Notice to Office of MaineCare Services of Inability to Provide Complete Staffing

Agency: ___________________________ Contact Person: ___________________________
Phone: ___________________________ Fax: ___________________________
Member Name: _____________________ ID: ___________________________ PA: __________

Reason for no staffing: [ ] staffing not available [ ] hospital [ ] vacation [ ] family denied services
Is there more than one agency providing services to the member? [ ] Yes [ ] No
If yes, please check: ________ Primary ________ Secondary ________ Other

In accordance with the MaineCare Benefits Manual, Chapter II, Section 96, Private Duty Nursing and Personal Care Services, if a provider has determined that any of the authorized, medically necessary services are not available from that agency/provider, the provider shall notify the family in writing as to which authorized services are not available. A copy of this notification will also be sent to MaineCare submitted through the Health PAS Online Portal by attaching this notice to the active prior authorization.

This form is being sent because the agency was unable to staff three (3) consecutive shifts or 20% or more of the authorized hours per week.

What is the current authorization, hours per day and number of days per week; (example: 4 hours per day, 2 days per week)? ___________________________

This agency is unable to provide the following services (please include dates):

____________________________________________________________________________

This agency has contacted the other agency providing services to the member. [ ] Yes [ ] No [ ] N/A

This agency has attempted to hire the appropriate level of staff. [ ] Yes [ ] No [ ] N/A

This agency has sent a staffing request via e-mail to all PDN under 21 Providers and copied the Office of MaineCare Services. [ ] Yes [ ] No

Was the physician notified? [ ] Yes [ ] No
If yes, how was it completed? [ ] Phone [ ] Fax [ ] Other (specify) ___________________________
If no, reason: ___________________________

Signature: ___________________________ Date: ___________________________
(Parent/Guardian): ___________________________
Name of parent/guardian receiving this notification

If an agency is unable to provide the medically necessary services, the Office of MaineCare will assist in finding a provider.

Please submit all requests through MIHMS via fax (1-866-598-3963) or through the Health PAS online portal and attach it to the active Prior Authorization number.