

October 03, 2016

Member Name:  
MaineCare ID:  
DOB:  
KEPRO Case ID #:

**Denial Notice**

We have denied your original request for  
Daily Living Support Services

Start Date: 09/18/16  
End Date: 12/16/16  
Units: 1040  
Provider: Independence Association

**Reasons for the Decision**

We used the rule MBM Chapter II, Section 17 and Chapter 1.02-4(E).  
We made our decision based upon one or more of the following:

1. (17.02-3 A2.a) Clinician letter dated 6/6/16 has been submitted. Letter does not support members symptoms resulting in or having had significant risk factors of homelessness, criminal justice involvement or require a mental health inpatient treatment greater than 72 hours, or residential treatment unless community support program services are provided.

2. Letter does not provide clinical mental health rational/formulation of members symptoms which puts member at risk of homelessness, criminal justice involvement or require a mental health inpatient treatment greater than 72 hours, or residential treatment.

3. Letter received does not provide clinical rationale for MH risk factors versus members needs/issues/behaviors resulting from diagnosis of autism as noted in clinical letter. Per MBM 17.02-3A2 neurodevelopmental diagnoses are excluded as primary diagnoses for this service.

4. If another letter to support Section 17 eligibility is submitted and approved, request would still need to go to MD reconsideration to provide medical necessity for DLSS unit request of 1040 or 20 hrs/wk. Per information in review, staff appears to be assisting member with physical activities and social opportunities. These may not be covered services under Section 17 as recreational and social activities are considered to be non covered DLSS services per 17.04-4A. DLSS units should be edited to reflect work being doing to address MH symptoms /behaviors/issues versus ID/DD symptoms/behaviors/issues.

**For Questions About this Letter**

**Contact KEPRO Member Services.** Our toll-free number is 1-866-521-0027, option 1.

We can help to explain the letter and this decision to you. You or your provider can ask us to reconsider our original decision. We can do this even if you appeal. We can often work questions and issues out before an appeal hearing. If you need additional assistance with this letter, we suggest you contact your provider to help explain what it means and how it affects you.

**Your Appeal Rights**

**You have the right to appeal this decision.** If you wish to appeal the decision described in this letter, you have 60 calendar days from the date of this letter to request an appeal of this decision. You may request an appeal via:

**KEPRO Member Services**

Call toll-free: 1-866-521-0027 option 3 or submit appeal in writing to 400 Technology Way, Suite A, Scarborough, Maine 04074; or

**MaineCare Member Services**

Call toll-free: 1-866-977-6740, TTY/TDD 1-800-977-6741.

**Important: Services can continue while the appeal is taking place. To keep your current services during an appeal, your appeal request must be received within 10 calendar days of getting this letter!**

If you do not appeal with 10 calendar days, you can still appeal up to 60 calendar days of the date of this letter, but MaineCare will not pay for some services you are now getting during the appeal process.

The appeal process can take up to 90 calendar days from the date that you appeal. The DHHS Office of Administrative Hearings will hold the hearing. They will let you know where and when the hearing will be held.

Sincerely,

Edward Pontius, MD, DFAPA

KEPRO Medical Director

We are first going to explain how we made our decision to deny your request for services. Then we will tell you what you can do if you do not agree with our decision.

### **How Was This Decision Made?**

The Maine Department of Health and Human Services (DHHS) has hired KEPRO to make some decisions about your health care. This means that KEPRO makes sure that your MaineCare mental health or substance abuse services meet your needs.

To make the decision in your case, one of the KEPRO Physician Advisors reviewed information from your provider.

We used the DHHS MaineCare Benefit Manual rules to make this decision. DHHS sets the MaineCare Benefit Manual rules. You can see those rules online by going to <http://www.maine.gov/sos/cec/rules/10/ch101.htm>. You can also call KEPRO Member Services toll-free at 1-866-521-0027, TDD/TTY 207-239-3252, to get a copy of the rules.

This request was considered under EPSDT Treatment Services, which allows covering services that are not specifically included under any other MaineCare policy (MBM Chapter II, Section 94.05-2). Medical necessity has not been established. The documentation received does not support the request.

To find out what information we used to make our decision, you can contact your provider. You can ask your provider to send us other information that may be helpful to us.

**Free Legal Help**

You may contact any of the groups listed in this notice to see if they can help you with your appeal. You may also bring a friend to help you with your appeal.

**Legal Services for the Elderly** (for people age 60 and older): P.O. Box 2723, Augusta, ME 04338-2723; toll-free 1-800-750-5353 or 623-1797.

**Pine Tree Legal Assistance, Inc.:** PO Box 547, Portland, ME 04112

Portland office: 774-8211; TTY: 828-2308

Machias office: 255-8656; TTY: 255-6179

Augusta office: 622-4731; TTY: 623-7770

Presque Isle office: 764-4349; TTY 764-2453

Lewiston office: 784-1558

Bangor office: 942-8241; TTY: 942-1060

**Disability Rights Maine:** 24 Stone St, Ste. 204, Augusta, ME 04330; 1-800-452-194, (TTY is the same) or 626-2774.