

**MAINECARE SERVICE DESCRIPTION**  
**CASE MANAGEMENT INSTRUCTIONS**

**Consumer Name:** Name of Focus Person    **MaineCare #**  
**Recommended Waiver Service:** **CASE MANAGEMENT**

**Plan Type:**     Annual     Interim or  
 Addendum/Change in Service  
 Plan type: Check Box(es) that apply

**MaineCare Service Provider:** Name of Agency Providing Services

**Effective Plan Date:** Fixed Date for PCP Services to Begin                      **Date Submitted:** Date to Case Manager

**Contact Person:** Person to Contact with Questions                      **Agency Phone:** Self-Explanatory                      **Email:** Self-Explanatory

**Billing Department Contact:** Person to Contact with Authorization or Billing Questions                      **Email:** Self-Explanatory

**Current Funding Types Received – Check all that apply:**     State Contract;     Private Pay;     Sec. 2 Adult Family Care H  
 Sec. 17 MH Daily Living Skills;     Sec. 19 ADW;     Sec. 21;     Sec. 28;     Sec. 29;     Sec. 40 Home Health  
 Serv.;     Sec. 50 ICF/IID;     Sec. 67 Nursing Facility Serv.;     Sec. 96 Private Duty Nursing;     Sec. 97 PNMI;  
 Vocational Rehabilitation;     Work/Employment;     Other (specify)

**BELOW:** Select the ONE Purpose of Support the most closely reflects what the Person and Team agree is the need in that service area. If the answer is unclear, select the one that fits for most activities in the category. Explanations, if needed, can be included in the narrative.

<b>Domain #</b>	<b>Description of Case Management Services</b>	<b>Purpose of Support Code 1-6</b>
M1	Contacts or actions on behalf of or regarding the consumer	
M2	Routine home and community support visits to monitor services	
M3	Development of annual PCP and consistent supports	
M4	Ensure needs are addressed and review written plan.	
M5	Ensure goals address maximum independence and community inclusion	
M6	Participation or facilitation of reviews, ISTs , etc.	
M7	PCP service coordination	
M8	Advocacy for the consumer	
M9	Support for self advocacy	
M10	Case management documentation and all updates	
M11	Application or continuation of MaineCare Waiver funding.	
M12	Representative Payee, including maintenance of benefits	
M13	Public Guardianship, when assigned	
M14	90 Day Review Note	
M15	Other:	
M16	Other:	
M17	Other:	

**Purpose of Support:** 1=assessment, 2= plan of care, 3=coordination, 4=advocacy, 5=monitoring, 6=evaluation

**Service Planning Narrative**

Write summary of service planning that includes when service planning occurred and conversations with the focus person (and guardian, if applicable) to review previous plan and learn person's goals for upcoming year and how you will support the person.

**Enter into EIS at least 30 days prior to annual plan meeting – Include Goal Descriptions**