

## Questionnaire: Referral Management

### Referral

Instructions: \*\*\*IMPORTANT!\*\*\* In selecting SECTION 25, please make sure you are selecting the correct type. Please also carefully note the HOME BASED and SCHOOL BASED options, and select the correct one\*\*\*

1. Select the type of referral:  
(Please select one.)

- Section 15 Targeted Case Management (TCM) Services       Section 17 Community Support Services  
 Section 25 Rehabilitative and Community Support (RCS) Services       Section 26 Rehabilitative and Community Support (RCS) Services (School-Based)  
 Section 65 Home and Community Based Treatment (HCBT) Services       Section 66 Medication Management  
 Section 92 Behavioral Health Home (BHH) Services       Section 97 Children's Residential Care Facilities (CRCF)  
 Section 97 Intensive Temporary Residential Treatment (ITRT) Services

If you answered "Section 15 Targeted Case Management (TCM) Services" on question 1

1.1.1. Indicate the referent's name, email address, and phone number:  
(Please select one.)

1.1.2. Date of referral:

If you answered "Section 17 Community Support Services" on question 1

1.2.1. Indicate the referent's name, email address, and phone number:

Instructions: To be coded as a referral for Non-Maternal Care, the member must not have active Maternal Care.

1.2.2. Indicate if this referral is for a Maternal Care Funded service or a Non-Maternal Care Funded (also known as Grant-Funded) service:  
(Please select one.)

- Maternal Care Funded  
 Non-Maternal Care (Grant-Funded)

If you answered "Section 25 Rehabilitative and Community Support (RCS) Services" on question 1

Instructions: Please enter in one referral per service.

1.2.1. Type of Section 25 service:  
(Please select one.)

- Non-specialized  
 Specialized

Instructions: The Functional Assessment Scores do not need to be uploaded.

1.2.2. Are you submitting Functional Assessment Scores?  
(Please select one.)

- Yes  
 No

If you answered "Yes" on question 1.2.2

Instructions: The Functional Assessment Scores do not need to be uploaded.

1.2.2.1.1. Compare Score:

Instructions: The Functional Assessment Scores do not need to be uploaded.

1.2.2.1.2. Communication Conceptual:

Instructions: The Functional Assessment Scores do not need to be uploaded.

1.2.2.1.3. Social:

Instructions: The Functional Assessment Scores do not need to be uploaded.

1.2.2.1.4. Assessment Tool Used:

Instructions: The Functional Assessment Scores do not need to be uploaded.

1.2.2.1.5. Name and credentials of who completed the assessment:

1.2.3. Date of Functional Assessment:

Instructions: If you have an MD letter, please upload it to the case.

1.2.4. Are you submitting a MD letter?  
(Please select one.)

- Yes  
 No

If you answered "Yes" on question 1.2.4

Instructions: If you have an MD letter, please upload it to the case.

1.2.4.1.1. Physician name and credentials:

1.2.5. Reason for referral (Please include symptoms and behaviors (frequency, intensity, and duration) that support the level of care requested):

1.2.6. Has the child been suspended or expelled from child care and / or an educational setting?

(Please select one.)

- Yes  
 No

If you answered "Yes" on question 1.2.6

1.2.6.11. Provide the date:

1.2.7. Is the member's current need for service primarily due to their Intellectual Disability/Developmental Disability diagnosis? (Please select one)

- Yes
 No

1.2.8. Is this request a result of previous learning? (Please select one)

- Yes
 No

If you answered "Yes" on question 1.2.8

1.2.8.1. Please explain:

1.2.9. When is the family available to be served? (Please select between 1 and 3 times)

- Morning
 Afternoon
 Evening

1.2.10. Has the child been involved in the Juvenile Justice System? (If yes, please provide dates) (Please select one)

- Yes
 No

If you answered "Yes" on question 1.2.10

1.2.10.1. Please Explain:

1.2.11. Does the member have a guardian? (Please select one)

- Yes
 No

If you answered "Yes" on question 1.2.11

1.2.11.1. List guardian name and phone number:

1.2.12. Does the family have a preferred provider? (Please select one)

- Yes
 No

If you answered "Yes" on question 1.2.12

1.2.12.1. Select the Specialized Section 20 Preferred Provider: (Please select one)

- ABC Educare
 Compass Behavioral Health
 Eastern Maine Counseling and Training
 Pathways
 The Northern Lighthouse
 Androskoggon Home Health and Hospice
 Connections for Kids
 E.C.C.O., LLC
 R.I.S.E., INC
 UCF of Maine
 West Dineo & Associates
 Counseling and Trauma Therapy Associates
 Innovations Behavior Services
 Social Care
 Woodlands (all counties except Cumberland and York)
 CARD- Center for Autism & Related Disorders
 Discovering Kids Consultation Services
 Main Health
 Woodlands
 CASA, Inc.
 Downeast Horizons, Inc.
 Mark R. Hammond, Inc.
 Sunrise Opportunities

1.2.12.2. Select the Non-Specialized Section 20 Preferred Provider: (Please select one)

- 107 Forward
 Program for Families & Communities
 Single Pointe Healthier You
 E.C.C.O., LLC
 MAS Community Health
 Saco River Health Services
 Androskoggon Home Health and Hospice
 ABC Educare, LLC
 Central Anosok Association
 Family First
 The Northern Lighthouse
 Adam Healthcare Services, LLC
 Choices for Everyone, Inc. (CAPE)
 Day Life LLC
 Mobile, Inc.
 The Progress Center
 Adson Fore Specialized Services, Inc.
 Christopher Aaron Counseling Center
 Freedom First Support Services
 New Maine Public Initiative
 Two Cape Vocational Services- STWDS
 Affinity
 C.A.S.A., Inc.
 Culture Therapy Services
 Gateway Community Services
 UCF of Maine
 Anosok Home Health Services
 Comp As Behavioral Health
 Northern Maine General
 Watch Me Grow, Inc.
 West Dineo & Associates
 Counseling and Trauma Therapy Associates
 Innovations Behavior Services
 Social Care
 Woodlands (all counties except Cumberland and York)
 Back To Basics Behavioral Health Services, Inc.
 Bangor Counseling Center
 C.O.R. Health Services
 Fenwick
 Living Innovations Support Services
 React Behavioral Health
 Woodlands Family Services
 Behavioral Health Solutions for ME
 Counseling and Trauma Therapy Associates
 Finc Free Society
 Main Health
 Main Behavioral Health Organization
 Main Behavioral Health Services
 Main Immigrant and Refugee Services
 Main Immigrant and Refugee Services
 Progression Behavioral Health Services
 Sunrise Opportunities
 Back Bear Support Services, LLC
 East Dineo & Associates
 Discovering Kids Consultation Services
 Downeast Horizons, Inc.
 Social Care of Maine
 Cross Roads Care Management
 Mark R. Hammond Associates, Inc.
 React Behavioral Health

