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MAINECARE BENEFITS MANUAL
CHAPTER II

SECTION 50

ICF-MR SERVICES

**Established 7/1/80
Last Updated 3/15/07**

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50.01 DEFINITIONS

50.01-1 **Intermediate Care Facility for Persons with Mental Retardation (ICF-MR)** is a facility that meets State licensing and Federal certification requirements for ICFs-MR. An ICF-MR provides, under an agreement with the Department of Health and Human Services (DHHS), health-related care and a rehabilitative services program for members with mental retardation or members with related conditions who do not require the degree of care and treatment that a hospital or skilled nursing facility is designed to provide, but require care and services above the level of room and board.

There are two types of ICF's-MR: ICF-MR Nursing Facility and ICF-MR Group Home Facility. Both types must meet appropriate State licensing and Federal certification requirements.

A. **ICF-MR Nursing Facility:** To assist each member to reach his or her maximum level of functioning capabilities, an ICF-MR 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 mental retardation or persons with related conditions (See Section 50.01-11 for definition of "persons with related conditions").

B. **ICF-MR Group Home Facility:** An ICF-MR 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 mental retardation 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.

50.01-2 **Active Treatment** is a continuous aggressive and consistent program of specialized and generic training, treatment, health services and related services that are directed toward the member's acquisition of behaviors necessary to function with as much self-determination and independence as possible; and the prevention or deceleration of regression or loss of current optimal functional status.

50.01-3 **Autistic disorder** is a disorder that features the presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests. Autistic disorder is considered a related condition to mental retardation (see 50.01-11 for a definition of "Persons with Related Conditions).

50.01-4 **Department** is the State of Maine Department of Health and Human Services.

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50.01 DEFINITIONS (cont.)

- 50.01-5 **Distinct Part of a Larger Institution** is when the Department certifies an ICF-MR as a distinct part of a larger institution. The following requirements must be met:
- A. The distinct part must meet all the requirements for an ICF-MR as stated in this Section and as specified in 42 CFR Part 483, subpart I.
 - B. Is clearly an identifiable living unit, such as an entire ward, wing, floor or building, consists of all beds and related services in the unit, houses all members for whom payment is being made for ICF/MR services, and is approved in writing by the survey agency.
 - C. The distinct part must separate costs related to ancillary services from costs related to routine services and must bill for the ancillary services according to the Billing Instructions for ICF-MR services, available at www.maine.gov/bms/index.shtml. These separate ancillary services may include, but are not limited to physical therapy, occupational therapy and speech and hearing services.
- 50.01-6 **Extensive Assistance** means that although the individual performed part of the activity over the last seven (7) days, or twenty-four (24) to forty-eight (48) hours if in a hospital setting, help of the following type(s) was provided:
- 1. Weight-bearing support three (3) or more times, or
 - 2. Full staff performance during part (but not all) of the last seven (7) days.
- 50.01-7 **Functionally Significant Improvement** is the demonstrable, measurable increase in the member's ability to perform specific tasks or motions that contribute to independence outside the therapeutic environment.
- 50.01-8 **Individual Program Plan (IPP)** is a detailed annual written plan developed by the member and an Interdisciplinary Team, based on a comprehensive functional assessment, outlining the member's specific needs for training, treatment, education, and rehabilitative services along with the methods to be utilized in providing them. This includes but is not limited to the Person Centered Plan (PCP).
- 50.01-9 **Interdisciplinary Team (IDT)** is a team of professionals, paraprofessionals, and non-professionals who represent the disciplines of service areas that are relevant to the identification of the member's needs as described in the comprehensive functional assessment, and who have the expertise to design effective programs to meet those needs.
- 50.01-10 **Person Centered Plan (PCP)** is a process where the needs and desires of the member are articulated and identified with as much involvement of the person as possible. This is included in the IPP.

