



Member Handbook

**Maine Department of Health
and Human Services**

**APS Healthcare
Behavioral Health ASO**

Updated 4/7/09



What Is In This Member Handbook

- ◆ APS Healthcare/Maine Information.....page 4
- ◆ Words You Will See Often In This Handbook.....page 5
- ◆ APS Healthcare and You.....page 6
 - How does APS Healthcare affect me, my child, or my family?
 - What if I don't have MaineCare?
 - What if I have Medicare or another insurance, and MaineCare?
 - Do I need to call someone at APS Healthcare before I contact a provider?
 - What do I do if I'm in crisis or need immediate help?
 - How is my privacy/confidentiality protected by APS Healthcare?
 - Where can I learn more about APS Healthcare?
- ◆ APS Healthcare Member Services.....page 8
 - What is Member Services?
 - How Can Member Services help me?
 - Who is the Member Liaison?
- ◆ APS Healthcare/Maine Member Advisory Council.....page 9
 - What does the Member Advisory Council do?
 - Who is on the Member Advisory Council?
 - How are Members selected for the Council?
 - Will I be paid as a Member of the Council?
- ◆ What Should I Know About APS Healthcare Service Reviews?.....page 10
 - How does APS Healthcare review services?
 - What are the different types of reviews?
 - Who on the APS Healthcare staff reviews services?
 - Will I be contacted if the approved service is different than what my provider and I talked about?
- ◆ Denials and Partial Authorizations of Requested Services.....page 12
 - What is a denial?
 - What is a partial authorization?
 - What should I do if I get a denial or partial authorization letter from APS Healthcare?
 - How long does it take for APS Healthcare to reconsider a decision?



- ◆ Appealing a Decision.....page 14
 - How do I appeal a decision APS Healthcare has made?
 - Will my services still be paid for during an appeal?
 - How long does the appeal process take?
- ◆ Grievances.....page 15
 - Who should I talk to if I have had difficulty with someone who works for APS Healthcare?
 - Can I still file a grievance with the Maine Department of Health and Human Services?
- ◆ Statewide Resource Numbers.....page 16
- ◆ List of Common Abbreviations.....page 17
- ◆ List of Services Reviewed by APS Healthcare.....page 19
- ◆ MaineCare Service Descriptions.....page 21

APS Healthcare Information

Office Location:

600 Sable Oaks Drive
Suite 100
South Portland, Maine 04106

Office Hours:

APS Healthcare offices are open Monday – Friday from 8 am to 6 pm.

Member Services:

1-866-521-0027
1-866-325-4752 (fax)
207-239-3252 (TTY/TDD), or Sorenson VRS

Maine's Emergency Number:

Maine Mental Health Statewide Crisis Line
Toll free – 1-888-568-1112
24 hours a day, 7 days a week.

APS Healthcare Maine Website: www.qualitycareforme.com

If you want a paper copy of this Handbook, please call APS Healthcare Member Services at 1-866-521-0027.

Words You Will See Often In This Handbook

Below is a list of terms that are used several times in this handbook. Keep this list handy as you read through the book.

Administrative Services Organization (ASO)

An ASO – Administrative Services Organization – is a company or organization that is hired by another company or organization to provide specific administrative services. In Maine, APS Healthcare has been hired by Maine’s Department of Health and Human Services (DHHS) to help DHHS administer, or manage, most of MaineCare’s mental health and substance use services (also called behavioral health services). As an ASO hired by the state, APS “reviews,” or looks at, whether a MaineCare member is getting the right services, at the right time, in the right location for the member, and for the right length of time. The fee paid to APS by the state does not depend on whether the ASO approves a lot of care or a little – APS Healthcare/Maine is paid a flat rate by contract.

Authorization

An authorization is the clinical approval, or “OK”, agencies or providers need to get from APS Healthcare either before providing a service or to continue providing a service. This “OK” is called an authorization.

Behavioral Health Services

When talked about together, mental health and substance use services are often called “behavioral health services.”

Level of Care Criteria

Level of Care Criteria are the guidelines APS Healthcare staff use to make sure requested services for each member fit the member’s situation. The Level of Care criteria reflect the eligibility requirements found in the MaineCare rules. These guidelines are on our website, www.qualitycareforME.com. You may also request a paper copy by calling APS Healthcare Member Services at 1-866-521-0027. For TDD/TTY the number is 207-239-3252. You can also use Sorenson VRS if you have it.

