

Outpatient Substance Abuse Authorization Request Manual

Table of Contents

- ❖ **Outpatient Substance Abuse Services Prior Authorization Process Overview**
 - **Page 3**

- ❖ **Instructions for Entering an Outpatient Substance Abuse Prior Authorization Request in APS CareConnection®**
 - **Pages 4-10**

- ❖ **Process for Authorization Request for Members post 30 wks in 40 wk timeframe**
 - **Page 11**

- ❖ **Instructions for Entering an Outpatient Substance Abuse Continued Stay Request**
 - **Pages 12-17**

- ❖ **How to Discharge an APS Case ID in CareConnection®**
 - **Page 18**



**Outpatient Substance Abuse Services Prior Authorization
Process Overview**

APS Healthcare in collaboration with DHHS Office of Substance Abuse will implement a system of prior authorization for all admissions to Section 65 Substance Abuse Outpatient Therapy Services. This change is being made to reduce administrative burden and to allow for more effective utilization management of these services.

1. This system will be operational 9/1/09 for all new admissions.
2. Providers will be required to complete a Prior Authorization request for service within the APS Care Connection System within 5 calendar days of starting services with a member. The Prior Authorization requests must include eligibility criteria in the form of Demographics, Preliminary Diagnosis and completion of ASAM PPC2R Level of Care Dimensions.
3. Prior Authorization approvals will be authorized for the full 30 weeks of units within a 40 week timeframe (360 units for 280 days). If the client is in need of additional service beyond the Outpatient regulation, a Continued Stay Review will be required to be submitted and approved by APS.
4. The following Substance Abuse Service codes will be required to obtain a prior authorization from APS Healthcare in order to bill MaineCare for Substance Abuse Outpatient Services.

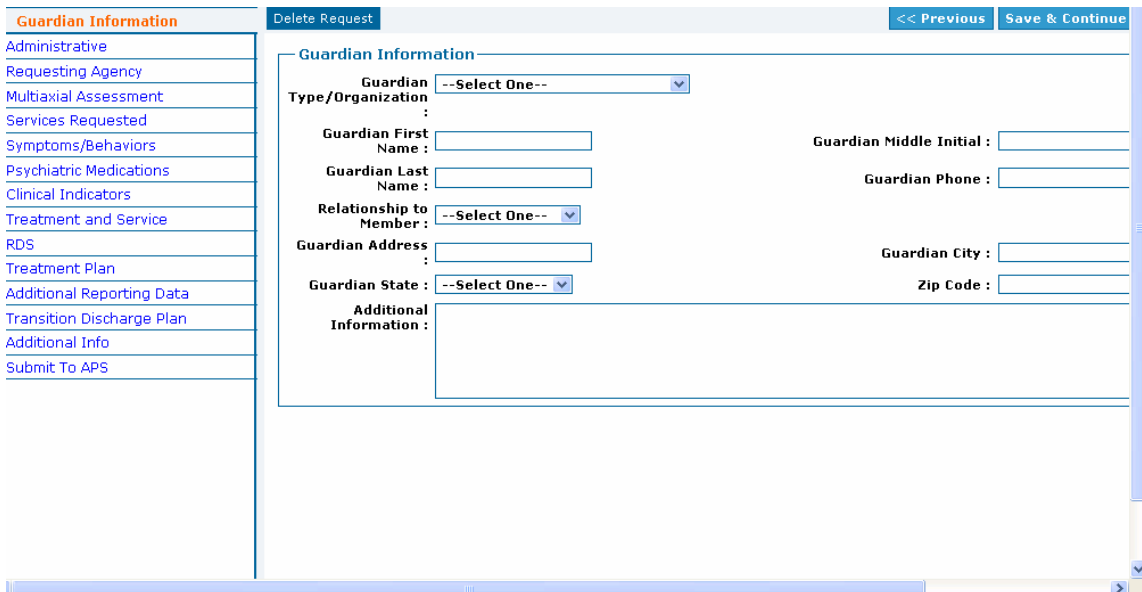
Sub Abuse Outpatient Therapy -Substance Abuse Agency H0004
SA OP Therapy Sub Abuse Agency Non-Masters LADC H0004
SA OP Therapy Sub Abuse Agency CADC H0004
Sub Abuse Outpatient Group Therapy -Substance Abuse Agency H0004 HQ
SA OP Group Therapy Sub Abuse Agency Non-Masters LADC H0004 HQ
SA OP Group Therapy Sub Abuse Agency CADC H0004 HQ

Instructions for Entering an Outpatient Substance Abuse Prior Authorization Request in APS CareConnection®

1. Choose the “Reviewer” tab. On the blue bar, select the “New Request” option.
2. Enter the member’s MaineCare ID number (Member ID) and one other identifying piece of information. Select “Verify”. If member does not have a current MaineCare ID number, enter “0” in the Member ID box.
3. Confirm member eligibility on the resulting screen, and choose “Add New Request”. If member did not have a MaineCare ID number, select “Add New Member”.
4. A new review will be automatically started. Please note the APS Case ID in the upper left. Fill out member information if not already filled out. Choose “Save and Continue” to move to the following sections that are required for Outpatient Substance Abuse Prior Authorization requests.

5. Guardian Information:

If applicable, please fill out all fields. Save and Continue when complete.



The screenshot shows a web application interface for entering guardian information. On the left is a vertical navigation menu with the following items: **Guardian Information** (highlighted), Administrative, Requesting Agency, Multiaxial Assessment, Services Requested, Symptoms/Behaviors, Psychiatric Medications, Clinical Indicators, Treatment and Service, RDS, Treatment Plan, Additional Reporting Data, Transition Discharge Plan, Additional Info, and Submit To APS. The main content area is titled "Guardian Information" and contains the following fields:

- Guardian Type/Organization**: A dropdown menu with "--Select One--".
- Guardian First Name**: A text input field.
- Guardian Middle Initial**: A text input field.
- Guardian Last Name**: A text input field.
- Guardian Phone**: A text input field.
- Relationship to Member**: A dropdown menu with "--Select One--".
- Guardian Address**: A text input field.
- Guardian City**: A text input field.
- Guardian State**: A dropdown menu with "--Select One--".
- Zip Code**: A text input field.
- Additional Information**: A large text area for notes.

At the top of the form area, there are buttons for "Delete Request", "<< Previous", and "Save & Continue".