50.01 DEFINITIONS (cont.)

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- 50.01-11 **Persons with Related Conditions** are individuals who have a severe, chronic disability that meets all of the following conditions. The disability must:
- A. Be attributable to cerebral palsy or epilepsy; or to any other condition, other than mental illness, found to be closely related to mental retardation, because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons; and
 - B. Be manifested before the person reaches age twenty-two (22); and
 - C. Be likely to continue indefinitely; and
 - D. Result in substantial functional limitations in three (3) or more of the following areas of major life activity:
 - 1. self-care.
 - 2. understanding and use of language.
 - 3. learning.
 - 4. mobility.
 - 5. self-direction.
 - 6. capacity for independent living.
- 50.01-12 **Rehabilitation Potential** is the physician's documented expectation of measurable functionally significant improvement in the member's condition in a reasonable, predictable period of time as the result of the prescribed treatment plan. The physician's documentation of rehabilitation potential must include the reasons used to support the physician's expectation and must follow guidelines detailed in MaineCare Benefits Manual (MBM), Chapter II, Section 90, Physician Services.
- 50.01-13 **Rehabilitative Services** are any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his/her best possible functional level. Rehabilitative services include services that were historically referred to as habilitation services, which are services that are provided in order to assist an individual to acquire a variety of skills including, but not limited to, dressing, bathing, toileting and social development. Rehabilitative services are meant to raise the level of physical, mental, and independent living skills necessary for the client to be able to function in the community.
- 50.01-14 **Utilization Review** is the evaluation of the necessity, appropriateness, and efficiency of the use of services, procedures, and facilities by each participating ICF-MR. It includes a review of the appropriateness of admissions, services ordered and provided, and discharge practices.

50.02 DURATION OF CARE

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Eligible Title XIX or XXI members are entitled to receive as many days of ICF-MR services as are medically necessary.

50.03 STANDARDS OF CARE

In order to qualify for reimbursement under Section 50, ICFs-MR must meet the requirements contained in Regulations Governing the Licensing and Functioning of Intermediate Care Facilities for Persons with Mental Retardation as are currently in effect. ICFs-MR must also comply with the Principles of Reimbursement in Chapter III, Section 50 and all requirements of Title XIX of the Social Security Act and the regulations issued pursuant thereto.

50.04 LICENSE

All ICFs-MR including those operated by the State of Maine must be licensed as an ICF-MR by DHHS in order to qualify for reimbursement. However, the license shall not be considered valid evidence that the facility meets all requirements for certification under MaineCare regulations if the Secretary of Health and Human Services has established, on the basis of on-site monitoring survey or other federal review, that DHHS' survey agency has failed to properly apply federal certification standards or procedures.

50.05 ELIGIBILITY FOR CARE

50.05-1 General and Specific Requirements

In order to be eligible for ICF-MR services, all the following standards must be met:

- A. **General MaineCare Eligibility Requirement.** Individuals must meet the eligibility criteria as set forth in the MaineCare Eligibility Manual. The eligibility determination process is administered by the Office of Integrated Access and Support.
- B. **Specific MaineCare Requirements.**
 - 1. The Department or the Department's authorized agent must determine the individual's medical eligibility, as described in Section 50.06; and
 - 2. Individuals must be diagnosed by a physician as having mental retardation or a related condition, which is manifested before the person reaches age twenty-two (22); and
 - 3. Individuals must require active treatment of ICF-MR services, as defined in this Section. An individual's eligibility cannot be based merely on his/her diagnosis.

50.05 ELIGIBILITY FOR CARE (cont.)

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General and specific requirement determinations are processed concurrently in order to expedite the decision of the applicant's overall eligibility for ICF-MR services. Once an applicant is found eligible, the Department will review eligibility requirements on an annual basis.

50.05-2 Eligibility for Care in an ICF-MR Nursing Facility

- A. All MaineCare eligible members admitted to an ICF-MR Nursing Facility must have the medical necessity for ICF-MR care certified by a physician on admission and re-certified annually. There must be documented evidence of nursing needs that require at least eight (8) hours per day of licensed nurse supervision.
- B. Before admission to an ICF-MR Nursing Facility or before authorization for payment, there must be a medical, psychological, and social evaluation and a plan of care. An Individual Program Plan (IPP) developed by the Inter-Disciplinary Team (IDT), must be established in accordance with State licensing and Federal certification requirements.
- C. In addition to meeting one (1) or more of the criteria described under 50.05-3(B), one (1) or more of the following criteria must apply to a member in order for the member to be eligible to receive care in an ICF-MR Nursing Facility:
 - 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.

