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GOVERNOR

Maine Department of Health and Human Services
MaineCare Services
11 State House Station
Augusta, Maine 04333-0011

BETHANY L. HAMM
ACTING COMMISSIONER

DATE: September 11, 2018

TO: Interested Parties

FROM: Stefanie Nadeau, Director, MaineCare Services

SUBJECT: Proposed Rule: MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder.

PUBLIC HEARING: Wednesday, October 10, 2018, 9 a.m.
The Marquardt Building, Room 118, Door D7
Augusta, ME 04333

COMMENT DEADLINE: October 20, 2018, 11:59 p.m.

This letter gives notice of a proposed major substantive rule: MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder.

The Department is proposing this major substantive rule in accordance with P.L. 2017, ch. 459, § 3195, *An Act Making Certain Supplemental Appropriations and Allocations and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government* (“Act”). This Act provides funding to increase reimbursement rates for thirty-three (33) procedure codes in Chapter III, Section 21. The legislation directs the Department to increase the rates for the specific procedure codes in equal proportion to the funding provided for that purpose, and to do so via major substantive rulemaking.

In addition to the rate increases required by P.L. 2017, ch. 459, the Department has increased the rate for a 34th procedure code – T2017 QC (Home Support, Habilitation, residential, waiver – Remote Support – Monitor only). Increasing the rate for this procedure code creates consistency with the other codes, in line with the Section 21 service and reimbursement structure.

These increased rates will be effective retroactive to July 1, 2018. The Department has determined that a retroactive increase to the beginning of the state fiscal year is appropriate, since the appropriation is intended for the entire fiscal year. The retroactive application comports with 22 M.R.S. § 42(8).

In creating the rates for the codes shown below, the Department examined utilization of these services, and then calculated rates to ensure parity between Section 21 and Section 29, to lessen administrative complications for providers.

This major substantive rule increases the following rates:

- In Section 1910, the group rates for Work Support have been increased:
 - 2 Members in Group
 - 3 Members in Group
 - 4 Members in Group
 - 5 Members in Group
 - 6 Members in Group
- In Appendix I, the following rates have been increased:
 - T2017 home support
 - T2017 SC home support with medical add-on
 - T2017 QC home support—remote support—monitor only
 - T2017 GT home support – remote support—interactive support
 - T2016 agency home support
 - T2016 agency home support over 168 hours
 - T2016 SC agency home support with medical add-on
 - S5140 shared living foster care, adult, one member
 - S5140 TG shared living foster care, adult, one member, increased level of support
 - S5140 UN shared living foster care, adult, 2 members
 - S5140 UN TG shared living foster care, adult, 2 members, increased level of support
 - T2021 community support
 - T2021 SC community support with medical add-on
 - T2015 career planning
 - T2019 employment specialist services
 - T2019 SC employment specialist services with medical add-on
 - H2023 work support, individual
 - H2023 SC work support with medical add-on
 - H2023 UN work support, group, 2 members
 - H2023 UP work support, group, 3 members
 - H2023 UQ work support, group, 4 members
 - H2023 UR work support, group, 5 members
 - H2023 US work support, group, 6 members
 - T2034 crisis intervention services
 - T2016 U5 home support, family-centered support, one member
 - T2016 TG U5 home support, family-centered support, one member, increased level of support
 - T2016 UN U5 home support, family-centered support, 2 members
 - T2016 UN TG U5 home support, family-centered support, 2 members
 - T2016 UP U5 home support, family-centered support, 3 members
 - T2016 UP TG U5 home support, family-centered support, 3 members, increased level of support
 - T2016 UQ U5 home support, family-centered support, 4 members
 - T2016 UQ TG U5 home support, family-centered support, 4 members, increased level of support
 - T2016 UR U5 home support, family-centered support, 5 or more members
 - T2016 UR TG U5 home support, family-centered support, 5 or more members, increased level of support

The Department has adopted these rate increases via emergency rulemaking. Pursuant to 5 M.R.S. §8073, the emergency major substantive rule may be effective for up to twelve months, or until the Legislature has completed its review. The Department is now engaging in proposed major substantive rulemaking to adopt these Section 21 rule changes.

Rules and related rulemaking documents may be reviewed at, or printed from, the MaineCare website at <http://www.maine.gov/dhhs/oms/rules/index.shtml> or for a fee, interested parties may request a paper copy of rules by calling (207) 624-4050 or Maine Relay number 711.

A concise summary of the proposed rule is provided in the Notice of Agency Rulemaking Proposal, which can be found at <http://www.maine.gov/sos/cec/rules/notices.html>. This notice also provides information regarding the rulemaking process. Please address all comments to the agency contact person identified in the Notice of Agency Rulemaking Proposal.