Member

“Member” is the term used by APS Healthcare/Maine to describe a person who has MaineCare as his or her health insurance plan; another term for consumer. A member may be an adult, youth or child.

Prior Authorization

A prior authorization is an “OK” provided by APS Healthcare to a provider before a member gets services from that provider. Only some services need prior authorization.

Renegotiation

Renegotiation is the approval of a service request that has been changed based on the clinical information submitted to APS by the provider, and agreed to by the member, the provider and the APS Healthcare Care Manager who reviews that clinical information.

Utilization Review or “Review”

Utilization review is the process of looking at and evaluating the care you are getting. As stated earlier, we do this to make sure that you are getting the right care, at the right time, in the right place, and for the right length of time. This process includes getting information from the provider about your services, and looking at the Level of Care guidelines.

APS Healthcare and You

How does APS Healthcare/Maine affect me, my child or my family?

APS Healthcare will look at the mental health or substance use services that you or a family member receives. APS Healthcare and your provider, or your child’s provider, will work together to ensure those services fit you or your family member’s circumstances.

You will still have a choice of providers.

If you or your child has been getting MaineCare, you or your child will still get MaineCare.

What if I don't have MaineCare?

Then this change in the way MaineCare services are authorized may not affect you. For the most part this change is only for MaineCare-funded services.

What if I have Medicare or another insurance and MaineCare?

APS will only look at services that are paid for by MaineCare. It is unlikely that we would be asked to review a non-MaineCare service.

Do I need to call someone at APS Healthcare before I contact a provider?

No, if you feel you or your child needs behavioral health services, you may still contact the provider of your choice directly. You do not need to call APS Healthcare first. (It is the provider's responsibility to contact APS.) You do not need a referral from APS Healthcare.

What if I'm in crisis or need immediate help?

Call the Maine Mental Health Statewide Crisis Line toll free, 1-888-568-1112. The Crisis Line is available 24 hours a day, seven days a week. You do not need to call APS Healthcare.

How is my privacy and confidentiality protected by APS Healthcare?

APS Healthcare is committed to keeping your personal information private and confidential. We meet all federal and state laws and regulations, including the Health Insurance Portability and Accountability Act, or "HIPPA".

Members should know that APS is a representative of Maine's Department of Health and Human Services (DHHS) and so has the same access to information that DHHS has. In other words, providers can discuss your behavioral health information with APS without a release of information.

APS Healthcare cannot, however, discuss your care with any family member (or any other non-provider or individual) unless that person has been identified and verified as your or your child's guardian, or you have provided APS with written permission (generally a Release of Information) to talk to that individual. If you have any questions about confidentiality or APS policies related to confidentiality, please call Member Services.

APS Healthcare has a Chief Privacy Officer who is responsible for making and putting our privacy policies and procedures into action.

Where can I learn more about APS Healthcare?

- Visit the website, www.qualitycareforme.org. You do not need a password to sign in. You can read any of the information posted there – for members or providers.
- Call APS Healthcare Member Services – 1-866-521-0027. We can also send you information about APS Healthcare by mail.
- APS Healthcare staff is happy to meet with your group to explain our services and answer questions. Just call Member Services at 1-866-521-0027 to request a visit by an APS Healthcare staff member.
- Become part of the Member Advisory Council (see page 9)

APS Healthcare Member Services

What is Member Services?

The Member Services Department of APS Healthcare/Maine provides a way for members to become involved with APS through the Member Advisory Council, and helps members who have questions, want to appeal a decision, or simply have an idea or concern. Member Services also has an outreach component, providing speakers to any member groups wanting information about APS or Member Services. Anyone can call Member Services - members, family members, or providers.

How can Member Services help me?

You can call Member Services with *any* question or concern about APS Healthcare and the services we provide. The toll-free statewide number is 1-866-521-0027. You can also ask us to send information by mail

Who is the Member Liaison?

The Member Liaison is a person who works for APS Healthcare. This person has strong personal experience with Maine’s behavioral health system. Our Member Liaison either is or has been a consumer of behavioral health services, has a family member receiving services, or both. The Member Liaison serves as a strong liaison or “link” between APS Healthcare and people who are receiving mental health or substance use services.

