

MaineCare Sections

Section 2 -- Adult Family Care Services

Definition – **Adult Family Care (AFC) Services** include personal care services such as: assistance with activities of daily living and instrumental activities of daily living, personal supervision, and protection from environmental hazards, diversional and motivational activities, dietary services and care management

Adult Family Care Home (AFCH) is a residential style home for eight or fewer residents and is primarily engaged in providing services to the elderly

Eligibility

- 18 and older;
- The MDS-ALS assessment must show the member's need for assistance or cuing with a minimum of two ADLs.

Covered Services

- Personal Care Services;
- Professional RN Services;
- Professional Private Duty Nursing Services, (as set forth in Section 96, may be provided to a member directly by an AFC services provider who is an RN and who is enrolled as a MaineCare provider).

Limitations

- Duplication of services is not allowed. It is the responsibility of the AFC services provider to coordinate services with other "in-home" services to address the full range of a member's needs. Other MaineCare-covered services must not duplicate AFC covered services. For example, if a member receives Section 96, Private Duty Nursing and Personal Care Services; or Section 40, Home Health Services; or Section 19, Home and Community-Based Benefits for the Elderly and Adults with Disabilities, or Section 43, Hospice Services, all personal care services shall be delivered by the AFC services provider and not by a Certified Nursing Assistant (CNA), Home Health Aide (HHA), Personal Care Attendant (PCA) or Personal Support Specialist (PSS) as otherwise allowed in these Sections;
- Cannot be on Section 21 or Section 29;

Section 12 -- Consumer Directed Attendant Services

Eligibility

- Members eighteen years or older and physically disabled;
- Financial eligibility criteria;
- Meets the medical eligibility requirements if he or she requires a combination of assistance with the required activities of daily living (Medical Eligibility Determination form);
- A registered nurse trained in conducting assessments with the Department's approved MED form must conduct the medical eligibility assessment;
- Must have the cognitive capacity, as measured on the MED form to be able to "self-direct" the attendant
- Must have a disability with functional impairments which interfere with his/her own capacity to provide self-care and daily living skills without assistance;
- Must agree to complete initial member instruction and testing to develop and verify that he or she has attained the skills needed to hire, train, schedule, discharge, and supervise attendants and document the provision of personal care services.

Covered Services

- Care Coordination Services;
- Skills Training Services;
- Personal Care Services (PCS);
- Personal Care Services are limited to the following number of hours per week:
 - A. Level I – 10 hours for ADLs, 2 hours for IADLs = Totaling 12 hours;
 - B. Level II – 15 hours for ADLs, 3 hours for IADLs = Totaling 18 hours;
 - C. Level III – 24 hours for ADLs, 4 hours for IADLs = Totaling 28 hours.

Limitations

- Member must not be residing in a hospital, nursing facility, or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) as an inpatient;
- Member must not reside in an Adult Family Care Home (Section 2,) or other residential setting including a Private Non-Medical Institution (Section 97);
- Member must not be receiving personal care services under Private Duty Nursing/Personal Care Services, Section 96, or be receiving any In-home Community and Support Services for Elderly and Other Adults, Section 63;

- Skills training shall not exceed 14.25 hours annually including the time required for initial instruction;
- Care Coordination Services shall not exceed 18 hours annually.
- NON-COVERED SERVICES
 - A. Travel time and mileage;
 - B. Case management services;
 - C. Services provided by the member's family member;
 - D. Custodial care or respite care.

Section 13 -- Targeted Case Management Services

Definitions:

Child is a person between the ages of birth to eighteen (18) years of age.

Adult is any person who is eighteen (18) years of age or older or who is a legally emancipated minor.

NOTE: Adults aged eighteen (18) through twenty (20) years of age and children who are emancipated minors may choose to receive children's behavioral health or developmental disabilities services **or** adult's behavioral health or Intellectual disabilities services, whichever best meets their individual needs.

Case Management Services are those covered services provided by a social service or health professional, or other qualified staff, to identify the medical, social, educational and other needs (including housing and transportation) of the eligible member, identifies the services necessary to meet those needs, and facilitate access to those services. Case management consists of intake/assessment, plan of care development, coordination/advocacy, monitoring, and evaluation

Comprehensive Case Manager is the one reimbursable case manager per member beginning 11/1/09. Comprehensive Case Managers must focus on coordinating and overseeing the effectiveness of all providers and benefits in responding to the member's assessed needs.

Eligibility

- Eligible for MaineCare per MaineCare Manual, Chapter I, Section I;
- Must meet criteria for one of the following target groups:
 - A. Children with one of the following:
 1. Behavioral Health Disorders;
 2. Developmental Disabilities;And/or
 3. Chronic Medical Conditions.
 - B. Adults with one of the following:
 1. Intellectual Disabilities;
 2. Substance Abuse Disorders;And/or
 3. HIV.
 - C. Members Experiencing Homelessness.

Covered Services

- Comprehensive Assessment and Periodic Re-assessment;
- Development and Periodic Revision of the Individual Plan of Care;
- Referral and Related Activities;
- Monitoring and Follow-Up Activities.

Limitations

- Non-covered Services:
 - A. Duplicate payments under other sections of MaineCare policy;
 - B. Direct delivery of services other than Targeted Case Management;
 - C. Documentation of progress notes.
- Only one approved Comprehensive Targeted Case Management provider (except for 30 days period during transition from one eligibility category to another (e.g. child to adult.)
- Section 13 (TCM) services provided to children with behavioral health needs, chronic health conditions, and/or developmental disabilities require prior authorization.

Section 17 – Community Support Services

Definition --a rehabilitative service that is provided in the context of a supportive relationship, pursuant to an individual support plan that promotes a person’s recovery and integration into the community, and sustains the person in his or her current living situation or another living situation of his or her choice.

Eligibility

- Eligible for MaineCare;
- The person is age eighteen (18) or older or is an emancipated minor;
AND
- Has a primary diagnosis on Axis I or Axis II of the multiaxial assessment system of the current version of the Diagnostic and Statistical Manual of Mental Disorders, except that the following diagnoses may **not** be primary diagnoses for purposes of this eligibility requirement:
 - A. Delirium, dementia, amnesic, and other cognitive disorders;
 - B. Mental disorders due to a general medical condition, including neurological conditions and brain injuries;
 - C. Substance abuse or dependence;
 - D. Intellectual disability;
 - E. Adjustment disorders;
 - F. V-codes; or
 - G. Antisocial personality disorders;AND
- Has a LOCUS score of seventeen (17) (Level III) or greater, except that to be eligible for Community Rehabilitation Services and ACT - the member must have a LOCUS score of twenty (20) (Level IV) or greater;
- An AMHI Consent Decree Class Member is eligible to receive Community Integration Services by virtue of class member status without meeting other eligibility requirements;
- Eligible members who are eighteen (18) to twenty-one (21) years of age shall elect to receive services as an adult or as a child. Those members electing services as an adult are eligible for services under this Section. Those electing services as a child may be eligible for services under Chapter II, Section 65, Behavioral Health Services or Section 13 or both;
- Eligibility for services under the MaineCare Benefits Manual, Chapter II, Section 13, Targeted Case Management Services, and Section 65, Behavioral Health Services, may not preclude eligibility for covered services under this Section. However, services must be coordinated and not duplicated.

