**Annual Reclassification for Section 21 and Section 29 Waiver Services for Children’s and Mental Health Case Managers**

Each year, the Member must be reclassified to continue to receive Waiver Services. The reclassification date is the same date from year to year. **Any lapse in classification will impact reimbursement to service providers**.

The team meets 3-6 months prior to the annual reclassification date. The Member’s current needs are discussed, along with services which have been provided to meet those needs. Any new needs/services or any changes to current services are discussed and documented.

* 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 current needs, reviews current services and goals, discusses any new needs and/or services, and discusses any changes to current services.
* The Case Manager then writes up the [Personal Plan](http://www.maine.gov/dhhs/oads/provider/developmental-services/documents/personal_plan_case_mh_ch_management.docx) Update Form to document what was discussed and decided during the planning meeting.
* The Case Manager has the Member and/or Guardian sign the Personal Plan Update Form.
* The Case Manager has all current and proposed providers complete a [Service Proposal Request Form (Word)](http://www.maine.gov/dhhs/oads/docs/form-Service-Proposal.doc) for each service. If there are proposed changes to a current service, these must be documented in this form.
* The Case Manager completes the [Developmental Services Home and Community Based (HCB) Waiver Assessment (BMS-99) (Word)](http://www.maine.gov/dhhs/oads/provider/developmental-services/documents/Developmental%20Services%20Home%20and%20Community%20Based%20%28HCB%29%20Waiver%20Assessment%20%28BMS-99%29%20%28Word%29%20new.docm).
* The Case Manager completes an [Authorization Request Form (Word)](http://www.maine.gov/dhhs/oads/provider/developmental-services/documents/Authorization%20Request%20Form%20%28Word%29.docx) if there are any changes to current services or new services proposed.

**30-60 days before the actual reclassification date** the Case Manager submits to the Resource Coordinator:

The Member’s current Service/Treatment Plan.

* + A copy of the signed Personal Plan Update Form.
	+ All Service Proposal Request Forms from current and proposed providers.
	+ The Developmental Services Home and Community Based (HCB) Waiver Assessment (BMS-99) in Word. (OADS **cannot** use this form in any other format)
	+ An Authorization Request Form if there are changes in services proposed.

**Annual Reclassification for Section 21 and Section 29 Waiver Services for Children’s and Mental Health Case Managers**

**Continued**

The Resource Coordinator will:

* Review the documents and assessments submitted to determine if the Member continues to meet Medical Eligibility for the Waiver and if services are Medically Necessary.
* Determine if the Member’s proposed services are within the cap of the waiver.
* Notify the Waiver Assistant and Case Manager when the Reclassification can be updated in MIHMS (billing system).
* The Resource Coordinator notifies the Service Provider(s) when the reclassification has been processed so they can view/print their authorizations for MaineCare billing purposes.
* If there is an Authorization Request with the Reclassification packet the Resource Coordinator will
	+ Review the Authorization Request Form, Service Proposal Form(s), and Personal Plan Update Form;
	+ Determine the proposed services/changers are Medically Necessary; and
	+ Determine whether the proposed services are within the individual budget cap of the waiver.
	+ If there are no issues with the forms and assessments the Resource Coordinator will enter authorizations for the changes in service and notify the Provider(s) and Case Manager when this is complete.
	+ The Authorization Request will be separate from the Reclassification process.