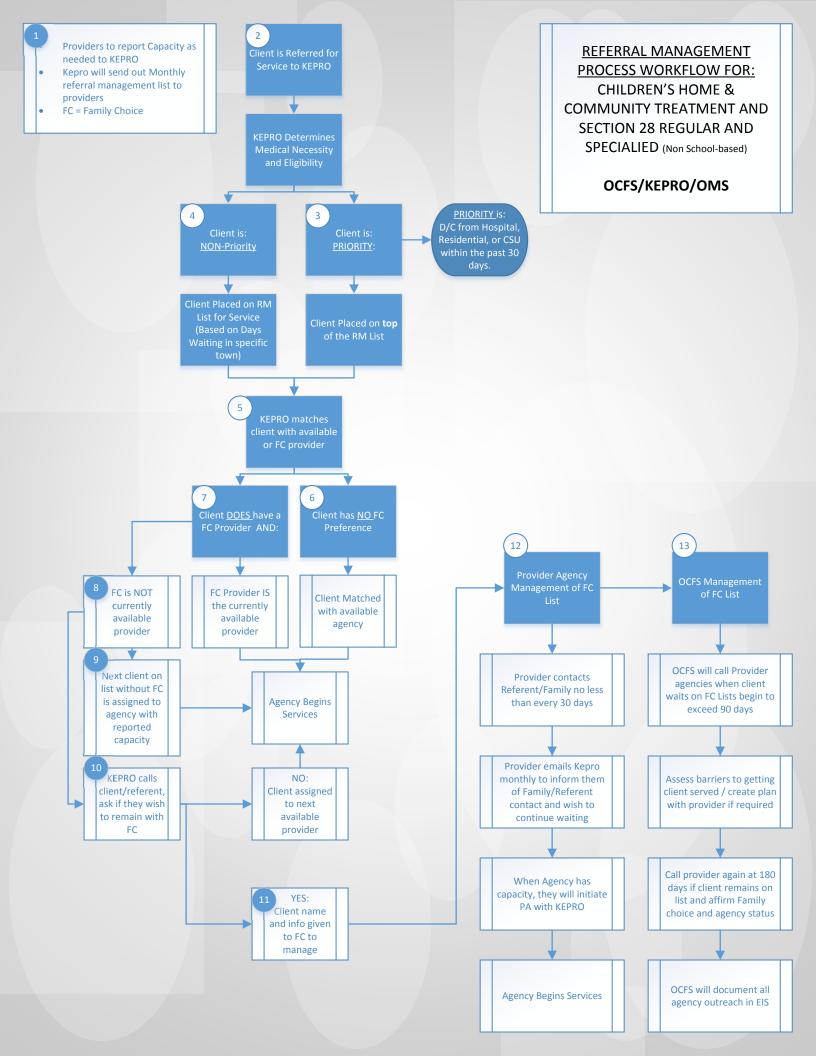
Updated Referral Management Workflow For Children's Home and Community Treatment (HCT) & Section 28 (RCS)

Non School-based only

Office of Child & Family Services Kepro Office of Mainecare Services



Referral Management List Workflow for Children's HCT and Sec 28 Services (Non School-based only)

Active: 2-1-17

- 1. HCT and 28 providers (Non School-based only) will report capacity to Kepro on a daily, weekly, or monthly basis depending on the agency's capacity openings.
- 2. Clients in need of HCT or Sec 28 services are referred to Kepro to determine Eligibility and Medical Necessity.
- 3. Client is Priority: Clients exiting higher levels of care (i.e. Hospital, Residential, or CSU) within the past 30 days will be placed on top of Referral Management list.
- 4. Client is Non-Priority: Clients who are <u>not</u> exiting from Hospital, Residential, or CSU settings will be placed on the RM list according to the referral date.
- 5. Kepro matches clients on Referral Management List with reported capacity by providers.
- 6. Client has no preference for provider and wants next available provider in their area.
- 7. Client chooses a specific Family Choice provider to obtain services from.
- 8. The currently available provider is not the Family Choice provider of the client and the FC provider does not yet have reported capacity.
- 9. Next client on list without FC is assigned to agency with reported capacity. This will result in a more rapid match between an available client and the next available provider.
- 10. Kepro will call the initial family with a Family Choice provider and inform them that other providers have become available and ask if they wish to continue waiting for their FC provider.
- 11. Client indicates to Kepro that they understand that other providers may have capacity but they will refuse those and wish to remain waiting for their FC provider until they have openings. Family is informed that this will be honored and their referral information will be provided to their chosen FC Provider to manage.
 - a. Family is also informed that if at a later date they choose to no longer wait with their FC provider, they may return to the General Referral Management list at the return date <u>(not the date of original referral)</u>.

12. Family Choice Agency Responsibility:

- Provider is expected to contact family/guardian and/or Targeted Case Manager monthly while
 on the agency's Family Choice list to confirm family/guardian choice to continue waiting.
- Provider sends email monthly to Kepro <u>IntakeME@kepro.com</u> confirming this monthly contact
 and Kepro will add a note to the case file affirming the family's desire to continue waiting and
 request to remain on the Family Choice list for that agency.
- When Family Choice agency has capacity, they will initiate Prior Authorization with Kepro/Care Connection.

Referral Management List Workflow for Children's HCT and Sec 28 Services (Non School-based only)

Active: 2-1-17

13. OCFS Staff Responsibility:

- OCFS staff will call the Family Choice agency when the wait time on the list reaches 90 days for any client to:
 - Assess barriers to getting client served / create plan with provider
 - Call again at 180 days if still on list to re-affirm family choice and agency status
 - OCFS staff will document all efforts and outreach in EIS

Kepro Outreach Activities:

- Kepro will send letters at days 30 and 60 to both family/guardian and referent (TCM) on General Referral Management List
- Kepro will place call to family/guardian at days 90 and 120 to:
 - Ask family/guardian if they still need the service and if so, do they still wish to wait for the service and;
 - Does the family/guardian have a preferred provider in mind or will they accept any available provider. (Document all in CC box of CareConnection)
- Kepro will make 3 Phone-Call attempts and if no response, a letter will be sent to the family/guardian and an email sent to the referent (TCM).
- Kepro will re-determine client eligibility at day 365

Service Provider Referral Management Requirements:

- Upon Provider's acceptance of a referral from the General Referral Management list, providers are expected to begin assessment of clients no later than 7 days from match and full services to commence within 30 days.
- For Family Choice members, the 7 and 30 day requirement above applies when the agency submits and receives Prior Authorization from Kepro for the client.
- Kepro will generate a monthly report for providers from the General Referral Management List that will include Town, and number (#) of youth waiting to be served only. This will be used by providers for recruitment efforts and service expansion management.