Covered Services

- Community Integration Services;
- Community Rehabilitation Services;
- Intensive Case Management;
- Assertive Community Treatment (ACT);
- Daily Living Support Services;
- Skills Development Services;
- Day Supports Services;
- Specialized Group Services;
- Interpreter Services.

Limitations

- Multiple Providers: Only a single Community Support Provider may be reimbursed at the same time for services to any one member under this Section for Community Integration Services, Community Rehabilitation Services, Intensive Case Management, or Assertive Community Treatment;
- Private Non-Medical Institutions: Community Support Services cannot be provided in a Private Non-Medical Institution, as defined in the MaineCare Benefits Manual Chapters II & III Section 97, without written authorization from DHHS or its Authorized Agent in accordance with Section 17-08-2(C). In order to avoid duplication of services, providers furnishing services under Sections 17.04-3, or 17.04-4 as part of treatment in a Private Non-Medical Institution must coordinate and not duplicate services with providers of services outside the residential setting, including but not limited to services provided in MaineCare Benefits Manual, Chapter II, Section 13 and 97;
- Services Not MaineCare Reimbursable:
 - A. Programs, services, or components of services that are primarily opportunities for socialization and activities that are solely recreational in nature (such as picnics, dances, ball games, parties, field trips, religious activities and social clubs);
 - B. Programs, services, or components of services the basic nature of which is to maintain or supplement housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry service);
 - C. Substance Abuse treatment services which do not meet the criteria cited in Subsection 17.02-3 (A);
 - D. Psychotherapy, as defined in Chapter II, Section 65, except for Assertive Community Treatment.

- **Concurrent Provision of Services.** The following chart reflects covered services that may, and may not, be concurrently provided to a member:

Effective as of 10/01/2009

A. Type of Service	B. Additional Services that May be Provided Concurrently with the Service Listed in Column A	C. Services that may not be Provided Concurrently with the Service Listed in Column A
Community Integration Services	1. Daily Living Support Services <i>or</i> Skills Development Services <i>or</i> Day Supports Services; and 2. Specialized Group Services, unless otherwise specified; and 3. Interpreter Services	1. Intensive Case Management Services 2. Assertive Community Treatment 3. Community Rehabilitation Services
Community Rehabilitation Services	1. Day Supports Services 2. Specialized Group Services, unless otherwise specified; and 3. Interpreter Services	1. Community Integration Services 2. Intensive Case Management Services 3. Assertive Community Treatment 4. Daily Living Support Services 5. Skills Development Services
Intensive Case Management Services	1. Daily Living Support Services <i>or</i> Skills Development Services <i>or</i> Day Supports Services; and 2. Specialized Group Services, unless otherwise specified; and 3. Interpreter Services	1. Community Integration Services 2. Assertive Community Treatment 3. Community Rehabilitation Services
Assertive Community Treatment	1. Daily Living Support Services <i>or</i> Skills Development Services <i>or</i> Day Supports Services; and 2. Specialized Group Services, unless otherwise specified; and 3. Interpreter Services	1. Community Integration Services 2. Intensive Case Management Services 3. Community Rehabilitation Services

Section 19 -- Home and Community Benefits for the Elderly and for Adults with Disabilities (HCB)

Definition -- In-home care and other services, designed as a package, to assist eligible members to remain in their homes, or other residential community settings, and thereby avoid or delay institutional nursing facility care.

Eligibility

- 18 and older;
- Meets the medical eligibility requirements specified in Chapter II, Section 67.02, Nursing Facility Services;
- The Department or its authorized agent shall conduct a face-to-face medical eligibility assessment at the member's residence using the MED assessment form;
- Other specific requirements:
 - A member meets the requirements of this Section when all of the additional following conditions are met:
 - A. The projected cost of services under this Section needed by the member on a monthly basis is estimated to be less than one hundred percent (100%) of the average monthly MaineCare cost of care in a nursing facility;
And
 - B. A member or applicant who meets the eligibility criteria for nursing facility level of care has been informed of, and offered the choice of available, appropriate and cost effective, home and community benefits;
And
 - C. The member selected home and community benefits as documented by a signed choice letter;
And
 - D. The health and welfare of the applicant/member would not be endangered if the member remained at home or in the community;
And
 - E. The particular services needed by the member are available in the geographic area and a willing provider is available;
And
 - F. Members will be accepted into the program on a combined priority and first-come, first-served basis, based upon the availability of funding. First priority will be given to members who meet the medical eligibility criteria set forth in Chapter II, Section 67.02-3(A), of this Manual. Within this category, applicants will be served on a first-come, first-served basis. Second priority will be given to members who meet the medical eligibility criteria set forth in Chapter II,

Section 67.02-3(B) or (C), of this manual. Within this category applicants will be served on a first-come, first-served basis. The Office of Elder Services will maintain the waiting list.

Covered Services

- Adult day health;
- Care coordination;
- Environmental modifications;
- Homemaker services;
- Home health services:
 - A. Registered Nurse;
 - B. Licensed Practical Nurse;
 - C. Physical Therapy;
 - D. Occupational Therapy;
 - E. Speech-Language Therapy;
 - F. Home Health Aide/Certified Nursing Assistant Services;
 - G. Medical Social Services;
- Financial management services;
- Personal support services;
- Personal emergency response systems;
- Respite Services;
- Transportation Services;
- Skills Training Services;
- Medical Social Services;

Limitations

- Non-covered services:
 - A. Services that are not in the authorized plan of care except as allowed under an acute/emergency episode;
 - B. Household tasks, except included as IADL or homemaker services in the authorized plan of care;
 - C. Personal support services provided by a spouse of the member, or by the parents or stepparents of a minor child who is a member;
 - D. Services provided by anyone prohibited from employment under Title 22 MRSA;