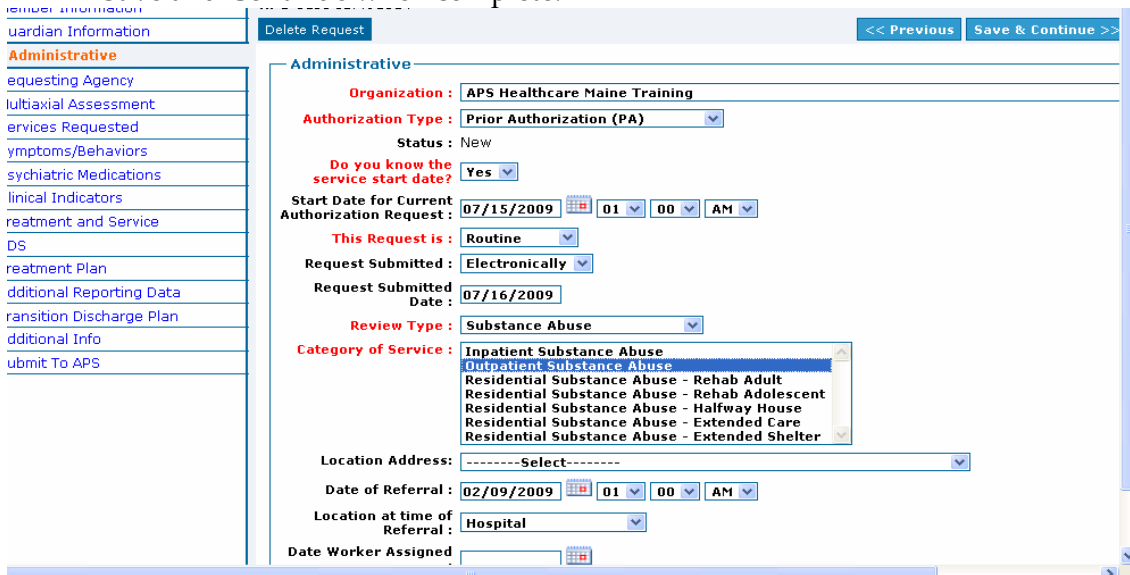
6. Administrative Page:

Select "Prior Authorization" for the Authorization Type.

Enter in the start date for current authorization.

Select "Substance Abuse" for the Review Type and "Outpatient Substance Abuse" for the Category of Service.

Save and Continue when complete.



Administrative

Organization : APS Healthcare Maine Training

Authorization Type : Prior Authorization (PA)

Status : New

Do you know the service start date? Yes

Start Date for Current Authorization Request : 07/15/2009 01 00 AM

This Request is : Routine

Request Submitted : Electronically

Request Submitted Date : 07/16/2009

Review Type : Substance Abuse

Category of Service : **Outpatient Substance Abuse**

Location Address : -----Select-----

Date of Referral : 02/09/2009 01 00 AM

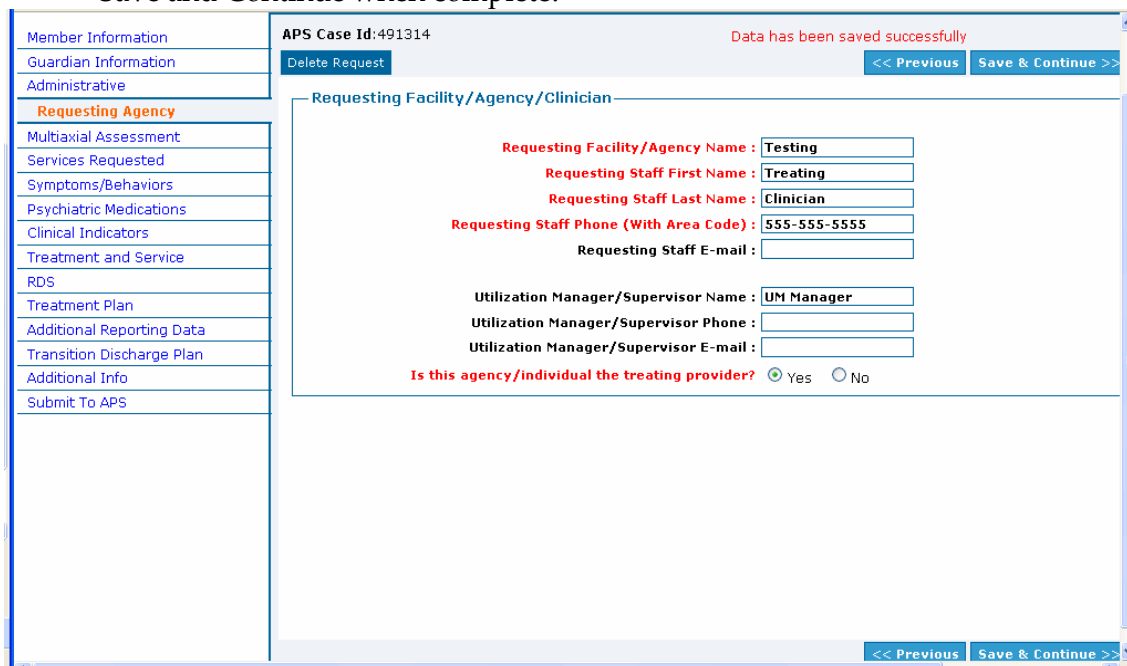
Location at time of Referral : Hospital

Date Worker Assigned :

7. Requesting Agency:

Please enter in the treating clinician's name and phone number.

Save and Continue when complete.



APS Case Id:491314 Data has been saved successfully

Requesting Facility/Agency/Clinician

Requesting Facility/Agency Name : Testing

Requesting Staff First Name : Treating

Requesting Staff Last Name : Clinician

Requesting Staff Phone (With Area Code) : 555-555-5555

Requesting Staff E-mail :

Utilization Manager/Supervisor Name : UM Manager

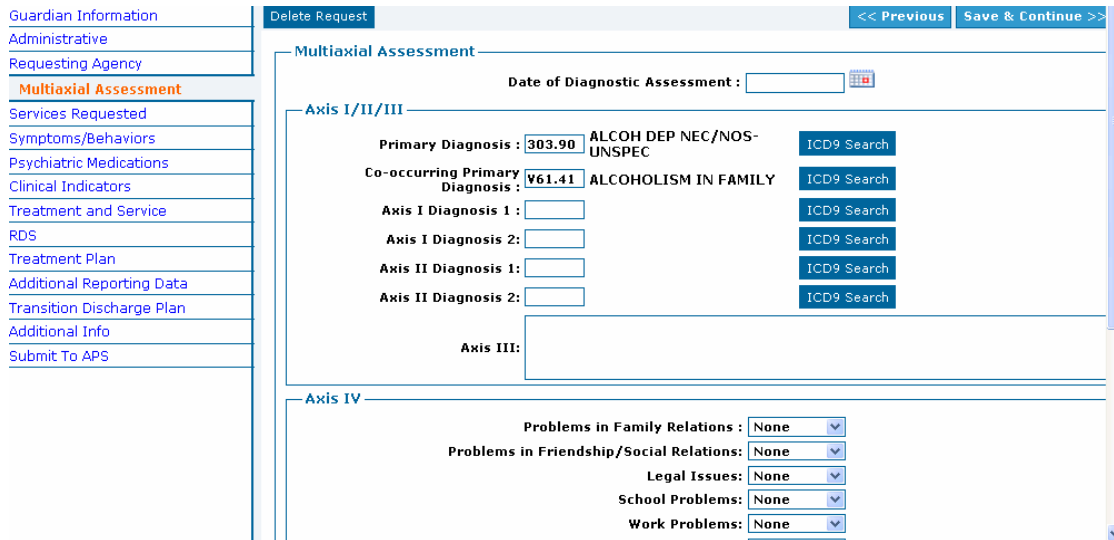
Utilization Manager/Supervisor Phone :

Utilization Manager/Supervisor E-mail :

Is this agency/individual the treating provider? Yes No

8. Multiaxial Assessment:

The primary diagnosis must be a substance abuse diagnosis or affected other. Save and Continue when complete.



