

Section 18: Home and Community-Based Services for Adults with Brain Injury

Care Plan Services Authorization/ Revision Request

Instructions:

1. Services requested must correspond with the most recent MED assessment/ Brain Injury Care plan approved by OADS.
2. Use “units” for all services billed at unit cost, under “unit code” column.
3. For “Per Invoice” services, leave unit code column blank and fill in “per” column only with “Per Invoice”
4. Fax to BI Care Monitor by fax (207) 287-9229 or secure e-mail to derek.fales@maine.gov for approval. Once approved, BI Care Monitor will send back approval via email, with BI Admin Support cc’ed as notification. BI Admin Support will verify approval with Care Monitor prior to entry.
5. If this is a request to change the Care Plan and/or units to services (within waiver cap), send form with revised units, be sure to check the revision box at the top of the form, send to Care Monitor by fax (207) 287-9229 or secure e-mail to derek.fales@maine.gov for approval. Once approved, BI Care Monitor will send back approval via email, with BI Admin Support cc’ed as notification. Admin Support will verify approval with Care Monitor prior to entry in EIS Portal.
6. If this is a request for Assistive Technology (Per Invoice Services) – which require an additional form for Prior Approval, then please fill out Prior Approval Request Form and follow the same instructions as Step 6.
7. Once authorizations have been entered, a secure email will be sent to appropriate parties regarding the authorization information needed for billing departments (will be recorded on right hand side of form in gray sections).