- E. Custodial care or supervision;
- F. Personal support specialist services delivered in a licensed or unlicensed assisted housing setting, including a residential care facility, or a supported living arrangement certified by Department of Health and Human Services, Integrated Services for behavioral and developmental services;
- G. Room and board and food (except when allowed for respite services delivered in the NF setting);
- H. Travel time and mileage except as allowed under Section 19.04-8, when it is authorized in the plan of care to carry out an authorized service;
- I. Services provided not in the presence of the member unless in the provision of covered IADLs, such as grocery shopping or laundry while the member remains at home;
- J. Cannot be on Section 21, Section 29;
- K. Services provided when the member is in the hospital, nursing facility, PNMI, or ICF- IID;
- L. Supervisory visits for HHAs, CNAs, and PSSs;
- M. Services in excess of forty (40) hours per week provided by an individual worker to any individual member receiving services under the FPSO option.
- Service Limits (If CMS Approves)
 - A. Skills Training Services shall not exceed 14.25 hours annually including the hours needed for initial instruction;
 - B. Care Coordination Services or Supports Brokerage Services shall not exceed 18 hours annually.

Section 20 -- Home and Community Based Benefit for adults with Other Related Conditions

Definition -- This benefit is a Home and Community Based Waiver for Adults with Other Related Conditions (ORC) who are 21 or older, meet institutional level of care and choose to live in the community with the support of this waiver. This Home and Community Based Waiver is designed to maximize the opportunity for members to achieve the greatest degree of self-sufficiency and independence chosen by the member. Member choice in all services and components of services is a primary goal of this waiver. Additionally, the principles of conflict-free care coordination, services provided in the least restrictive modality and effective use of assistive technology for communication, environmental control and safety are inherent to this waiver.

Eligibility

- Limited to the number of openings approved by the Centers for Medicare and Medicaid Services (CMS).
- 21 or older
- Has Other Related Condition (ORC) which meets the following conditions
 - A. It is attributable to prescribed conditions (See MaineCare Benefits Manual for specifics.)
 - B. It is manifested before the person reaches age twenty two (22).
 - C. It is likely to continue indefinitely.
 - D. It results in substantial functional limitation in three (3) or more areas of major life activity.
- Meets the medical eligibility criteria for admission to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
- Does not receive services under any other federally approved MaineCare home and community based waiver program; and
- Meets all MaineCare eligibility requirements; and
- The estimated annual cost of the member's services under the waiver are equal to or less than one hundred percent (100%) of the state-wide average annual cost of care for a member in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID); and
- Can have his or her health and welfare needs assured in the community setting.
- Assigned to wait list in order of priority.

Covered Services

- Assistive Technology Device and Services
- Care Coordination Services
- Communication Aids
- Community Support Services
- Consultation Services and Assessment
- Employment Specialist Services
- Home Accessibility Adaptations
- Home Support Services
- Non-emergency Transportation Services
- Non-Traditional Communication Assessments and Consultation
- Non-Traditional Communication Consultation
- Occupational Therapy (Maintenance) Services
- Personal Care Services
- Physical Therapy (Maintenance) Services
- Specialized Medical Equipment
- Speech Therapy (Maintenance) Services
- Work Support Services

Limitations

- Non-covered Services
 - A. Services not authorized by the Care Plan.
 - B. Services to any member who is hospitalized, a nursing facility resident, or ICF/IID resident.
 - C. Any service otherwise reimbursable under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act, including but not limited to job development and vocational assessment or evaluations.
 - D. Room and board
 - E. Services provided directly or indirectly by the legal guardian.
 - F. Work Support or Employment Specialist Services when the member is not engaged in employment.
 - G. Specialized Medical Equipment and Supplies, Communication Aids, or Home Accessibility Adaptations unless the service has been determined non-reimbursable under other sections of the MaineCare Benefits Manual.
 - H. Services funded by other sections of MaineCare.
- Service Limits
 - A. Assistive Technology Services- Assistive Technology Services are limited to \$6000.00 per service year.
 - B. Care Coordination Services are limited to 400 units in the member's first year of services on the waiver and 144 units, each year thereafter. The Care Coordination provider may not offer any other services to the member under this Section.
 - C. Communication Aids are limited to \$2000.00 per service year.
 - D. Community Support Services are limited to 64 units per week, for an annual total of 3328 units per service year.
 - E. Consultation Services are limited to 64 units per service year.
 - F. Employment Specialist Services are limited to 72 units per service year.

- G. Home Accessibility Adaptions are limited to \$3,000.00 per service year.
- H. Home Support (1/4 hour) is limited to 44 units per day. Home Support (Remote Support) is limited to 44 units per day.
- I. Non-Traditional Communication Assessment is limited to 64 units per service year.
- J. Non-Traditional Communication Consultation is limited to 64 units per service year.
- K. Occupational Therapy Maintenance is limited to 8 units per week up to 416 units per service year.
- L. Personal Care Services are limited to 52 units per day.
- M. Physical Therapy Maintenance is limited to 8 units per week up to 416 units per service year.
- N. Specialized Medical Equipment and Supplies- Any item over \$500.00 requires documentation from a physician, an Occupational Therapist, Physical Therapist or Speech Therapist.
- O. Speech Therapy Maintenance is limited to 8 units per week up to 416 units per service year.
- P. Work Support Services are limited to 64 units per week up to 3328 units per service year.
- Q. Section 20 Home and Community Based Services for Adults with Other Related Conditions may not be provided in a residence where other Home and Community Based Waiver services are provided. Exceptions considered on a case-by-case basis by the Department.

Section 21 -- Home and Community Based Benefit for members with Intellectual Disabilities or Autistic Disorder

Definition

The Home and Community Based Benefit (HCB or Benefit) for members with Intellectual Disabilities or Autistic Disorders gives members eligible for this Benefit the option to live in their own home or in another home in the community thus avoiding or delaying institutional services. The Benefit is offered in a community-based setting as an alternative for members who qualify to live in an Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/IID). The Benefit supplements, rather than replaces supportive, natural, personal, family, work, and community relationships and complements. It does not duplicate other MaineCare services. This Home and Community Benefit for members with Intellectual Disabilities or Autistic Disorder is not intended to replace Section 29, Support Services for Adults with Intellectual Disabilities or Autistic Disorder.

Eligibility

Waitlist based on priority.

