. Enter Diagnoses
	4. Attach all documents needed:
		1. Release of Information (unless referral is made by guardian). Which is found in application. See below.
		2. Referral Application

HCT- <http://www.qualitycareforme.com/services/behavioral-health-services/>

* Please refer to MaineCare Rule 65.06-9 A.B.C (<https://www.maine.gov/sos/cec/rules/10/ch101.htm>)

Section 28- <http://www.qualitycareforme.com/services/rehabilitative-community-services/>

* Please refer to MaineCare rule 28.02 (<https://www.maine.gov/sos/cec/rules/10/ch101.htm>) for Section 28 eligibility
* Functional assessments accepted
	1. Vineland Adaptive Behavioral (the Vineland II)
	2. Battelle Developmental Inventory
	3. Bayley Scales of Infant and Toddler
	4. ABA
		1. For Section 28 Referrals- If referring for a child through 5 years of age; Physician’s Letter of Eligibility.
	5. Complete Questionnaire, and save. -Please do not mark questionnaire as complete.
	6. Submit

### If provider does not have access to Atrezzo

1. Please fax the following to 1-866-325-4752
2. Please complete Referral application;
3. HCT- <http://www.qualitycareforme.com/services/behavioral-health-services/>
4. Section 28- <http://www.qualitycareforme.com/services/rehabilitative-community-services/>
5. Call KEPRO Provider Relations; 1-866-521-0184 Option 1 to confirm receipt of fax.

# File an extension

### If provider has access to Atrezzo

1. Go into the existing case prior to expiration and request an extension. You can extend the current request as a CSR (Continued Stay Review), or you can simply answer the questions outlined below (#2) in the “Clinical Information” section. If you extend by submitting a CSR the information below is also required in the “Clinical Information Section”.
2. Information needed in requesting an extension;
3. This is a Request for an Extension of Approval for HCT because: (Please explain what services or natural supports have been attempted to address the referral behavior. Please document if the child has been involved with crisis, inpatient services, or residential care while waiting for community based services.)

This is a Request for an Extension for Section 28 for an additional 180 days. I am requesting extension because: (Please explain what services or natural supports have been attempted to address the referral behavior. Please document if the child has been involved with crisis, inpatient services, or residential care while waiting for community based services.)

1. Release of Information must be active at the time of extension.

### If provider does not have access to Atrezzo

1. Please fax the following to 1-866-325-4752
2. A Request for Extension of Approval of HCT; <http://www.qualitycareforme.com/media/1620/kepro-section-65-request-for-extension.pdf>

A Request for Extension of Approval of Section 28; <http://www.qualitycareforme.com/media/1620/kepro-section-65-request-for-extension.pdf>

1. Release of Information must be active at the time of extension.
2. Call KEPRO Provider Relations; 1-866-521-0184 Option 1 to confirm receipt of fax.

\*If you are a different provider than the original referent; you must submit a new request and refer to previously authorized referral with previous provider. Please include the information needed to fulfil the Extension request in the “Clinical Information” section. A new provider is unable to extend off of a request from another provider.

\*\*Please note: It is the referent’s responsibility to track, and request extensions in the appropriate timeframes (prior to expiration).

Please be mindful in calling KEPRO to request information regarding where a member lies on a waitlist. The Waitlists are ever-changing due to order of received, priority, and Community Based provider capacity. KEPRO is able to confirm a member is on a specific waitlist, and provide number of days a member has been waiting for services.