Notice of Agency Rule-making Proposal

AGENCY: Department of Health and Human Services, MaineCare Services

CHAPTER NUMBER AND TITLE: 10-144 C.M.R., Chapter 101, Section 21, Chapter III, Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autism Spectrum Disorder

PROPOSED RULE NUMBER:

CONCISE SUMMARY:

This major substantive rule is proposed to implement the provisions of P.L. 2017, ch. 459, which provides funding to increase reimbursement rates for 33 procedure codes in Chapter III, Section 21. The legislation directed the Department to increase the rates for the specific procedure codes in equal proportion to the funding provided for that purpose. In addition to the rate increases required by P.L. 2017, ch. 459, the Department has also increased the rate for a 34th procedure code, as the Department has determined that this rate increase needs to be done in this emergency rulemaking to avoid an immediate threat to public health, safety of general welfare. These increased rates will be effective retroactive to July 1, 2018.

In creating the rates for the 34 codes, the Department examined utilization of these services, and then calculated rates to ensure parity between Section 21 and Section 29, to lessen administrative complications for providers.

The Department has adopted these rate increases via emergency rulemaking. Pursuant to 5 M.R.S. §8073, the emergency major substantive rule may be effective for up to twelve months, or until the Legislature has completed its review. The Department is now engaging in proposed major substantive rulemaking to adopt these Section 21 rule changes.

See <http://www.maine.gov/dhhs/oms/rules/index.shtml> for rules and related rulemaking documents.

STATUTORY AUTHORITY: 22 M.R.S. §§ 42, 3173; P.L. 2017, ch. 459, § 3195

PUBLIC HEARING:

Date and Time: October 10, 2018, 9 a.m.
Location: Marquardt Bldg, Room 118, Door D7
32 Blossom Lane, Augusta, Maine

The Department requests that any interested party requiring special arrangements to attend the hearing contact the agency person listed below before October 1, 2018.

DEADLINE FOR COMMENTS: Comments must be received by 11:59 PM on October 20, 2018.

AGENCY CONTACT PERSON: Trista Collins, Comprehensive Health Planner II
Trista.Collins@maine.gov

AGENCY NAME: MaineCare Services
ADDRESS: 242 State St., 11 State House Station
Augusta, Maine 04333-0011

TELEPHONE: 207-624-4094 FAX: (207) 287-1864
TTY: 711 (Deaf or Hard of Hearing)

IMPACT ON MUNICIPALITIES OR COUNTIES (if any): The Department anticipates that this rulemaking will not have any impact on municipalities or counties.

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GENERAL PROVISIONS

1000 PURPOSE

The purpose of these regulations is to describe the reimbursement methodology for Home and Community Based Services waiver providers whose services are reimbursed in accordance with Chapters II and III, Section 21, “Home and Community Benefits for members with Intellectual Disabilities or Autism Spectrum Disorder” of the *MaineCare Benefits Manual*. These Principles govern reimbursement for services provided on or after December 30, 2007. All services reimbursed in this section are considered fee for service.

1050 DEFINITIONS

Fee for service - is a method of paying providers for covered services rendered to members. Under this fee for service system, the provider is paid for each discrete service described in Appendix I to a member.

Per Diem - A day is defined as beginning at midnight and ending twenty-four (24) hours later. However, per diem Home Support services may be provided by more than one entity in a twenty-four hour period. On days when a member is transitioning between providers of home support, only the provider providing home support services at 11:59 p.m. may bill for home support for that day. Per Diem reimbursement is allowable to a Home Support Provider who provides Direct support at some point during that day, if the member transfers to an environment that is not being reimbursed for Home Support for that same time period.

Week – A week is equal to seven consecutive days starting with the same day of the week as the provider’s payroll records, usually Sunday through Saturday.

Year-Services are authorized based on the state fiscal year, July 1 through June 30.

1100 AUTHORITY

The authority of the Department to accept and administer any funds that may be available from private, local, State or Federal sources for services under this Chapter is established in 22 M.R.S.A. §§ 10, 12, and 3173. The authority of the Department to adopt rules to implement this Chapter is established under 22 M.R.S.A. §§ 12, 42(l), and 3173.

1200 COVERED SERVICES

Covered Services are defined in Chapter II, Section 21 of the *MaineCare Benefits Manual*.

1300 REIMBURSEMENT METHODS

Services covered under this section will be reimbursed on a fee for service basis using one of these methods as follows:

1. **Standard Unit rate** A Standard unit rate is the rate paid per unit of time (an hour, a specified portion of an hour, or a day) for a specific service. Services paid for using a standard rate are as follows:

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1300 REIMBURSEMENT METHODS (cont.)