Guardian Information
Administrative
Requesting Agency
Multiaxial Assessment
Services Requested
Symptoms/Behaviors
Psychiatric Medications
Clinical Indicators
Treatment and Service
RDS
Treatment Plan
Additional Reporting Data
Transition Discharge Plan
Additional Info
Submit To APS

Delete Request << Previous Save & Continue >>

Multiaxial Assessment

Date of Diagnostic Assessment :

Axis I/II/III

Primary Diagnosis : 303.90 ALCOH DEP NEC/NOS-UNSPEC ICD9 Search

Co-occurring Primary Diagnosis : V61.41 ALCOHOLISM IN FAMILY ICD9 Search

Axis I Diagnosis 1 : ICD9 Search

Axis I Diagnosis 2 : ICD9 Search

Axis II Diagnosis 1 : ICD9 Search

Axis II Diagnosis 2 : ICD9 Search

Axis III:

Axis IV

Problems in Family Relations : None

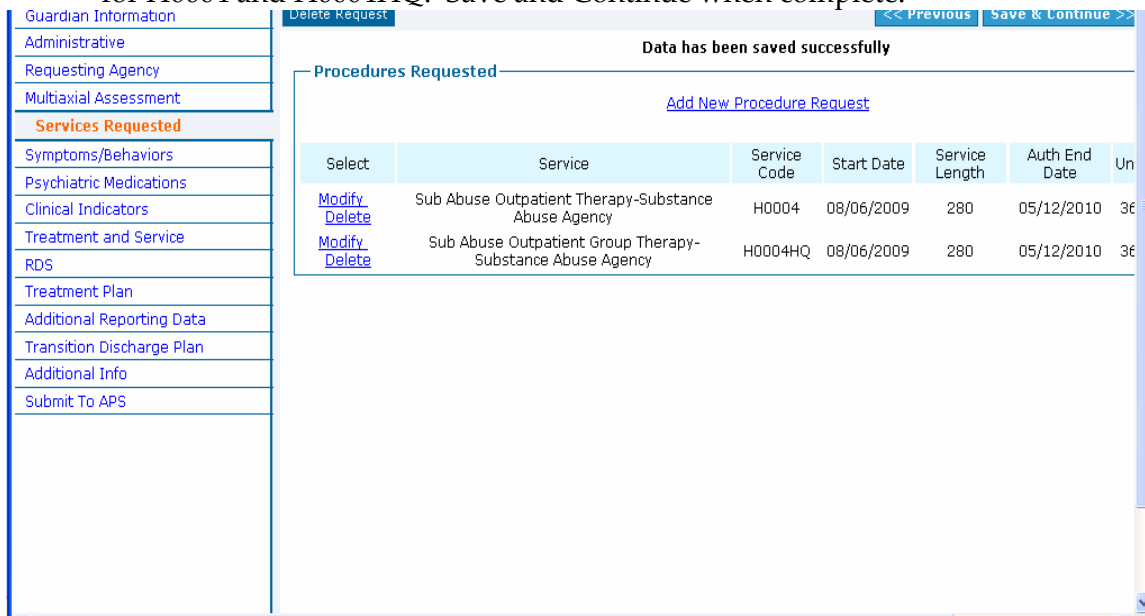
Problems in Friendship/Social Relations: None

Legal Issues: None

School Problems: None

Work Problems: None

9. **Services Requested:** Click on “Add New Procedure Request” Enter everything in red. When you get to the “Billing Provider ID” box, tab your way through the end. (The remaining boxes will auto populate). Click Save. Repeat the process for H0004 and H0004HQ. Save and Continue when complete.



Guardian Information
Administrative
Requesting Agency
Multiaxial Assessment
Services Requested
Symptoms/Behaviors
Psychiatric Medications
Clinical Indicators
Treatment and Service
RDS
Treatment Plan
Additional Reporting Data
Transition Discharge Plan
Additional Info
Submit To APS

Delete Request << Previous Save & Continue >>

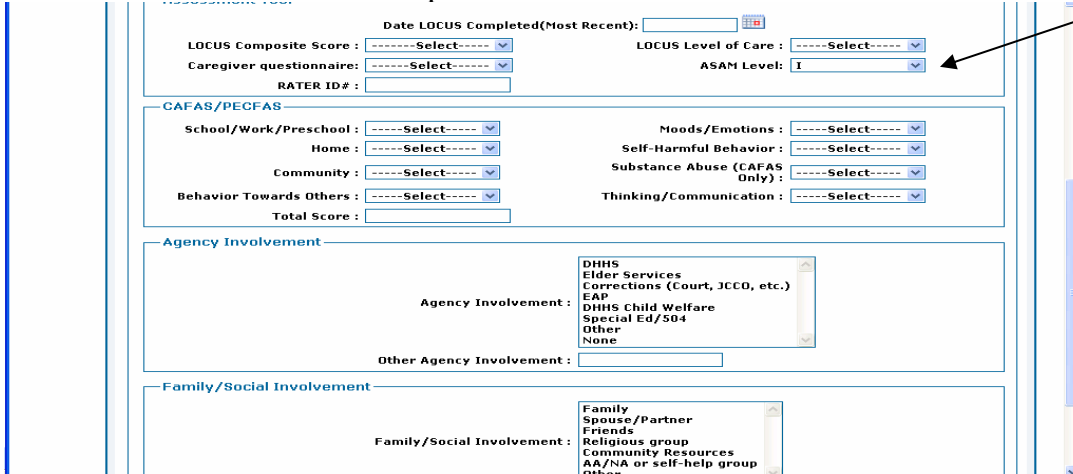
Data has been saved successfully

Procedures Requested

[Add New Procedure Request](#)

Select	Service	Service Code	Start Date	Service Length	Auth End Date	Un
Modify Delete	Sub Abuse Outpatient Therapy-Substance Abuse Agency	H0004	08/06/2009	280	05/12/2010	36
Modify Delete	Sub Abuse Outpatient Group Therapy-Substance Abuse Agency	H0004HQ	08/06/2009	280	05/12/2010	36

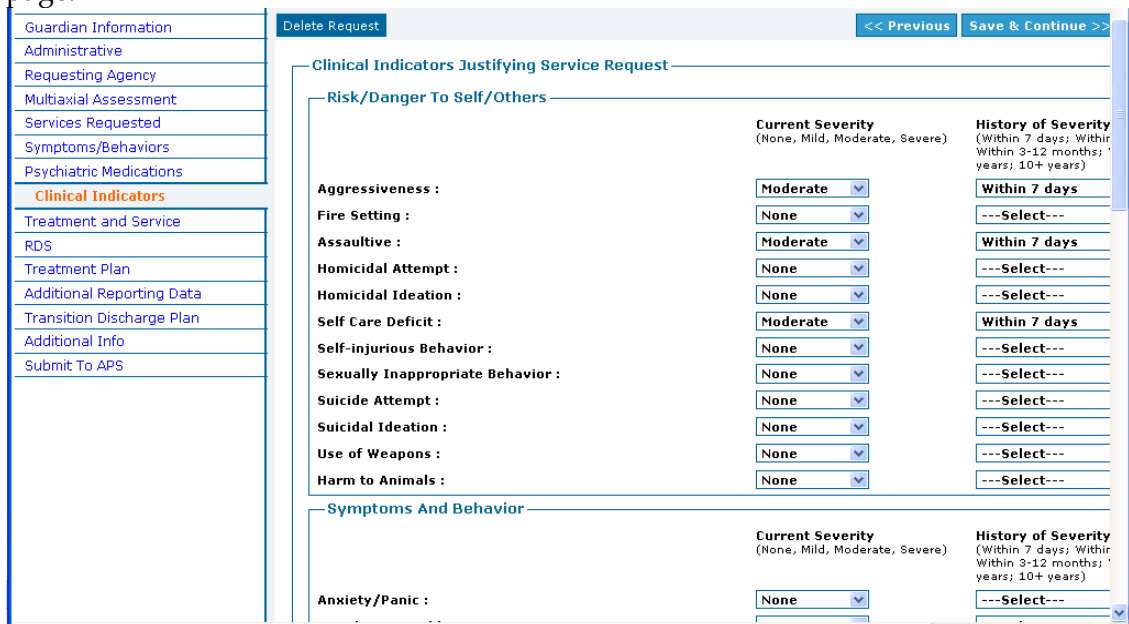
10. **Symptoms and Behaviors:** Under the Assessment Tool section, choose the correct ASAM Level from the drop down box. Save and Continue when complete. Save and Continue through the Psychiatric Medications as no information is required.



