

Section 20: Home and Community-Based Services for Adults with Other Related Conditions

Care Plan Services Authorization/ Revision Request

Instructions:

1. Services requested must correspond with the most recent MED assessment/ ORC Care plan approved by OADS.
2. List “Units/Pre Approval Amounts” as listed:
 - Care Coordination are 400 units/year
 - Home Support Per Diem Services are 7days/week (equal to 365 units/year)
 - Per Invoice Services require Prior Approval with use of an additional form and claim to follow, *see Step 7*.
 - All other services are billed by # of units/week (ex. 16060 units of Home Support per year, 16060/ 52 weeks = 308 units per week; the request needs to read the per week unit)
3. Use “units” for all services billed at unit cost, under “unit code” column.
4. For “Per Invoice” services, leave unit code column blank and fill in “per” column only with “Per Invoice”
5. Fax to ORC Care Monitor by fax (207) 287-9229 or secure e-mail to mark.brunton@maine.gov for approval. Once approved, ORC Care Monitor will send back approval via email, with ORC Admin Support cc’ed as notification. ORC Admin Support will verify approval with Care Monitor prior to entry.
6. 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 mark.brunton@maine.gov for approval. Once approved, ORC Care Monitor will send back approval via email, with ORC Admin Support cc’ed as notification. Admin Support will verify approval with Care Monitor prior to entry in MECare.
7. If this is a request for Assistive Technology, Communication Aids, Home Accessibility Adaptations or Specialized Medical Equipment (Per Invoice Services) – all which require an additional form for Prior Approval, then please fill out Prior Approval Request Form and follow the same instructions as Step 6.
8. 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).