The Member Liaison:

- Offers a unique viewpoint within APS Healthcare, focusing on Member *recovery* while looking at paperwork and processes to ensure they are clear and easy to understand
- Answers calls from members, parents and families. The Member Liaison's own experience with Maine's behavioral health system makes him or her a valuable resource when speaking to the member community
- Visits community advocacy organizations, member centers, and support groups to provide information about APS Healthcare services.

APS Healthcare/Maine Member Advisory Council

What does the Member Advisory Council do?

The purpose of the Member Advisory Council is to:

- Review APS Healthcare paperwork, including newsletters and manuals, to see if they are clear and easy to read
- Advise APS Healthcare on quality improvements to APS' processes based on the information received from members or family members
- Suggest training opportunities for members and/or staff based on feedback from members or family members about APS' processes

Who is on the Member Advisory Council?

- The Member Advisory Council consists of up to 16 people who live throughout Maine and includes
 - Adults who use mental health or substance use services paid for by MaineCare. (This can include those who used the services in the past 2 years)
 - Youth who use mental health services paid for by MaineCare. (This can include people who had MaineCare in the last 2 years).
 - Parents or guardians of children who use MaineCare mental health services. (This can include people who had MaineCare in the last 2 years.
- The Member Advisory Council includes other stakeholders as well (such as a representative of an advocacy group or human services agency)



How are Members selected for the Council?

- Anyone who is interested in becoming a member of the Member Advisory Council can contact the APS Healthcare Member Liaison (1-866-521-0027). If you know someone else who would like to be a representative, please encourage that person to call the Member Liaison as well.
- If the full 16-person membership level is reached, the Member Liaison will keep a list of people who are interested in becoming Council members and contact them when Council membership changes the following year

Will I be paid as a Member of the Council?

Yes. You will be paid \$25 per meeting. You will also be paid for your transportation (federal rate per mile) to get to meetings. Meetings are held four times a year.

What Should I Know About APS Healthcare Service Reviews?

How does APS Healthcare review services?

APS Healthcare/Maine reviews most service requests.

- For some services, a *prior authorization* is required
- Many services have a *registration* process
- All services have a *continued stay review*
- All services *discharge* members

To do a review, APS Healthcare looks at clinical information given to us by your provider. We review the information using guidelines called Level of Care criteria. These guidelines, along with diagnoses, strengths, supports, and treatment plan, are what we use to make a decision about the provider's request.

If the service asked for by the provider based on the clinical information is the right care for you, your child, or your family member, then APS Healthcare will "authorize," or OK, the request. Many services are approved just as requested.

Your provider can ask for your services to continue as long as he or she feels they are still needed. However, each authorization, or OK, is for a specific length of time. As an example, your provider may get the OK to provide case management services for 6 months. At the end of 6 months, your provider may request another authorization, explaining why the services are still needed.

What are the different types of reviews?

Providers start the review process for most services with either a Prior Authorization Review or an Initial Registration.

- Prior Authorization Review
 - This is an “OK,” or approval that is required *before* the service is provided.
 - Prior Authorizations are not required for every service or program.
- Initial Registration
 - An Initial Registration lets APS Healthcare know a person has begun service with a provider.
 - An automatic amount of time and units are usually authorized.
- Continued Stay Review
 - Continued Stay Reviews are requests for ongoing care. APS reviews the clinical information given by the provider to make sure the services being received are still the right care for the member. APS may ask for more information from the provider if it is not clear why the services are still needed.
 - The provider can request Continued Stay Reviews for as long as he or she feels the services are needed by the member.
 - Authorization/approval is based on clinical need.
- Discharge Review
 - A Discharge Review lets APS Healthcare know a member is no longer getting services from a specific provider.

Members should be aware that that an authorization of services from APS Healthcare is not a guarantee of payment for the provider. The authorization means that the authorized services are clinically appropriate for the member. Providers still have to follow all MaineCare billing rules in order to be paid.

At the end of this Member Handbook there is a full list of services that APS Healthcare reviews. If you have any questions, or if you would like more information about the review process, you may also call Member Services at 1-866-521-0027.

Who on the APS Healthcare staff reviews services?

Service reviews are done by independently licensed clinicians, including social workers, counselors and substance use counselors. They are called Care Managers and have worked in behavioral healthcare in Maine, often providing the services being reviewed.

Will I be contacted if the approved service is different than what my provider and I talked about?