Eligibility for this benefit is based on meeting all six of the following criteria:

- Eligibility for MaineCare as determined by the DHHS, Office of Integrated Access and Support (OIAS); and
- Is age eighteen (18) or older; and
- Has an Intellectual Disability or Autistic Disorder or Pervasive Developmental Disorder (NOS); and
- Meets the medical eligibility criteria for admission to an Intermediate Care Facility for Persons with an Intellectual Disability (ICF/IID) as set forth under the MaineCare Benefits Manual, Chapter II, Section 50; and
- Does not receive services under any other federally approved MaineCare home and community based waiver program; and
- Meets all MaineCare eligibility requirements as set forth in the MaineCare Eligibility Manual; and
- Is receiving services under the waiver for which the estimated annual cost is equal to or less than two hundred percent (200%) of the state-wide average annual cost of care for an individual in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), as determined by the Department.

Covered Services

- Home Support
- Community Support
- Employment Specialist Services
- Work Support
- Home Accessibility Adaptations
- Specialized Medical Equipment and Supplies
- Communication Aids
- Non-Traditional Communication Consultation
- Non-Traditional Communication Assessments
- Consultation Services
- Counseling
- Crisis Intervention Services
- Crisis Assessment
- Transportation Service
- Occupational Therapy (Maintenance)
- Physical Therapy (Maintenance)
- Speech Therapy (Maintenance)

Limitations

- Non-Covered Services:
 - A. Services not identified by the Personal Plan;
 - B. Services to any MaineCare member who receives services under any other federally approved MaineCare Home and Community based waiver program;
 - C. Services to any member who is a nursing facility resident, or ICF/IID resident;
 - D. Services that are reimbursable under any other sections of the MaineCare Benefits Manual;
 - E. Any service otherwise reimbursable under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act, including but not limited to job development and vocational assessment or evaluations;
 - F. Room and board; The term “room” means shelter type expenses, including all property related costs such as rental or purchase of real estate and furnishings, maintenance, utilities, and related administrative services. The term “board” means three meals a day or any other full nutritional regimen. Board does not include the provision of a meal at an adult day health or similar facility outside the member’s home. Board also does not include the delivery of a single meal to a participant at his/her own home through a meals-on-wheels service;
 - G. Services provided directly or indirectly by the legal guardian will not be reimbursed unless the legal guardian is the member’s spouse, parent, sibling or other biological family member;
 - H. Work Support or Employment Services when the member is not engaged in employment;
 - I. Specialized Medical Equipment and Supplies, Communication Aids, or Home Accessibility Adaptations unless the service has been determined non reimbursable under Medical Supplies and Durable Equipment, Section 60 or other sections of the MaineCare Benefits Manual.
- MaineCare members can receive services under only one Home and Community Waiver Benefit at any one time;
- A member may not receive Community Support while enrolled in high school. Community Support is not provided in the member’s place of employment.

Section 22 -- Home and Community Benefits for the Physically Disabled

Purpose

The purpose of this benefit is to provide medically necessary home and community benefits to MaineCare members who are physically disabled and age eighteen (18) and over.

Eligibility

First-come, first-served basis;

- Waiting lists based on date of eligibility determination;
- Financial eligibility criteria;
- Members age eighteen (18) and over;
- An applicant meets the medical eligibility requirements for benefits under this section if he/she meets the eligibility criteria specified in the MaineCare Benefits Manual, Chapter II, Section 67, Nursing Facility Services;
- The member must have the cognitive capacity, as assessed on the MED form to be able to “self direct” their attendant(s). Member must complete instruction and testing to verify this capacity within 30 days of completion of MED form;
- The member must not have a guardian or a conservator;
- Choice letter signed by member indicating awareness of availability of comparable nursing facility services;
- The health and welfare of the member would not be endangered if the member remained at home or in the community;
- Benefits needed by member are available (in the geographic area) and a willing provider is available;
- Member has a disability with functional impairments, which interfere with his/her own capacity to provide self-care and daily living skills without assistance.

Covered Services

- Covered services must be required in order to maintain the member’s current health status, or prevent or delay deterioration of a member’s health and/or avoid long-term institutional care;
- Skills Training - recruiting, interviewing, selecting, training, scheduling, discharging and directing a competent attendant;
- Supports Brokerage functions provided by the Service Coordination Agency;
- Financial Management Services - verifying attendant citizenship status, Collect and process timesheets, Process payroll, withholdings, filings and payment of applicable Federal, state, and local employment-related taxes and insurances;
- Personal Care Attendant Services (PCA);
- Assistance with ADL tasks and also may include IADLs and/or health maintenance activities;
- Personal Emergency Response System.

Limitations

- Must not be residing in a hospital, nursing facility, private non-medical institution, or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) as an inpatient;
- Must not reside in Assisted Living or in Adult Family Care Home Section 2 or Private Non-Medical Institution Section 97;
- Must not be receiving personal care services under the Private Duty Nursing/Personal Care Services Section or be receiving any Home and Community Benefits, In Home Community and Support Services for Elderly and Other Adults, or any other MaineCare benefit that allows personal care services;
- Should the member fail to hire an attendant, his/her eligibility for such services may end;
- MaineCare will reimburse for no more than eighty-six and one-quarter (86.25) hours of personal attendant services per week under this Section;
- Skills training should not exceed fourteen and one quarter (14.25) hours annually, including the two (2) hours required for initial instruction;
- Supports Brokerage shall not exceed eighteen (18) hours annually.
- Non-Covered Services
 - A. Room and board;
 - B. Travel time and mileage by the ASA, Service Coordination Agency, staff, and/or the attendant to and from the location of the member's residence or mileage for travel by the attendant in the course of delivering a covered service;
 - C. Transportation to and from medical appointments;
 - D. Services provided by the member's family member;
 - E. Custodial care or respite care;
 - F. Services provided by an attendant who has any criminal convictions (exceptions apply);
 - G. Services provided outside the presence of the member;
 - H. On-call services.

Section 26 -- Day Health Services

Eligibility

- 18 years of age and older;
 - Financial eligibility criteria;
 - Medical eligibility assessment - meets the criteria set forth in (A), (B) or (C) below:
 - A. Level I: Requires daily (seven (7) days per week) “Cuing”;
OR
At least “limited assistance” and a “one-person physical assist” are needed with at least two (2) of the following activities of daily living:
 - 1. Bed Mobility;
 - 2. Transfer;
 - 3. Locomotion;
 - 4. Eating;
 - 5. Toilet Use;
 - 6. Bathing;
 - 7. Dressing.
 - B. Level II: At least “extensive assistance” and a “one-person physical assist” are needed for at least two (2) of the following five (5) activities of daily living listed in 26.02-2 (A) (2) above:
 - 1. Bed mobility;
 - 2. Transfer;
 - 3. Locomotion;
 - 4. Eating;
 - 5. Toilet use.
- OR
- Member meets two (2) of the following three (3) criteria:
- 1. Cognition Threshold;
 - 2. Behavior threshold;
 - 3. At least “limited assistance” and a “one-person physical assist is needed for at least one (1) of the following five (5) activities of daily living listed in 26.02-2 (A) (2) above:
 - a. Bed mobility;

- b. Transfer;
 - c. Locomotion;
 - d. Eating;
 - e. Toilet use.
- C. Level III: A member must meet the medical eligibility requirements detailed in Chapter II, Section 67.02, Nursing Facility Services.

