

Section 28 – Rehabilitative and Community Services Referral/Application Submission Guidelines

For DHHS Guardians, CPS Guardians, or Parent Referrals:

If you do not have access to Atrezzo, please use the Section 28 Referral found at <https://me.kepro.com/services/children-rehabilitative-and-community-support/>. The application can be faxed to Acentra Health at 866-325-4752.

For TCMS, BHH Providers, or other Providers with Access to Atrezzo:

Start an Outpatient case using the member demographic information (i.e. Name, DOB, and MaineCare number. Use the NPI number of the referral source agency, so that the referral source (TCM/BHH Provider, etc.) has access to the case.

Service Type: Section 28

Diagnosis: Enter in the current eligible diagnosis for the service requested. If the member is under 6 and does not have an eligible diagnosis, a letter from a Medical Doctor or a Nurse Practitioner is required to indicate that without this service, the member will meet criteria later in life if these services are not provided now.

Request Type: Referral

Procedure Code: 170-100 – Section 28 Eligibility Determination

Service Length: 365 days

Quantity: 1 unit

****School/Community; Specialized/Non-Specialized will be indicated on the Questionnaire****

Questionnaires: Fill out the questionnaire in its entirety but do not mark it as complete.

- Be sure to select the correct referral. If the member needs Community-Based and School-Based is selected, they will not appear on the Referral Management list.
- Assure you are selecting Non-Specialized or Specialized. A separate referral case is needed if the member is being referred to both.
- Reason for Referral – Be specific about the behaviors and symptoms observed that Section 28 will be addressing.
- Functional Assessment Scores – Date of assessment and who performed the assessment.
- Guardian name and contact information.
- Preferred Providers or Providers with which the family would not like to work with.
- Will Member receive services at the address in Atrezzo from MaineCare?
- Referral source: **name, contact number, and email.**

Attachments: Authorization to Release Information form found here:
<https://www.maine.gov/dhhs/privacy>

Communications: No information is needed here

The Referral will be reviewed within 24 business hours/1 business day. If there are additional questions needed, the case will be put on hold for the additional information for 7 days. Please respond in a timely fashion to assure that all clinical information to determine medical necessity is reviewed. Without it, the request may not be reviewed or processed.

When this case is approved, print out the Case Summary overview page, which will serve as the approval.

For additional information on what happens after a Referral is approved:

See OCFS and Acentra Health's Referral Management Workflow for Section 28 RCS and Section 65 HCT at <https://me.kepro.com/services/children-rehabilitative-and-community-support/>