1.2.13. Have you explored Multi-Systemic Therapy (MST) or Functional Family Therapy (FFT) services? (Please select one)

- Yes
 No

If you answered "Yes" on question 1.2.13

1.2.13.1. Which service was explored?

1.2.13.2. When did you refer the member to this service?

If you answered "No" on question 1.2.13

1.2.13.3. Why was the member not referred to these services?

1.2.14. Are there any providers the family does not want to have information sent to?  
(Please select one)

- Yes
- No

If you answered "Yes" on question 1.2.14

1.2.14.1.1. Define the provider(s):

1.2.15. Is member interested in telehealth?  
(Please select one)

- Yes
- No

If you answered "Yes" on question 1.2.15

1.2.15.1.1. Does member have need to go to participating telehealth?  
(Please select one)

- Yes
- No

1.2.15.1.2. Is the member open to telehealth for some of the services or all of the services?  
(Please select one)

- Some of the services
- All of the services

1.2.16. Does the member require an interpreter?  
(Please select one)

- Yes
- No

If you answered "Yes" on question 1.2.16

1.2.16.1.1. What language and dialect will the interpreter need to know?

1.2.17. Will the child receive services at the address currently specified on the patient detail page?  
(Please select one)

- Yes
- No

If you answered "No" on question 1.2.17

1.2.17.2.1. Enter the address:

1.2.17.2.2. Select City:

(Please select one)

- Abbot
- Acton
- Adamstown Twp
- Addison
- Albany Twp
- Albion
- Alexandria
- Alford
- Allegan
- Alka
- Alton
- Amherst
- Amity
- Andover
- Anson
- Appleton
- Argyle Twp
- Amoxic
- Arundel
- Ashland
- Athens
- Atholton
- Auburn
- Augusta
- Aurora
- Avon
- Bailey Island
- Baillyville
- Bancroft
- Bangor
- Bar Harbor
- Bar Mills
- Barre Pt
- Barnard Twp
- Bass Harbor
- Bath
- Bath
- Beak
- Beaver Cove
- Bedfordton
- Belknap
- Belgrade
- Belgrade Lakes
- Belgrade Lake
- Belvidere
- Belvidere
- Belmont
- Benedict
- Benton
- Berne
- Berwick
- Bethel
- Bethel
- Bethel



- Conville
- Coogan
- Crabberry Is
- Crabberry Lake
- Crabfield
- Cross Lake Twp
- Cross Lake Twp
- Crousville
- Crystal
- Cumb Foreside
- Cumberland
- Cumberland Center
- Cumberland Cr
- Cumberland Foreside
- Cuddy Harbor
- Cushing
- Cushing Is
- Cushing Island
- Cutler
- Cyr Pt
- Dallas Pt
- Damaracora
- Darford
- Darsile
- Dayton
- Dead River Twp
- Dead Riv Twp
- Dechka
- Dedham
- Deer Isle
- Demark
- Demerston
- Demerwick
- Derby
- Derot
- Deter
- Diamond Cove
- Diamond Is
- Diamond Island
- Duffid
- Dumont
- Dover Farnoff
- Dove Farnoff
- Drew Pt
- Dry Farnoff
- Dry Brook
- E Blue Hill
- E Livemore
- E Millbrook
- E Monic Twp
- E Parsonfield
- E Seondiam
- E Vassalboro
- E Waterboro
- East Baldwin
- East Blue Hill
- East Woodbury
- East Woodfield
- East Holden
- East Livemore
- East Madras
- East Millbrook
- East Monic Twp
- East Newport
- East Orland
- East Parsonfield
- East Poland
- East Vassalboro
- East Waterboro
- East Wilton
- East Winslow
- Eastbrook
- Easton
- Eastport
- Ebbetts Twp
- Edgington
- Edgewood
- Edinburg
- Edwanda Twp
- Eke
- Ekeville Twp
- Ekeville Twp
- Elmworth
- Embden
- Enfield
- Encounter Sta
- Encounter Station
- Enn
- Euna
- Euxes
- Fairfield
- Fairbouth
- Fanningdale
- Fanning Pt
- Fannington
- Fannington Falls
- Fajate
- Flanders Landing Twp
- Flanders Ldg
- Forest City Twp
- Forest Twp
- Fort Fairfield
- Fort Kent
- Fort Kent Mills

- Franklin
- Franklin
- Freedom
- Freedom Twp
- Frogon
- Frodoboro
- Frodoboro Twp
- Frodooro Twp
- Frodrivle
- Frodrivly
- Fro City Twp
- Frye Island
- Frysburg
- Ft Fairfield
- Ft Kent Mts
- Gander
- Gander Pk
- Gander
- Gargosson
- Glead
- Glen Cove
- Glenburn
- Glenwood Pk
- Gorham
- Gouldboro
- Grand Isle
- Grand Lake Stream
- Grand Lake Stream
- Gray
- Great Diamond Island
- Great Pond
- Greenbush
- Groton
- Grotonfield Twp
- Groton Twp
- Grotonville
- Grotonville Junction
- Grotonville Jct
- Grotonwood
- Grotonville
- Grotonville Twp
- Grout Island
- Guilford
- Hallowell
- Hamlin
- Hammond
- Hampton
- Hancock
- Harpswell
- Harborside
- Harmony
- Harpswell
- Harrington
- Harrison
- Hartford
- Hartford
- Hayesville
- Hebron
- Hebron
- Hebron
- Hebron
- Hebron Twp
- Highland Pk
- Huckleby
- Hiram
- Hodgdon
- Holden
- Holt Center
- Hope
- Houston
- Howland
- Hoytown Twp
- Hudson
- Hull Cove
- Indian Island
- Indian Stream
- Indian Stream Twp
- Indian Twp
- Industry
- Is OFS prange
- Island Falls
- Isle Au Haut
- Isle OFS prange
- Itaska
- Itaska
- Jackson
- Jackson
- Jay
- Jefferson
- Johnson Mts Twp
- Johnson Mountain Twp
- Jonesboro
- Jonesport
- Kenduskeag
- Kennelton
- Kenneltonport
- Kent Hill
- Kent Falls
- Kingfield
- Kingman
- Kingman Twp
- Kinsey
- Kinsey Point
- Knox
- L. L. Bean Co