Covered Services

Day health services are those services provided outside the member's residence at a site licensed by the Bureau of Elder and Adult Services, on a regularly scheduled basis. The ongoing service may include, based on individual needs:

- Monitoring of health care;
- Supervision, assistance with activities of daily living;
- Nursing;
- Rehabilitation;
- Health promotion activities;
- Exercise groups;
- Counseling.
- Noon meals and snacks are provided as a part of day health services

Limitations

- Must be provided under an individual plan of care and outside the member's residence;
- Level I care -- may receive up to sixteen (16) hours per week;
- Level II care -- may receive up to twenty-four (24) hours per week;
- Level III care -- may receive up to forty (40) hours per week;
- Day health services delivered to a member who is a resident in a private non-medical institution (PNMI) cannot be reimbursed under this rule.

Section 28 – Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations

Birth through twenty (20) years of age. Children aged eighteen (18) through twenty (20) years of age may choose to receive children’s or adult services, whichever best meets their individual needs.

Eligibility

- Member must be under twenty-one years of age and meet all of the following criteria:
- Meet the financial eligibility criteria;
- All services must be medically necessary per Chapter I, Section 1.02-4.D.

Specific Eligibility Criteria

- A completed multi-axial evaluation with an Axis I or Axis II behavioral health diagnosis from most recent DSM;
- Documentation of functional impairment per accepted approved tool and/or physician diagnosis;
- Family Participation is required in treatment services to the greatest degree possible given the individual needs as well as family circumstances.

Covered Services

Medically necessary, evidence-based treatment services and behavioral modifications designed to help the member develop and maintain functional skills.

Limitations

- MaineCare will limit reimbursement for services under this Section to those covered services documented and approved in the treatment plan that are medically necessary and developmentally appropriate;
- Non-Duplication of Services: A member may not receive services if they are in a residential treatment facility or if they are receiving services in an institution, including, but not limited to Section 45, Hospital Services, Section 46, Psychiatric Facility Services, Section 50, ICF-IID, Section 67, Nursing Facilities and Section 97, Appendix D, Private Non-Medical Institutions;
- Does not cover services that are primarily academic, vocational, social, recreational, or custodial in nature.

Section 29 -- Support Services for Adults with Intellectual Disabilities or Autistic Disorder

Definition: Services, including workplace supports, for adults who live either with their families or live on their own.

Eligibility

- Waitlist by date of approved application;
- Eligibility for this benefit is based on meeting all three of the following criteria:
 - A. The member must require ICF/IID level of care as set forth under the MaineCare Benefits Manual, Chapter II, Section 50;
 - B. The member must have eligibility for MaineCare as determined by the DHHS Office of Integrated Access (OIAS);
 - C. A funded opening is available.
- Is age eighteen (18) or older; and
- Has an Intellectual Disability or Autistic Disorder; and
- Meets the medical eligibility criteria for admission to an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID) as set forth under the MaineCare Benefits Manual, Chapter II, Section 50; and
- Does not receive services under any other federally approved MaineCare Home and Community Based waiver program; and
- Meets all MaineCare eligibility requirements as set forth in the MaineCare Eligibility Manual; and
- The member must have an adult services case manager or have begun the transition to an adult services case manager; and
- Lives with family or on their own.

Covered Services

- Community Support;
- Employment Specialist Services;
- Work Support;
- Home Accessibility Adaptations;
- Transportation;
- Respite Services.

Limitations

- Non-Covered Services:
 - A. Services not identified by the Personal Plan;
 - B. Services to any MaineCare member who receives services under any other federally approved MaineCare Home and Community based waiver program;
 - C. Services to any member who is a nursing facility resident, or ICF/IID resident;
 - D. Any service otherwise reimbursable under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act, including but not limited to job development and vocational assessment or evaluations;
 - E. Services provided directly or indirectly by the legal guardian will not be reimbursed unless the legal guardian is the member's spouse, parent, sibling or other biological family member;
 - F. Work Support or Employment Specialist Services when the member is not engaged in employment;
 - G. A member may not have wages from employment paid for with MaineCare reimbursement;
 - H. Room and board;
- Limits:
 - A. MaineCare members can receive services under only one Home and Community Waiver Benefit at any one time;
 - B. Services reimbursed under this section are not available to members who reside in an ICF/IID, nursing facility or are inpatients of a hospital;
 - C. A member may not receive services that are comparable or duplicative under another Section of the MaineCare Benefits Manual at the same time as services provided under this waiver benefit. Such comparable or duplicative services include, but are not limited to services covered under the MaineCare Benefits Manual, Section 2, Adult Family Care Services; Section 19, Home and Community Benefits for the Elderly and for Adults with Disabilities; Section 21, Home and Community Benefits for Person with Intellectual Disabilities or Autistic Disorder; Section 22, Home and Community Benefits for the Physically Disabled; Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; Section 45, Hospital Services; Section 46, Psychiatric Facility Services; Section 50, ICF/IID Services; Section 67, Nursing Facility Services and Section 97, Private Non-Medical Institution Services;
 - D. A member may not receive Community Support, Work Support, or Employment Specialist Services while enrolled in high school;

Section 32 -- Waiver Services for Children with Intellectual Disabilities or Pervasive Developmental Disorders

Introduction

MaineCare members who are at least five (5) years of age and under seventeen (17) years and who have Intellectual Disabilities or Pervasive Developmental Disorders are eligible for this Home and Community Waiver Benefit. The intent of this service is to provide members the opportunity to remain in their own homes or in other homes in the community, avoiding or delaying institutional care.

Eligibility

- This program has Priority levels and a wait list;
- At least five (5) years of age and under seventeen (17) years. Once admitted a member may remain in it until his or her 21st birthday, assuming that the member continues to meet other conditions of eligibility;
- Financial eligibility;
- Services must be reviewed and authorized annually;
- Must meet the medical eligibility criteria for admission to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Section 50 or a Psychiatric Hospital Section 46;
- To be eligible for these services, members must meet the criteria for Intellectual Disabilities or Pervasive Developmental Disorders (PDD);
- Member must have functional impairment documented by a reliable, valid assessment tool.