- A. Assistive Technology-Assessment;
- B. Assistive Technology-Transmission (Utility Services);
- C. Career Planning;
- D. Community Support Services
- E. Communication Aids-Ongoing Visual-Gestural and Augmented Communications;
- F. Consultation Services;
- G. Counseling;
- H. Crisis Intervention;
- I. Crisis Assessment;
- J. Employment Specialist Services;
- K. Home Support-Agency;
- L. Home Support-Quarter Hour (1/4 hour);
- M. Home Support-Family-Centered Support;
- N. Home Support-Remote Support– Monitor Only;
- O. Home Support-Remote Support– Interactive Support;
- P. Non-Traditional Communication Consultation;
- Q. Non-Traditional Communication Assessments;
- R. Occupational Therapy (Maintenance) Service;
- S. Physical Therapy (Maintenance) Service;
- T. Shared Living;
- U. Speech Therapy (Maintenance) Service-Individual;
- V. Speech Therapy (Maintenance) Service-Group;
- W. Work Support- Individual;
- X. Work Support-Group;

The standard rates for these services are listed in Appendix I.

2. **Prior Approved Price** - The price of an item or piece of equipment being purchased for a member must be reviewed and approved by DHHS before it will be reimbursed.
 - A. Home Accessibility Adaptations - The DHHS will determine the amount of reimbursement after reviewing a minimum of two written itemized bids from different vendors submitted by the provider. Prior to services being delivered, written itemized bids must be submitted to the DHHS for approval and must contain cost of labor and materials, including subcontractor amounts. The DHHS will issue an authorization for the approved amount based on the written bids to the provider.
 - B. Specialized medical equipment and supplies and Communication Aids- Speech Amplifiers, Aids, Communicators, Assistive Devices - The amount of payment for specialized medical equipment and supplies, and communication aids equipment, Speech Amplifiers, Aids, Communicators, Assistive Devices or Assistive Technology Devices shall be the lowest of:

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1300 REIMBURSEMENT METHODS (cont.)

1. Maximum MaineCare amount listed by applicable corresponding HCPCS codes published at least annually on the Department's website, <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx> and made available to providers;
 2. The provider's usual and customary charges; or
 3. The manufacturer's suggested retail price for any medical supply or medical equipment.
- 3. Per Diem reimbursement:** This method of reimbursement is used for Home Support Services provided by an agency. For purposes of Paragraphs 1300 through 1500, an agency is a provider that routinely employs direct care staff to provide Home Support Services to members in a facility operated by the agency.

The per diem rate is calculated using the number of Agency Home Support hours authorized or provided for each member served in the agency's facility and the standard unit rates for Agency Home Support listed in Appendix I. The calculation includes a small range of permissible variance between the number of hours authorized and the number of hours actually provided. The standard unit rates listed in Appendix I will be reduced by \$2.92 for each hour of Home Support Service provided to the member in excess of 168 hours per week. Paragraph 1400 explains the method of calculating the per diem rate, and Appendix IIA sets forth instructions and a chart for use in calculating the per diem rate.

The authorized per diem rate for all members is based on the total weekly hours authorized by DHHS for all members in the facility. The amount of the agency's per diem rate is calculated using the chart in Appendix II and the rates for Agency Home Supports set forth in Appendix I. In performing these calculations, the standard unit rates listed in Appendix I will be reduced by \$2.92 for each hour of agency Home Support Service provided to the member in excess of 168 hours per week.

Only hours of services that have been authorized and provided with a Medical Add On for Agency Home Support for a member will be reimbursed at the Medical Support reimbursement rate.

1400 CALCULATION OF THE PER DIEM RATE FOR AGENCY HOME SUPPORTS

If the number of Agency Home Support hours provided by the facility in a week is no less than 92.5 % and no more than 105% of the total hours authorized for members in the facility, the provider will be paid at the per diem rate.

If the amount of Agency Home Support hours actually provided to all members in the facility in a given week is less than 92.5% of the hours authorized for those members, the agency's per diem rate will be adjusted to reflect the number of hours actually provided to the members in the facility in that week.

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1400 CALCULATION OF THE PER DIEM RATE FOR AGENCY HOME SUPPORTS (cont.)

In that case, the agency's per diem rate for that week will be determined by adding all of the authorized weekly hours for members in the facility, multiplying by the Agency Home Support rate listed in Appendix I and dividing by seven. The result is then divided by the number of members in the facility to determine a per diem rate applicable to each member for that week.

1500 AVERAGE BILLING METHOD

When billing, the Home Support Agency per diem services providers may choose to bill for services provided using the weekly billing method or the monthly average billing method.

Weekly billing method - Providers bill at the end of the each week based on the actual number of hours of direct support provided in comparison to the hours authorized. If the actual total weekly direct support hours provided for the facility falls within the range of allowable total weekly authorized support hours for the facility then the facility bills at the authorized per diem rate.

If the actual total weekly direct support hours provided for the facility is less than the range of allowable total weekly authorized support hours for the facility then the billable rate is determined by using the actual weekly total support hours provided for the facility. Providers may refer to the billable rate under the applicable table on <http://www.maine.gov/dhhs/oads/disability/ds/MaineCare/index.shtml> or <http://www.maine.gov/dhhs/oads/provider/MaineCare/index.shtml> or use Appendix IIA or IIB to calculate the billable amount.

