**Change of Service 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 current Provider(s), the selected Provider(s), and individuals chosen by the Guardian and/or Member.
* The Team discusses the Member’s needs, current services, 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 completes the [Authorization Request Form (Word)](http://www.maine.gov/dhhs/oads/provider/developmental-services/documents/Authorization%20Request%20Form%20%28Word%29.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 new Provider(s)
	+ A copy of the signed Choice Letter regarding Waiver services
	+ The Authorization Request Form reflecting the current services and services proposed

**Change of Service for Section 21 or 29**

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

**Continued**

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 enter the authorization(s) in EIS per the Service Proposal Form(s). The Resource Coordinator will send an email to the Provider(s) and Case Manager with authorization details.

**Please note**: This Protocol applies to most, but not all services. There are exceptions: Assistive Technology, Crisis Intervention Services, Increased Level of Support for Shared Living and Family Centered Support, Specialized Medical Equipment (aka Durable Medical Equipment not approved under the state Medicaid plan), and Agency Per Diem (group home) residential services. These services must be approved by the Clinical Review Team. Please find the protocols labeled **Clinical Review Team (CRT) Guidelines for Case Managers and Providers** on the Forms and Protocols page (<https://www.maine.gov/dhhs/oads/providers/adults-with-intellectual-disability-and-autism>). The Member’s current Service/Treatment Plan and the Personal Plan Update Form replace the Person-Centered Plan (PCP) in those protocols. For more information please contact the Clinical Review Team at CRT-OADS.DHHS@maine.gov.