



Section 97 Children’s Residential Intensive Temporary Residential (ITRT) Treatment Services: REFERRAL GUIDELINES

PNMI Section 97 Clinical Documentation Guidelines

After the treatment team and parent/guardian have reviewed the documents regarding residential treatment (i.e., Consultation Guide), a request for approval can be made to KEPRO using Atrezzo.

For DHHS Guardians, CPS Guardians, or Parent Referrals: If you do not have access to Atrezzo, please use the Section 97 Application found at: <http://www.qualitycareforme.com/services/private-non-medical-institutions/> 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 Detail Page:

Service Type: Section 97

Request Type: Referral

Procedures Page:

To get to Section 97 Referral, type in “eligibility” to look up by description; 250-100 to look up by code.

-Up to 60 days can be requested

-Quantity: 1

Diagnosis: Enter in the members most current diagnostic information

Clinical Information: Nothing is required

Attached documents:

- KEPRO release of information (found at <http://www.qualitycareforme.com/services/private-non-medical-institutions/>.)
- Current clinical documentation from **60 days** from date of submission. These documents would include the current treatment that the member is receiving, and would support why residential treatment would be needed at this time to meet the member’s needs.
- A letter from an MD or DO, or a Nurse Practitioner indicating the medical necessity for residential treatment



Questionnaires: Fill out the Referral Questionnaire in its entirety. The questionnaires ask all the information that is required to determine medical necessity for Intensive Temporary Residential Treatment. Select Section 97 from the list of referral options, and update the Questionnaire. **Please note:** A current GAF or CAFAS is required at time of referral. The request will not be processed without that information, per MaineCare Benefits Manual Section 97.

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.

When the case is approved, print out the Request Overview page, which will serve as the Approval, and contains the Level Determination (Mental Health Level I/II; Intellectual Disabilities Level I/II).