Yes. If, after reviewing the clinical information sent by the provider, an APS Healthcare Care Manager has questions about the request he or she may decide to talk with the provider about the request. After this conversation, the provider's original service request may be "renegotiated", or changed, based on the clinical information. This may mean:

- A different number of units is approved
- A different level of care is approved, or
- The frequency of service is changed

The change is agreed to by the provider and the Care Manager. **Your provider must then contact you and tell you about the change.** If you agree to the change, the provider contacts the Care Manager and the changed request is approved. APS will send you a letter documenting the changes.

Denials and Partial Authorizations

There are two ways you can respond should you receive a letter about a Denial or Partial Authorization. The first of these is to request *reconsideration*; the second is to *appeal* the decision. Both processes are explained below:

What is a denial?

A *denial* means that the services requested by a provider were not approved by the APS Care Manager. This decision may be made when:

- The service requested by the provider is determined to be not medically necessary based on the Level of Care guidelines
- The provider did not give APS Healthcare the kind of information needed to make a decision about a service.



When a service is denied, a denial letter is sent to the member or guardian and provider within 24 hours of the decision.

There are special rules for services for children under 21. A copy of this decision will also be sent to Children's Behavioral Health Services, an office within DHHS. They will contact your provider to see if medically necessary services that have not been approved might be covered under another MaineCare service. This other service is called Early Periodic Screening, Diagnosis and Treatment (EPDST). You will get a copy of their decision. If you have questions you can call the Family Information Specialists with Children's Behavioral Health Services, at 1-800-866-1814.

What is a partial authorization?

A *partial authorization* means that part, but not all, of a provider's request for services has been approved by APS Healthcare based on the clinical information.

A partial authorization letter is sent to the member or guardian and provider within 24 hours of the decision.

What should I do if I get a denial or partial authorization letter from APS Healthcare?

You have several choices:

- **You can call your provider:**
 - Ask your provider what information was used to make the decision
 - Ask your provider to send APS Healthcare more information that may be helpful to us in reconsidering a decision
 - Ask your provider to contact APS Healthcare and ask us to reconsider, the decision
- **You can call APS Healthcare.** Our toll-free number is 1-866-521-0027. The number for the TDD/TTY is 207-239-3252, or you can use Sorenson VRS if you have it.
 - We can explain the decision to you and answer any questions you may have.
 - You can ask us to reconsider, or look at, our decision again.

How long does it take for APS to reconsider a decision?

For most requests APS tries to reach a decision within three business days. You will be sent a letter by U.S. mail the next business day after the decision is made.

Appealing a Decision

You can ask APS for reconsideration of a denial or partial denial at any time. We will work with you and your provider to try and work out any issues. However, there may be times when we are unable to agree. If that should happen you have the right to appeal.

How do I appeal a decision APS Healthcare/Maine has made?

You can do any of the following:

- **Call APS Healthcare/Maine Member Services:**
 - Most appeals start with APS Healthcare Member Services. We can answer any questions you may have.
 - After talking with Member Services if you decide to appeal the APS decision (also called “requesting a fair hearing”) with DHHS, Member Services can start the appeal process with you.
 - APS Member Services can also help you fill out any needed paperwork, and submit it to DHHS for you
- **Call MaineCare’s Member Services**
 - If for any reason you do not want to go through APS Healthcare Member services, you can request an appeal through *MaineCare* Member Services.
 - You can call MaineCare’s toll-free number (1-800-977-6740, TTY/TDD 1-800-977-6741, or use Sorenson) and ask to appeal APS’ decision (“request a fair hearing”)
 - You can ask MaineCare to ask APS to reconsider the decision; they will forward that request to us
 - You can write to them. The address is:
DHHS Office of MaineCare Services
Member Services
P.O. Box 709
Augusta, Maine 04332.

- **Call the Division of Administrative Hearings** (part of DHHS)
 - Their phone number is (207) 287-3610. They will fill out a fair hearing form and schedule a hearing date.

Will my services still be paid for during an appeal?

You can continue to receive services from your provider and these services will continue to be paid for by MaineCare if you follow the steps listed below. If you do not understand these steps, it is very important to call APS Member Services, or MaineCare Member Services, and have someone help you. Please read the next section carefully.