The screenshot shows a web-based assessment tool interface. At the top, there are fields for 'Date LOCUS Completed(Most Recent):', 'LOCUS Composite Score:', 'Caregiver questionnaire:', and 'RATER ID#'. Below these are several dropdown menus for 'LOCUS Level of Care:', 'ASAM Level:', 'School/Work/Preschool:', 'Home:', 'Community:', 'Behavior Towards Others:', 'Total Score:', 'Moods/Emotions:', 'Self-Harmful Behavior:', 'Substance Abuse (CAFAS Only):', and 'Thinking/Communication:'. There are also sections for 'Agency Involvement' and 'Family/Social Involvement' with their respective dropdown menus. An arrow points to the 'ASAM Level:' dropdown menu.

11. **Clinical Indicators:** Complete "Risk/Danger to Self/Others" Section by choosing either the current level of history or Severity of None.. Save and Continue when complete.

After saving to the next page (Treatment and Service Page) use the tabs on the left hand side of the screen, click on "Additional Info". This is the next required page.



The screenshot shows the 'Clinical Indicators Justifying Service Request' page. On the left, there is a navigation menu with tabs: Guardian Information, Administrative, Requesting Agency, Multiaxial Assessment, Services Requested, Symptoms/Behaviors, Psychiatric Medications, Clinical Indicators (highlighted), Treatment and Service, RDS, Treatment Plan, Additional Reporting Data, Transition Discharge Plan, Additional Info, and Submit To APS. The main content area is titled 'Clinical Indicators Justifying Service Request' and contains a table with the following columns: 'Risk/Danger To Self/Others', 'Current Severity (None, Mild, Moderate, Severe)', and 'History of Severity (Within 7 days; Within 3-12 months; 10+ years)'. The table lists various indicators with their corresponding current severity and history of severity dropdown menus.

Risk/Danger To Self/Others	Current Severity (None, Mild, Moderate, Severe)	History of Severity (Within 7 days; Within 3-12 months; 10+ years)
Aggressiveness :	Moderate	Within 7 days
Fire Setting :	None	---Select---
Assaultive :	Moderate	Within 7 days
Homicidal Attempt :	None	---Select---
Homicidal Ideation :	None	---Select---
Self Care Deficit :	Moderate	Within 7 days
Self-injurious Behavior :	None	---Select---
Sexually Inappropriate Behavior :	None	---Select---
Suicide Attempt :	None	---Select---
Suicidal Ideation :	None	---Select---
Use of Weapons :	None	---Select---
Harm to Animals :	None	---Select---
Symptoms And Behavior		
Anxiety/Panic :	None	---Select---

12. Additional Info:

Fill out the appropriate information as follows. Save and Continue when complete.

For General Substance Abuse:

Guardian Information	Delete Request	<< Previous	Save & Continue >>
Administrative	Additional Info		
Requesting Agency	<p>General Substance Abuse.....</p> <p>~Reason for Outpatient referral at this time/presenting problem.</p> <p>~Anticipated treatment focus for this requested treatment episode. (Clinical Rationale for treatment).</p> <p>~ Any additional supporting clinical information that you feel pertinent to treatment.</p>		
Multiaxial Assessment			
Services Requested			
Symptoms/Behaviors			
Psychiatric Medications	Notes:		
Clinical Indicators			
Treatment and Service			
RDS			
Treatment Plan			
Additional Reporting Data			
Transition Discharge Plan			
Additional Info			
Submit To APS			
	<< Previous		
	Save & Continue >>		

Sample Note: Client required by probation to attend treatment. Client reports that he/she can see that drinking has caused problems in his/her life intermittently, but is not ready to stop ETOH use. Client's stage of change is Contemplative. Focus of treatment, education and MI.

For DSAT:

Guardian Information	Delete Request	<< Previous	Save & Continue >>
Administrative	Additional Info		
Requesting Agency	<p>DSAT.....</p> <p>~Number of individual days (77).</p> <p>~Number of individual unit (44).</p> <p>~Number of group days (252).</p> <p>~Number of group units (312).</p>		
Multiaxial Assessment			
Services Requested			
Symptoms/Behaviors			
Psychiatric Medications	Notes:		
Clinical Indicators			
Treatment and Service			
RDS			
Treatment Plan			
Additional Reporting Data			
Transition Discharge Plan			
Additional Info			
Submit To APS			
	<< Previous		
	Save & Continue >>		



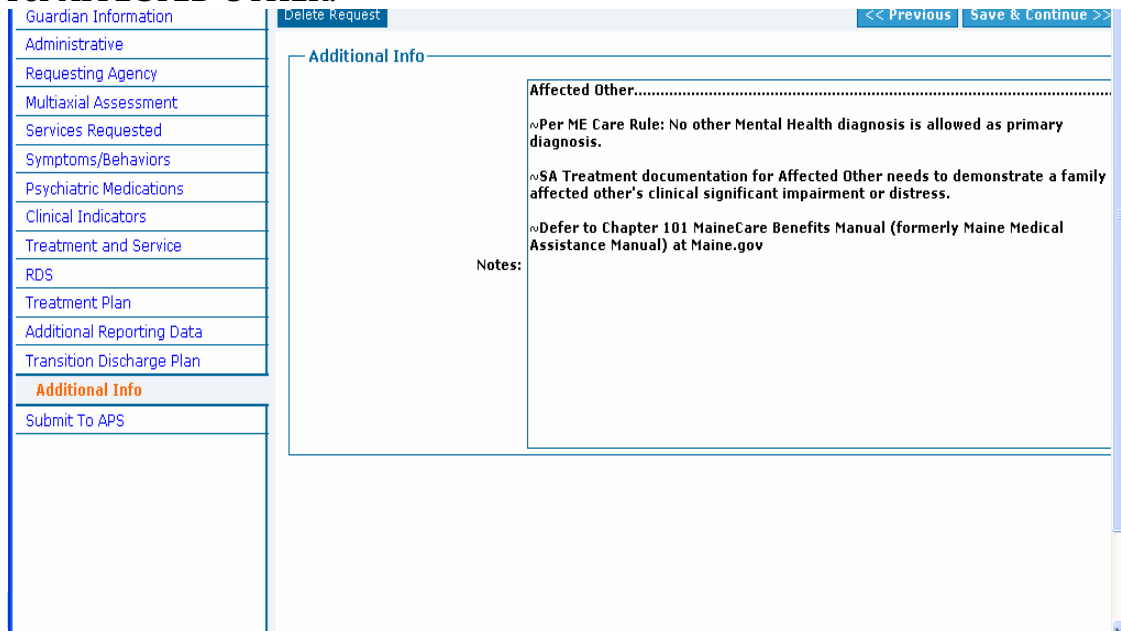
For SUBOXONE:

Guardian Information	Delete Request	<< Previous	Save & Continue >>
Administrative	Additional Info		
Requesting Agency	<p>Notes:</p> <p>SUBOXONE..... ~What phase of treatment - Initial, Stabilization, Maintenance, relapse, etc.</p>		
Multiaxial Assessment			
Services Requested			
Symptoms/Behaviors			
Psychiatric Medications			
Clinical Indicators			
Treatment and Service			
RDS			
Treatment Plan			
Additional Reporting Data			
Transition Discharge Plan			
Additional Info	<< Previous		
Submit To APS	Save & Continue >>		

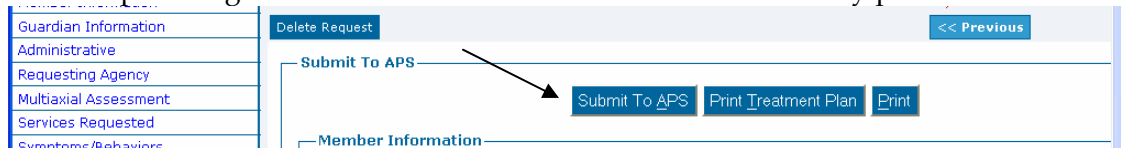
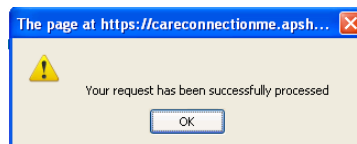
For DRUG COURT:

Guardian Information	Delete Request	<< Previous	Save & Continue >>
Administrative	Additional Info		
Requesting Agency	<p>Notes:</p> <p>DRUG COURT..... ~Number of individual days to request (365). ~Number of units to request (624). ~Number of group days to request (365). ~Number of group units to request (312).</p>		
Multiaxial Assessment			
Services Requested			
Symptoms/Behaviors			
Psychiatric Medications			
Clinical Indicators			
Treatment and Service			
RDS			
Treatment Plan			
Additional Reporting Data			
Transition Discharge Plan			
Additional Info	<< Previous		
Submit To APS	Save & Continue >>		

For AFFECTED OTHER:



13. **Submit to APS:** Please review your case before you submit it to APS Healthcare to ensure all information is included. Click "Submit to APS" on the top middle of the screen. If you have successfully submitted the review, you will get a pop up message that states "Your Review has been successfully processed". Click ok.

14. Complete steps 1-13 for all new Substance Abuse Admissions.

Process for Requesting Services beyond 30 Weeks in a 40 Week Time Frame

Identify if this is a new “episode” of treatment or a Continued Stay Request

*If New Episode of Treatment – Document the clinical information requested and complete steps for a Prior Authorization of Services. Supporting documentation in the “Additional Information Section” needs to include a treatment timeline and sufficient clinical rationale for the new treatment episode. See example below:

- Client returned to treatment after completing an episode 6/12/09. He/she experienced a death of a close relative in the family and began drinking again as a result in an attempt to cope with the loss. Client reports that he/she attempted to use the skills learned in prior treatment episode, but that his/her emotions got the better of him/her. Client is seeking skill reinforcement and support for this relapse and will work on community recovery support connections as a goal in treatment. Anticipated timeline for transition to these recovery supports in the community is 4 weeks.

*Continued Stay Review Request (CSR) – Request should be completed with supporting documentation. Ideally within 2-3 weeks prior to the end of the authorization date. Clinical rationale for the requested extension should include a timeline and plan for transition to the most appropriate level of care upon discharge. See examples below:

- Client will reach initial maximum benefit 6/12/09. Client has made steady progress on treatment goals around maintaining abstinence, acquiring skills to manage high risk situations, developing recovery supports, and practicing assertive communication. Client recently lost a close family member and is experiencing some anxiety around his/her safety in the community and in the family. Client has requested to continue in treatment to have some added support with the goal of preventing relapse and building community based “grief supports” that client can move to in the next month. Anticipated extension beyond initial maximum benefit is 3 weeks.

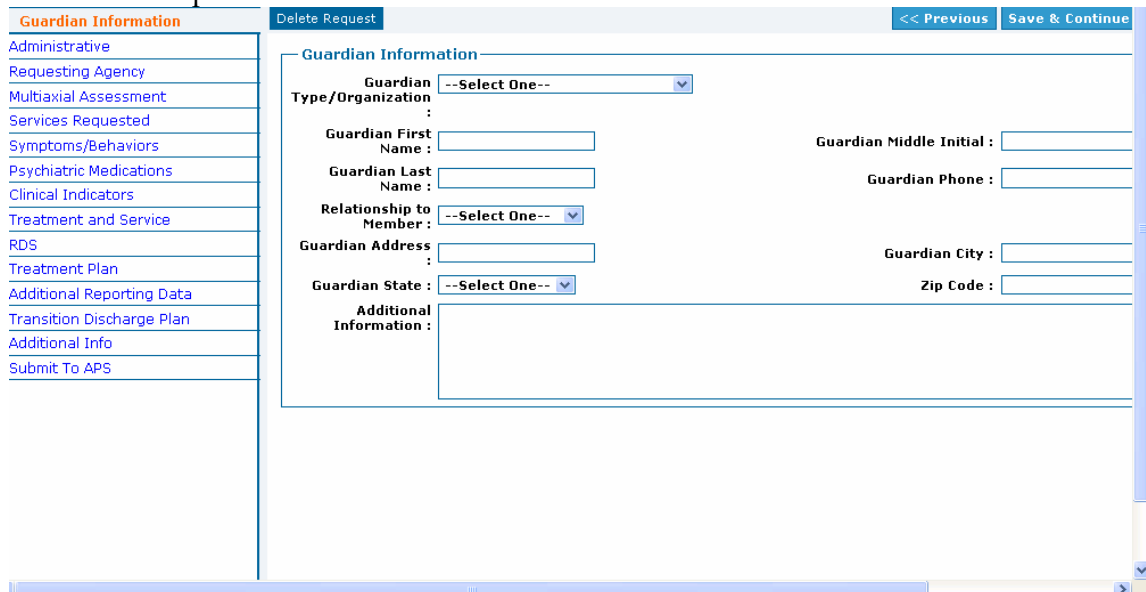
Instructions for Entering an Outpatient Substance Abuse Continued Stay Request

Please have on hand your most recently authorized APS Case ID. (If you are unsure of this information, you may search for it under the “Search Responses” option.)

1. Under the “Search Request” option, enter the most recently authorized APS Case ID and click “Search”.
 - a. Click the “EXT” link.
 - b. Record the new APS Case ID number for future reference.

2. Verify the member information. Click “Save and Continue”.

3. Guardian Information: If applicable, please fill out all fields. Save and Continue when complete.



The screenshot shows a web application interface for entering guardian information. On the left is a navigation menu with the following items: Guardian Information (highlighted), Administrative, Requesting Agency, Multiaxial Assessment, Services Requested, Symptoms/Behaviors, Psychiatric Medications, Clinical Indicators, Treatment and Service, RDS, Treatment Plan, Additional Reporting Data, Transition Discharge Plan, Additional Info, and Submit To APS. The main content area is titled "Guardian Information" and contains the following fields:

- Guardian Type/Organization: A dropdown menu with "--Select One--" selected.
- Guardian First Name: A text input field.
- Guardian Middle Initial: A text input field.
- Guardian Last Name: A text input field.
- Guardian Phone: A text input field.
- Relationship to Member: A dropdown menu with "--Select One--" selected.
- Guardian Address: A text input field.
- Guardian City: A text input field.
- Guardian State: A dropdown menu with "--Select One--" selected.
- Zip Code: A text input field.
- Additional Information: A large text area for additional notes.