Monthly Average Billing Method - Providers may calculate a monthly average of weekly direct support services hours provided at the end of each month. If a provider chooses to use the monthly average billing method then all days in the month must be billed using this method. To use this method a provider must submit claims after the last day of the month.

To determine the actual total weekly direct support hours, the actual total hours of direct support provided in the month from 1st day of the month through the last day of the month are divided by number of weeks in the month.

- A. If there are 31 days in the month, then the number of weeks in the month is 4.43.
- B. If there are 30 days in the month, then the number of weeks in the month is 4.29.
- C. If there are 29 days in the month, then the number of weeks in the month is 4.14.
- D. If there are 28 days in the month, then the number of weeks in the month is 4.00.

The result determines the average actual total weekly direct support hours provided by the facility for the entire month. If the average actual total weekly direct support hours provided by the facility falls within the range of allowable total weekly support hours that was authorized then the provider must bill at the authorized per diem rate.

If the average actual total weekly direct support hours provided by the facility is less than the range of allowable weekly support hours that was authorized then the billable rate will be determined by using the actual total support hours provided for the facility. Providers can determine the billable rate in the applicable table in Appendix IIB in Chapter III.

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1500 AVERAGE BILLING METHOD (cont.)

Partial Week- There are situational changes, often unpredictable, that occur resulting in a change in the authorized hours of support in a facility mid-week. Examples include death of a member, unanticipated move or the startup of a new program mid-week.

In these instances, if the Provider has chosen to bill on a monthly basis, services for the week in which the authorization change occurred must be billed on pro-rated basis to determine the actual total weekly support hours provided using the formula below:

If services are provided for 1 day, then the number of actual hours provided is .1428.
If services are provided for 2 days, then the number of actual hours provided is .2857.
If services are provided for 3 days, then the number of actual hours provided is .4285.
If services are provided for 4 days, then the number of actual hours provided is .5714.
If services are provided for 5 days, then the number of actual hours provided is .7142.
If services are provided for 6 days, then the number of actual hours provided is .8571.
Refer to the rate schedule to select the appropriate rate to bill based on the hours provided.

1600 REQUIREMENTS FOR PARTICIPATION IN MAINECARE PROGRAM

Providers must comply with all requirements as outlined in Chapter 1 and Chapter II, Section 21 of the *MaineCare Benefits Manual*.

1700 RESPONSIBILITIES OF THE PROVIDER

Providers are responsible for maintaining adequate financial and statistical records and making them available when requested for inspection by an authorized representative of the DHHS, Maine Attorney General's Office or the Federal government. Providers shall maintain accurate financial records for these services separate from other financial records.

1800 RECORD KEEPING AND RETENTION OF FINANCIAL RECORDS

When fiscal records are requested, providers have ten (10) business days to produce the requested record to DHHS. Complete documentation shall mean clear written evidence of all transactions of the provider entities related to the delivery of these services, including but not limited to daily census data, invoices, payroll records, copies of governmental filings, staff schedules, time cards, and member service charge schedule, or any other record necessary to provide the Commissioner with the highest degree of confidence that such services have actually been provided. The provider shall maintain all such records for at least five (5) years from the date of reimbursement.

1900 BILLING PROCEDURES

Providers will submit claims to MaineCare and be reimbursed at the applicable rate for the service in accordance with MaineCare billing instructions for the CMS 1500 claim form.

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1910 WORK SUPPORT GROUP RATE

When billing for Work Support Services-Group the per person rate is based on the number of members served as follows:

When billing, use of the appropriate modifiers from Appendix I is necessary for payment.

The Department is seeking and anticipates receiving approval from the federal Centers for Medicare and Medicaid Services for these changes. Pending approval, the changes will be effective July 1, 2017.

Members in Group	Rate per Unit Prior to 7/1/17 and after <u>Effective 7/1/18</u>	Rate per Unit 7/1/17 <u>6/30/18</u>
2	\$3.464.24	\$3.83
3	\$2.302.82	2.54
4	\$1.732.12	1.91
5	\$1.381.69	1.53
6	\$1.151.41	1.27

2000 AUDIT OF SERVICES PROVIDED

The Department shall monitor provider's claims for reimbursement by randomly reviewing the claim for services and verifying hours actually provided by collecting documentation from providers. Documentation will be requested from providers that correspond to dates of service on claims submitted for reimbursement as follows:

- a) **Payroll Records** – Documentation showing the number of hours paid to an employee that covers the period of time for which the Direct Care hours are being requested.
- b) **Staffing Schedules per facility** – Documentation showing the hours and the name of the direct care staff scheduled to work at the facility.
- c) **Member Records** - Documentation that supports the service delivery of services that a member received.

2100 RECOVERY OF PAYMENTS

The Department may recover any amounts due the Department based on Chapter I of the *MaineCare Benefits Manual*.