- If you just *ask* APS Healthcare to reconsider, or take another look at our decision, *this will not keep your services going beyond the current authorization.*
- For your services to continue to be paid for at their current levels, *you must ask APS to file a written appeal with DHHS, and this request must occur within 10 calendar days of getting the denial or partial authorization letter from APS.*
- If you wait to ask APS to file a written appeal until *after* the first 10 calendar days have gone by, MaineCare will not pay for services you continue to get.
- You have 60 calendar days to appeal a decision after you get the denial or partial denial letter from APS. **Remember**, however, that if you request a written appeal after the first ten calendar days you will not be able to continue your services during the appeal process.

How long does the appeal process take?

The appeal process can take up to 90 calendar days from the date that you appeal. The DHHS Office of Administrative Hearings will hold the hearing. They will let you know where and when the hearing will be held.

Can I ask APS Healthcare to reconsider a decision at the same time I file an appeal with DHHS?

Yes.

Grievances

Who can I talk to if I have had difficulty with someone who works for APS Healthcare/Maine?



If you have had difficulty with anyone at APS, or have any concerns or questions, you can contact the APS Member Liaison or Member Services. The number is 1-866-521-0027. The Member Liaison works with and for members and parents to explain processes, answer questions, and resolve problems.

If you want to file a complaint or grievance you can contact the APS Healthcare Member Services Department, at 1-866-521-0027. The number for TDD/TTY is 207-239-3252, or use Sorenson VRS if you have it. The Member Liaison will describe APS' "Internal Complaint/Grievance Process" and help you decide how you want to proceed.

APS Healthcare takes all grievances very seriously, and we act quickly to address them. Our grievance process is as follows:

1. We respond to a grievance within five (5) working days from the time we get it. If more time is needed, we may take up to an additional five (5) working days to review the grievance. You will be notified if the review process is going to be longer than five working days.
2. APS Healthcare will give you a clear and thorough written explanation of our findings and proposed resolution(s). The written explanation will include information about your right to appeal. It will include contact information for help in filing an appeal.
3. You will be sent the letter outlining our findings and proposed resolutions by U.S. mail.

Can I still file a grievance with the Maine Department of Health and Human Services?

Yes. Although the process we follow is considered a DHHS Level 1 Grievance if you are not satisfied with our response you can appeal directly to DHHS. For grievances related to Adult Services, you can contact Tom Ward at his email address, (tom.ward@maine.gov); call toll free at 1-800-588-5511, or phone (207) 287-4249, or by mail to:

Tom Ward, Grievance Coordinator
Department of Health and Human Services
OAMHS/AMHI Campus
11 State House Station
Augusta, Maine 04333-0011

For grievances related to Children's Services, you can contact Brandi Cyr at her email address, (brandi.cyr@maine.gov), by phone at (207) 624-7904, or by mail to:

Brandi Cyr
Children's Behavioral Health Services
Department of Health and Human Services
11 State House Station

Augusta, ME 04333-0011

Statewide Resource Numbers

- ◆ Warm Line – 1-866-771-WARM (1-866-771-9276)
The Warm Line is a toll-free statewide number mental health consumers can call to connect with peer support. The Warm Line is open every day from 5 p.m. to 8 a.m.
- ◆ G.E.A.R. Family Support Line – 1-800-264-9224
The G.E.A.R. Parent Network (“Gaining Empowerment Allows Results”) provides a toll-free statewide number for families and parents to connect with peer support from other parents who have children with behavioral health issues. The G.E.A.R. Family Support Line is open Monday-Friday 10 a.m. to 3 p.m. or anytime by appointment.
- ◆ Advocacy Initiative Network - (1-888-375-5969)
The Advocacy Initiative Network has a toll-free statewide number for adult mental health consumers and provides information and resources on recovery, consumer programs and consumer involvement.
- ◆ Statewide Mental Health Crisis Hotline – 1-888-568-1112
The statewide Crisis line is a toll-free number providing immediate help to anyone in crisis. The Crisis Hotline is available 24 hours a day, seven days a week.
- ◆ 2-1-1
2-1-1- is the statewide information and resource number. 2-1-1- includes but is not limited to information on health and human services in Maine and is available open 24 hours a day, seven days a week.
- ◆ NAMI (National Alliance for the Mentally Ill, Maine Chapter) 1-800-046-4576
NAMI is a statewide advocacy organization for consumers and their families, providing information, resources and support groups.

