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APPENDIX I 5

#### GENERAL PROVISIONS

1. **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 29, “Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder” of the *MaineCare Benefits Manual*. All services reimbursed in this section are considered fee for service.

**1100 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.

**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.

**1200 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.§3173. The authority of the Department to adopt rules to implement this Chapter is established under 22 M.R.S. §§ 42(l) and 3173.

###### 1300 COVERED SERVICES –Covered Services are defined in Chapter II, Section 29 of the *MaineCare Benefits Manual*.

**1400 REIMBURSEMENT METHODS**

Services covered under this section will be reimbursed on a fee-for-service basis using the following methods:

###### 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 in the standard rate include:

A. Assistive Technology-Assessment;

**1400 REIMBURSEMENT METHODS** (cont.)

B. Assistive Technology-Transmission (Utility Services) (Agency and Self-Directed);\*

C. Career Planning;

D. Community Support Services (Agency and Self-Directed)\*;

E. Employment Specialist Services;

F. Home Support-Quarter Hour (Agency and Self-Directed)\*;

G. Home Support-Remote Support-Interactive Support;

H. Home Support-Remote Support-Monitor Only;

I. Respite, ¼ hour and per diem;

J. Shared Living;

K. Work Support-Individual;

L. Work Support-Group;

M. Financial Management Services, per month\*;

N. Supports Brokerage, ¼ hour\*.

Specific reimbursement rates are listed on the MaineCare Provider Fee Schedule, which is posted on the Department’s website in accordance with 22 MRSA Section 3173-J(7), at <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx>

**2. Prior Approved Price –** DHHS will determine the amount of reimbursement for Home Accessibility Adaptations or Assistive Technology- Devices (Agency or Self-Directed) after reviewing a minimum of two written itemized bids from different vendors submitted by the provider, prior to providing services. The written itemized bids must contain cost of labor and materials, including subcontractor amounts. DHHS will issue an authorization for the approved amount based on the written bids to the provider.

**3. Respite -** Reimbursement forRespite is a quarter hour billing code. After 33-quarter hour units of consecutive Respite Services, the provider must bill using the per diem billing code. The quarter hour Respite amount billed any single day cannot exceed the Respite per diem rate.

**4**. **Annual** **Adjustments to Services that have a Standard Unit rate.**

 **a.** Effective January 1, 2024, and every January 1st thereafter, pursuant to 22 M.R.S. § 3173-J, Section 29 services that have standard unit rates, as identified in 1400(1), and that did not receive a rate adjustment within the prior twelve months, will receive an annual adjustment equal to the annual increase in the Maine minimum wage, in accordance with 26 M.R.S. § 664(1).

 **b.** Effective January 1, 2024, pursuant to 22 M.R.S. § 7402, the Department must ensure that the annual COLA increases to Section 29 rates, cited in (a) above, are sufficient to allow reimbursement for services provided by essential support workers to be equal to at least 125% of the minimum wage established in 26 M.R.S. § 664(1).

**1400 REIMBURSEMENT METHODS** (cont.)

NOTE: 22 M.R.S. § 7402(1) the Department is required to ensure that the labor components of the essential support worker rates are equal to at least 125% of the minimum wage established in Title 26, section 664(1).

5. **Individual Goods and Services\*** – Member must receive approval from the Fiscal Intermediary delivering Financial Management Services (FMS) prior to getting reimbursement for invoices.

 **\***Rates for these services are effective on March 1, 2024.

**1500 REQUIREMENTS FOR PARTICIPATION IN MAINECARE PROGRAM**

Providers must comply with all requirements as outlined in Chapter 1, “General Administrative Policies and Procedures” and Chapter II, Section 29 of the *MaineCare Benefits Manual*.

**1600 RESPONSIBLITIES 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.

**1700 RECORD KEEPING AND RETENTION OF FINANCIAL RECORDS**

Upon request, providers have ten (10) business days to produce fiscal records to DHHS. Complete documentation shall mean clear written evidence of all transactions of the provider and affiliated entities, including but not limited to daily census data, invoices, payroll records, copies

of governmental filings, staff schedules, timecards, Member service charge schedule and amounts reimbursement by service, or any other record which is necessary to provide DHHS with the highest degree of confidence in the reliability of the costs of providing services. For purposes of this definition, affiliated entities shall extend to management and other entities for which any reimbursement is claimed, whether or not they fall within the definition of related parties.

The provider shall maintain all such records for at least five (5) years from the date of reimbursement.