- N Vassalboro
- N Waterboro
- N Waterford
- N Yarmouth
- Naples
- Nashville Pike
- New Canada
- New Gloucester
- New Gloucester
- New Harbor
- New Limerick
- New Portland
- New Sharon
- New Sweden
- New Vineyard
- Newagen
- Newburgh
- Newcomb
- Newfield
- Newgate
- Newry
- Nobleboro
- Northford
- North Amherst
- North Berwick
- North Windham
- North Fryeburg
- North Haven
- North Jay
- North Monmouth
- North New Portland
- North Shelburne
- North Sullivan
- North Tunton
- North Vassalboro
- North Waterboro
- North Waterford
- North Yarmouth
- Northeast Harbor
- Northeast Hill
- Northfield
- Northport
- Norway
- Oakfield
- Oakland
- Ocean Park
- Ogunquit
- Orono
- Old Orchard Beach
- Old Orchard Beach
- Old Town
- Oquossoc
- Orient
- Orland
- Orono
- Orono
- Orange
- Orr Island
- Osborn
- Otes
- Otisfield
- Otter Creek
- Otis Head
- Osborn
- Oxford
- Palermo
- Palmyra
- Park
- Parson
- Park Pond
- Park Pond
- Parsonfield
- Passadumkeag
- Patten
- Peabody Island
- Peapack
- Peapack
- Pembroke
- Penobscot
- Perham
- Perissa
- Perry
- Peru
- Phillips
- Phillipsburg
- Pierce Pond
- Pierce Pond
- Pine Point
- Pittsford
- Pittsford Academy
- Pittston
- Pittston Academy
- Pleasant Point
- Pleasant Pt
- Pleasant Ridge Pt
- Pleasant Ridge Pt
- Plymouth
- Plymouth
- Poland
- Poland Spring
- Pond Cove
- Port Clyde
- Portage
- Portage Lake





- St John Pt
- Stacyville
- Standish
- Steaks
- Steep Falls
- Steeple
- Steuben
- Stillman
- Stockton
- Stockton Springs
- Stoddard
- Stoughton
- Stone
- Stramon
- Strong
- Sulphur
- Sumner
- Sunace
- Sundry
- Swans Island
- Swanville
- Sweden
- Taknedge
- Temple
- Tenants Harbor
- Tenants Mt
- The Forks Pt
- Thomaston
- Thomdike
- Tomhogan Twp
- Topsheld
- Topsham
- Traction
- Traction Twp
- Troy
- Troy
- Turner
- Union
- Unity
- Upper Frenchville
- Upper French
- Upton
- Van Wagon
- Vancoboro
- Vassalboro
- Vassar
- Verona Island
- Verona
- Vinal Haven
- W Boothbay Mt
- W Boothbay Harbor
- W Boothbay Mt
- W Bondon
- W Farnington
- W Kenebec
- W Scarborough
- Wade
- Wade
- Wade
- Waldoboro
- Wake
- Wallagras
- Walpole
- Walburn
- Warren
- Washburn
- Washington
- Washburn
- Washford
- Waterville
- Wayne
- Webster Pt
- Weeks Mt
- Weld
- Wellington
- Wells
- Wells
- West Baldwin
- West Bath
- West Bethel
- West Boothbay Harbor
- West Bridgton
- West Farnington
- West Forks
- West Gardner
- West Kennebunk
- West Libby
- West Newfield
- West Paris
- West Poland
- West Rockport
- West Scarborough
- West Thomaston
- Westbrook
- Westfield
- Westmanland
- Weston
- Westport Is
- Westport Island
- Whitfield
- Whiting
- Whitneyville
- Williamsburg Twp
- Williamsburg Twp
- Wilkesville

- Windsor
- Windsor
- Windsor
- Windsor
- Windsor
- Windsor Harbor
- Windsorport
- Windsorup
- Windsor
- Windsorland
- Windsorville
- Windsorchick
- Windsorblack
- Windsor
- Windsor
- Windsor
- Windsor
- Windsor
- Windsor

1.2.18. Would the question be increased (reparticipating in a Section 28 group with other members and guardians)?  
(Please select one.)

- Yes
- No

1.2.19. Would the question be increased in the member participating in a Section 28 group that included other Section 28 members?  
(Please select one.)

- Yes
- No

1.2.20. Referral Provider NPI Number:

1.2.21. Indicate the referral's name, email address, and phone number:

If you answered "Section 28 Rehabilitative and Community Support (RCS) Services (School-Based)" on question 1

Instructions: Please enter in one referral per service.

1.4.1. Type of Section 28 service:

(Please select one.)

- Non-specialized
- Specialized

Instructions: The Functional Assessment Scores do not need to be uploaded.

1.4.2. Are you submitting Functional Assessment Scores?

(Please select one.)

- Yes
- No

If you answered "Yes" on question 1.4.2

Instructions: The Functional Assessment Scores do not need to be uploaded.

1.4.2.1.1. Compare to Score:

Instructions: The Functional Assessment Scores do not need to be uploaded.

1.4.2.1.2. Communication/Conceptual:

Instructions: The Functional Assessment Scores do not need to be uploaded.

1.4.2.1.3. Social:

Instructions: The Functional Assessment Scores do not need to be uploaded.

1.4.2.1.4. Assessment Tool Used:

Instructions: The Functional Assessment Scores do not need to be uploaded.

1.4.2.1.5. Name and address of where completed the assessment:

1.4.3. Date of Functional Assessment:

Instructions: If you have an MD letter, please upload it to the case.

1.4.4. Are you submitting a MD letter?

(Please select one.)

- Yes
- No

If you answered "Yes" on question 1.4.4

Instructions: If you have an MD letter, please upload it to the case.

1.4.4.1.1. Physician name and credentials:

1.4.5. Reason for referral (Please include symptoms and behaviors (frequency, intensity, and duration) that support the level of service requested):

1.4.6. Has the child been suspended or expelled from child care and / or in an educational setting?

(Please select one.)

