**Initial Classification for Section 21 or 29**

**Children’s and Mental Health Case Workers**

* The Case Manager completes a [Vendor Call](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Vendor-Call-Form%203.4.docx) to Providers for potential services to meet unmet needs identified in the Person Centered Plan.
* The Case Manager Emails a completed form to ResourceCoordinator-OADS@maine.gov.
* Responding Providers will reach out to the Case Manager by Email.
* The Case Manager reviews responding Providers with the Guardian and/or Member.
* The Member and/or Guardian visits Provider(s) if possible and selects a Provider.
* Once a Provider has been selected, the Case Manager has the Provider/s complete a [Service Proposal Request Form (Word).](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Service-Proposal-Request-Form%202.12.docx)
* The Case Manager facilitates a Team Meeting which includes the selected Provider/s and individuals chosen by the Guardian and/or Member.
* The Team discusses the Member’s needs, proposed services, and how the Member will transition to those services.
* The Case Manager then writes up the [Personal Plan Update Form](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Personal-Plan-Update-for-Children%27s-and-Mental-Health-Case-Management%202.12.docx) to include what was discussed during the planning meeting and the services proposed.
* The Case Manager has the Member and/or Guardian sign the Personal Plan Update Form.
* The Case Manager has the Member and/or Guardian sign the [Choice Letter (PDF).](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Choice-Letter%202.12.docx)
* [Th](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Choice-Letter%202.12.docx)e Case Manager completes the [Developmental Services Home and Community Based (HCB) Waiver Assessment (BMS-99) (Word).](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Developmental-Services-Home-and_Community-Based-Waiver-Assessment%20%28BMS-99%29%202.12.docx)
* The Case Manager completes the [Authorization Request Form (Word)](http://www.maine.gov/dhhs/oads/provider/developmental-services/documents/Authorization%20Request%20Form%20%28Word%29.docx).
* 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/sites/maine.gov.dhhs/files/documents/Declination-Voluntary-Termination-of-Waiver-Services%202.12.docx)

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

* + A copy of the current Service/Treatment Plan.
	+ A signed copy of the Personal Plan Update form
	+ Completed Service Proposal Request Form for all Providers.
	+ A copy of the signed Choice Letter regarding Waiver services.
	+ The Authorization Request Form reflecting the services proposed.
	+ A copy of the Declination-Voluntary Termination of Waiver Services Form, if needed.

**Initial Classification for Section 21 or 29**

**Children’s and Mental Health Case Workers**

**Continued**

* + 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).
	+ The Developmental Services Home and Community Based (HCB) Waiver Assessment (BMS-99)

Once received, the Resource Coordinator will:

* Review the current Service/Treatment Plan, Personal Plan Update, and other documents submitted to determine the proposed services are Medically Necessary.
* Determine the Member’s proposed services are within the individual budget cap of the waiver and if there are conflicting waivers or classifications.

If approved, the Resource Coordinator will notify the Waiver Specialist 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 Per Diem services are included, the Resource Coordinator will email the Provider, Clinical Review Team, and Case Manager with the Classification Date.