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| Provider Name |  | Send to: resource coordinatorDHHS OADS Central Office41 Anthony Avenue, SHS 11Augusta, Maine 04333-011207-287-9200 **ResourceCoordinator-OADS@maine.gov** |
| Contact Person |  |
| Phone & Email |  |

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| **Procedure Code****(enter the procedure code)** | **Section of MaineCare Policy and Description** **Enter the section of policy and description:** |
| **Example:** **T2016 U9** | **Example:****Section 18- Home Support- Level II** |
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| Current Enrolled Location address | NPI # | Date Alt. Care Site Operational  | Alt. Care Site Address | Alt. Care Site Capacity |
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| Approved by: |  Date: |

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| **Individuals Served in Alternative Settings** |
| Individuals Last Name  | Individuals First Name | Authorized Location Site | Alternative Setting Address | Dates of Service |
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| Alternative Setting Requirements | Response (y/n) |
| 1. The settings is approved prior to billing
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| 1. The individual approves of the change in setting
 |  |
| 1. The legal representative approves of the change in setting (as applicable)
 |  |
| 1. There is no duplication in billing
 |  |

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| --- | --- | --- |
| Agency Name: | Provider attests the information above to be true and accurate and the provider has verified no duplicative billing  | Date:  |
| Authorized Agency Representative Name:  | Signature: |  |