



Forms and Instructions
 MaineCare Section 28,
 Rehabilitative and Community Support Services
 for Children with Cognitive Impairments and Functional Limitations (RCS)

Number of Form	Name of Form	Purpose of Form	Completed By	How is the Form Used?	What does the Provider do with the Form?
1	Table of Forms & Instructions	List the forms and instructions in numeral order; provides a summary of how each is used.	Read Only	As an organizational tool	Read Only
1A	Table of Contents	To provide a quick reference to the number and name of each form.	Read Only	As an organizational too	Read Only
2	Referral	To request Section 28 service	Case manager, parent, other referent source	Provides basic information about the child, and is one of the documents included in the eligibility packet	Submit to Regional/District office, along with the other documents required to determine eligibility
3	Comprehensive Assessment: Guide to Conversation	To give the parent/child the opportunity to describe the child and family; to identify strengths & needs	Section 28 provider; Parent/youth must authorize by means of signature	May review this form as part of an agency review	Kept at provider agency in the child's record
4 No Longer in Use	Comprehensive Assessment: Extension Request	To provide a standard tool for providers to request more units or time during the comprehensive assessment period	Provider	Describes what is being requested (units and/or time) and why it is needed	Submit to Regional/District Office



Forms and Instructions
 MaineCare Section 28,
 Rehabilitative and Community Support Services
 for Children with Cognitive Impairments and Functional Limitations (RCS)

Number of Form	Name of Form	Purpose of Form	Completed By	How is the Form Used?	What does the Provider do with the Form?
5	Comprehensive Assessment: Narrative Summary	Summarizes the Comprehensive Assessment: Guide to Conversation. The parent/child prioritizes the child's needs and select up to four to work on.	Provider/Parent/Child	Reviews as one of the required Prior Authorization (PA) documents to determine the need for service, including type, frequency & intensity of treatment	Submit to Regional/District office
6	Comprehensive Assessment: Score Summary	Summarizes the scores from categories in the Comprehensive Assessment: Guide to Conversation	Provider/Parent/Child	Reviews as one of the required Prior Authorization (PA) documents to determine the need for service, including type, frequency & intensity of treatment	Submit to Regional/District office
7	Treatment Plan Meeting Record	Maintains a record of the treatment planning team	Provider; parent/youth must sign the treatment plan meeting record to verify they were involved in the planning process	May include this form as part of an agency review	Keep at provider agency in child's record



Forms and Instructions
 MaineCare Section 28,
 Rehabilitative and Community Support Services
 for Children with Cognitive Impairments and Functional Limitations (RCS)

Number of Form	Name of Form	Purpose of Form	Completed By	How is the Form Used?	What does the Provider do with the Form?
8	Individual Treatment Plan (ITP)	Describes the child/youth's problem(s) and the goals and objectives developed to improve the problem within 6 months	Provider/ parent/ youth must sign the ITP verifying they were involved in developing the plan and agree with it.	Reviews as one of the required Prior Authorization (PA) documents to determine the need for service, including type, frequency & intensity of treatment	Submit to Regional/District office
9	Crisis Plan	Describes what constitutes a crisis for the child, and the actions the BHP can take to assist the child	Provider, parent/youth and other members of the treatment team	May review as part of an agency review	Used by the family and BHP. A copy should be kept in the child's record.
10	Prior Authorization Face Sheet	To request initial treatment service, or a Continuing Stay Request (CSR)	Provider	Reviews as one of the required documents for Initial PA or a CSR to determine the need for service, including type, frequency & intensity of treatment	Submit to Regional/District office
11	90-Day review	To review the ITP and make adjustments if needed	Provider, parent/youth and other members of the team	May review as part of an agency review	Keep at provider agency



Child and Family Services
 An Office of the
 Department of Health and Human Services

Forms and Instructions
 MaineCare Section 28,
 Rehabilitative and Community Support Services
 for Children with Cognitive Impairments and Functional Limitations (RCS)

Number of Form	Name of Form	Purpose of Form	Completed By	How is the Form Used?	What does the Provider do with the Form?
12	Continuing Stay Request	Provider and parent review the child's treatment and provide evidence that the child is making progress	Provider	Reviews as part of the required documents for PA-CSR to determine the need for service, including type, frequency & intensity of treatment	Submit to Regional/District office
13	Discharge Summary	To provide a summary of the child's treatment; to identify continuing needs	Provider		Submit to Regional/District Office
14	Change of Status	Provider informs CBHS of any change in the child's status including address,	Provider	To report changes in the child's service status	Submit to Regional/District Office
14A	Change of Status: Levels and Codes	Provider selects the appropriate level and code that best describes the reason for the child's change in status	Read Only	Resource document	Keep at provider agency.



Forms and Instructions

MaineCare Section 28,
 Rehabilitative and Community Support Services
 for Children with Cognitive Impairments and Functional Limitations (RCS)

Number of Form	Name of Form	Purpose of Form	Completed By	How is the Form Used?	What does the Provider do with the Form?
15	Specialized Service Rate Request	Provider submits the required information to qualify for the Specialized Services rate.	Provider	Central Office staff reviews documentation and determines eligibility for the Specialized Services rate.	Submit to ann.obrien@maine.gov
16	Procedures for CBHS Contracted Providers	Inform providers of the implementation process.	Read Only	Resource Document	Keep at provider agency.
17	Grandfathered Supervisor	Provider submits the required information for the supervisor the agency is requesting grandfathering status.	Provider	Central Office staff reviews the information and determines eligibility for the grandfathering status.	Submit to brandi.harding@maine.gov
18	Procedures for School Providers	Informs school providers of the enrollment process	Read Only		Keep at School Provider location.
19	Individual Child's Enrollment Form for School Providers	Describes the information the school provider needs to submit for the child's enrollment..	School Provider. The parent/guardian must authorize the enrollment by means of signature	CBHS receives the enrollment form and processes the requested frequency, intensity and duration of service.	Submit to Regional/District office



Child and Family Services
An Office of the
Department of Health and Human Services

Forms and Instructions
MaineCare Section 28,
Rehabilitative and Community Support Services
for Children with Cognitive Impairments and Functional Limitations (RCS)

Number of Form	Name of Form	Purpose of Form	Completed By	How is the Form Used?	What does the Provider do with the Form?
20	Specialized Services Rate Approved Providers	Lists the providers that have been approved for a higher rate based on meeting the criteria for delivering an Evidence Based Practice. See Form 15 for a description of the criteria and the application process.	Read Only	Resource Document	Keep at Provider location.