50.05-3 Eligibility for Care in an ICF-MR Group Home Facility

- A. All MaineCare eligible members admitted to an ICF-MR Group Home Facility must have the medical necessity for ICF-MR care certified by a physician on admission and re-certified annually. The physician must certify that the member is **not** in need of eight (8) hours or more per day of nursing care. An IPP developed by the IDT must be established in accordance with State licensing and Federal certification requirements.

50.05 ELIGIBILITY FOR CARE (cont.)

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- B. A member must require the services provided in an ICF-MR 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. 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-MR 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.
- C. If a member residing in an ICF-MR 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.

50.05-4 Continued Eligibility

- A. Each MaineCare member must be reviewed by authorized representatives of DHHS to verify the continued need for ICF-MR level of care on an annual basis.

50.05 ELIGIBILITY FOR CARE (cont.)

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- B. The Division of Licensing and Regulatory Services independent professional team shall review the quality, quantity, and necessity of the services being delivered to a MaineCare member at the following intervals:
 - 1. a record review shall be performed every six (6) months; and
 - 2. a site visit and records review shall be performed annually.
- C. The IPP must be reviewed by all or a portion of the IDT at least every ninety (90) days.
- D. Physician re-certification shall be considered in compliance if: (1) it is completed not later than ten (10) calendar days after the required date, and (2) the physician establishes good cause why the required date was not met.

50.06 POLICIES AND PROCEDURES

50.06-1 Admissions to an ICF-MR Facility

MaineCare coverage of ICF-MR services must begin only after an applicant is determined eligible by the Department's Office of Integrated Access and Support, determined medically eligible by the Department or the Department's authorized agent, and classified by the Department as needing an ICF-MR level of care.

A. Admission from a Hospital

The following criteria must be met if a member is to be admitted from a hospital:

- 1. If the applicant is not a MaineCare member, the hospital's discharge planner or other designated person must refer the individual, family member, or guardian to the regional office of the Office of Integrated Access and Support for MaineCare eligibility determination.
- 2. The hospital must complete the Department's designated assessment form (currently BMS-85) and fax it to the Department. The hospital must complete the assessment form no less than twenty-four (24) hours prior to the denial of acute level of care or discharge from a hospital.

B. Admission from a Nursing Facility (NF)

The following criteria must be met if a member is to be admitted from a nursing facility:

50.06 POLICIES AND PROCEDURES (cont.)

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1. If the individual is not a MaineCare member, the NF will refer the applicant, family member, or guardian to the regional office of the Office of Integrated Access and Support.
2. The Department's designated assessment form must be completed by the NF and sent to the Department or the Department's authorized agency. The Department will determine medical eligibility for the member to enter an ICF-MR. If the member is found medically and financially eligible, the member can be transferred to the ICF-MR. When the resident is admitted to an ICF-MR, the NF will send copies, if applicable, of the MDS assessment, the most recent MED form, and all Preadmission Screening (PAS) and Change In Condition (CIC) review records (Level I, Level II, IDT, and Annual Resident Reviews) to the ICF-MR.

C. Admission From Other Settings

The following criteria must be met when members are to be admitted from other settings:

1. Concurrent with the MaineCare eligibility determination process, the Department or its authorized agent must arrange for an assessment at the applicant's residence.
2. The Department or its authorized agent must conduct the medical eligibility assessment using the Department's designated assessment form. The assessment form must be completed within five (5) calendar days of the request for an assessment. Faxed request forms are acceptable.

D. Admission Certification

On admission to an ICF-MR, all Title XIX and XXI eligible members must be certified by a physician for medical necessity for ICF-MR Services.

If the member is to be admitted to an ICF-MR Group Home Facility, a physician must certify that the member is **not** in need of more than eight (8) hours per day of nursing care, and that the member in an ICF-MR Group Home Facility is in need of active treatment for at least one (1) of the conditions listed under Section 50.05-3(B).

If the member is to be admitted to an ICF-MR Nursing Facility a physician must certify that there is a need for at least eight (8) hours per day of nursing care and that the member is in need of active treatment for at least one (1) of the conditions listed under Section 50.05-2. In addition, there must be a medical

care plan identifying the care needs of the member based on his or her medical condition.

