

To: Providers of Community Integration (CI), Assertive Community Treatment (ACT), Intensive Case Management (ICM), Daily Living Support (DLS) and PNMI Services  
Cc: CSN Members  
Fr: OAMHS and APS Healthcare  
Re: Enrollment and RDS for CI, ACT and ICM Clients  
PA and continued stay reviews for general (grant) funded clients  
PNMI enrollment and RDS changes  
DA: August 19, 2008

***This memo is to notify you of several important changes that are beginning on September 1, 2008.***

**MaineCare and Grant Funded Community Integration, ACT, or ICM Services**

Providers of MaineCare and Grant funded services for Community Integration (CI), Assertive Community Treatment (ACT), or Intensive Case Management (ICM) services will no longer be required to enter Enrollment and RDS information through e-net ME to EIS as of September 1, 2008. The information will be collected as part of the APS prior authorization and continued stay review process. Starting September 1, 2008, all Enrollment and RDS information will be submitted via APS CareConnection as part of the APS Healthcare prior authorization and continued stay review process. Providers will discontinue all separate submissions of Enrollment and RDS information to DHHS, including existing batch uploads and online submissions through eNet-ME.

***Existing MaineCare Clients: Transition from eNet-ME to APS Healthcare***

- Effective September 1, 2008 all continued stay requests are required every 90 days. Providers are expected to align the submission of the continued stay request with the time of the ISP review.
- For those clients already receiving CI, ACT or ICM services, the next APS Healthcare continued stay request must coincide with the next ISP 90 day review date, even if the date is before the authorization end date or before the provider has used all authorized units.
- This will align the ISP/RDS and the continued stay review into one process and assure that by the beginning of December 2008 all RDS will have been transitioned to APS Healthcare.
- If the provider has used up the authorized units of service it is acceptable for the continued stay request and the RDS to be submitted sooner than the due date for the next ISP review. For example, if the ISP is due 10/15, but the units are used up by 10/1, the continued stay request and RDS may be submitted 10/1. This will be the beginning of the new 90 day period.
- APS Healthcare will issue detailed instructions for the use of APS CareConnection® to submit Enrollment/RDS information.

***New Clients: MaineCare clients Newly Admitted to Service***

- For those clients new to service, the provider will use the same process that they have been using for the prior authorization request and the continued stay request with APS Healthcare.
- Providers are expected to align the submission of the continued stay request with the time of the ISP review.
- This will align the ISP/RDS and the continued stay review into one process.
- A RDS is required with each 90 day continued stay request.
- If the provider has used up the authorized units of service it is acceptable for the continued stay request and the RDS to be submitted sooner than the due date for the next ISP review. For example, if the ISP is due 10/15, but the units are used up by 10/1, the continued stay request and RDS may be submitted 10/1. This will be the beginning of the new 90 day period.

***New Non-MaineCare Clients: General (grant) funded clients Newly Admitted to Service (utilizing APS CareConnection®)***

- See General (grant) funded Community Integration, ACT, or Daily Living Support Services section below.

**General (grant) funded Community Integration, ACT, or Daily Living Support Services**

As of September 1, 2008, requests for prior authorization for grant funding for CI, ACT, and Daily Living Supports (DLS) will begin through APS Healthcare.

- Any community provider who bills MaineCare for these services, and has a 'not to exceed contract' in place with OAMHS, is eligible to request grant funding for a client who does not have MaineCare coverage for these services.
- The eligibility criteria for these grant funded services are noted in contracts and will be posted on the OAMHS website in the CSN section at: <http://www.maine.gov/dhhs/mh/csn/index.html>
- Providers will, as they do for MaineCare members, use the APS CareConnection® system to request prior authorization and continued stay requests for grant funded consumers for CI, Act and DLS, as well as for submitting enrollment and RDS information.
- Enrollment and RDS information for grant funded consumers will be submitted only via APS CareConnection®. Providers will discontinue all separate submissions of Enrollment and RDS information to DHHS, including existing batch uploads and online submissions through eNet-ME.
- To be paid from general (grant) funds the provider will submit service encounter data using the current general (grant) fund process. Questions about submission of service encounter data should be directed to your contact agreement administrator. It is important to check MaineCare eligibility prior to submitting a service encounter for general (grant) funding.

APS Healthcare will issue detailed instructions for the use of APS CareConnection® to request authorizations for grant funded consumers for CI, ACT and DLS.

**PNMI Providers**

As of September 1, PNMI providers will no longer be required to do the enrollment and the RDS for PNMI clients who do not have a separate community support worker. OAMHS will close out any existing cases in EIS.

### **Training/Support**

Please see the instructions below for more details. If you have any questions about the enrollment and RDS process, please contact either:

Maggie Burke  
207 287-4591  
[margaret.burke@maine.gov](mailto:margaret.burke@maine.gov)

Brandi Giguere  
207 287-5785  
[brandi.giguere@maine.gov](mailto:brandi.giguere@maine.gov)

Additionally, OAMHS will be holding two webex trainings to assist with the transfer of enrollment and RDS from enet-ME and any provider questions regarding the Enrollment or RDS. These are scheduled for:

August 28, 2008 from 9 am to 11am and September 11, 2008 from 9 am to 11 am

Please contact Maggie or Brandi for more information.

For information about using APS CareConnection® or questions about prior authorization and continued stay process please contact APS Healthcare provider relations at 1-866-521-0027.

OAMHS and APS Healthcare appreciate the work that providers are doing to make this transition happen and are pleased to be able to make this reduction in reporting for the enrollment and the RDS.

### **Instructions**

#### ***For clients who are already have an existing RDS in eNet-Me***

Enter the RDS information into APS CareConnection® as it exists on the most current RDS, and then make any updates. For example, if the client had a resource need for outpatient services identified on the last RDS submitted within EIS, please enter this same resource need in APS CareConnection® and then add the information to close it if the need has been met. After this first entry, the process will continue as before with the provider only updating changes.

This will be a good opportunity for providers to review open resource needs and to close them if appropriate. The “other” unmet needs categories could use close scrutiny and we ask that you close them if they are unrealistic, undefined, met, etc.

Again, please enter all information from the last RDS that you submitted to EIS into APS CareConnection® and then update as appropriate. This will assure continuity of the data.