Utilization Review of Section 17 Services
Continuity of care is vital and our dedicated staff are the same great people with the same commitment to you and your members.

**APS Healthcare is becoming KEPRO**

In May of 2015, APS Healthcare was acquired by KEPRO, a leading quality improvement and care management organization. The combination of our two companies have enhanced our ability to provide comprehensive and high quality service offerings through an integrated approach and customized solutions.

That’s why, we are excited to announce that as of August 1, APS Healthcare will be serving you and your members as KEPRO, leveraging our expertise and delivering on our promise to build healthier communities in partnership with you.
Section 17 Overview

Effective July 1, 2016, APS Healthcare, in coordination with the Office of MaineCare Services, will conduct prior authorization reviews for the following MaineCare Benefit Manual Chapter II, Section 17 services:

- Daily Living Skills (DLS)
- Day Supports
- Skills Development

These reviews are consistent with the prior authorization reviews currently conducted for other Section 17 services.
A. The person is age eighteen (18) or older or is an emancipated minor with:

1. A primary diagnosis of Schizophrenia or Schizoaffective disorder in accordance with the DSM 5 criteria; or

2. Another primary DSM 5 diagnosis or DSM 4 equivalent diagnosis with the exception of Neurocognitive Disorders, Neurodevelopmental Disorders, Antisocial Personality Disorder and Substance Use Disorders who:

   a) has a written opinion from a clinician, based on documented or reported history, stating that he/she is likely to have future episodes, related to mental illness, with a non-excluded DSM 5 diagnosis, that would result in or have significant risk factors of homelessness, criminal justice involvement or require a mental health inpatient treatment greater than 72 hours, or residential treatment unless community support program services are provided; based on documented or reported history; for the purposes of this section, reported history shall mean an oral or written history obtained from the member, a provider, or a caregiver; or
b) has received treatment in a state psychiatric hospital, within the past 24 months, for a non-excluded DSM 5 diagnosis; or

c) has been discharged from a mental health residential facility, within the past 24 months, for a non-excluded DSM 5 diagnosis; or

d) has had two or more episodes of inpatient treatment for mental illness, for greater than 72 hours per episode, within the past 24 months, for a non-excluded DSM 5 diagnosis; or

e) has been committed by a civil court for psychiatric treatment as an adult; or

f) until the age of 21, the recipient was eligible as a child with severe emotional disturbance, and the recipient has a written opinion from a clinician, in the last 12 months, stating that the recipient had risk factors for mental health inpatient treatment or residential treatment, unless ongoing case management or community support services are provided

AND
B. Has significant impairment or limitation in adaptive behavior or functioning directly related to the primary diagnosis and defined by the LOCUS or other acceptable standardized assessment tools approved by the Department. If using the LOCUS, the member must have a LOCUS score, as determined by a LOCUS Certified Assessor, of seventeen (17) (Level III) or greater, except that to be eligible for Community Rehabilitation Services (17.04-2) and ACT (17.04-3), the member must have a LOCUS score of twenty (20) (Level IV) or greater.

C. Eligible members who are eighteen (18) to twenty-one (21) years of age shall elect to receive services as an adult or as a child. Those members electing services as an adult are eligible for services under this Section. Those electing services as a child may be eligible for services under Chapter II, Section 65, Behavioral Health Services or Section 13 or both.

D. The LOCUS or other approved tools must be administered, at least annually, or more frequently, if DHHS or an Authorized Entity requires it.
• Designed to assist consumer to maintain highest level of independence possible.

• Assist consumer to develop and maintain skills of daily living.

• Help consumer remain oriented, healthy and safe.

• Without these services consumer would likely not be able to retain community tenure and would require crisis intervention or hospitalization.

• Support methods include modeling, cueing and coaching.

• These services do not include specialized crisis support services.

• DLSS are provided by an MHRT-1. Exception that when DLSS includes administration and supervision of medication, CRMA must provide that portion of the service.
Daily Living Support Services do not include:

A. Programs, services or components of services that are primarily opportunities for socialization and activities that are solely recreational in nature (such as picnics, dances, ball games, parties, field trips, religious activities, social clubs, camp and companionship activities).

B. Programs, services or components of services the basic nature of which is to maintain or supplement housekeeping, homemaking or basic services for the convenience of a person receiving services (including housekeeping, shopping, child care and laundry services).
Common Reasons for DLSS Referrals

- Upon discharge from hospital to help stabilize consumer by providing time limited DLSS.