At the top of the form area, there are three buttons: "Delete Request", "<< Previous", and "Save & Continue".

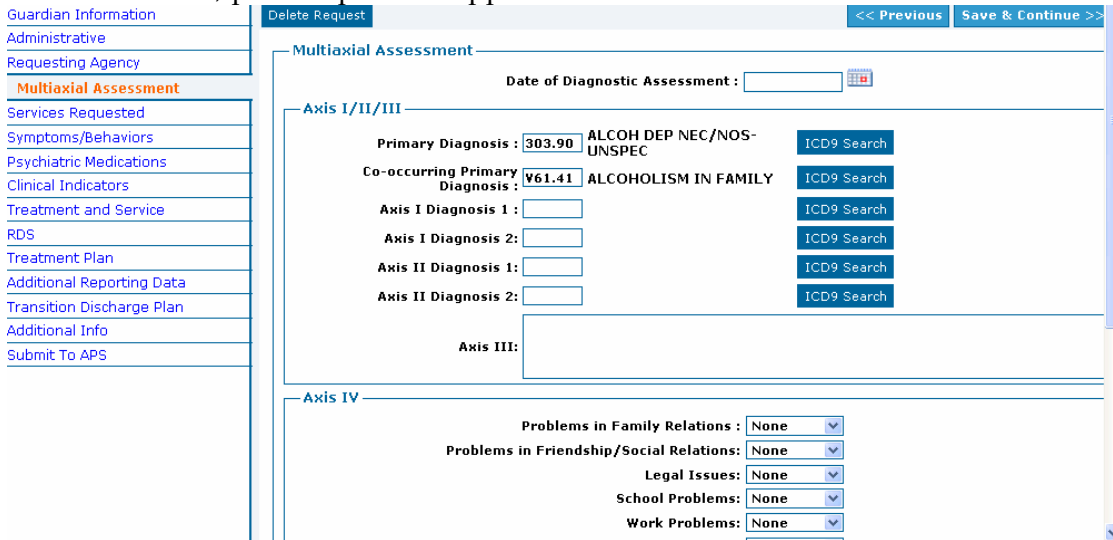
4. Administrative Page: Enter the new start date and Save and Continue.

Member Information	APS Case Id:491744
Guardian Information	Delete Request << Previous Save & Continue >>
Administrative	Administrative
Requesting Agency	Organization : APS Healthcare Maine Training
Multiaxial Assessment	Authorization Type : Continued Stay Review (CSR)
Services Requested	Status : New
Symptoms/Behaviors	Do you know the service start date? Yes
Psychiatric Medications	Start Date for Current Authorization Request : 07/16/2009 01 00 AM
Clinical Indicators	This Request is : Routine
Treatment and Service	Request Submitted : Electronically
RDS	Request Submitted Date : 07/16/2009
Treatment Plan	Review Type : Substance Abuse
Additional Reporting Data	Category of Service : Outpatient Substance Abuse
Transition Discharge Plan	Inpatient Substance Abuse
Additional Info	Residential Substance Abuse - Rehab Adult
Submit To APS	Residential Substance Abuse - Rehab Adolescent
	Residential Substance Abuse - Halfway House
	Residential Substance Abuse - Extended Care
	Residential Substance Abuse - Extended Shelter
	Location Address : -----Select-----
	Date of Referral : 01 00 AM
	Location at time of Referral : -----Select-----

5. Requesting Agency: Please update any information on this page. Save and Continue when complete.

Member Information	APS Case Id:491314	Data has been saved successfully
Guardian Information	Delete Request	<< Previous Save & Continue >>
Administrative	Requesting Facility/Agency/Clinician	
Requesting Agency	Requesting Facility/Agency Name : Testing	
Multiaxial Assessment	Requesting Staff First Name : Treating	
Services Requested	Requesting Staff Last Name : Clinician	
Symptoms/Behaviors	Requesting Staff Phone (With Area Code) : 555-555-5555	
Psychiatric Medications	Requesting Staff E-mail : _____	
Clinical Indicators	Utilization Manager/Supervisor Name : UM Manager	
Treatment and Service	Utilization Manager/Supervisor Phone : _____	
RDS	Utilization Manager/Supervisor E-mail : _____	
Treatment Plan	Is this agency/individual the treating provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Additional Reporting Data		
Transition Discharge Plan		
Additional Info		
Submit To APS		

6. Multiaxial Assessment: The information that was entered during the Prior Authorization Request, will carry through to the Continued Stay Review, however, please update as applicable.



Guardian Information
Administrative
Requesting Agency
Multiaxial Assessment
Services Requested
Symptoms/Behaviors
Psychiatric Medications
Clinical Indicators
Treatment and Service
RDS
Treatment Plan
Additional Reporting Data
Transition Discharge Plan
Additional Info
Submit To APS

Delete Request << Previous Save & Continue >>

Multiaxial Assessment

Date of Diagnostic Assessment :

Axis I/II/III

Primary Diagnosis : 303.90 ALCOH DEP NEC/NOS-UNSPEC ICD9 Search

Co-occurring Primary Diagnosis : V61.41 ALCOHOLISM IN FAMILY ICD9 Search

Axis I Diagnosis 1 : ICD9 Search

Axis I Diagnosis 2 : ICD9 Search

Axis II Diagnosis 1 : ICD9 Search

Axis II Diagnosis 2 : ICD9 Search

Axis III:

Axis IV

Problems in Family Relations : None

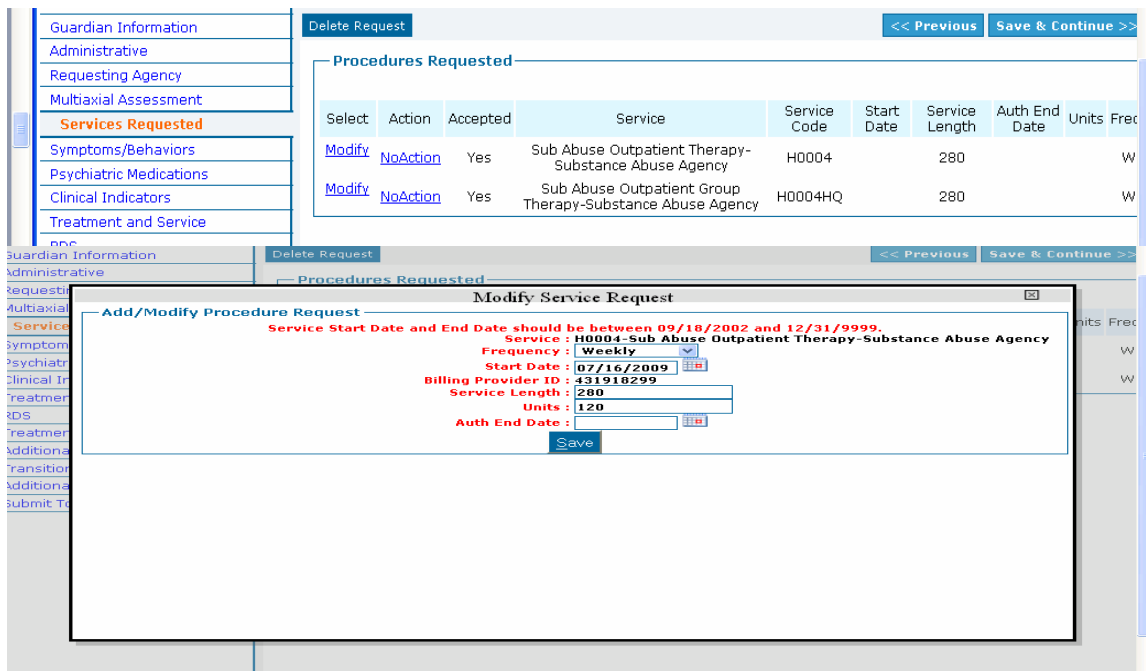
Problems in Friendship/Social Relations : None