- Yes
- No

If you answered "Yes" on question 1.4.6

1.4.6.11. Provide the date:

- 1.4.7. Is the member's current need for service primarily due to their Intellectual Disability/Developmental Disability diagnosis?  
(Please select one.)
- Yes
  - No

- 1.4.8. When is the family available to be served?  
(Please select between 1 and 3 items.)
- Morning
  - Afternoon
  - Evening

- 1.4.9. Has the child been involved in the Juvenile Justice System? (If yes, please provide dates)  
(Please select one.)
- Yes
  - No

If you answered "Yes" on question 1.4.9

1.4.9.11. Please Explain:

- 1.4.10. Does this member have a guardian?  
(Please select one.)
- Yes
  - No

If you answered "Yes" on question 1.4.10

1.4.10.1. List guardian name and phone number:

- 1.4.11. Are there any providers the family does not want information sent to?  
(Please select one.)
- Yes
  - No

If you answered "Yes" on question 1.4.11

1.4.11.1. Define the provider(s):

- 1.4.12. Have you explored Multi-Systemic Therapy (MST) or Functional Family Therapy (FFT) services?  
(Please select one.)
- Yes
  - No

If you answered "Yes" on question 1.4.12

1.4.12.1. Which service was explored?

1.4.12.2. When did you refer the member to this service?

If you answered "No" on question 1.4.12

1.4.12.3. Why was the member not referred to these services?

- 1.4.13. Does the member require an interpreter?  
(Please select one.)
- Yes
  - No

If you answered "Yes" on question 1.4.13

1.4.13.1. What language and dialect is the interpreter need to know?

- 1.4.14. Is member interested in telehealth?  
(Please select one.)
- Yes
  - No

If you answered "Yes" on question 1.4.14

- 1.4.14.1. Does member have technology to participate in telehealth?  
(Please select one.)
- Yes
  - No

- 1.4.14.2. Is the member open to telehealth for some of the services or all of the services?  
(Please select one.)
- Some of the services
  - All of the services

- 1.4.15. Does member have technology to participate in telehealth?  
(Please select one.)
- Yes
  - No

- 1.4.16. Is the member open to telehealth for some of the services or all of the services?  
(Please select one.)
- Some of the services
  - All of the services

1.4.17. Is this request a result of vaccine hesitancy?  
(Please select one)

- Yes  
 No

If you answered "Yes" on question 1.4.17

1.4.17.1. Please explain:

1.4.18. Will the child receive services at the address currently specified on the patient's last page?  
(Please select one)

- Yes  
 No

If you answered "No" on question 1.4.18

1.4.18.1. Zip the address:

1.4.18.2. Select City:  
(Please select one)

- Abbot  
 Acton  
 Adamstown Twp  
 Addison  
 Albany Twp  
 Albion  
 Alexander  
 Alford  
 Allegan  
 Alpa  
 Alton  
 Amherst  
 Amity  
 Andover  
 Anson  
 Appleton  
 Argyle Twp  
 Arrossic  
 Arundel  
 Ashland  
 Athens  
 Ashmun  
 Auburn  
 Augusta  
 Aurora  
 Avon  
 Bailey Island  
 Baileyville  
 Bancroft  
 Bangor  
 Bar Harbor  
 Bar Mills  
 Barrington Pt  
 Barnard Twp  
 Bass Harbor  
 Bath  
 Bath  
 Beaver Cove  
 Beedington  
 Bethel  
 Belgrade  
 Belgrade Lakes  
 Belgrade Lake  
 Belknap  
 Belvidere  
 Belmont  
 Benton  
 Berwick  
 Bethel  
 Biddeford  
 Biddeford Pt  
 Biddeford Pool  
 Big Lake Twp  
 Bingham  
 Birch Harbor  
 Birch Island  
 Blair  
 Blanchard Twp  
 Bliss Hill  
 Booby Bay  
 Booby Bay Harbor  
 Booby Bay Wtr  
 Boxford  
 Bowdoinham  
 Bowdoin  
 Bradford  
 Bradley  
 Brenton  
 Brewster  
 Bridgewater  
 Bridgton  
 Brighton Pt  
 Bristol  
 Brookfield  
 Brooks  
 Brooksville  
 Brooksfield  
 Brooksville  
 Brooksville

- Bico Verde Junction
- Bico Verde Jct
- Bismarck
- Bryant Pond
- Buckfield
- Bucks Harbor
- Buckley Mt
- Burlington
- Buxham
- Buxton Island
- Buxton
- Byron
- Cahala
- Cambridge
- Camden
- Canaan
- Canton
- Cape Cottage
- Cape Elm
- Cape Elizabeth
- Cape Neddick
- Cape Porpoise
- Capeville
- Capolf Island
- Carabao N Y
- Caradak
- Candville
- Canbou
- Cancl
- Cambridge Valley
- Canoll Pt
- Carrying Place Town Twp
- Carthage
- Cary Pt
- Cary Pt Twp
- Casco
- Casco
- Casco Hill
- Casco
- Casco Twp
- Casser Lovell
- Cassville
- Chain Of Ponds
- Chain Of Ponds Twp
- Chamberlain
- Chapman
- Charleston
- Charlton
- Chatham
- Chatham Island
- Chatham Island
- Chatham
- Chazyfield
- Chester
- Chesterville
- China
- China Village
- China Vlg
- Clayton Lake
- Cliff Island
- Clifton
- Clinton
- Clinton Gore
- Codyville Pt
- Columbia
- Columbia Falls
- Columbia Falls
- Concord Twp
- Conser Twp
- Cooper
- Cooper Mills
- Coplin Pt
- Corca
- Corinna
- Corning
- Cornish
- Cornish
- Cornville
- Corvran
- Cranberry Is
- Cranberry Isles
- Cranford
- Cross Lake Twp
- Cross Lick Twp
- Crowsville
- Crystal
- Cumb Fossil
- Cumberland
- Cumberland Center
- Cumberland Ctr
- Cumberland Fossil
- Cudys Harbor
- Cushing
- Cushing Is
- Cushing Island
- Cutor
- Cys Pt
- Dallas Pt
- Damaracon
- Daulbeth
- Davell
- Dayton
- Dead River Twp
- Dead Rn Twp
- Debbie
- Dedham