- While consumer is waiting for other, more intensive supports such as PNMI. DLSS can be short-term until consumer has transitioned into new placement or when a consumer is waiting for other services.

- Consumer is leaving a family home or PNMI and living independently for first time and needs supports as part of transition to independence, stability and recovery.
Coordination of Care

- Meet with or consult with consumer and consumer’s case manager at time of intake to discuss consumer’s current needs, symptoms, progress in existing treatment and how the addition of DLSS will supplement consumer’s current treatment and recovery.

- Create both the CI and DLSS treatment plans at the same time, if possible, so that the plans are collaborative and comprehensive.

- For collaborative care to occur, the DLSS goals need to be on the treatment plan, which acts as the consumer’s service contract. If the goal is not on the plan, it cannot be worked on.

- Every 90 days at least, or more often if a major clinical change occurs, coordinate with case manager to assess consumer’s progress on all goals and to ensure no duplication of services.
Skills Development Services H2014
15 Minute Unit

- Skills Development Services involve face-to-face contact with the member with or without family or non-professional caregivers that restore and improve the member’s skills and abilities essential to independent living (i.e. self-care and daily life management).

- Targeted to enhance access to community resources, with natural supports, increase independence to promote successful community integration.

- Skill enhancement is provided through structured interventions for attaining goals in the ISP.

- Skills Development Services are provided - by an MHRT/C and when Skills Development includes administration and supervision of medication, a CRMA must provide that portion of the services.
Day Support Services H2012
Hourly Unit

• Day Supports Services, formerly known as “day treatment,” focus on training designed to assist the member in the acquisition, retention, or improvement of self-help, socialization, and adaptive skills.

• These services take place in an agency environment.

• They are offered most often in a group setting and are provided by certified MHRT/Cs under the supervision of, or are co-facilitated by, a mental health professional as defined in 17.07-1.
A. Type of Service: **Daily Living Support Services**

B. Additional Services that may be Provided Concurrently with the Service Listed in A:
   1. Community Integration Services
   2. Day Support Services
   3. Assertive Community Treatment
   4. Specialized Group Services, unless otherwise specified
   5. Interpreter Services

C. Additional Services that may not be Provided Concurrently with the Service Listed in A:
   1. Skills Development Services
   2. Community Rehabilitation Services
Concurrent Provision of Services

A. Type of Service: **Skills Development Services**

B. Additional Services that may be provided concurrently with the service listed in A:

1. Community Integration Services
2. Day Supports Services
3. Assertive Community Treatment
4. Specialized Group Services, unless Otherwise specified
5. Interpreter Services

C. Services that may not be provided concurrently with the service listed in A:

1. Daily Living Supports
2. Community Rehabilitation Services
17.06 Non Covered Services

- Programs, services, or components of services that are primarily opportunities for socialization and activities that are solely recreational in nature (such as picnics, dances, ball games, parties, field trips, religious activities, social clubs, camps, and companionship activities);

- Programs, services, or components of services the basic nature of which is to maintain or supplement housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry service).

- Costs for paperwork, internal meetings, or appointment reminders associated with the delivery of covered services are built into the rates and are not reimbursable as separate services.

- Transportation Services. Costs related to transportation are built into the rates for services provided under this Section. Therefore, separate billings for travel time are not reimbursable.
1. Face to Face Measure: As of 7/1/2016, the time between the referral date and the date seen face-to-face is to be 7 calendar days or less. This will be counted for every member who gets a CSR for CI after an initial PA.

2. RDS:
   - Make sure that the employment status is correctly checked. Steps to employment is an important treatment goal, and while the person may still not be working, their status may have changed from “unemployed and not looking for work”.
   - Every time a CSR is done, look at the RDS page for unmet needs. Previous info populates. Look at each unmet need that is checked and choose either “no longer needed” or date the need was met.

3. Class Members: If a class member is not eligible for community integration services under the new policy they may access grant funded community integration services. If the agency does not have grant funds available, they should refer the member to an agency with grant funding.
1-866-521-0027

Option 1 – Provider Relations
MaineCare-Prov@apshealthcare.com

Option 2 – Intake/Switchboard

Option 3 – Member Services

Option 4 – Clinical Care Managers

Option 5 – Appeals
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