

10-144 Chapter 101
MAINECARE BENEFITS MANUAL
CHAPTER III, PRINCIPLES OF REIMBURSEMENT
SECTION 97, PRIVATE NON-MEDICAL INSTITUTION SERVICES

APPENDIX D

CHILD CARE FACILITIES

Established 1/1/85

Updated: 5/15/10

Updated: 9/1/11

1000 PURPOSE

The purpose of Appendix D is to identify reimbursement specific to residential child care facilities, child placing agencies, treatment foster care providers, or Intensive Temporary Out of Home Treatment Services providers under Section 97, Chapter III, Private Non-Medical Institutions (PNMI) services of the MaineCare Benefits Manual. This Appendix identifies capitated rates for Child Care Facilities. As of August 1, 2009, Child Care Facilities under this appendix are reimbursed a capitated fee for services, and are not subject to establishment of interim rates, as detailed in Section 97, Chapter III.

1200 AUTHORITY

The authority of the Department of Health and Human Services to accept and administer funds that may be available from State and Federal sources for the provision of the services set forth in this Appendix of Reimbursement is contained in 22 M.R.S.A. Sec. 42 and Sec. 3173.

1210 DEFINITIONS

The term "member" as used throughout this Appendix refers to an individual who has been determined to be eligible for MaineCare by the Department of Health and Human Services and who is receiving mental health treatment and/or rehabilitative services as a resident of a child care facility as defined in Section 97.01-1(B) of the MaineCare Benefits Manual.

The term "facility" as used throughout these Principles of Reimbursement refers to a child care facility, as defined by Section 97.01-1(B) of the MaineCare Benefits Manual. Also, as stated in Section 97.01-1(B) for MaineCare reimbursement purposes, this term also includes child placing agencies and treatment foster care providers.

2400 SERVICE COMPONENTS OF THE STANDARD RATE

Providers must follow all State of Maine Licensing guidelines for staffing levels and must maintain specific staffing listed below sufficient to serve the individual needs of each child as identified in the child's individual service plan (as defined in Chapter II, Section 97) and approved by the Department. Staffing is also detailed in MBM, Chapter II, Section 97. Services may only be provided within scope of licensure for the respective professional.

2400.1 Appendix D PNMI services for: Mental Retardation and Pervasive Developmental Disorder- Level I, Mental Retardation and Pervasive Developmental Disorder- Level II, Child Mental Health- Level I, Child Mental Health-Level II, Intensive Mental Health for Infants and/or Toddlers, and Crisis Stabilization Residential Services include the following components in the standardized rate, which may not be billed separately under this or other Sections of MaineCare:

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2400 SERVICE COMPONENTS OF THE STANDARD RATE (cont.)

- a. Psychiatrist services
- b. Psychologist services – treatment/not testing
- c. Social worker services
- d. Licensed clinical professional counselor services
- e. Licensed professional counselor services
- f. Licensed practical nurse services
- g. Psychiatric nurse services
- h. Licensed alcohol and drug counselor services
- i. Behavioral Health Professional
- j. Pediatric Neurologist
- k. Other Qualified Mental Health Professional
- l. Behavioral Health Professional.

Appendix D PNMI services for Treatment Foster Care include the following components in the standardized rate, which may not be billed separately under this or other Sections of MaineCare:

- a. Treatment Foster Care Parents
- b. Licensed Social Worker Services
- c. Other Qualified Child Care Professional
- d. Other Qualified Child Care Facility Professional.

Direct service staff who meet residential licensing requirements are considered to be an allowable expense within an Appendix D facility.

It is the responsibility of the PNMI to provide and coordinate all covered services performed by direct care staff listed in this Section to assure that members receive the full range of services necessary to meet resident needs without duplication of services. See MaineCare Benefits Manual (MBM), Chapter II, Section 97, Sections 97.04 and 97.05 regarding covered services and non-duplication of services.

2400.2 The Department shall determine the reasonableness of the treatment costs on an annual basis. Providers must submit any requested data to the Department including but not limited to utilization data.

2400.3 Other qualified treatment foster care providers (Chapter 2, Section 97.07-2 of the MaineCare Benefits Manual). Reimbursement to foster parents for care of children in placement shall be limited to 60% of the wages and taxes/fringe benefits (as defined under Sections 2400.1 and 2400.2 of this Appendix) or 60% of the stipend amounts as determined by the Department.

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2410 The rates in this Section include a State-mandated service tax. The State-mandated service tax is a 5% tax on the value of PNMI services. Since providers will no longer receive Rate letters detailing this information, they will need to calculate the service tax at 5% of reimbursed services.

3400 COST REPORTS

Appendix D services are not audited; however providers are required to submit cost reports so that the Department has accurate data for rate setting purposes.

3400.11 The Division of Audit shall perform a uniform desk review of each acceptable cost report submitted.

3400.12 The uniform desk review is an analysis of the provider's cost report to determine the adequacy and completeness of the report, accuracy and reasonableness of the data recorded thereon, and allowable costs.

3400.13 Based on the results of the uniform desk review, the Division of Audit shall:

1. Request more information,
2. Issue a final report of findings, or
3. Conduct a field audit and issue a final report of findings.

6000 RATE-SETTING

6000.1

The following capitated rates apply to Appendix D services:

Mental Retardation and Pervasive Developmental Disorder- Level I- \$391.26 per diem
Mental Retardation and Pervasive Developmental Disorder- Level II- \$574.88 per diem
Child Mental Health- Level I- \$324.64 per diem
Child Mental Health – Level II- \$427.98 per diem
Intensive Mental Health for Infants and/or Toddlers- \$622.01 per diem
Crisis Stabilization Residential Services- \$532.08 per diem
Therapeutic Foster Care- \$101.45 per diem
Therapeutic Foster Care- Multidimensional - \$148.05 per diem
Temporary High Intensity Service- By Report

Children are assessed by the Department, as described in Chapter II, Section 97, and will be assigned to one of the categories of level of care described above. Providers bill the Department on a per diem basis for each child. The capitated rate includes all PNMI services required by a

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6000 RATE-SETTING (cont.)

child for his/her category of level of care including all staffing required pursuant to State of Maine licensing guidelines, and as identified in the child's individual service plan. See Chapter II requirements for Temporary High Intensity Services. There is no cost settlement for Appendix D PNMI services.

6000.2 The provider must also submit, upon request, such data, statistics, schedules, or other information that the Department requires.

6000.4 The rate will be effective for services provided on August 1, 2009 and approved individually for each child.

6000.5 Providers and children's parent or guardian shall receive a written prior authorization letter that indicates the model level of care for which the child is eligible, and the date of the eligibility.

6000.6 The OMS may issue guidelines to assist providers in developing their budgets for the agreement period.

6000.7 The total allowable costs for the budget period, based on prior year actual allowable costs, current year costs and funding levels, and pre approved changes expected in the budget period, as reported by the provider, are used to determine the level of reasonable costs to be recognized in setting the prospective rate and total cost cap for the budget period. Only costs that are allowable pursuant to Section 2400 are included in calculating the prospective rate.