Statewide Referral Management Process
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.
Effective July 1 2016, APS Healthcare, in coordination with the Office of Child and Family Services will implement a new process for members who have been referred for MaineCare Benefits Manual, Ch. II - Section 28: Rehabilitation and Community Support Services for Children with Cognitive Impairments and Functional Limitations and MaineCare Benefits Manual, Ch. II - Section 65: Home and Community Treatment Services.
There will be two referral options:

- Section 28 Services
- Section 28 Specialized Services.

- Children will be matched to a provider based on date of referral to the service by APS Healthcare staff.

- If a child has multiple preferred providers listed prior to 7-1-16, the preferred provider will be reported as the first provider indicated in the CareConnection portal.
Referrals

• Referral sources may upload the referral packet directly into CareConnection portal.

• Families may identify a single preferred provider on the referral form.

• Families may identify a provider with whom they do not want to work with on the referral form.
Eligibility

If a member is referred to and eligible for specialized Section 28 services, he or she will have the option to receive Section 28 services until a specialized provider is available.
Process Changes effective 7-1-16

• Agency specific family choice listings will be deactivated in CareConnection effective 6-30-16.

• APS Healthcare will transition any child on a provider family choice list on June 30, 2016 to the statewide referral management system on July 1, 2016, with the original referral date.

• APS Healthcare is responsible for managing the referral list in the statewide referral management system and entry of Prior Authorizations after match has been made.
Capacity

- Daily non PHI list of children in need of service will be sent by APS Healthcare.

- Provider will report via email which child they are able to serve.

- It is the expectation if a child is matched with a provider that there is current staffing and capacity to serve the child immediately.

- Once a child has been matched to a provider, APS Healthcare staff will enter in a Prior Authorization review in the CareConnection portal with an effective start date of five business days from date of match to allow for coordination of team.
Preferred Provider

• If a family has designated a preferred provider and someone is able to serve them sooner, the referral source will be contacted by APS Healthcare.

• The referral source will consult with the family and report if the family would like to be served sooner or continue to wait for their single designated preferred provider.

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**Family Preference**

You may identify one Preferred Provider but this provider may not be the first available to begin the service. Please select if you would like to wait for the Preferred Provider, have an opportunity to review the first available Provider, or work with the first available Provider, and initial (Guardian)

*Preferred “Name of Provider” __

  I would like to wait for this Preferred Provider. ___________ (initials)
  I would like to review the first available Provider. ___________ (initials)
  I will work with the first available Provider. ___________ (initials)

Please do not send information to the following providers __
Outreach

- The referral source and member’s guardian will receive a notification by mail after 30 days and 60 days of being in the referral management system by APS Healthcare.

- The referral source will receive telephonic outreach within 90 days of being in the referral management system by APS Healthcare.

- If the family is no longer in need of the service, the referral source or guardian should notify APS Healthcare immediately.
There will be one referral option:

- Section 65 Home and Community Support Services

- Children will be matched to a provider based on date of referral to the service by APS Healthcare staff.

- The child waiting the longest time in the referral system will be matched to a provider based upon geography of the provider and family.

- If a child has multiple preferred providers listed prior to 7-1-16, the preferred provider will be reported as the first provider indicated in the CareConnection portal.
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Please do not send information to the following providers ___
Effective July 1 2016, APS Healthcare, in coordination with the Office of Child and Family Services and the Office of MaineCare Services, will implement process updates for members who are being referred for ITRT under the MaineCare Benefits Manual, Ch. II - Section 97: Private Non-Medical Institution Services.

- Referrals for ITRT will no longer be faxed to APS Healthcare. Instead, providers will submit ITRT referrals electronically through the CareConnection Portal.
1. Providers referring youth for ITRT will select “Contact for Service Notification” from the dropdown menu in the Authorization Type field on the Administrative Page in the CareConnection Portal.

2. Select “Children Services” from the dropdown menu in the Review Type field and “ITRT Referral” from the dropdown menu in the Category of Service field.
ITRT CareConnection Process

3. Select the code “100-219 - Section 97 ITRT Eligibility Determination” from the dropdown menu in the Service Field.

4. Providers will use ITRT Submission Guidelines under the Section 97 – ITRT section of the Provider Manual and Forms webpage to enter information into CareConnection for clinical review. The ITRT referral submission will be reviewed to determine medical necessity for residential treatment.

The following questions about the past 60 days must be answered in the Additional Info Section of the CareConnection Portal to determine eligibility for ITRT services:

- What is the potential for hospitalization or significant deterioration of functioning that would require a higher level of care without ITRT?
- What is the significant aggression that has occurred across multiple environments?
- Explain aggression that has caused serious injury including frequency, intensity, and duration of the aggression.
- Explain homicidal ideation including intent, plan, and means that has occurred.
- Explain suicidal ideation including intent, plan, and means that has occurred in the past two months.
- List and describe symptoms of mental illness, individuals with intellectual disabilities, or pervasive developmental disorders that have resulted in the inability to care for self to a developmentally appropriate level, even with home and community supports.
- Submission must include what lower levels of care have been attempted and if they have not been attempted why ITRT is being explored without attempt at a lower level of care.
ITRT Submission Process

• Specific clinical documents within the past 60 days will be reviewed to support the member’s referral for ITRT. The documents include: MD Letter of Medical Necessity, inpatient and crisis assessments, incident reports from police, fire, animal control, and most recent psychological evaluation.

• DO NOT submit additional documentation that is outside the 60-day look back period.
Contacts

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
maine.appeals@apshealthcare.com

www.qualitycareforme.com