# Guidelines for Requesting Medical Add-On

The Clinical Review Team (CRT) at DHHS/OADS will review and approve requests for a Medical Add-On to the established published rate. The CRT will use the process as follows:

**For the following Procedure Codes:**

 **T2019SC** Employment Specialist Services with Medical Add-on (Section 21 and 29)

 **H2023SC** Individual Work Support with Medical Add-on (Section 21 and 29)

 **T2021SC** Community Support with Medical Add-on (Section 21 and 29)

**T2017SC** Home Support Quarter Hour with Medical Add-on (For Section 21 only)

\*\* For T2016SC, please see instructions on Page 2 of this document.

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 Medical Add-On is needed.
2. The Member’s Planning Team must ensure the requirements outlined in the MaineCare Benefits Manual, Chapter II, 21.15, B of Appendix II- Guidelines for Approval of Medical Add-on in Maine rate setting has been met.
3. The member’s team must submit a written order by a physician or physician’s assistant that is less than three months old. The written order must address the criteria outlined in the MaineCare Benefits Manual, Chapter II, 21.15, A of Appendix II- Guidelines for Approval of Medical Add-on in Maine rate setting to include:
	1. The specific illness or condition to be addressed;
	2. The specific procedure(s) that will be utilized;
	3. The time span of the treatment;
	4. The anticipated frequency of treatment or intervention;
	5. Length of time the treatment or intervention will be required
4. The Case Manager must submit the doctor’s note, service authorization request form and any supporting documentation to the CRT. The locked PCP must have a detailed description of MAO related services provided.
5. The CRT will review the requests as outlined in the MaineCare Benefits Manual, Chapter II, 21.15, D of Appendix II- Guidelines for Approval of Medical Add-on in Maine rate setting and issue a written decision to the Member and/or Guardian within twenty (20) working days of receipt of all required documentation. The Case Manager will be notified by email and by postal mail and will include information on the member’s appeal rights.
6. When additional information is required by the CRT, a request for information will be submitted to the Case Manager. 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 Medical Add-On 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 service provider.

Please submit requests for the CRT by mail, password protected email or fax:

Clinical Review Team

 41 Anthony Avenue SHS #11

 Augusta, Maine 04330

 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 (207) 287-8303 or by email at CRT-OADS.DHHS@Maine.gov

For more information, please refer to the Mainecare Benefits Manual, 10-144 C.M.R. Ch.II, § 21.05 Appendix II.

**For the Following Procedure Code:**

 **T2016SC** Home Support-Agency Per Diem with Medical Add-on (Section 21 only)

1. Request for Medical Add-On (MAO) hours are submitted through Kepro’s Atrezzo system under T2016SC by the Home Support-Agency Per Diem Provider.
2. The Home Support-Agency Per Diem provider must submit a written order by a physician or physician’s assistant that is less than three months old. The written order must address the criteria outlined in the MaineCare Benefits Manual, Chapter II, 21.15, A of Appendix II- Guidelines for Approval of Medical Add-on in Maine rate setting to include:
	1. The specific illness or condition to be addressed;
	2. The specific procedure(s) that will be utilized;
	3. The time span of the treatment;
	4. The anticipated frequency of treatment or intervention;
	5. Length of time the treatment or intervention will be required
3. The provider must submit any requested T2016 per diem hours with the MAO request under the same Atrezzo Case ID number. Please consult with Kepro on how to submit both T2016 and T2016SC hours under the same Case ID number.
4. The member’s Planning Team must ensure the requirements outlined in the MaineCare Benefits Manual, Chapter II, 21.15, B of Appendix II- Guidelines for Approval of Medical Add-on in Maine rate setting has been met.
5. The CRT will review the request as outlined in the MaineCare Benefits Manual, Chapter II, 21.15, D of Appendix II- Guidelines for Approval of Medical Add-on in Maine rate setting.
6. The CRT will review the request and will approve, partially approve, or deny the request. The rationale for the decision will be included in the Atrezzo notes which the provider has access to review. The CRT will inform the member/guardian and member’s case manager or any partial approval, reduction, or denial by letter in the US Mail and will include information on the member’s appeal rights.
7. The MAO rate adjustment will be approved for no more than one (1) year, but maybe less due to the nature of the specific illness or condition addressed. The Planning Team may reapply for the MAO rate adjustment 30 days before the end of the approval period.
8. If the member’s specific illness or condition changes during the approval period and the Planning Team determine a change in MAO hours are warranted, then the provider would make a request through Atrezzo with an updated physician or physician’s assistance order.

Should you have any questions or comments, please contact or the CRT at (207) 287-8303 or by email at

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