



Department of Health and Human
Services
Adult Mental Health Services
32 Blossom Lane
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-4243; Fax: (207) 287-1022
TTY: 1-800-606-0215

To: Providers of Adult Mental Health Services
Fr: Don Chamberlain
Re: APS Contact for Service Notification Form
January 26, 2009

For Community Integration (CI), Adult ACT and Daily Living Support (DLS) Services, APS Healthcare requires that providers submit a Contact for Service Notification Review when a consumer contacts the provider for service if the consumer is not immediately assigned to a service with no waiting time. Here is the language from their Provider Manual:

Contact for Service Notification

The Contact for Service Notification Review is an administrative submission of data which allows APS Healthcare to provide required data to DHHS. This data helps APS Healthcare and DHHS monitor and initiate quality improvement activities regarding waiting lists, unmet needs, and continuity of care.

1. CFSN for CI; Adult ACT; DLSS- **Submitted by Providers or DHHS (if first contact is with DHHS)**
 - a. CFSN is used to track consumer referrals/request for these services, and wait list for services.
2. CFSN for Adult PNMI- **Submitted ONLY by DHHS. Not Providers.**
 - a. The CFSN is completed by DHHS staff only to update the record in CareConnection when consumers are approved for placement by DHHS.

For CI, Adult ACT, and DLS Services submit a Contact for Service Notification to APS Healthcare at the point that a consumer first contacts the provider for service.

- For MaineCare Members with current eligibility, use the Contact for Service Notification Authorization Type in APS CareConnection® with the regular service procedure code.
 - For consumers who are Grant Funded or without current MaineCare eligibility, submit using the Initial Courtesy Review with the procedure code for “Non-MaineCare Contact for Service” procedure code for the appropriate service.
1. If the member is assigned immediately to a service, with no waiting time, the provider may submit a Prior Authorization request, without first submitting a Contact for Service Notification.
 2. In APS CareConnection®, on the Administrative page:
 - a. The “Start Date for Current Authorization Request” must be the date of the consumer’s first contact for service.
 - b. The “Date of Referral” is the date the consumer was first referred to your agency (it may be the same as the consumer’s first contact for service).
 - c. Make sure to select the “Location at Time of Referral”.

3. If the consumer is removed from the provider's wait list without starting service, the provider will discharge the Contact for Service Notification (follow discharge process described later in this manual).
 - a. In the discharge submission, select appropriate items in the "Anticipated Step-down Service"
 - b. In the "Plan for Transition Discharge" section note the names of other agencies that the consumer was referred to.
4. When the consumer is assigned in the provider's service, the provider submits a Prior Authorization (PA) request and the Contact for Service Notification does not need to be discharged.

Please see the APS CareConnection® Provider Update at the APS Healthcare-Maine website www.qualitycareforme.com for further information.

OAMHS asks APS Healthcare to collect this information in order to understand the demand for a service and the extent of the waitlist. This information is then used, in conjunction with other data, in determining resource needs and possible budget requests or modifications. The data is important for MaineCare and non-MaineCare members in that it lets us see a picture of service supply and demand. It is important for non-MaineCare consumers in that it provides a picture of General Fund needs.

General Funds to support community integration, ACT, and daily living skills varies from CSN to CSN, and is now unavailable in all areas. Please continue to use the Contact for Service Notification form when consumers are requesting these services but there is no current funding. It is our tracking mechanism to understand the scope of the need.

We have heard that some agencies may be assigning a community support worker even though there is not funding to support the service. Please, instead, use the Contact for Service Notification form so we can track the need and do not yet assign a worker.

It is possible that funds may be allocated at some point in FY 2009 for opening up grant supported Community Integration, ACT, and Daily Living Support services. If that should occur, OAMHS and APS Healthcare will be developing a process to use the Contact for Service Notification forms to identify consumers to whom services can be offered.

We understand the frustration that providers and consumers alike may feel at what seems like additional paperwork. It is, however, the way that OAMHS is gathering data for the ongoing need for service and funding.

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