Covered Services

Home Support Services, including the following:

- Personal assistance;
- Self-care;
- Self-management;
- Activities that support personal development;
- Activities that support personal well-being;
- Respite Services;
- Home Accessibility Adaptations;
- Consultation Services;
- Communication Aids;
- Transportation;

Limitations

Non-covered services:

- Services not identified by the Waiver Service Plan;
- Services to any MaineCare member who receives services under any other federally approved MaineCare waiver program;
- Services to any member who is a nursing facility resident or ICF/IID resident;
- Services reimbursable under any other section of the MaineCare Benefits Manual;
- Job development and vocational assessment or evaluation;
- Room and board;

Section 40 -- Home Health Services

Definition

Home Health Services are those skilled nursing and home health aide services, physical and occupational therapy services, speech-language pathology services, medical social services, and the provision of certain medical supplies, needed on a “part-time” or “intermittent” basis. Services are delivered by a Medicare certified home health agency to a member in his or her home or in other particular settings with limitations as described in Section 40.06.

Eligibility

- Children and adults;
- Must meet the financial eligibility criteria for MaineCare;
- Home Health Services Medical Eligibility Requirements:
 - A. Medical condition of the member must be such that it can be safely and appropriately treated by the home health agency;
And
 - B. The member must be in a place of residence and NOT in an institution;
And
 - C. Services shall not be provided if services are available and safely accessible to the member on an outpatient basis;
And
 - D. Observation and assessment by a nurse is not reasonable and necessary to the treatment of the illness/injury where these indications are part of a longstanding pattern of the member’s condition and there is no significant change in health status;
And
 - E. The condition of the member must require skilled nursing care on a “part-time” or “intermittent” basis or otherwise no less than twice per month.
- Medical Eligibility Requirements for Psychotropic Medication Services: in-home psychotropic medications if he or she meets ALL of the following requirements:
 - A. Has a severe and disabling mental illness that meets the eligibility requirements set forth in Section 17;
And
 - B. Requires psychotropic medication administration or monitoring;
AND
 - C. Not receiving psychotropic medication services under any other Sections of the MBM;
And
 - D. Home health services shall not be provided if services are available and safely accessible to the member on an outpatient basis.

Covered Services

- Skilled Nursing Services;
- Home Health Aide Services;
- Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services;
- Medical Social Services;
- Non-Routine Medical Supplies.

Limitations

- Intermittent, in general, shall mean skilled nursing care needed on fewer than seven (7) days each week or less than eight (8) hours each day for periods of up to twenty-one (21) days;
- Services delivered under this Section shall not duplicate any other services delivered to the member;
- NON-COVERED SERVICES -- The following services are not reimbursable by the MaineCare Program under this Section:
 - A. Parenting skills training;
 - B. Nursing services, physical therapy, and occupational therapy exercises that may be carried out by the member, or family member or friend who is trained, willing and able to safely perform the service after receiving instruction from the appropriate home health care professional;
 - C. Services provided by a personal care attendant;
 - D. Laboratory services;
 - E. Blood glucose monitoring;
 - F. Routine foot care;
 - G. Homemaking services and chore services;
 - H. RN supervisory visits made for the purpose of supervising home health aide services to the member;
 - I. Nursing evaluation visits, unless skilled observation and assessment by a licensed nurse would result in a change of the treatment of the member;
 - J. Visits made solely to remind the member to follow instructions;
 - K. Services that can be appropriately provided by other community resources;
 - L. Respite services;
 - M. Venipuncture;
 - N. Custodial care;
 - O. A monthly injection;
 - P. Monthly catheter change.

Section 50 – Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)

Definition

- ICF-IID Nursing Facility: To assist each member to reach his or her maximum level of functioning capabilities, an ICF-IID Nursing Facility provides, under an agreement with the Department of Health and Human Services, twenty-four (24) hours, seven (7) days a week, of licensed nurse supervision of coordinated health treatment and rehabilitative services for persons who have Intellectual disabilities or persons with related conditions (See Section 50.01-11 for definition of “persons with related conditions”).
- ICF-IID Group Home Facility: An ICF-IID Group Home Facility provides a supportive and protective setting and twenty-four (24) hour, seven (7) days a week, of non-nursing supervision for persons who have an intellectual disability or persons with related conditions (See Section 50.01-11 for definition of “persons with related conditions”). The facility must assure the coordination of health and rehabilitative services to assist each member in reaching his or her maximum level of functioning capabilities.

Eligibility

- General MaineCare eligibility;
- Specific MaineCare Requirements:
 - A. The Department or the Department’s authorized agent must determine the individual’s medical eligibility, as described in Section 50.06;
 - And
 - B. Individuals must be diagnosed by a physician as having an intellectual disability or a related condition, which is manifested before the person reaches age twenty-two (22);
 - And
 - C. Individuals must require active treatment of ICF-IID services, as defined in this Section. An individual’s eligibility cannot be based merely on his/her diagnosis.
- Eligibility for Care in an ICF-IID Nursing Facility:
 - A. Documented evidence of nursing needs that require at least eight (8) hours per day of licensed nurse supervision;
 - B. There must be a medical, psychological, and social evaluation and a plan of care;
 - C. One (1) or more of the following criteria must apply to a member:
 - 1. Plan of care requires the skills of a licensed nurse;

And/or

2. Tube feedings that require professional nursing judgment, observation and care;

And/or

3. Medical needs that require constant licensed nursing evaluations, judgments, and interventions, i.e. suctioning;

And/or

4. Certain injectable medicines that require licensed nursing observation, supervision, or administration;

And/or

5. Uncontrolled seizures that require licensed nursing observation, supervision, or administration.

- Eligibility for Care in an ICF-IID Group Home Facility:
 - A. Physician must certify that the member is not in need of eight (8) hours or more per day of nursing care;
 - B. A member must require the services provided in an ICF-IID Group Home Facility, but cannot have care needs that require the presence of a licensed nurse for supervision for eight (8) hours or more per day;
 - C. One (1) or more of the following criteria must apply to the member in order for the member to be eligible to receive care in an ICF-IID Group Home Facility. The member must:
 - 1. Need assistance in personal care such as oral hygiene, care of skin, personal grooming and bathing;
 - Or
 - 2. Exhibit or has exhibited deviation from acceptable behavior;
 - Or
 - 3. Require some personal supervision;
 - Or
 - 4. Require some protection from environmental hazards;
 - Or.
 - 5. Require supervision while participating in diversional and motivational activities both in the facility and in the community;
 - Or
 - 6. Require assistance with medications that are of a routine nature and can be administered by qualified group home facility personnel;
 - Or
 - 7. Require assistance due to aphasia.