E. Admissions Discrimination

Each facility must have a written policy, consistent with State licensing and Federal certification requirements that must define the medical services that are provided in the facility.

Each facility must have a written anti-discrimination policy consistent with State licensing and Federal certification requirements.

If the facility has a policy provision so stating, a facility may preferentially admit certain members, but only on the following grounds:

1. A facility that is owned and operated by a religious or denominational group may preferentially admit any member of that religion or denomination.
2. A facility may preferentially admit any member who, for at least three (3) years, has been a resident in the area where the facility is located.
3. A facility may preferentially admit any member who is referred by a specific hospital with which the facility has a transfer agreement.
4. A facility must preferentially admit any member who is referred by DHHS on an emergency basis.

A facility may not accept or receive payment in addition to MaineCare reimbursement, and must accept the MaineCare rate as payment in full.

50.06-2 Discharges

A. Discharge Planning Procedure

Each ICF-MR must maintain written discharge planning procedures that describe who will have operational responsibility for discharge planning; and, the manner and methods by which such staff members will function, including that person's relationship with the facility staff.

At the time of the member's discharge, the ICF-MR must provide to those persons responsible for post-discharge care such information as will insure the optimal continuity of care. In addition, the ICF-MR must submit a member transfer form to DHHS.

50.06 POLICIES AND PROCEDURES (cont.)

B. To Another ICF-MR or to a Nursing Facility (NF)

If a Title XIX or XXI member is transferred from an ICF-MR to another ICF-MR, a copy of the most current assessment form, which established medical eligibility and approval, must be transferred with the member. If the member is transferred to a NF, the member must be reclassified. The member must be determined to meet the medical criteria described in Section 67 of the MaineCare Benefits Manual by the Department or the Department's authorized agent.

50.06-3 Utilization Review Plan

Each ICF-MR must have in effect a written utilization plan. The plan must include but not be limited to requirements for:

- A. Certification of members by a physician prior to admission and re-certification annually;
- B. Classification of members prior to admission and annually thereafter;
- C. Independent professional continued stay reviews of each member's ongoing eligibility for the ICF-MR level of care performed by DHHS every six (6) months;
- D. Medical records;
- E. Procedure when continued stay is not necessary, however the member is awaiting discharge; and
- F. Re-certification/reclassification schedule for medical eligibility for all MaineCare members.

50.06-4 Independent Professional Reviews

The Department must conduct an annual on-site review. An independent professional review team must consist of one (1) or more health services consultants, a medical social work consultant, and a physician, if appropriate. At least one team member must be a Qualified Mental Retardation Professional (QMRP). The following criteria must also be met:

- A. Annually, the independent professional review team must conduct an exit conference with the administrator and such staff as may be designated by the administrator to discuss the findings of the team relative to quality of services, appropriateness of services, over- or under-utilization of services, and changes in classification and/or level of care.

50.06 POLICIES AND PROCEDURES (cont.)

- B. A notification letter (BMSLC-14) must be prepared for any member who no longer requires the same level of care.

- C. If the member's condition undergoes a significant change prior to the scheduled reclassification date, the facility must reassess the member and complete a new assessment form to demonstrate on-going and continued eligibility for the ICF-MR level of care. A copy must be submitted to the Department.
- D. If a member in an ICF-MR is reclassified as no longer meeting the criteria for the ICF-MR level of care, the member must be given written notice by the facility and provided their appeal rights, pursuant to Chapter I of the MaineCare Benefits Manual. MaineCare will not reimburse for that member effective the date the member's appeal rights have expired (in the event of no appeal) or when the member's appeal rights have been exhausted, and there is a safe and appropriate place to discharge the member.

50.06-5 Payment of Bed Holds for Short-Term Hospitalizations

A. Hospitalization

An ICF-MR must provide a member with the opportunity for readmission following hospitalization, if the individual remains a MaineCare member.

B. Payment of Bed Holds

Payment of bed holds for a semi-private room for a short-term hospitalization must not exceed twenty-five (25) calendar days per admission, as long as the member is expected to return to the ICF-MR.