**1800 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.

**1810 Work Support-Group Rate**

**1800 BILLING PROCEDURES** (cont.)

\*When billing for Work Support Services-Group the per person rate is based on the number of Members receiving services with different per person rates for group sizes of 2, 3, 4, 5, or 6 Members.

\*The Department has received approval from the federal Centers for Medicare and Medicaid Services (“CMS”) for these changes.

**1900** **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 corresponds 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 delivery of services that a Member received.

**2000 RECOVERY OF PAYMENTS**

The Department may recover any amounts due the Department based on Chapter I of the

*MaineCare Benefits Manual*.

|  |  |  |
| --- | --- | --- |
| **PROCEDURE CODE** | **SERVICE\*\*** | **Unit of Service** |
| T2017 | Home Support - Quarter Hour | Per ¼ hour |
| T2017 QC | Home Support - Remote Support - Monitor Only | Per ¼ hour |
| T2017 GT | Home Support - Remote Support - Interactive Support | Per ¼ hour |
| T2017 U6 | Home Support - Quarter Hour (Self-Directed)\* | Per ¼ hour |
| S5140 | Shared Living - One Member\* | Per Diem |
| S5140 TG | Shared Living - One Member, Increased Level of Support\* | Per Diem |
| S5140 UN | Shared Living - Two Members\* | Per Diem |
| S5140 UN TG | Shared Living - Two Members, Increased Level of Support\* | Per Diem |
| T2021 | Community Support (Day Habilitation) (Center-Based) | Per ¼ hour |
| T2021 SC | Community Support (Day Habilitation) (Center-Based) - with Medical Add On | Per ¼ hour |
| T2021 UA | Community Support - Community Only-Individual \*  | Per ¼ hour |
| T2021 UB | Community Support - Community Only-Group\* | Per ¼ hour |
| T2021 U6 | Community Support - Community Only-Individual (Self-Directed)\* | Per ¼ hour |
| T2019 | Employment Specialist Services (Habilitation, Supported Employment waiver) | Per ¼ hour |
| T2019 SC | Employment Specialist Services (Habilitation, Supported Employment waiver)-with Medical Add On | Per ¼ hour |
| H2023 | Work Support (Supported Employment) - Individual | Per ¼ hour |
| H2023 SC | Work Support (Supported Employment) - Individual with Medical Add On | Per ¼ hour |
| H2023 UN | Work Support (Supported Employment) - Group (2 Members) | Per ¼ hour |
| H2023 UP | Work Support (supported employment) - Group (3 Members) | Per ¼ hour |

|  |  |  |
| --- | --- | --- |
| **PROCEDURE CODE** | **SERVICE\*\*** | **Units of Service** |
| H2023 UQ | Work Support (supported employment) - Group (4 Members) | Per ¼ hour |
| H2023 UR | Work Support (supported employment) - Group (5 Members) | Per ¼ hour |
| H2023 US | Work Support (supported employment) - Group (6 Members) | Per ¼ hour |
| T2015 | Career Planning (Habilitation, prevocational) | Per hour |
| S5165 | Home Accessibility Adaptations | Per Invoice |
| S5165 CG | Home Accessibility Adaptations Repairs\*  | Per Invoice |
| S5165 U6 | Home Accessibility Adaptations (Self-Directed)\* | Per Invoice |
| S5165 CG U6 | Home Accessibility Adaptations Repairs (Self-Directed)\* | Per Invoice |
| 97755 | Assistive Technology - Assessment | Per ¼ hour |
| T2035 | Assistive Technology - Transmission (Utility Services) | Per Month |
| T2035 U6 | Assistive Technology - Transmission (Utility Services-Self-Directed)\* | Per Month |
| A9279 | Assistive Technology - (Monitoring feature/device, stand alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified)\* | Per Invoice |
| A9279 U6 | Assistive Technology - (Monitoring feature/device, stand alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified) ) (Self-Directed)\*  | Per Invoice |
| S5150 | Respite Service - Quarter Hour | Per ¼ hour |
| S5151 | Respite Services - Per Diem | Per Diem |
| T2040 U6 | Financial Management Services\* | Per ¼ hour |
| T2041 U6 | Supports Brokerage\* | Per ¼ hour |
| T2028 U6 | Individual Goods and Services\* | Per Invoice |

**Modifiers Modifier Description**

CG Policy Criteria Applied

SC Medical Add On

HQ Group Setting

QC Remote Support-Monitor Only

GT Remote Support-Interactive Support

UN Two (2) Members

UP Three (3) Members

UQ Four (4) Members

UR Five (5) Members

US Six (6) Members

U6 Self-Directed Services\*

UA Community Only-Individual

UB Community Only-Group

TG Increased Level of Support