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APPENDIX I

PROCEDURE CODE	DESCRIPTION	MAXIMUM ALLOWANCE Prior to 7/1/17 and <u>After Effective</u> 7/1/18	MAXIMUM- ALLOWANCE Effective <u>7/1/17-6/30/18</u>
HOME SUPPORT: AGENCY			
T2016	AGENCY HOME SUPPORT (Habilitation, residential, waiver)	See Appendix II and IIB Per diem**	See Appendix II and IIB- Per diem**
T2016 SC	AGENCY HOME SUPPORT (Habilitation, residential, waiver) with Medical Add On	See Appendix II and IIB Per diem**	See Appendix II and IIB- Per diem**
HOME SUPPORT: QUARTER HOUR			
T2017	HOME SUPPORT (Habilitation, residential, waiver)	\$6.337.75 ¼ hr	\$7.00 ¼ hr
T2017 SC	HOME SUPPORT (Habilitation, residential, waiver) with Medical Add On	\$7.579.27 ¼ hr	\$8.37 ¼ hr
HOME SUPPORT: REMOTE SUPPORT			
T2017 QC	HOME SUPPORT (Habilitation, residential, waiver)-REMOTE SUPPORT-Monitor Only	\$1.632.00 ¼ hr	\$1.80 ¼ hr
T2017 GT	HOME SUPPORT (Habilitation, residential, waiver)-REMOTE SUPPORT-Interactive Support	\$6.337.75 ¼ hr	\$7.00 ¼ hr
HOME SUPPORT: FAMILY CENTERED SUPPORT			
T2016 U5	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support -One member served	\$105.16 <u>128.78</u> Per diem	\$105.16 Per diem
T2016 TG U5	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support -One member served- increased level of support	\$219.03 <u>268.22</u> Per diem	\$219.03 Per diem
T2016 UN U5	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Two members served	\$86.61 <u>106.06</u> Per diem	\$86.61 Per diem
T2016 UN TG U5	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Two members served- increased level of support	\$198.65 <u>243.27</u> Per diem	\$198.65 Per diem
T2016 UP U5	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Three members served	\$73.85 <u>90.44</u> Per diem	\$73.85 Per diem
T2016 UP TG U5	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Three members served- increased level of support	\$180.09 <u>220.54</u> Per diem	\$180.09 Per diem

*The Department is seeking and anticipates receiving approval from the federal Centers for Medicare and Medicaid Services for these changes with a July 1, 20187 effective date.

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PROCEDURE CODE	DESCRIPTION	MAXIMUM ALLOWANCE Prior to 7/1/17 and After Effective 7/1/18	MAXIMUM- ALLOWANCE- Effective 7/1/17-6/30/18
T2016 UQ U5	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Four members served-	\$62.58 <u>76.64</u> Per diem	\$62.58 Per diem
T2016 UQ TG U5	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Four members served- increased level of support	\$163.71 <u>200.48</u> Per diem	\$163.71 Per diem
T2016 UR U5	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Five or more members served	\$55.82 <u>68.36</u> Per diem	\$55.82 Per diem
T2016 UR TG U5	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Five or more members served- increased level of support	\$154.88 <u>188.86</u> Per diem	\$154.88 Per diem
SHARED LIVING			
S5140	SHARED LIVING (Foster Care, adult)-Shared Living Model-One member served	\$127.39 <u>156.00</u> Per diem	\$140.89 per diem
S5140 TG	SHARED LIVING (Foster Care, adult)-Shared Living Model-One member served- increased level of support	\$185.27 <u>226.88</u> Per diem	\$204.91 per diem
S5140 UN	SHARED LIVING (Foster Care, adult)-Shared Living Model-Two members served	\$63.71 <u>78.02</u> Per diem	\$70.46 per diem
S5140 UN TG	SHARED LIVING (Foster Care, adult)-Shared Living Model-Two members served- increased level of support	\$121.57 <u>148.87</u> Per diem	\$134.46 per diem
WORK SUPPORT			
H2023	WORK SUPPORT (supported employment)-Individual	\$6.91 <u>8.46</u> ¼ hr	\$7.64 ¼ hr
H2023 SC	WORK SUPPORT (supported employment)- with Medical Add On	\$8.08 <u>9.89</u> ¼ hr	\$8.94 ¼ hr
H2023 UN	WORK SUPPORT (supported employment)-Group 2 members served	up to \$3.46 <u>4.24</u> per ¼ hr	\$3.83 ¼ hr
H2023 UP	WORK SUPPORT (supported employment)-Group 3 members served	up to \$2.30 <u>2.82</u> per ¼ hr	\$2.54 ¼ hr
H2023 UQ	WORK SUPPORT (supported employment)-Group 4 members served	up to \$1.73 <u>2.12</u> per ¼ hr	\$1.91 ¼ hr
H2023 UR	WORK SUPPORT (supported employment)-Group 5 members served	up to \$1.38 <u>1.69</u> per ¼ hr	\$1.53 ¼ hr
H2023 US	WORK SUPPORT (supported employment)-Group 6 members served	up to \$1.15 <u>1.41</u> per ¼ hr	\$1.27 ¼ hr
T2015	CAREER PLANNING (Habilitation, prevocational)	\$28.00 <u>34.29</u> hr	\$30.97 hr