- D. If a member residing in an ICF-IID Group Home Facility has medical needs that require twenty-four (24) hour nursing supervision, he or she may continue to reside in the facility if the following conditions are met. The member must:
1. Have a medical care plan developed in accordance with State licensing and Federal certification regulations; and
 2. Be in a facility where twenty-four (24) hour licensed nurse in-house coverage is provided; and
 3. Obtain approval from the DHHS before twenty-four (24) hour nursing services are provided; and
 4. The member's medical condition must be expected to be temporary.

Covered Services

- Routine Services, Supplies, and Equipment Included in Regular Rate for Reimbursement;
- Supplies and Equipment for Which the Department may be Billed by a Supplier or Pharmacy;
- Physical Therapy (PT) and Occupational Therapy (OT) services and consultations;
- Speech and Hearing Services;
- Dental Services;
- Pharmacy Services;
- Other Services: an order from a licensed medical practitioner legally qualified to order services for members, is required for all other types of services provided in an ICF-IID, unless the MaineCare Benefits Manual specifically does not require an order;
- ICF-IID Developmental Training Program.

Limitations

Non-covered services:

- Maintenance therapy PT and OT;
- Private room (single bed), telephone, television, and authorized bed hold days services;
- Vocational or academic type services;
- Services that are comparable or duplicative under another Section 2, Adult Family Care Services; Section 19, Home and Community Benefits for the Elderly and for Adults with Disabilities; Section 21, Home and Community Benefits for Persons with Intellectual Disabilities or Autistic Disorder; Section 22, Home and Community Benefits for the Physically Disabled; Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; Section 45, Hospital Services; Section 46, Psychiatric Facility Services; Section 67, Nursing Facility Services and Section 97, Private Non-Medical Institution Services.

Section 65 -- Behavioral Health Services

Introduction

This Section of the MaineCare Benefits Manual consolidates what were previously four separate Sections; Section 58 Licensed Clinical Social Worker, Licensed Clinical Professional Counselor and Licensed Marriage and Family Therapist Services; Section 65 Mental Health Services; Section 100 Psychological Services; and Section 111 Substance Abuse Treatment Services. This Section consolidates all Outpatient Services into one Section.

Definitions

Child is a person between the ages of birth through twenty (20) years of age. Children aged eighteen (18) through twenty (20) years of age and children who are emancipated minors may choose to receive children's mental health services or adult mental health services, both of which are covered under this Section, whichever best meets their individual needs.

V-9 Extended Care or Status is a written agreement for continued care allowing a member eighteen (18) through twenty (20) years of age to continue to be under the care and custody of DHHS.

Eligibility

- Eligible for MaineCare;
- Must meet specific medical eligibility criteria for each Covered Service received;
- To be eligible for V-9 status, a member must be requesting assistance for one of the following reasons:
 - A. To obtain a high school diploma or general equivalency diploma, or obtain post-secondary educational or specialized post-secondary education certification;
 - B. To participate in an employment skills support service;
 - C. To access mental health or other counseling support, including co-occurring services;
 - D. To meet specialized placement needs;
 - E. Is pregnant and needs parenting support; or
 - F. Medical and special health conditions or needs.

Covered Services

- Crisis Resolution Services;
- Crisis Residential Services;
- Outpatient Services;
- Family Psycho-educational Treatment;
- Intensive Outpatient Services;
- Medication Management Services;
- Neurobehavioral Status Exam and Psychological Testing;
- Children's Assertive Community Treatment (ACT) Service;
- Children's Home and Community Based Treatment;
- Collateral Contacts for Children's Home and Community Based Treatment;
- Opioid Treatment;
- Interpreter Services;
- Children's Behavioral Health Day Treatment.

Section 96 -- Private Duty Nursing and Personal Care Services

Definition

Private Duty Nursing (PDN) and Personal Care Services (PCS) are those covered services provided to an eligible Member, as defined in this Section, when determined to be medically necessary, when prior approved, and in the best interest of the Member according to the orders and written plan of care reviewed and signed by a licensed physician. With the exception of those medically necessary services that are prior authorized for children under the age of 21, all services provided are not to exceed the cost limits set forth in Section 96.03.

Eligibility

Children and adults

- An individual is eligible to receive services as set forth in this Section if he or she meets the general MaineCare eligibility requirements (financial), the specific MaineCare eligibility requirements, and the medical eligibility requirements for the applicable level of care;
- Specific Eligibility Requirements
 - A. Only individuals under age 21 are eligible for Level IV under this Section;
 - B. Individuals of any age are eligible for all other Levels of care.

Covered Services

- There are nine (9) different levels that are determined by the MED assessment;
- Private Duty Nursing Services;
- Personal Care Services;
- Venipuncture Only Services (Level VII);
- Medication and Venipuncture Services (Level VI);
- Care Coordination Services;
- Skills Training.

Limitations

- For purposes of this Section, "place of residence" does not include such institutional settings as nursing facilities, intermediate care facilities for persons with intellectual disabilities (ICF-IID), or hospitals. If nursing services are covered under a private non-medical institution's per diem rate, then Level I, II, III, VI, VII private duty nursing services are not allowed under this Section;

- Section 40, Home Health Services, shall not replace or be delivered and reimbursed in lieu of authorized Section 96 covered services;
- Some limitations regarding relatives providing the services;
- Non-covered:
 - A. Services in an ICF-IID, nursing facility or hospital;
 - B. Services to Members receiving any Home and Community Benefits for the Elderly, or Adults with Disabilities (ADW) (nursing and personal care services are covered under these waiver benefits);
 - C. personal care services delivered in an Adult Family Care Home setting or other licensed Assisted Living Facility.
- Members receiving Home and Community Benefits for Persons with Intellectual Disabilities Section 21 or Home and Community Benefits for the Physically Disabled. (Section 22) Personal care services are covered services under these Waivers. These Members may receive nursing services only under this Section.

Section 97-- Private Non-Medical Institution

Definition

Provides food, shelter, personal care, and treatment services to four or more residents in single or multiple facilities or scattered site facilities. PNMI include the following:

- Appendix B—Substance Abuse Treatment Facilities;
- Appendix C -- Medical and Remedial Treatment Services Facilities;
- Appendix D -- Child Care Facilities;
- Appendix E -- Community Residences for Persons with Mental Illness;
- Appendix F -- Non-Case Mixed Medical and Remedial Facilities.