- Worcester County
- Great Pond
- Greenbush
- Green
- Greenfield Twp
- Greenville Twp
- Greenville
- Greenville Junction
- Greenville Jct
- Greenville
- Greenville Twp
- Grt Dls Is
- Guilford
- Hallowell
- Hards
- Hammond
- Hampden
- Hancock
- Harlow
- Harborside
- Harmony
- Harpswell
- Harrington
- Hartman
- Hatfield
- Haverhill
- Haystack
- Hebron
- Hermon
- Hersey
- Hiram
- Highgate Twp
- Highland Pt
- Hiram
- Hiram
- Hodgdon
- Holden
- Hollis Center
- Hope
- Houlton
- Howland
- Huxford Twp
- Hudson
- Hule Cove
- Indian Island
- Indian Stream
- Indian Stream Twp
- Indian Twp
- Industry
- Is O'Springs
- Island Falls
- Isle Au Haut
- Isle O'Springs
- Ivesboro
- Jackman
- Jackson
- Jay
- Jefferson
- Johnson Twp
- Johnson Mountain Twp
- Jonesboro
- Jonesport
- Kenduskeag
- Kennebunk
- Kennebunkport
- Kennebec
- Kennebec Falls
- Kennebec
- Kennebec Twp
- Kennerly
- Kennerly Point
- Knox
- L. L. Bean Co
- Lagrange
- Lake Umbagog
- Lakeside
- Lambert Lake
- Lamson
- Lang Twp
- Lebanon
- Lee
- Leeds
- Lewis
- Lewiston
- Lexington Twp
- Liberty
- Lily Bay Twp
- Lincoln
- Lincoln
- Lincoln
- Lincoln Center
- Lincoln Ctr
- Lincolnville
- Lincolnville Center
- Lincolnville Ctr
- Lincolnville
- Lincoln
- Lincoln
- Lincoln Falls
- Lincolnfield
- Littleton
- Littleton
- Littleton







- a wecpom
- S Gardner
- S Gouldsboro
- S Harpen dI
- S Portland
- S Thomaston
- Sabattus
- Saco
- Saint Agatha
- Saint Abner
- Saint David
- Saint Francis
- Saint George
- Saint Tony
- Salisbury Cove
- Sandy Bay Twp
- Sandy Point
- Sandy River Pt
- Sandy River Pt
- Sanford
- Sangerville
- Sargentville
- Scarborough
- Scal Cove
- Scal Harbor
- Scammon
- Scamport
- Schage
- Schage Lake
- Schasco State
- Schasco Sta
- School
- School Pt
- Schoonook Twp
- Sedgewick
- Sealeigh
- Seavmont
- Seaside
- Sherman
- Sherman Mills
- Sherman Sta
- Sherman Station
- Shirley Mills
- Shiloh
- Silver Ridge
- Silver Ridge Twp
- Sixe
- Skowhegan
- Smedley
- Smyrna Mills
- Solid Iron on
- Solid Iron on Twp
- Solon
- Somerville
- Somers
- South Norwalk
- South Orono
- South Casco
- South China
- South Freeport
- South Gardner
- South Gouldsboro
- South Harpen dI
- South Paris
- South Portland
- South Thomaston
- South Windham
- Southgate
- Southport Harbor
- Southport Rsr
- Springfield
- Springvale
- Spruce Road
- Squemobee
- Squemobee Island
- St John Pt
- Stacyville
- Standish
- State
- State Falls
- Stearns
- Stebbins
- Stebbins
- Stockton
- Stockton Springs
- Stoddard
- Stonington
- Stone
- Stramon
- Strong
- Sultran
- Sumner
- Sunaco
- Supt
- Swans Island
- Swanville
- Sweden
- Tadmedge
- Temple
- Tenants Harbor
- Tenants Rsr
- The Forks Pt
- Thomaston
- Thomdick
- Tomlinson Twp

- Topfield
- Toptown
- Trueman
- Trueman Top
- Truett
- Troy
- Turner
- Union
- Unity
- Upper Friendsville
- Upper French
- Upton
- Van Buren
- Vanceboro
- Vassboro
- Vance
- Verona Island
- Verona
- Vaulken
- W Boothbay Bk.
- W Boothbay Harbor
- W Boothbay Pt.
- W Bourdon
- W Farrington
- W Kearsbrook
- W Scarborough
- Wade
- Wade
- Waddo
- Waldoboro
- Walks
- Wallagras
- Walpole
- Wallum
- Warner
- Warsaw
- Washington
- Washboro
- Washford
- Waterville
- Wayne
- Webster Pt.
- Wickes Mill
- Wild
- Willington
- Willie
- Wilby
- West Baldwin
- West Bath
- West Bethel
- West Boothbay Harbor
- West Bethel
- West Farrington
- West Foxe
- West Gardner
- West Kearsbrook
- West Lester
- West Newfield
- West Park
- West Poland
- West Rockport
- West Scarborough
- West Thomton
- Westbrook
- Westfield
- Westminsterland
- Weston
- Westport Is.
- Westport Island
- Whitfield
- Whiting
- Whitoyville
- Williams Top
- Williamsburg Top
- Williams
- Whits
- Whittem
- Windsor
- Wim
- Winslow
- Winter Harbor
- Winthrop
- Winthrop
- Wisnart
- Woodland
- Woodville
- Woodtick
- Wyogokeck
- Yarmouth
- York
- York Beach
- York Harbor

1.4.19. Would the question be increased by participating in a Section 25 group with other members and guardians?  
(Please select one.)

- Yes
- No

1.4.20. Would the question be increased by the member participating in a Section 25 group that included other Section 25 members?  
(Please select one.)

- Yes
- No

1.4.21. *Age/real Provider /PIN number*

1.4.22. Indicate the referent's name, email address, and phone number:

If you answered "Section 65 Home and Community Based Treatment (HCT) Services" on question 1

1.5.1. Type of Section 65 HCT service  
(Please select one.)

HCT

1.5.2. Reason for referral (Please include symptoms and behaviors (frequency, intensity, and duration) that suggest the level of care requested.)

1.5.3. Has the child been suspended or expelled from child care and / or an educational setting?  
(Please select one.)

Yes  
 No

If you answered "Yes" on question 1.5.3

1.5.3.1. Provide the date:

1.5.4. Is the member's need for services primarily due to their Intellectual Disability/Developmental Disability diagnosis?  
(Please select one.)