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SECTION 21 EMERGENCY MAJOR SUBSTANTIVE RULE	ALLOWANCES FOR HOME AND COMMUNITY BENEFITS FOR ADULTS WITH INTELLECTUAL DISABILITIES OR AUTISM SPECTRUM DISORDER	ESTABLISHED: 11/1/83 LAST UPDATED: <u>9/11/16</u> /2018
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PROCEDURE CODE	DESCRIPTION	MAXIMUM ALLOWANCE Prior to 7/1/17 and After Effective 7/1/18	MAXIMUM ALLOWANCE Effective 7/1/17-6/30/18
T2019	EMPLOYMENT SPECIALIST SERVICES (Habilitation, supported employment waiver)	\$7.429.09 ¼ hr	\$8.21 ¼ hr
T2019 SC	EMPLOYMENT SPECIALIST SERVICES (Habilitation, supported employment waiver)- with Medical Add-On	\$8.58 <u>10.51</u> ¼ hr	\$9.49 ¼ hr
T2021	COMMUNITY SUPPORT (Day habilitation, waiver)	\$5.336.53 ¼ hour	\$5.89 ¼ hr
T2021 SC	COMMUNITY SUPPORT (Day habilitation, waiver) with Medical Add On	\$6.578.05 ¼ hr	\$7.27 ¼ hr
97755	ASSISTIVE TECHNOLOGY-ASSESSMENT	\$14.44 ¼ hr	\$14.44 ¼ hr
T2035	ASSISTIVE TECHNOLOGY –TRANSMISSION (Utility Services)	Up to \$50.00 per month.	Up to \$50.00 per month.
A9279	ASSISTIVE TECHNOLOGY –DEVICES (Monitoring feature/device, stand alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified)	Per invoice up to \$6,000.00 per year	Per invoice up to \$6,000.00 per year
T2029	SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES	Per itemized invoice	Per itemized invoice
S5165 CG	HOME ACCESSIBILITY ADAPTATIONS (Repairs)	Per itemized invoice	Per itemized invoice
S5165	HOME ACCESSIBILITY ADAPTATIONS (Home Modifications)	Per itemized invoice	Per itemized invoice
V5274	COMMUNICATION AIDS - SPEECH AMPLIFIER, AIDS, COMMUNICATORS (INCLUDING REPAIR AND MAINTENANCE), ASSISTIVE DEVICES	Per itemized invoice	Per itemized invoice
T1013 GN	COMMUNICATION AIDS - ONGOING VISUAL-GESTURAL AND FACILITATED COMMUNICATIONS SERVICES	\$5.40 ¼ hr	\$5.40 ¼ hr
G9007	NON-TRADITIONAL COMMUNICATION CONSULTATION	\$9.00 ¼ hr	\$9.00 ¼ hr
92507	NON-TRADITIONAL COMMUNICATION ASSESSMENT	\$9.00 ¼ hr	\$9.00 ¼ hr

*The Department is seeking and anticipates receiving approval from the federal Centers for Medicare and Medicaid Services for these changes with a July 1, 20187 effective date.

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PROCEDURE CODE	DESCRIPTION	MAXIMUM ALLOWANCE Prior to 7/1/17 and After Effective 7/1/18	MAXIMUM ALLOWANCE Effective 7/1/17-6/30/18
G9007 HI	CONSULTATIVE SERVICES - BEHAVIORAL	\$14.85¼ hr	\$14.85¼ hr
G9007 GO	CONSULTATIVE SERVICES - OCCUPATIONAL THERAPY	\$5.40 ¼ hr	\$5.40 ¼ hr
G9007 GP	CONSULTATIVE SERVICES - PHYSICAL THERAPY	\$5.40 ¼ hr.	\$5.40 ¼ hr.
H0031	CONSULTATIVE SERVICES - PSYCHOLOGICAL	\$19.80 ¼ hr	\$19.80 ¼ hr
G9007 GN	CONSULTATIVE SERVICES - SPEECH THERAPY	\$5.40 ¼ hr	\$5.40 ¼ hr
H0004 SC	COUNSELING	\$13.50 ¼ hr	\$13.50 ¼ hr
T1023	CRISIS ASSESSMENT	\$2250.00 Per Encounter	\$2250.00 Per Encounter
T2034	CRISIS INTERVENTION SERVICES	\$6.357.78 ¼ hr	\$7.02 ¼ hr
S8990 GO	OCCUPATIONAL THERAPY (MAINTENANCE) OT/L	\$ 9.54 ¼ hr	\$ 9.54 ¼ hr
S8990 GO U1	OCCUPATIONAL THERAPY (MAINTENANCE)- Licensed Occupational Therapy Assistant (OTA/L) under the supervision of an Occupational Therapist, Licensed (OT/L)	\$8.57 ¼ hr	\$8.57 ¼ hr
S8990 GP	PHYSICAL THERAPY (MAINTENANCE)	\$9.72 ¼ hr	\$9.72 ¼ hr
S8990 GN	SPEECH THERAPY (MAINTENANCE)-Individual	\$12.48 1/4 hr	\$12.48 1/4 hr
S8990 GN HQ	SPEECH THERAPY (MAINTENANCE)-Group	\$9.36 1/4 hr	\$9.36 1/4 hr

