# Guidelines for Requesting Increased Level of Support (ILS)

# for Shared Living & Family-Centered Support (Section 21)

1. The Case Manager must submit a request at least thirty (30) calendar days prior to the end of an authorization. The Member’s planning team is responsible for monitoring service needs and if continued Increased Level of Support is needed.
2. The Member’s planning team must discuss and document the medical or behavioral necessity, expected use and duration of any request for Increased Level of Support within the Person-Centered Plan (PCP).
3. The Member’s team must obtain a written recommendation from a Physician, Physician’s Assistant, Psychologist, or Psychiatrist that is less than three (3) months old and outlines the following as per rule:
   1. The specific illness or condition to be addressed;
   2. The manner in which increased support will be utilized;
   3. The expected duration of the increased support including if it is for an indefinite period of time;
   4. The anticipated frequency of the support;
   5. Whether the setting where the Member is served is appropriate to carry out these recommendations.
4. The Case Manager must submit the doctor’s order, service authorization request form, proposed staffing pattern, Home Support Frequency Tool. The PCP describing the specific use of services must be locked.
5. A written decision will be sent to the Member and/or Guardian and the Case Manager within twenty (20) working days of receipt of all required documentation. The Case Manager will be notified via email and postal mail.
6. When additional information is required by the CRT, a request for information will be submitted to the Case Manager and Member/Guardian. Upon receipt of the required information, the CRT will issue a decision within ten (10) working days.
7. The CRT will inform the DHHS/OADS Resource Coordination Team of all Increased Level of Support decisions and length of any service approval.
8. The Resource Coordination Team will complete any applicable authorization in accordance with MaineCare Benefits Manual Chapter 21 service limits and start date and will notify the provider of the service.

Please submit applications by mail, password protected email, or fax:

The Clinical Review Team

41 Anthony Avenue SHS #11

Augusta, Maine 04330

[CRT-OADS.DHHS@maine.gov](mailto:CRT-OADS.DHHS@maine.gov)

Fax: 207-287-4229

Phone: 207-287-8303

Should you have any questions or comments, please contact the CRT at: [CRT-OADS.DHHS@maine.gov](mailto:CRT-OADS.DHHS@maine.gov)

For more information, please refer to the MaineCare Benefits Manual, 10-144 C.M.R. Ch.II, § 21.14 Appendix I.

CRT Team Leader: Luke Curtis, CRT Supervisor

[Luke.Curtis@maine.gov](mailto:Luke.Curtis@maine.gov)

(207) 287-4239

Program Manager: Emily Kalafarski, Resource Development Manager, OADS

[Emily.Kalafarski@maine.gov](mailto:Emily.Kalafarski@maine.gov)

(207) 287-4212