Legal Issues : None

School Problems : None

Work Problems : None

7. Services Requested: Click on Modify for the service you wish to extend. Click in the box that says "Service Length 280". Use the tab key to populate the end date. If you are not going to be extending a particular service code, make sure to click "No Action". This will gray out the service.



Guardian Information
Administrative
Requesting Agency
Multiaxial Assessment
Services Requested
Symptoms/Behaviors
Psychiatric Medications
Clinical Indicators
Treatment and Service
RDS
Treatment Plan
Additional Reporting Data
Transition Discharge Plan
Additional Info
Submit To APS

Delete Request << Previous Save & Continue >>

Procedures Requested

Select	Action	Accepted	Service	Service Code	Start Date	Service Length	Auth End Date	Units	Freq
Modify	NoAction	Yes	Sub Abuse Outpatient Therapy-Substance Abuse Agency	H0004		280			W
Modify	NoAction	Yes	Sub Abuse Outpatient Group Therapy-Substance Abuse Agency	H0004HQ		280			W

Guardian Information
Administrative
Requesting Agency
Multiaxial Assessment
Services Requested
Symptoms/Behaviors
Psychiatric Medications
Clinical Indicators
Treatment and Service
RDS
Treatment Plan
Additional Reporting Data
Transition Discharge Plan
Additional Info
Submit To APS

Delete Request << Previous Save & Continue >>

Procedures Requested

Add/Modify Procedure Request

Modify Service Request

Service Start Date and End Date should be between 09/18/2002 and 12/31/9999.

Service : H0004-Sub Abuse Outpatient Therapy-Substance Abuse Agency

Frequency : Weekly

Start Date : 07/16/2009

Billing Provider ID : 431918299

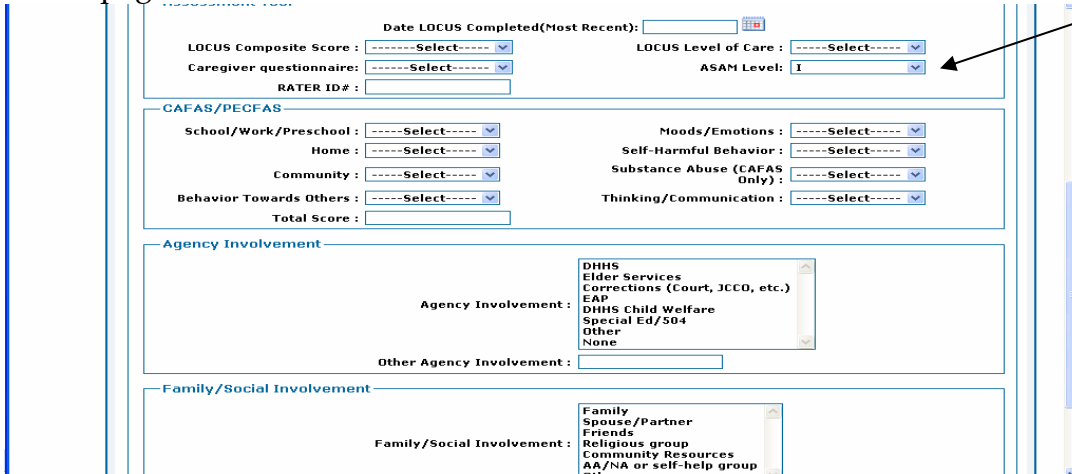
Service Length : 280

Units : 120

Auth End Date :

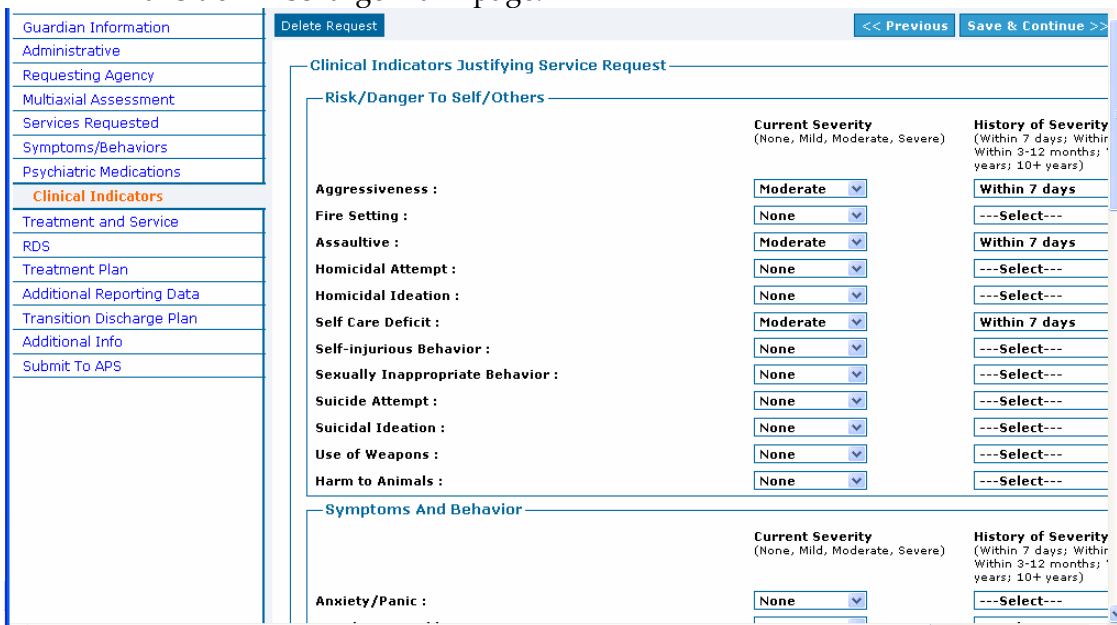
Save

8. Symptoms and Behaviors: Under the Assessment Tool section, choose the correct ASAM Level from the drop down box. Save and Continue when complete. Save and Continue through the Psychiatric Medications page as well.



The screenshot shows the 'Assessment Tool' interface. At the top, there are fields for 'Date LOCUS Completed (Most Recent)', 'LOCUS Composite Score', 'Caregiver questionnaire', 'RATER ID #', 'LOCUS Level of Care', and 'ASAM Level'. An arrow points to the 'ASAM Level' dropdown menu, which is currently set to 'I'. Below this are sections for 'CAFAS/PECFAS' with dropdowns for 'School/Work/Preschool', 'Home', 'Community', 'Behavior Towards Others', 'Moods/Emotions', 'Self-Harmful Behavior', 'Substance Abuse (CAFAS Only)', and 'Thinking/Communication'. There is a 'Total Score' field. The 'Agency Involvement' section has a dropdown menu with options: 'DHHS Elder Services', 'Corrections (Court, JCCO, etc.)', 'EAP', 'DHHS Child Welfare Special Ed/S04', 'Other', and 'None'. The 'Family/Social Involvement' section has a dropdown menu with options: 'Family Spouse/Partner', 'Friends', 'Religious group', 'Community Resources', 'AA/NA or self-help group', and 'Other'.