Yes  
 No

1.5.5. When is the family available to be served?  
(Please select between 1 and 3 items.)

Morning  
 Afternoon  
 Evening

1.5.6. Is member interested in telehealth?  
(Please select one.)

Yes  
 No

If you answered "Yes" on question 1.5.6

1.5.6.1. Does member have technology to participate in telehealth?  
(Please select one.)

Yes  
 No

1.5.6.2. Is the member open to telehealth for some of the services or all of the services?

(Please select one.)  
 Some of the services  
 All of the services

1.5.7. Is this request a result of a care teaming?  
(Please select one.)

Yes  
 No

If you answered "Yes" on question 1.5.7

1.5.7.1. Please explain:

1.5.8. Does this member have a guardian?  
(Please select one.)

Yes  
 No

If you answered "Yes" on question 1.5.8

1.5.8.1. If the guardian has a cell phone number:

1.5.9. Is the member receiving Outpatient Services?  
(Please select one.)

Yes  
 No

If you answered "Yes" on question 1.5.9

1.5.9.1. Please describe why Outpatient level of care is not meeting member needs:

If you answered "No" on question 1.5.9

1.5.9.2. Please describe why Home-Based Community Treatment (HCT) is needed versus lower level of care:

1.5.10. Has the member had HCT in the last 6 months or (6) months?  
(Please select one.)

Yes  
 No

If you answered "Yes" on question 1.5.10

1.5.10.1. Please describe why noticeable progress has not been made:

1.5.11. Has the child been involved in the Juvenile Justice System? (If yes, please provide dates)

- (Please select one)
 Yes
 No

If you answered "Yes" on question 1.5.11

1.5.11.1. Please English:

1.5.12. Have you explored Multi-Systemic Therapy (MST) or Functional Family Therapy (FFT) services?

- (Please select one)
 Yes
 No

If you answered "Yes" on question 1.5.12

1.5.12.1. Which services were explored?

1.5.12.2. When did you refer the member to this service?

If you answered "No" on question 1.5.12

1.5.12.3. Why was the member not referred to these services?

1.5.13. Is the youth eligible for out of home placement or monitoring hours from an out of home treatment?

- (Please select one)
 Yes
 No

If you answered "Yes" on question 1.5.13

1.5.13.1. Please English:

1.5.14. Does the family have a preferred provider?

- (Please select one)
 Yes
 No

If you answered "Yes" on question 1.5.14

1.5.14.1. Select the MOST Preferred Provider:

- (Please select one)
 A.M.H.C.
 Androsoggin Home Health and Hospice
 AngoZ Behavioral Health Services
 Aught Behavioral Health & Counseling- Home Hope & Healing
 Bangor Counseling Center
 Bright Future Healthier You
 CASA, Inc.
 Christopher Aaron Counseling Center
 Community Care
 Connections for Kids
 Counseling and Trauma Therapy Assoc.
 Healing Hearts, LLC
 HJ Maine, LLC
 Home Counselors Inc.
 Hope For All Community Services
 Kennebunk Behavioral Health
 Kids@ care
 Maine Immigrant and Refugee Services
 MAS Community Health
 New Day Counseling Services
 NFI-North, Inc.
 Northern Maine General
 Partners in Hope Counseling and Support Services
 Pathways
 Saco River Health Services
 Sequel Care of Maine
 Seabrook Family Services of Maine
 Smart Child and Family Services
 Sunset Opportunities
 The Northern Light/usc
 UCF of Maine
 Wards Mo. Clinic
 Western Maine Behavioral Health, LLC
 Woodlands Family Services

1.5.15. Does the member require an interpreter?

- (Please select one)
 Yes
 No

If you answered "Yes" on question 1.5.15

1.5.15.1. What language and dialect did the interpreter need to know?

1.5.16. Are there any providers the family does not want information sent to?

- (Please select one)
 Yes
 No

If you answered "Yes" on question 1.5.16

1.5.16.1.1. Define the provider(s):

1.5.17. Will the child receive services at the address currently provided on the previous case file page?

- (Please select one)
 Yes
 No

If you answered "No" on question 1.5.17

1.5.17.2.1. Enter the address:

1.5.17.2.2. Select City:

- (Please select one)
 Abbot
 Acton
 Adamstown Twp
 Addison
 Albany Twp
 Abion









- Hancock Top
- Highland Pt
- Hockley
- Hiram
- Hodgdon
- Holden
- Holt Center
- Hope
- Houston
- Howland
- Hoytown Top
- Hudson
- Hull Cove
- Indian Island
- Indian Stream
- Indian Stream Top
- Indian Top
- Industry
- Is O'Springs
- Island Falls
- Isle Au Haut
- Isle O'Springs
- Isleboro
- Isleford
- Jackson
- Jackson
- Jay
- Jefferson
- Jean M'n Top
- Johnson Mountain Top
- Jonckboro
- Jonsport
- Kandaicag
- Kennelunk
- Kennelunktop
- Kent Hill
- Kent Falls
- Keyfield
- Keyman
- Keyman Top
- Keyser
- Keyser Point
- Knox
- L. L. Bean Co
- Lagraige
- Lake View Pt
- Lakeville
- Lambert Lake
- Lamson
- Lang Top
- Latham n
- Lee
- Leeds
- Levan
- Lewiston
- Lexington Top
- Liberty
- Lily Bay Top
- Lindick
- Lincolnton
- Livingston
- Lincoln
- Lincoln Center
- Lincoln Ctr
- Lincolnville
- Lincolnville Center
- Lincolnville
- Lonsdale
- Lorton
- Lorton Falls
- Lotfield
- Little Deer Lake
- Little Diamond Island
- Lutton
- Livernon
- Livernon Falls
- Livernon Fa
- Long Island
- Long Pond Top
- Long Cove Ctr
- Lovell
- Lovell
- Little Deer Is
- Little Deer Is
- Lubec
- Ludlow
- Lyman
- Mac Millan
- Maclean
- Macleaport
- Macvale c Pt
- Madrasville
- Madras n
- Madril Top
- Mandicott
- Margolis
- Marville
- Marion Top
- Mars Hill
- Marshfield
- Masada
- Mason Top
- Matheus
- Matamoras Top



