

Information for Case Managers and Service Providers: MaineCare Waiver Programs, Section 21 and Section 29:

Waiver Reclassification

Each year, the Member must be reclassified to continue to receive Waiver Services. The reclassification date is the same date from year to year. Any lapse in classification will impact reimbursement.

The team meets 3-6 months prior to the annual reclassification date. The Member's current needs are discussed, along with services which have been provided to meet those needs. Any new needs/services or any changes to current services are discussed as well. It is very helpful for the Case Manager to review a copy of the Member's current Summary of Authorized Services, so that all current services are reviewed.

The case manager and Service Providers complete the Person-Centered Plan—**in EIS**.

The Member/Guardian sign on the OADS Personal Plan Face Sheet that the plan is approved—**paper copy**.

30 days before the actual reclassification date the Case Manager submits to the Resource Coordinator:

1. OADS Personal Plan Face Sheet signed by Member/Guardian and Case Manager—**paper copy**
2. DS _ HCB Waiver Assessment (re-versioned and updated, not locked, not end-dated, **no more than 60 days prior to the reclassification date**)—**in EIS**

The Resource Coordinator reviews the Person-Centered Plan and the HCB Waiver Assessment, "signs" the assessment and notifies the Waiver Manager by email of the process being completed.

The Member is reclassified in MIHMS (MaineCare claims system.)

The Resource Coordinator notifies the Service Providers and Case Manager that the reclassification has been processed, so that they can view/print their authorizations for MaineCare billing purposes.