

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

Proposal Process—all services except Home Support Per Diem and Hourly (T2016PD & SC and T2017)

1. Vendor Call is sent out, Service Providers respond, the Member/Guardian/Team chooses the Provider(s) for service(s) needed. [In the event of the Member/Guardian already having determined which Service Provider they prefer, a Vendor Call can be waived.]
2. The Case Manager secures a Release of Information from the Member/Guardian for each Service Provider necessary.
3. In order for the chosen Service Provider to enter a Proposal, the Case Manager will forward a copy of the Release of Information to the local District's IDS staff person and ask that a relationship be created in EIS for that Provider.
4. The IDS staff person will create the relationship and let the case manager know.
5. The Service Provider will enter the information into the MaineCare Service Description **in EIS**.
6. The Case Manager will forward to the Resource Coordinator a **paper** copy of the signed OADS Personal Plan Face Sheet that approves the proposed services, along with an Authorization Request Form.
7. The Resource Coordinator will review the information from the Case Manager and the MaineCare Service Description in EIS.
8. Upon approval, the Resource Coordinator will send a Prior Approval email to the Provider(s) and cc the Member's Case Manager.
9. Upon start of services, the Provider will reply to the Prior Approval email and the Resource Coordinator will enter the authorization into EIS.
10. Depending upon reliability of the EIS "tickler" system, the Resource Coordinator may send an email to Provider(s) and Case Manager that the authorization has been entered.

For services approved by APS Healthcare, the above process is relevant through step 5.