- Oatfield
- Otter Creek
- Otter Head
- Osborn
- Oxford
- Palermo
- Palmyra
- Park
- Parkman
- Park Pond
- Park Pond Trg
- Parsonsfield
- Passadumkeag
- Paton
- Peake Island
- Peapack
- Pelegus
- Pembroke
- Penobscot
- Perham
- Perkins Trg
- Perry
- Peru
- Phelps
- Phippsburg
- Pierce Pond
- Pierce Pond Trg
- Pine Point
- Pine Hill
- Pine Academy
- Pines
- Pines Academy Great Trg
- Pleasant Point
- Pleasant Pt
- Pleasant Ridge Pt
- Pine Ridge Pt
- Plymouth
- Plymouth Trg
- Poland
- Poland Spring
- Pond Cove
- Port Clyde
- Portage
- Portage Lake
- Porter
- Portland
- Portville
- Prudence Trg
- Prudence Isle
- Precision
- Prospect
- Prospect Harbor
- Prospect Hill
- Prospect, Stockton Spgs
- Randolph
- Rangley
- Raymond
- Readfield
- Reed Pt
- Richmond
- Ripley
- Robinson
- Rockland
- Rockport
- Rockwood
- Rome
- Rocky Bluffs
- Round Pond
- Roubay
- Rumford
- Rumford Center
- Rumford Ctr
- Rumford Point
- S Prospect
- S Gardner
- S Gouldsboro
- S Hargendell
- S Portland
- S Thomaston
- Sabbathus
- Saco
- Saint Agatha
- Saint Albans
- Saint David
- Saint Francis
- Saint George
- Saint Trg
- Salisbury Cove
- Sandy Bay Trg
- Sandy Point
- Sandy River Pt
- Sandy River Pt
- Sandford
- Sangerville
- Sargentville
- Scarborough
- Seal Cove
- Seal Harbor
- Scammon
- Scamport
- Schag
- Schag Lake
- Schazo House
- Schazo Hill
- e...



- Wallages
- Wallis
- Wallis
- Warren
- Warburton
- Washington
- Washburne
- Washford
- Washfield
- Wayne
- Webster Pl
- Weeks Mill
- Weld
- Wellington
- Wells
- Welby
- West Adams
- West Bath
- West Bethel
- West Boothbay Harbor
- West Bridgford
- West Ferrisburgh
- West Fiske
- West Gardner
- West Kennebunk
- West Main
- West New Field
- West Park
- West Poland
- West Rockport
- West Scarborough
- West Thomastown
- Westbrook
- Westfield
- Westmanland
- Weston
- Westport Is
- Westport Island
- Westville
- Whiting
- Whitneyville
- Williamsburg Top
- Williamsburg Top
- Williams
- Wilton
- Windham
- Windsor
- Wins
- Winslow
- Winter Harbor
- Winthrop
- Winthrop
- Wisnasset
- Wolfboro
- Wolcott
- Woodbridge
- Woodstock
- Yarmouth
- York
- York Beach
- York Harbor

1.5.18. Referral Provider (RPI) number:

1.5.19. Indicate the referral's name, email address, and phone number:

1.5.20. **KEEP THIS INTERVAL USE ONLY**  
(Please select one.)  
 P CIT

If you answered "Section 65 Medication Management" on question 1

1.6.1. Client's Address:

1.6.2. Client's Phone Number:

1.6.3. Referral name, phone number, and email address:

1.6.4. Service Referring for:

1.6.5. Agency Referring to:

1.6.6. Reason for referral:

If you answered "Section 92 Behavioral Health Home (BHH) Services" on question 1

1.7.1. Indicate the referent's name, email address, and phone number:

If you answered "Section 97 Children's Residential Care Facilities (CRCF)" on question 1

Instructions: DEMOGRAPHICS

1.8.1. Nephew or Child W/for Custody  
(Please select one)

- Yes  
 No

1.8.2. In Department of Corrections in custody?  
(Please select one)

- Yes  
 No

Instructions: Legal Guardian #1

1.8.3. Name

1.8.4. Address (Number and Street)

1.8.5. ZIP

Min/Max - 0 99999; No decimal places allowed

1.8.6. Phone

1.8.7. Email Address

Instructions: Legal Guardian #2

1.8.8. Name

1.8.9. Address (Number and Street)

1.8.10. ZIP

Min/Max - 0 99999; No decimal places allowed

1.8.11. Phone

1.8.12. Email Address

Instructions: Current Location (Required Field)

1.8.13. Current Location:

(Please select one)

- Home From Home  
 Psychiatric Hospital  
 Emergency Department  
 CRCF In State CRCF  
 CRCF Out of State CRCF  
 Long Creek  
 Shelter  
 Crisis Unit  
 Other

If you answered "Other:" on question 1.8.13

1.8.13.1. Other

1.8.14. Physical address of current location:

Instructions: REFERENT

1.8.15. Name

1.8.16. Agency

1.8.17. Address (Number and Street)

1.8.18. ZIP

Min/Max - 0 99999; No decimal places allowed

1.8.19. Phone

1.8.20. Email Address

1.8.21. *Supervisor Name*

1.8.22. *Supervisor Email Address*

1.8.23. *Supervisor Phone*

**Instructions:** \*The youth's Behavioral Health Home and/or Targeted Case Management provider should be the contact for new applications.\*

1.8.24. *Agencies relationship to youth*

*(Please select one)*

- Targeted Case Manage
- BHH Case Manage
- Child Welfare Guardian
- Other

If you answered "Other" on question 1.8.24

1.8.24.1. *If Other is chosen, please explain:*

**Instructions:** If answer Yes to the question below, you must include a copy of the Individual Treatment Plan (ITP) and a clinical letter addressing the items below: 1. Youth's Trauma history and current and past diagnoses. 2. Initial presentation and need at admission to the agency. 3. Youth and Family Therapy Goals and progress since admission. 4. A description of recent behaviors and symptoms that have required the need for this youth to transfer to include the frequency, severity and duration of the behaviors and symptoms and the strategies and attempts made by the agency to provide treatment. 5. Please provide an explanation of why the youth can no longer be served by the agency and include specific components that will need to be in place at the receiving CRCF to successfully receive the youth. 6. Specific plan to ensure a trauma-informed transition for the youth.

1.8.25. *Is this a transfer of services request (CRCF to CRCF)?*

*(Please select one)*

- Yes
- No

If you answered "Yes" on question 1.8.25

1.8.25.1.1. *Where can Individual Treatment Plan (ITP) and a clinical letter be found?*

1.8.26. *Is the member currently in a correctional facility?*

*(Please select one)*

- Yes
- No

If you answered "Yes" on question 1.8.26

1.8.26.1.1. *In addition to clinical information from the facility, you must provide the clinical documentation for the 2 months prior to the youth entering the facility. Where can this document be found?*

**Instructions:** A Children's Behavioral Health Program Coordinator (BHPC) must be consulted prior to submission of the application. The consultation form provided by the BHPC after consultation is required as part of the application for CRCF. Consultation with a BHPC is not an approval for CRCF Services.

