**Initial Classification for Section 21 and 29**

* The Case Manager sends out a [Vendor Call](http://www.maine.gov/dhhs/oads/provider/developmental-services/documents/Vendor-Call-Form%20(Word).docx) to providers for potential services to meet un-met needs in the Person Centered Plan.
* The Member and/or Guardian, with the assistance from the Case Manager reviews responses to the Vendor Calls and chooses a MaineCare Provider for each service to be provided.
* The Case Manager re-versions the **Person-Centered Plan** in **EIS** so that the chosen provider(s) can complete the MaineCare Service Description and Goal Descriptions.
* The Case Manager asks the local **OADS** office **IDS staff person** to create a relationship for the chosen provider(s.) The chosen provider(s) complete their **Service Description Form and Goal(s)**
* The Case Manager meets with the Member and/org Guardian or other indivdiuals as requested by the Member
* The Case Manager updates the Personal Plan Meeting Narrative and the Case Management Service Description Form and CM “Service Planning Narrative” and any Ancillary Services as necessary.
* The Member/Guardian signs the **PCP Face Sheet** approving the service descriptions and goals entered into the plan.
* The Member or Guardian signs a [Choice Letter](http://www.maine.gov/dhhs/oads/provider/developmental-services/documents/Choice%20Letter%20(PDF).pdf) dated on or after the offer was made.
* If the Member is already Classified on Section 29 and the request is to Classify on Section 21 the Member/Guardian signs the [Declination-Voluntary Termination of Waiver Services (Word)](https://www.maine.gov/dhhs/oads/provider/developmental-services/documents/Declination-Voluntary%20Termination%20of%20Waiver%20Services.docx) Form
* The Case Manager re-versions the DS\_HCB Waiver Assessment that was used to offer the funded slot and updates the Assessment information and the “Guardian Decision regarding Waiver Services” dimension (**Do not lock the Assessment**).

The Case Manager submits to their assigned resource coordinator by **email**:

* A copy of the signed Face Sheet for the new plan
  + The [Choice Letter (PDF)](http://www.maine.gov/dhhs/oads/provider/developmental-services/documents/Choice%20Letter%20(PDF).pdf) regarding Waiver services
  + An [Authorization Request Form](http://www.maine.gov/dhhs/oads/provider/developmental-services/documents/Authorization%20Request%20Form%20(Word).docx), reflecting the service proposal(s) in the Plan
  + Documentation from a provider (if applicable) the date services will end if the Member is on another waiver such as Section 28 or the Adults with Disability Waiver (S19) [Declination-Voluntary Termination of Waiver Services (Word)](https://www.maine.gov/dhhs/oads/provider/developmental-services/documents/Declination-Voluntary%20Termination%20of%20Waiver%20Services.docx) if needed

**Once received the Resource Coordinator will:**

* Review the Person-Centered Plan, other assessments services are Medically Necessary.
* The Resource Coordinator reviews if the Member’s proposed services are within the [cap](http://www.maine.gov/dhhs/oads/provider/developmental-services/documents/Combined%20Rate%20Calculator%20for%20Section%2021%20&%20Section%2029.xlsx) of the waiver and if there are conflicting waivers.

If approved the Resource Coordinator will notify the Waiver Manager and Waiver Manager Assistant to classify the Member on Section 21 or 29. Once classified the Resource Coordinator will enter the authorization(s) in EIS per the PCP and Classification date. The Resource Coordinator then sends an email to the Provider(s) and Case Manager with authorization details. If Agency Group Home services are included, the Resource Coordinator will email the Provider, Clinical Review Team and Case Manager with the Classification Date.