Common Abbreviations

ACT	Assertive Community Treatment
AMHS	Adult Mental Health Services



ASAM	American Society of Addiction Medicine
ASO	Administrative Services Organization
CBHS	Children's Behavioral Health Services
CI	Community Integration
CM	Case Manager
CSN	Community Service Network(s)
CSS	Community Support Services
CSW	Community Support Worker
CW	Child Welfare
DHHS	Department of Health & Human Services
DOC	Department of Corrections
DOE	Department of Education
DSM	Diagnostic and Statistical Manual
GAF	Global Assessment of Functioning
HIPAA	Health Insurance Portability and Accountability Act
ICM	Intensive Case Management
IP	Inpatient
ISP	Individual Support Plan
LOC	Level of Care
MBM	MaineCare Benefits Manual
MECMS	Maine Claims Management System
OMS	Office of MaineCare Services



OP	Outpatient
OSA	Office of Substance Abuse
PA	Prior Authorization
PCCM	Primary Care Case Management
PHI	Protected Health Information
PNMI	Private Non-Medical Institution
QI	Quality Improvement
QM	Quality Management
RDS	Resource Data Sheet
SA	Substance Abuse
TCM	Targeted Case Management
UM	Utilization Management
UR	Utilization Review

Services Reviewed By APS Healthcare

Maine’s Department of Health and Human Services (DHHS) determined which services would be reviewed by the APS Healthcare/Maine. These services are listed after the following explanation.

DHHS decided which services would need prior authorization, or review, before the services begin. Generally, this “Prior Authorization” process ensures a person is eligible for the services requested before the start of those services. These services are marked with an “X” in the “Prior Authorization” box.



DHHS also decided which services would need ongoing review. This helps make sure the Member continues to get the right services for their or their family’s situation. These services are marked with an “X” in the “Utilization Review” box.

Some services require a Prior Authorization, and ongoing review. These services will have an “X” in both categories.

Adult Mental Health Services		
Policy Section and Type of Service	Prior Authorization	Utilization Review
Section 17 Community Support Services (CI, ACT, ICM)	X	X
Section 17 Daily Living Support Services	X	X
Section 17 Skills Development	X	X
Section 17 Day Support Services	X	X
Section 17 Specialized Group Services		X
Section 45 Hospital Services		X
Section 46 Psychiatric Facility Services (age 18-20 and 65 and older)		X

Adult Mental Health Services		
Policy Section and Type of Service	Prior Authorization	Utilization Review
Section 65 Home-Based	X	X
Section 65 Group Psychotherapy		X
Section 65 Medication Management		X
Section 65 Individual Psychotherapy		X
Section 65 Family Psycho-education		X
Section 67 Nursing Facility Services		X
Section 97 PNMI		X



Substance Use Services Adult and Adolescent

Policy Section and Type of Service	Prior Authorization	Utilization Review
Section 45 Inpatient – General Hospital		X
Section 97 Residential Treatment/ PNMI		X

Children’s Services

Policy Section and Type of Service	Prior Authorization	Utilization Review
Section 13 Targeted Case Management for Children and Adolescents/Young Adults		X
Section 45 Hospital Services		X
Section 46 Private Psychiatric Facility Services (age 20 and under)		X
Section 65 Crisis Support Services		X

Children’s Services

Policy Section and Type of Service	Prior Authorization	Utilization Review
Section 65 Children’s Outpatient Services		X
Section 65 Family Psychoeducational Treatment		X
Section 65 Children’s Assertive Community Treatment (ACT) Services	X	X
Section 65 Medication Services		X
Section 65 Child & Family Behavioral Health Treatment	X	X
Section 65 Community-Based Treatment for Children Without Permanency	X	X



Section 97 Private Non-Medical Institution Services-Residential Child Care Facilities (and to include Appendix “D”)		X
Section 97 Private Non-Medical Institution Services-Intensive Temporary Out-of-Home Treatment Services (and to include Appendix “D”)		X

MaineCare Service Descriptions

These are the descriptions in the MaineCare rules.

Section 13 – Targeted Case Management for Children and Adolescents/Young Adults

Services are provided to identify the medical, social, educational and other needs of the eligible Member, identify the services necessary to meet those needs, and facilitate access to those services. Case management consists of intake/assessment, plan of care development, coordination/advocacy, monitoring, and evaluation.

