1000 **PURPOSE**

The purpose of Appendix D is to identify reimbursement specific to Children’s Residential Care Facilities, child placing agencies, therapeutic 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 Children’s Residential Care Facilities. As of August 1, 2009, Children’s Residential 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 children’s residential 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 children’s residential 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 therapeutic 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: Intellectual Disabilities/Developmental Disabilities, Mental Health, 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:

a. Psychiatrist services

b. Psychologist services – treatment/not testing

2400 **SERVICE COMPONENTS OF THE STANDARD RATE** (cont.)

c. Licensed clinical 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 services

m. Board certified behavior analyst services\*

n. Board certified assistant behavior analyst\*

o. Registered behavior technician services\*

**\*The Department shall seek CMS approval for these changes.**

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

a. Therapeutic 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 therapeutic 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

2400 **SERVICE COMPONENTS OF THE STANDARD RATE** (cont.)

under Sections 2400.1 and 2400.2 of this Appendix) or 60% of the stipend amounts as determined by the Department.

2410 The rates in this Section include a State-mandated service tax. The State-mandated service tax is a tax on the value of PNMI services pursuant to 36 M.R.S. §2552.

Since providers will no longer receive Rate letters detailing this information, they will need to calculate the service tax 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.

3400.1.1 The Division of Audit shall perform a uniform desk review of each acceptable cost report submitted.

3400.1.2 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.

3400.1.3 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 Department is seeking and anticipates receiving approval from the federal Centers for Medicare and Medicaid Services for this Section. Pending approval, increased reimbursement rates will be effective retroactive to July 1, 2016:

The following capitated rates apply to Appendix D services:

Intellectual Disabilities and Autism Spectrum Disorder - Level I- $396.47 per diem

Intellectual Disabilities and Autism Spectrum Disorder - Level II- $585.60 per diem

Child Mental Health- Level I - $330.72 per diem

Child Mental Health – Level II - $435.40 per diem

Crisis Stabilization Residential Services - $539.89 per diem

Therapeutic Foster Care - $103.51 per diem

Therapeutic Foster Care- Multidimensional - $150.45 per diem

Temporary High Intensity Service - By Report per hour

6000 **RATE SETTING** (cont.)

6000.2 The Department shall seek approval from the federal Centers for Medicare and Medicaid Services for this Section.

The following capitated rates apply to Appendix D services effective November 1, 2021:

Intellectual Disabilities/Developmental Disabilities Residential Treatment Facility - $727.98 per diem

Mental Health Residential Treatment Facility - $580.09 per diem

Aftercare Services – Service - $53.34 per hour

Aftercare Services – Mileage - $2.13 per mile

Providers bill the Department on a per diem basis for each child. The capitated rate includes all PNMI services required by 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.

Aftercare Services are reimbursed per hour. Aftercare Services mileage may be reimbursed per mile for staff traveling from the facility to the location of the Aftercare service and back, as applicable.

6000.3 The provider must also submit, upon request, such data, statistics, schedules, or other information that the Department requires.