**These rates are used in conjunction with Appendix IIA and IIB to calculate the Home Support Agency Per Diem rate.

MODIFIERS	DESCRIPTIONS
CG	Policy criteria applied
GN	Services delivered under an outpatient speech language pathology plan of care
GO	Service delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
HQ	Group Setting
HI	Behavioral Consultation

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- GT Remote Support-Interactive Support
- QC Remote Support-Monitor Only
- U5 Home Support-Family Centered Support
- SC Medically necessary service or supply
- TG Complex/high tech level of care
- UN Two members served
- UP Three members served
- UQ Four members served
- UR Five members served
- US Six members served
- U1 Other Qualified Staff

*Provider calculated, in accordance with base rates listed at Appendices IIA & IIB. For assistances with calculations see Tables 1 & 2 accessible through the DHHS website:
<http://www.maine.gov/dhhs/oas/MaineCare/index.shtml>
or by calling 1-866-5585 (TTY): 711.

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APPENDIX IIA

Weekly Hours Authorized per Facility

Home Support Agency per diem

Provider	
Location Address	
MaineCare Provider ID	

Instructions

MaineCare Member	Regular Support Hours up to 168	Hours in excess of 168	Medical Support Hours	Total Support Hours (sum total of all types of support hours)
A				
B				
C				
D				
E				
F				
TOTAL weekly authorized support hours by each type				

Enter the weekly authorized support hours under each type by MaineCare member for this facility

Sum of total weekly authorized support hours for all members in facility by type of support and total facility.

The range of allowable weekly hours is based on authorized hours with the lowest hours in range at 92.5% of total authorized hours and the highest hours in the range at 105% of the total authorized hours.

RANGE				
Lowest - 92.5% total weekly of Authorized Hours				
Highest - 105% total weekly of Authorized Hours				

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	Regular Support Hours up to 168		Hours In Excess of 168		Medical Support Hours	
Hourly Support reimbursement rates by type	\$22.64 <u>27.72</u> *	\$25.04 **	\$19.72 <u>24.80</u> *	\$21.81 **	\$27.41 <u>33.57</u> *	\$30.32 **
Total Weekly Authorized amount for facility by type						
Number of days per week	7	7	7	7	7	7
Number of members in facility (1 to 6)						
Total Authorized Per Diem (Daily) rate amount						

Amount includes service provider tax expense.

Total weekly authorized support hours multiplied by hourly support rate for each type

Seven (7) days in a week

Total number of members in facility that are authorized for service. For Medical Add on, it would only be the number of member in facility that are authorized for those types of services.

Total Weekly Authorized amount divided by number of days per week and then by the number for members in the facility for each type.

Total amount / Days) / # of Consumers

*Maximum allowance ~~prior to 7/1/17 and after~~effective 7/1/18.

**~~Maximum allowance effective 7/1/17-6/30/18.~~

The Department is seeking and anticipates receiving approval from the federal center for Medicare and Medicaid Services for these changes with a July 1, 2018~~7~~ effective date.

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Providers are responsible for calculating all amounts payable to them in accordance with the above-listed rates and rate calculation formula. As an assistive tool, OMS provides sample calculations for each rate based on the number of weekly service hours provided and the number of members served. Calculation Tables 1& 2 are accessible through the DHHS website <http://www.maine.gov/dhhs/oas/MaineCare/index.shtml>. Providers may request paper copies of calculation Appendices IIA & IIB by calling OMS at **1-866-690-5585. TTY 711**

THE DEPARTMENT EXPRESSLY DISCLAIMS THE ACCURACY OF THE CALCULATIONS TABULATED IN Appendix IIA & IIB AND EXPRESSLY DISCLAIMS ANY AND ALL LIABILITY FOR LOSSES, INCURRED COSTS, OR OTHER DETRIMENT SUFFERED BY ANY PROVIDER AS A RESULT OF RELIANCE UPON INFORMATION CONTAINED IN Appendix IIA & IIB.

Appendix IIA is for members Authorized with Regular service, Appendix IIB is for members authorized with Medical Add On service.

