

Statewide Referral Management Process





WE'RE MAKING A CHANGE

Continuity of care is vital and our dedicated staff are the same great people with the same commitment to you and your members.

APS Healthcare is becoming KEPRO

In May of 2015, APS Healthcare was acquired by KEPRO, a leading quality improvement and care management organization. The combination of our two companies have enhanced our ability to provide comprehensive and high quality service offerings through an integrated approach and customized solutions.

That's why, we are excited to announce that as of August 1, APS Healthcare will be serving you and your members as KEPRO, leveraging our expertise and delivering on our promise to build healthier communities in partnership with you.

Section 28 RCS Services and Section 65 HCT Services



Effective July 1 2016, APS Healthcare, in coordination with the Office of Child and Family Services will implement a new process for members who have been referred for MaineCare Benefits Manual, Ch. II - Section 28: Rehabilitation and Community Support Services for Children with Cognitive Impairments and Functional Limitations and MaineCare Benefits Manual, Ch. II - Section 65: Home and Community Treatment Services.

Section 28 Rehabilitation and Community Support Services Process



There will be two referral options:

- Section 28 Services
 - Section 28 Specialized Services.
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- Children will be matched to a provider based on date of referral to the service by APS Healthcare staff.

 - If a child has multiple preferred providers listed prior to 7-1-16, the preferred provider will be reported as the first provider indicated in the CareConnection portal.

- Referral sources may upload the referral packet directly into CareConnection portal.
- Families may identify a single preferred provider on the referral form.
- Families may identify a provider with whom they do not want to work with on the referral form.

Eligibility



If a member is referred to and eligible for specialized Section 28 services, he or she will have the option to receive Section 28 services until a specialized provider is available.

Process Changes effective 7-1-16



- Agency specific family choice listings will be deactivated in CareConnection effective 6-30-16.
- APS Healthcare will transition any child on a provider family choice list on June 30, 2016 to the statewide referral management system on July 1, 2016, with the original referral date.
- APS Healthcare is responsible for managing the referral list in the statewide referral management system and entry of Prior Authorizations after match has been made.

Capacity



- Daily non PHI list of children in need of service will be sent by APS Healthcare.
- Provider will report via email which child they are able to serve.
- It is the expectation if a child is matched with a provider that there is current staffing and capacity to serve the child immediately.
- Once a child has been matched to a provider, APS Healthcare staff will enter in a Prior Authorization review in the CareConnection portal with an effective start date of five business days from date of match to allow for coordination of team.

Preferred Provider



- If a family has designated a preferred provider and someone is able to serve them sooner, the referral source will be contacted by APS Healthcare.
- The referral source will consult with the family and report if the family would like to be served sooner or continue to wait for their single designated preferred provider.

Family Preference

You may identify one Preferred Provider but this provider may not be the first available to begin the service. Please select if you would like to wait for the Preferred Provider, have an opportunity to review the first available Provider, or work with the first available Provider, and initial (Guardian)

*Preferred "Name of Provider" ____

I would like to wait for this Preferred Provider. _____ (initials)

I would like to review the first available Provider. _____ (initials)

I will work with the first available Provider. _____ (initials)

Please do not send information to the following providers ____

- The referral source and member's guardian will receive a notification by mail after 30 days and 60 days of being in the referral management system by APS Healthcare.
- The referral source will receive telephonic outreach within 90 days of being in the referral management system by APS Healthcare.
- If the family is no longer in need of the service, the referral source or guardian should notify APS Healthcare immediately.

Section 65 Home and Community Treatment Services Process



There will be one referral option:

- Section 65 Home and Community Support Services
- Children will be matched to a provider based on date of referral to the service by APS Healthcare staff.
- The child waiting the longest time in the referral system will be matched to a provider based upon geography of the provider and family.
- If a child has multiple preferred providers listed prior to 7-1-16, the preferred provider will be reported as the first provider indicated in the CareConnection portal.

- Referral sources may upload the referral packet directly into CareConnection portal.
- Families may identify a single preferred provider on the referral form.
- Families may identify a provider with whom they do not want to work with on the referral form.

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*Preferred "Name of Provider" ____

I would like to wait for this Preferred Provider. _____ (initials)

I would like to review the first available Provider. _____ (initials)

I will work with the first available Provider. _____ (initials)

Please do not send information to the following providers ____

Child Intensive Temporary Residential Treatment (ITRT)



Effective July 1 2016, APS Healthcare, in coordination with the Office of Child and Family Services and the Office of MaineCare Services, will implement process updates for members who are being referred for ITRT under the MaineCare Benefits Manual, Ch. II - Section 97: Private Non-Medical Institution Services.

- Referrals for ITRT will no longer be faxed to APS Healthcare. Instead, providers will submit ITRT referrals electronically through the CareConnection Portal.