Eligibility

- Eligible for MaineCare services;
- Documentation of medical necessity required (See Section 97 for medical necessity criteria for each type of facility).

Covered Services

Possible covered services, not all apply, check with the individual PNMI to see what they offer

- Physician services;
- Psychiatrist services;
- Psychologist services;
- Psychological examiner services;
- Social worker services;
- Licensed clinical professional counselor services;
- Licensed professional counselor services;
- Dentist services;
- Registered nurse services;
- Licensed practical nurse services;
- Psychiatric nurse services;
- Speech pathologist services;
- Licensed alcohol and drug counselor services;
- Occupational therapy services;
- Other qualified mental health staff services;
- Other qualified medical and remedial staff services;
- Other qualified alcohol and drug treatment staff services;
- Personal care services;
- Other qualified child care facility services;
- Other qualified licensed treatment foster care provider services;
- Interpreter services;
- Nurse practitioner services;
- Physician assistant services;
- Clinical consultant services;
- Physical therapy services.

Limitations

- Reimbursement shall be made for direct services, collateral contacts, and certain supportive services when there is not a direct encounter with the member, only as described in Chapter III, Principles of Reimbursement for PNMI, Section 2400, and when provided by qualified staff members;
- Bed-hold days are not reimbursable;
- Reimbursement shall not be made for Private Non-Medical Institution services provided out of state unless the services are medically necessary, and are not available within the State and prior authorization (as described in this Section and Chapter I, of the MaineCare Benefits Manual) has been granted;
- Non-Duplication of Services:
- Services that are part of the PNMI rate may not be billed to MaineCare separately by other providers including Personal care services and Private Duty Nursing;
- PNMI providers must coordinate their services with all other MaineCare services, including but not limited to case managers providing services outside the residential setting, in accordance with the provisions of Chapter II, Section 13, of the MaineCare Benefits Manual, Targeted Case Management Services.
- Non-Covered Services:
 - A. Private Room telephone, television, room and board, etc.;
 - B. Personal Care Services Provided by a Family Member.

Section 102 --Rehabilitative Services (for individuals with acquired brain injuries)

Purpose

The purpose of this rule is to cover rehabilitative services for eligible members who have sustained a brain injury. This section does not include coverage for services for people with brain injuries that are congenital or induced by birth. Rehabilitative services are specialized, interdisciplinary, coordinated, and outcomes focused. The services are designed to address the unique medical, physical, cognitive, psychosocial, and behavioral needs of members with acquired brain injuries. Limitations apply; services are appropriate if there is the potential for rehabilitation and the expectation of functionally significant improvements in the member's status, or in certain cases where services are necessary because their withdrawal would result in the member's measurable decline in functional status.

Eligibility

- Financial eligibility;
- Medical Criteria:
 - A. A diagnosis of brain injury;
 - B. Member is not receiving acute hospital rehabilitation services;
 - C. Member is not receiving intensive rehabilitation NF services;
 - D. If receiving services in a nursing facility setting that are not intensive rehabilitative NF services, member must meet all of the following:
 1. Clinical evaluation documents rehabilitation potential;
And
 2. Requires licensed/certified services to continue improvement;
And
 3. Limited or no other access to rehabilitative services;
And
 4. Expresses a desire to move to a less restrictive setting;

And

5. Discharge to a less restrictive living arrangement has been identified in the discharge potential section of the Minimum Data Set (MDS) (which is conducted by the NF) and active planning for discharge is documented in the member's NF plan of care.

E. Meets the requirements of one of the following three Covered Services:

a. Intensive Integrated Neuro-rehabilitation;

Or

b. Neurobehavioral Rehabilitation;

Or

c. Community/Work Reintegration or Self Care/Home Management Reintegration.

F. Qualifying score on the Brain Injury Assessment Tool (BIAT).

Covered Services

- Clinical Assessment Services;
- Intensive Integrated Neurorehabilitation;
- Neuro-Behavioral Rehabilitation;
- Self-Care/Home Management Reintegration;
- Community/Work Reintegration.

Limitations

- Does not include coverage for services for people with brain injuries that are congenital or induced by birth;
- Services are limited to a combination of no more than eighteen (18) hours (72 units) per week;
- A member may not receive coverage for services under this Section if he or she is involved in acute hospital rehabilitation services;
- Services must not duplicate services delivered under any other Section of the MBM, including but not limited to: Section 97, Private Non-Medical Institution Services; Section 12, Consumer Directed Attendant Services; Section 22, Home and Community-Based Waiver Services for the Physically Disabled; Section 19, Home & Community Benefits for the Elderly and for Adults with Disabilities; Section 96, Private Duty Nursing & Personal Care Services; Section 68, Occupational Therapy Services; Section 85, Physical Therapy Services; Section 109, Speech and Hearing Services; Section 111, Substance Abuse Treatment Services; Section 17, Community Support Services; Section 24, Day Habilitation Services for Persons with Intellectual Disabilities; Section 26, Day Health Services; and Section 65, Behavioral Health Services;

- MaineCare will only reimburse for initial clinical assessment services up to eight (8) hours (32 units) of service, per member, per occurrence of acquired brain injury. MaineCare will reimburse clinical reassessment for up to eight (8) hours (32 units) per year;
- MaineCare will reimburse for a covered service provided in an individual or a group session. A "group" must not exceed four (4) members per each licensed or certified clinician or other qualified staff person. When group services are provided, a brief notation must be made for each member in his or her medical record.
- Non-Covered Services
Services that are primarily vocational, custodial, academic, socialization, or recreational are not covered.

Katie Beckett

Summary

This section describes basic provisions of the Katie Beckett benefit that reimburses services for certain children who meet Social Security criteria for disability, but are otherwise not eligible for MaineCare services. This rule supplements other sections of the MaineCare Eligibility and MaineCare Benefits Manuals.

Eligibility

The member must be:

- Age 18 and under (up to age 19);
- Meet Social Security Administration criteria for disability application process;
- Not eligible for MaineCare under any other category;
- Reside in the community (not in a medical institution);
- Need in-patient care provided by a hospital, nursing facility, psychiatric hospital, or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) but not reside in one of these facilities;
- Have an initial face-to-face medical assessment to determine if the child meets medical eligibility;
- Meet financial and any other additional eligibility criteria as required by the MaineCare Eligibility Manual.

Covered Services

This is a financial eligibility program - looks only at consumer's income and excludes family income/assets. Once consumer is found eligible for MaineCare under the Katie Beckett program they can receive MaineCare funded programs. They don't necessarily provide a service; it just determines them eligible for MaineCare.