1.8.27. *Name of BHPC consulted*

1.8.28. *Is consultation form attached? (Please note, if No is selected CRCF application will not be processed)*

*(Please select one)*

- Yes
- No

If you answered "Yes" on question 1.8.28

1.8.28.1.1. *Where can this form be found?*

1.8.29. *The Parent Acknowledgment Form is required to be reviewed with the guardian, signed and uploaded with the CRCF Services application. Has the Parent Acknowledgment Form been completed? (Please note, if No is selected CRCF application will not be processed)*

*(Please select one)*

- Yes
- No

If you answered "Yes" on question 1.8.29

1.8.29.1.1. *Where can this form be found?*

**Instructions:** Please list team members, other than the youth and guardian, who will participate in the eligibility assessment that is part of the CRCF application process. Please include all team members that can provide relevant information related to the youth's behaviors and clinical needs. This may include treatment providers, family supports and others with knowledge of the youth.

1.8.30. *Name*

1.8.31. *Relationship to youth*

1.8.32. *Email Address*

1.8.33. *Phone*

**Instructions: Member 2**

1.8.34. *Name*



1.3.25. Relationship to youth

1.3.26. Email Address

1.3.27. Phone

Instructions: Member 3

1.3.28. Yes

1.3.29. Relationship to youth

1.3.30. Email Address

1.3.31. Phone

Instructions: Member 4

1.3.32. Yes

1.3.33. Relationship to youth

1.3.34. Email Address

1.3.35. Phone

Instructions: Member 5

1.3.36. Yes

1.3.37. Relationship to youth

1.3.38. Email Address

1.3.39. Phone

Instructions: EDUCATION: \*\*\*\*FOR TRANSFERS, PLEASE DO NOT FILL OUT THE REST OF THIS APPLICATION\*\*\*\*

1.3.50. Most Recent School Attended

1.3.51. Does the youth have an Individual Education Plan (IEP)?

(Please select one.)

Yes

No

1.3.52. Does the youth have 504 Plan?

(Please select one.)

Yes

No

1.3.53. If yes, what is the area of disability noted in the Individual Education Plan (IEP)/504 plan?

Instructions: MEDICATIONS

1.3.54. Is the child currently taking medication to address a Mental Health Diagnosis?

(Please select one.)

Yes

No

If you answered "Yes" on question 1.3.54

1.3.54.1.1. Name and date of document with current medication:

1.3.54.1.2. Where can this form be found?

If you answered "No" on question 1.3.54

1.55.2.1. If no documents are obtained and not assessed, please provide explanation:

**Instructions: ELIGIBILITY CRITERIA**

1.55. Please enter physician's birth date per 6 month  
(Please select one)

- Yes  
 No

If you answered "Yes" on question 1.55

1.55.1.1. Please list the title and date of document(s) that support this criteria

1.55.1.2. Where can the document(s) be found?

1.56. Please enter Full Scale IQ (Required for Youth With Intellectual Disabilities)  
Madsen - 0/170; No decimal place allowed

1.57. Date Given

1.58. Provider

1.59. Member displays at least one abnormality in a support level of care documented by behavioral and/or medical professional that has a recent provided measurement on the child and/or family  
(Please select one)

- Yes  
 No

If you answered "Yes" on question 1.59

1.59.1.1. Please list the title and date of document(s) that support this criteria

1.59.1.2. Where can the document(s) be found?

1.60. Member displays a full range of mental or behavioral development; appropriate relationships with adult caregivers in a sheltered setting  
(Please select one)

- Yes  
 No

If you answered "Yes" on question 1.60

1.60.1.1. Please list the title and date of document(s) that support this criteria

1.60.1.2. Where can the document(s) be found?

1.61. Member displays a full range of mental or behavioral development; appropriate peer relationships  
(Please select one)

- Yes  
 No

If you answered "Yes" on question 1.61

1.61.1.1. Please list the title and date of document(s) that support this criteria

1.61.1.2. Where can the document(s) be found?

1.62. Member displays a full range of mental or behavioral development; appropriate range and expression of emotion or mood  
(Please select one)

- Yes  
 No

If you answered "Yes" on question 1.62

1.62.1.1. Please list the title and date of document(s) that support this criteria

1.62.1.2. Where can the document(s) be found?

1.63. Member displays and engages in behavior sufficient to last one hour in an open school, home, therapeutic, or recreation setting  
(Please select one)

- Yes  
 No

If you answered "Yes" on question 1.63

1.63.1.1. Please list the title and date of document(s) that support this criteria

1.63.1.2. Where can the document(s) be found?

- 1.5.64. Member displays behavior that is seriously detrimental to the youth's growth, development, safety, or welfare, or to the safety or welfare of others; or behavior resulting in substantial documented disruption to the family including, but not limited to, a severe impact on the ability of family members to secure or retain a gainful employment.  
(Please select one.)
- Yes  
 No

If you answered "Yes" on question 1.5.64

1.5.64.1.1. Please list the title and date of document(s) that support this criteria.

1.5.64.1.2. Where can the document(s) be found?

- 1.5.65. Member's functioning has not significantly improved using supports or home and community-based services received over the prior two (2) to six (6) months as evidenced by one (1) or more of the following: a. The member cannot safely maintain an home in the community due to documented risk of harm to self and/or others; or b. The member demonstrates persistent, serious, disruptive and/or defiant behavior, aggression, and/or delinquency related to their diagnosis and this behavior is observed and documented to negatively impact the member's functioning in at least two (2) of the following settings: home, school/work, and/or community; or c. The member demonstrates chronic truancy; it a increased risk for exploitation, suspension, and/or is involved with the juvenile justice system.  
(Please select one.)

Yes  
 No

If you answered "Yes" on question 1.5.65

1.5.65.1.1. Please list the title and date of document(s) that support this criteria.

1.5.65.1.2. Where can the document(s) be found?

- 1.5.66. If the member is in need of ID/DD CRCP Services, the member must be assessed with the most current version of the Vineland Adaptive Behavior Scale or the Adaptive Behavioral Assessment Scale within the past 6 months. Is this document attached?  
(Please select one.)
- Yes  
 No

If you answered "Yes" on question 1.5.66

1.5.66.1.1. Please list the title and date of document(s) that support this criteria.

1.5.66.1.2. Where can the document(s) be found?

- 1.5.67. A physician or primary care provider must also document (in writing, within the last 60 days, this medical service is medically necessary for the member. Is the letter of medical necessity attached?  
(Please select one.)
- Yes  
 No

If you answered "Yes" on question 1.5.67

1.5.67.1.1. Where can the document be found?

1.5.68. Date of Application

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