ITRT Process in CareConnection Portal

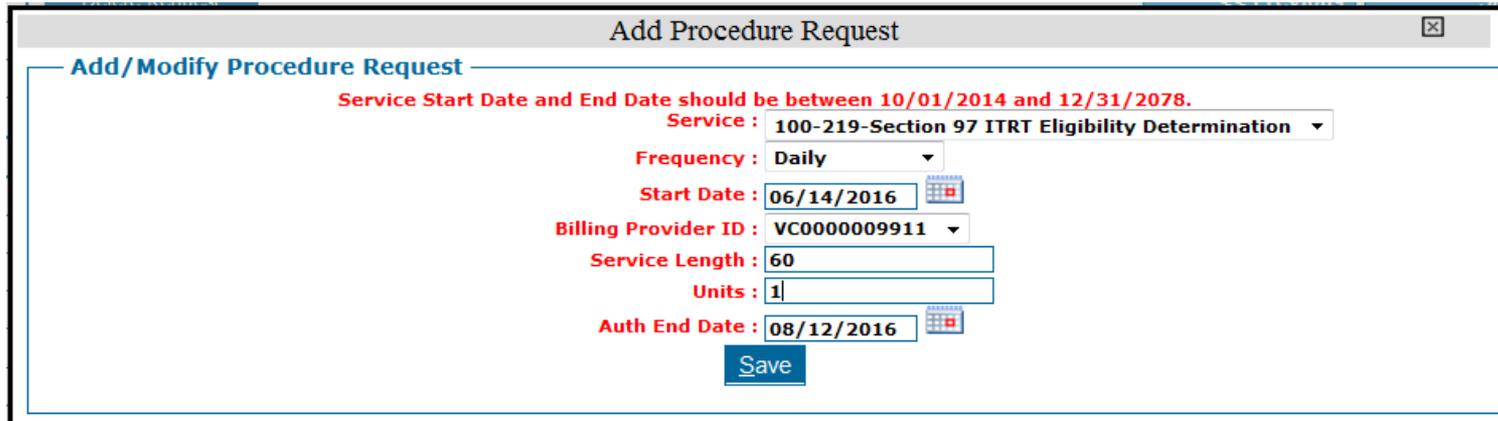


1. Providers referring youth for ITRT will select “Contact for Service Notification” from the dropdown menu in the Authorization Type field on the Administrative Page in the CareConnection Portal.
2. Select “Children Services” from the dropdown menu in the Review Type field and “ITRT Referral” from the dropdown menu in the Category of Service field.

Member Information	APS Case Id:	<input type="button" value="Delete Request"/>	<input type="button" value="Save & Continue >>"/>
Guardian Information	Administrative		
Administrative	<p>Organization : APS Healthcare Maine Testing</p> <p>Authorization Type : Contact for Service Notification</p> <p>Status : New</p> <p>Do you know the service start date? Yes</p> <p>Start Date for Current Authorization Request : 06/14/2016 01 00 AM</p> <p>This Request is : Routine</p> <p>Request Submitted : Electronically</p> <p>Request Submitted Date : 06/14/2016</p> <p>Review Type : Children's Services</p> <p>Category of Service :</p> <ul style="list-style-type: none"> Targeted Case Management Inpatient Services Day Treatment Crisis Support Services Infant Mental Health Children's Outpatient Family PsychoEducational Child Assertive Community Treatment (ACT) Medication Services Child and Family Behavioral Health Treatment (Community Based) Community Based Treatment for Children without Permanency Private Non Medical Crisis Unit Treatment Foster Care Children's PNMI Services Multidimensional Treatment Foster Care Baxter Fund Services Provided by an Educational System Rehab and Community Support Services - Section 28 Partial Hospitalization Intensive Outpatient Program Behavioral Health Homes ITRT Referral 		
Requesting Agency			
Diagnostic Assessment			
Services Requested			
Symptoms/Behaviors			
Psychiatric Medications			
Clinical Indicators			
Treatment and Service			
RDS			
Treatment Plan			
Additional Reporting Data			
Transition Discharge Plan			
Additional Info			
Document Upload			
Submit To APS			

ITRT CareConnection Process

3. Select the code “100-219 - Section 97 ITRT Eligibility Determination” from the dropdown menu in the Service Field.



Add Procedure Request

Add/Modify Procedure Request

Service Start Date and End Date should be between 10/01/2014 and 12/31/2078.

Service : 100-219-Section 97 ITRT Eligibility Determination

Frequency : Daily

Start Date : 06/14/2016

Billing Provider ID : VC0000009911

Service Length : 60

Units : 1

Auth End Date : 08/12/2016

Save

4. Providers will use ITRT Submission Guidelines under the Section 97 – ITRT section of the Provider Manual and Forms webpage to enter information into CareConnection for clinical review. The ITRT referral submission will be reviewed to determine medical necessity for residential treatment.

5. Attach supporting documentation to the CareConnection request, using “Document Upload.” Please see the “Document Upload Webinar Recording” on the Provider Home Page for instructions.

The following questions about the past 60 days must be answered in the Additional Info Section of the CareConnection Portal to determine eligibility for ITRT services:

- What is the potential for hospitalization or significant deterioration of functioning that would require a higher level of care without ITRT?
- What is the significant aggression that has occurred across multiple environments?
- Explain aggression that has caused serious injury including frequency, intensity, and duration of the aggression.
- Explain homicidal ideation including intent, plan, and means that has occurred.
- Explain suicidal ideation including intent, plan, and means that has occurred in the past two months.
- List and describe symptoms of mental illness, individuals with intellectual disabilities, or pervasive developmental disorders that have resulted in the inability to care for self to a developmentally appropriate level, even with home and community supports.
- Submission must include what lower levels of care have been attempted and if they have not been attempted why ITRT is being explored without attempt at a lower level of care.

ITRT Submission Process



- Specific clinical documents within the past 60 days will be reviewed to support the member's referral for ITRT. The documents include: MD Letter of Medical Necessity, inpatient and crisis assessments, incident reports from police, fire, animal control, and most recent psychological evaluation.
- **DO NOT submit additional documentation that is outside the 60-day look back period.**



1-866-521-0027

Option 1 – Provider Relations

MaineCare-Prov@apshealthcare.com

Option 2 – Intake/Switchboard

Option 3 – Member Services

Option 4 – Clinical Care Managers

Option 5 – Appeals

maine.appeals@apshealthcare.com

www.qualitycareforme.com