



Section 28- Rehabilitative and Community Services (RCS) REFERRAL/APPLICATION SUBMISSION GUIDELINES

For DHHS Guardians, CPS Guardians, or Parent Referrals: If you do not have access to Atrezzo, please use the Section 28 Referral found at: <http://www.qualitycareforme.com/services/rehabilitative-community-services/> The application can be faxed to KEPRO at 866-325-4752.

For TCMS, BHH Providers, or other Providers with access to Atrezzo:

Start an Outpatient case, using the member demographic information (i.e. Name, DOB, MaineCare number)

Use the NPI of the agency of the referral source agency, so that the referral source (TCM/BHH provider, etc.) has access to the case.

Service Type: Section 28

Request Type: Referral

Procedure: Code: 170-100 Description: Section 28 Eligibility Determination

Length of referral: 365 days

Quantity (units) 1

*****School/Community; Specialized/Non-Specialized will be indicated on the Questionnaire*****

Diagnosis: Enter the current eligible diagnosis for the service requested. If the member is under 6 and does not have an eligible diagnosis, a letter from a Medical Doctor or a Nurse Practitioner is required to indicate that without this this service, the member will meet criteria later in life if these services are not provided now.

Clinical Information: Nothing is needed in this section.

Attached documents: KEPRO release (found at <http://www.qualitycareforme.com/services/rehabilitative-community-services/>)

There is a sample release also at that link.

Questionnaire: Fill out the questionnaire in its entirety, specifically:

- Be sure to select the correct referral- if the member needs Community-Based and School-Based is selected, they will not appear on the Referral Management list.
- Assure you are selecting Non-Specialized or Specialized. A separate Referral Case is needed if both are being referred.

- Reason for Referral- be specific about the behaviors and symptoms observed that Section 28 will be addressing
- Functional Assessment Scores; DATE of assessment, and who performed the assessment
- Guardian name and contact information
- Preferred Provider/Providers with which the family would not like to work.
- Will Member receive services at the address in Atrezzo from MaineCare?
- Referral source name, contact number and email

The Referral will be reviewed within 24 business hours/1 business day. If there are additional questions needed, the case will be put on hold for the additional information for 7 days. Please respond in a timely fashion to assure that all clinical information to determine medical necessity is reviewed. Without it, the request may not be reviewed or processed.

When the case is approved, print out the Request Overview page, which will serve as the Approval.

For additional information on what happens after a Referral is approved:

See OCFS and KEPRO Referral Management Workflow for Section 28 RCS and Section 65 HCT at <http://www.qualitycareforme.com/services/behavioral-health-services/>