Section 17 – Community Support Services (CI, ACT, ICM)

Community Integration Services, previously known as “case management” and “community support,” includes the identification, assessment, planning, linking, monitoring, and evaluation of services and supports needed by a Member who meets MaineCare’s eligibility requirements

Section 17 – Daily Living Support Services

Daily Living Support Services provides personal supervision and therapeutic support to help Members develop and maintain the skills of daily living. These services help Members remain oriented, healthy, and safe. Without these supportive services, Members would most likely be unable to retain community residence and would require crisis intervention or hospitalization.

Section 17 – Skills Development

Skills Development Services are teaching-based services that assist Members to strengthen their independence by learning the skills necessary to find and use community resources, including connecting with natural supports needed to achieve their specific goals.

Section 17 – Day Support Services



Day Supports Services, previously known as “day treatment,” centers on training designed to help the Member acquire, hold on to, or improve self-help, socialization, and/or adaptive skills.

Section 17 – Specialized Group Services

Specialized Group Services consists of education, peer, and family support, offered in a group setting, to assist the Members in focusing on recovery, wellness, meaningful activity, and community residence.

Sections 45 & 46; Inpatient-General Hospital & Private Psychiatric Facility Services

Inpatient/General Hospital Services are services provided to a patient who is also a Member and who has been admitted to the hospital and is receiving room, board and professional services in the hospital on a continuous twenty-four (24) hour-a-day basis.

Section 65 – Crisis Support Services

Crisis Support Services are individual supervision services and therapeutic supports provided to a Member during a psychiatric emergency and for a time-limited post-crisis period in order to stabilize the Member’s condition in an out-of-home setting

Section 65 – Children’s Outpatient Services

Children’s Outpatient Services are professional assessment, counseling and therapeutic services. These services are designed to help alleviate unhealthy levels of stress and encourage the growth of Members toward more integrated and independent levels of functioning.

Section 65 – Family Psychoeducational Treatment

Family Psychoeducational Treatment is a service provided to Members in multi-family groups and single-family sessions. Clinical components include engagement sessions, psychoeducational workshops and ongoing supportive sessions centered on solving problems that interfere with the member’s treatment and rehabilitation.

Section 65 – Home-based

Home-Based Treatment for Adults is limited to Members who are not able to travel to an outpatient mental health setting for their medically necessary mental health services.

Section 65 – Children’s Assertive Community Treatment Services

Children’s Assertive Community Treatment (ACT) Services is a 24 hour, 7 days a week intensive children’s service intended to facilitate a Member’s discharge from inpatient psychiatric hospitalization or to avoid impending admission to a psychiatric hospital. It may also be used to facilitate discharge from a psychiatric residential facility, or prevent the need for admission to a crisis stabilization unit



Section 65 – Medication Services

Medication Services are services that are directly connected to the psychiatric evaluation, prescription, administration, and/or monitoring of medications provided to a Member for the treatment and management of mental illness.

Section 65 – Child & Family Behavioral Health Treatment

This treatment is for Members in need of mental health treatment who live, or will be living, with a parent or caregiver who will be involved in the Member's treatment. Services include providing individual and family therapy or counseling

Section 65 – Community-Based Treatment for Children without Permanency

Community-Based Treatment for Children without Permanency is a service for Members whose mental health services are medically necessary and who do not have permanency (are homeless or living independently)

Section 65 – Group Psychotherapy

Group Psychotherapy is for Members who are 8 years of age or older, unless a Member who is less than 8 years of age is part of a family receiving family therapy or is receiving therapy in a group to specifically address a severe childhood trauma.

Section 65 – Medication Management

Medication Management Services are services that are directly related to the prescription, dispensing and/or monitoring of medications intended for the treatment and management of mental illness

Section 65 – Individual Psychotherapy

Individual psychotherapy is limited to 2 hours per week except when a Member needs services for an emergency or crisis situation or when a service is medically necessary to prevent hospitalization.

Section 67 – Nursing Facility Services

Nursing Facility Services are professional nursing care or rehabilitative services for injured, disabled, or sick persons. These services are provided on a daily basis in a nursing facility ordered by and provided under the direction of a physician. These services are also less intensive than hospital inpatient services

Section 97 – PNMI Adult, Child and Substance Abuse

A Private Non-Medical Institution (PNMI) is an agency or facility that provides food, shelter, and treatment services to four or more residents in single or multiple facilities or scattered site



facilities. A PNMI is not a health insuring organization, hospital, nursing home, or a community health care center.