9. Clinical Indicators: Update any information if necessary. Save and Continue when complete. After saving, use the tabs on the left hand side to go to the "Transition Discharge Plan" page.



The screenshot shows the 'Clinical Indicators Justifying Service Request' page. On the left is a navigation menu with tabs: 'Guardian Information', 'Administrative', 'Requesting Agency', 'Multiaxial Assessment', 'Services Requested', 'Symptoms/Behaviors', 'Psychiatric Medications', 'Clinical Indicators' (highlighted), 'Treatment and Service', 'RDS', 'Treatment Plan', 'Additional Reporting Data', 'Transition Discharge Plan', 'Additional Info', and 'Submit To APS'. The main content area has a header with 'Delete Request', '<< Previous', and 'Save & Continue >>'. Below the header is a section titled 'Clinical Indicators Justifying Service Request' with a sub-section 'Risk/Danger To Self/Others'. This section contains a table with three columns: 'Indicator', 'Current Severity (None, Mild, Moderate, Severe)', and 'History of Severity (Within 7 days; Within 3-12 months; 10+ years)'. The indicators and their current severity levels are: Aggressiveness (Moderate), Fire Setting (None), Assaultive (Moderate), Homicidal Attempt (None), Homicidal Ideation (None), Self Care Deficit (Moderate), Self-injurious Behavior (None), Sexually Inappropriate Behavior (None), Suicide Attempt (None), Suicidal Ideation (None), Use of Weapons (None), and Harm to Animals (None). The 'History of Severity' column has dropdown menus for each indicator, with 'Within 7 days' selected for Aggressiveness, Self Care Deficit, and Sexually Inappropriate Behavior. Below this is a section titled 'Symptoms And Behavior' with a table for 'Anxiety/Panic' with a 'Current Severity' of 'None' and a 'History of Severity' dropdown set to '---Select---'.

10. Transition Discharge Plan: Please enter in the projected discharged date and identify the plan for discharge in the Plan for Transition/Discharge box. Save and Continue when complete.

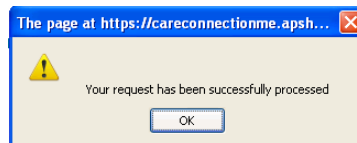
Guardian Information	Delete Request	<< Previous	Save & Continue >>
Administrative	Transition Discharge Plan		
Requesting Agency	Is Discharge Anticipated During the Authorization Period? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Multiaxial Assessment	Projected Date of Transition/Discharge: 03/15/2010		
Services Requested	First Appt. Post Discharge	Day/Mo	First Appt. Post Discharge
Symptoms/Behaviors	<input type="checkbox"/> Natural Supports	<input type="text"/>	<input type="checkbox"/> 65M&N
Psychiatric Medications	<input type="checkbox"/> Respite	<input type="text"/>	<input type="checkbox"/> Adult HomeBased Services
Clinical Indicators	<input type="checkbox"/> AA/NA	<input type="text"/>	<input type="checkbox"/> DLSS
Treatment and Service	<input type="checkbox"/> Peer Support	<input type="text"/>	<input type="checkbox"/> Substance Abuse Tx
RDS	<input type="checkbox"/> Outpatient	<input type="text"/>	<input type="checkbox"/> Crisis Services
Treatment Plan	<input type="checkbox"/> Groups	<input type="text"/>	<input type="checkbox"/> Crisis Unit
Additional Reporting Data	<input type="checkbox"/> Psychiatric/Med. Mgt.	<input type="text"/>	<input type="checkbox"/> Foster/Child Welfare
Transition Discharge Plan	<input type="checkbox"/> Case Management/C.I.	<input type="text"/>	<input type="checkbox"/> Adult Protective
Additional Info	<input type="checkbox"/> Section 24	<input type="text"/>	<input type="checkbox"/> Supported Nursing Facility
Submit To APS	<input type="checkbox"/> Day Treatment	<input type="text"/>	<input type="checkbox"/> Medical Hospitalization
	<input type="checkbox"/> ACT/I.C.I.	<input type="text"/>	<input type="checkbox"/> Residential Treatment
	<input type="checkbox"/> Corrections	<input type="text"/>	<input checked="" type="checkbox"/> Other
	Please identify plan for discharge here.		
	Plan for Transition/Discharge :		

11. Additional Info: Please include the additional information listed below. Select the treatment progress from the drop down menu. Save and Continue when complete.

Member Information	APS Case ID: 491744	Data has been saved successfully
Guardian Information	Delete Request	<< Previous
Administrative	Save & Continue >>	
Requesting Agency	Additional Info	
Multiaxial Assessment	Please include:	
Services Requested	<ul style="list-style-type: none"> • Progress • Rationale for extension • Focus of treatment during requested extension. 	
Symptoms/Behaviors	Notes:	
Psychiatric Medications		
Clinical Indicators		
Treatment and Service		
RDS		
Treatment Plan		
Additional Reporting Data		
Transition Discharge Plan		
Additional Info		
Submit To APS		
	Continuing Stay Review	
	Treatment Progress : Moderate	
	Since the previous authorization how was the consumer progressed :	



12. Submit to APS: Please review your case before you submit it to APS Healthcare to ensure all information is included. Click “Submit to APS” on the top middle of the screen. If you have successfully submitted the review, you will get a pop up message that states “Your Review has been successfully processed”. Click OK.



13. Complete steps 1-12 for all Extension Requests.

How to Discharge an APS Case ID in CareConnection®

1. It is only necessary to discharge the most current case id per service. Go to Search Services and enter in your case ID. If you don't know your case ID, enter in the member's MaineCare number. BE SURE that you have chosen the correct case ID by verifying the member and service code. Once a discharge has been submitted it may not be undone. If there is any doubt, take the case ID to Search Responses where you will see more information about the case, such as dates of service. Once you have identified which case to discharge scroll over to the right side of the screen until you see "Actions."
2. If the house icon has a red plus sign in it, the member has not been discharged. If the house icon is empty with a blue person, the member has been discharged. Click on the house icon to proceed to the discharge screen.
3. All red fields are required. Make sure to enter in the discharge date as mm/dd/yyyy, or use the calendar to choose the date.
4. Pick the reason for discharge that most represents your member's situation or choose "other" and enter in the reason.
5. Check off any anticipated step down services including dates of first appointments for these services. If none, leave blank.
6. Identify Treatment Progress.
7. Continue to answer the questions as applicable to the service you provide. For example, Section 17 services are required to fill out the Assessment Tool and Hospital Services are required to fill out the following questions:
 - a. Did the Hospital obtain the Member's ISP from their CI, ICI, ICM or ACT Provider?
 - b. Did the Hospital invite the Member's CI, ICI, ICM or ACT Provider to participate in treatment or discharge planning?
 - c. Did the Member's CI, ICI, ICM or ACT Provider participate in treatment or discharge planning?
8. Enter in the Plan for Transition Discharge in the box provided.
9. Click Submit. This completes the discharge.