MaineCare Member	Regular Support Rate up to 168	Hours in excess of 168	Medical Support Rate
A			
B			
C			
D			
E			
F			

The total authorized per diem (daily)
rate by member

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APPENDIX IIB

Weekly Hours Authorized & Billed per Facility

Home Support Agency per diem

Provider
Location Address
MaineCare Provider ID

Authorized billable Rate Calculator

MaineCare Member	Regular Support Hours up to 168	Hours in excess of 168	Medical Support Hours	Total Support Hours (sum total of all types of support hours)
A				
B				
C				
D				
E				
F				
TOTAL weekly authorized support hours by each type				

Instructions

Enter the weekly authorized support hours under each type by MaineCare member for this facility

Sum of total weekly authorized support hours for all members in facility by type of support and total facility.

The Department is seeking and anticipates receiving approval from the federal center for Medicare and Medicaid Services for these changes with a July 1, 201~~8~~⁷ effective date.

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RANGE			
Lowest - 92.5% total weekly of Authorized Hours			
Highest - 105% total weekly of Authorized Hours			

The range of allowable weekly hours is based on authorized hours with the lowest hours in range at 92.5% of total authorized hours and the highest hours in the range at 105% of the total authorized hours.

	Regular Support Hours up to 168		Hours In Excess of 168		Medical Support Hours	
	Hourly Support reimbursement rates by type	\$22.64 <u>27.72*</u>	\$25.04 <u>**</u>	\$19.72 <u>24.80*</u>	\$21.81 <u>**</u>	\$27.41 <u>33.57*</u>
Total Weekly Authorized amount for facility by type						
Number of days per week	7	7	7	7	7	7
Number of members in facility(1 to 6)						
Total Authorized Per Diem (Daily) rate amount						

Amount includes service provider tax expense

Total weekly authorized support hours multiplied by Hourly support Rate for each type

Seven days in a week

Total number of members in facility that are authorized for service. For Medical Add on, it would only be the number of members in facility that are authorized for those services.

Total Weekly Authorized amount divide by number of days per week and then by the number for members in the facility for each type

(Total amount / Days) / # of Consumers

Providers are responsible for calculating all amounts payable to them in accordance with the above-listed rates and rate calculation formula.

The Department is seeking and anticipates receiving approval from the federal center for Medicare and Medicaid Services for these changes with a July 1, 2018~~7~~ effective date.

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As an assistive tool, OMS provides sample calculations for each rate based on the number of weekly service hours provided and the number of members served. Providers may request paper copies of calculation Appendices IIA & IIB Tables 1 & 2 are accessible through the DHHS website-
<http://www.maine.gov/dhhs/oads/disability/ds/MaineCare/index.shtml><http://www.maine.gov/dhhs/oads/provider/MaineCare/index.shtml>. Providers may request paper copies of the tables by calling OMS at **1-866-690-5585. TTY 711.**

*Maximum allowance ~~prior to 7/1/17 and after~~Effective 7/1/18
~~** Maximum allowance effective 7/1/17-6/30/18~~

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THE DEPARTMENT EXPRESSLY DISCLAIMS THE ACCURACY OF THE CALCULATIONS TABULATED IN TABLES 1 & 2 AND EXPRESSLY
 DISCLAIMS ANY AND ALL LIABILITY FOR LOSSES, INCURRED COSTS, OR OTHER DETRIMENT SUFFERED BY ANY PROVIDER AS A RESULT
 OF RELIANCE UPON INFORMATION CONTAINED IN Appendix IIA or IIB.

Appendix IIA is for members Authorized with Regular service. Appendix IIB is for members authorized with Medical Add On services.

MaineCare Member	Regular Support Rate up to 168	Hours in excess of 168	Medical Support Rate
A			
B			
C			
D			
E			
F			

MaineCare Member	Actual Regular Support Hours up to 168	Hours in excess of 168	Actual Medical Support Hours	Actual Total Support Hours (sum total of all types of support hours)
A				
B				
C				
D				
E				
F				
Actual support hours provided in a week by Type				

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Range of total Authorized support Hours

Hours Authorized			
Lowest - 92.5% total weekly of Authorized Hours			
Highest - 105% total weekly of Authorized Hours			

If Actual weekly hours provided fails within or above the range or authorized total weekly support hours than the provider should bill at the authorized member Per Diem (daily) rate from above.

If Actual weekly hours provided falls below the range of authorized total weekly support hours then the provider should bill actual number of hours provided times the reimbursement rate. See Calculator below

	Regular Support Hours up to 168	Hours in excess of 168	Medical Support Hours	Total Actual Support Hours (sum total of all types of support hours)
Actual support hours provided in a week by type				
Hourly Support reimbursement rates by type				
Total Weekly reimbursement amount for facility by type				

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	7	7	7
Number of days per week			
Number of members in facility that were authorized and provided service by type			

Total Billable Per Diem(Daily) rate Amount			
(Total amount / Days) / # of Consumers			

MaineCare Member	Regular Support Rate up to 168	Hours in excess of 168	Medical Support Rate
A			
B			
C			
D			
E			
F			