If a member leaves the hospital and does not return to the ICF-MR, MaineCare will not reimburse for the bed hold as of the date of discharge from the hospital.

C. Excess Days

Any member whose hospitalization exceeds the authorization period that is paid by MaineCare must be permitted to be readmitted to the facility immediately upon the first availability of a bed in the ICF-MR as long as the member requires the level of care provided by the facility.

D. Procedure

The facility must receive authorization from a physician for a hospitalization and notify the Department of the date of hospitalization and expected date of return by submitting an assessment form.

50.06 POLICIES AND PROCEDURES (cont.)

E. Payment for Bed Holds by Member's Family and Friends

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The ICF-MR must give written notice to the member, legal guardian, and/or family in those instances where the member will exceed the number of days that MaineCare will reimburse for a bed hold.

In those instances where the member does not meet the criteria for bed hold, the ICF-MR must advise the member and his or her representative in writing that the bed hold limit is exceeded, and that family or friends have the option of holding the bed by making payment not to exceed the MaineCare rates.

50.06-6 Leave of Absence

All ICFs-MR are responsible for informing members in writing of the limit of fifty-two (52) overnight leaves of absence per calendar year. Payment may be made to a facility to reserve a bed for a member on an overnight leave of absence if the following conditions are met:

1. The member's IPP, as developed by the IDT, provides for such absence; and
2. The leave of absence is reported in accordance with the Department's billing instructions.

50.07 COVERED SERVICES

50.07-1 Routine Services, Supplies, and Equipment Included in Regular Rate for Reimbursement

Routine services, supplies, and equipment must be supplied by the facility as part of the regular rate of reimbursement. Routine services include regular room, dietary services, rehabilitation treatment services and nursing services, minor medical and surgical supplies, and the use of equipment and facilities.

ICFs-MR are expected to furnish the equipment and services (see attached Appendix) normally used in the care of the their resident population (e.g. children's wheelchairs) as part of their reasonable cost.

50.07-2 Supplies and Equipment for Which the Department may be Billed by a Supplier or Pharmacy

Equipment and supplies which, when ordered by a physician or other medical practitioner legally qualified to order such equipment and supplies, may be payable to a supplier or pharmacy in accordance with the policies established in Section 60, Medical Supplies and Durable Medical Equipment and Section 80, Pharmacy Services of the MaineCare Benefits Manual.

50.07 COVERED SERVICES (cont.)

For purposes of reimbursement, acute care general hospitals that are affiliated with the facility through the same corporate structure, or have an ICF-MR as a distinct part

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of a larger institution, may be a provider of medical supplies and durable medical equipment for members who are residents of the hospital-based ICF-MR.

50.07-3 Physical Therapy (PT) and Occupational Therapy (OT) Services

Physical and occupational therapy services must be directly and specifically related to an active written treatment regimen designed by the physician after any necessary consultation with the qualified physical or occupational therapist, and the services must be included in the written plan of care. To constitute physical or occupational therapy, a service furnished to a member must be reasonable and necessary for the treatment of his or her illness or condition. The necessary services must be of such a level of complexity and sophistication, or the condition of the member must be such, that the judgment, specialized knowledge, and skills of a qualified physical or occupational therapist are required. Please refer to Section 85, Physical Therapy Services and Section 68, Occupational Therapy Services for criteria of the practitioner and covered services.

Adult members (age twenty-one (21) and over) are specifically eligible only for:

- A. Treatment following an acute hospital stay for a condition affecting range of motion, muscle strength, and physical functional abilities; and/or
- B. Treatment after a surgical procedure performed for the purpose of improving physical function; and/or
- C. Treatment in those situations in which a physician or primary care provider has documented that the patient has at some time during the preceding thirty (30) days required extensive assistance (see Section 50.01-5) in the performance of one or more of the following activities of daily living: eating, toileting, locomotion, transfer or bed mobility; and/or
- D. Medically necessary treatment for other conditions including maintenance of function and palliative care, however, services for palliative care and maintenance of function are limited to one (1) visit per year to design a plan of care, train the member or caretaker of the member to implement the plan or to reassess the plan of care.
- E. Services for adults who meet the specific eligibility requirements in Section 50.05-1(B)(1-3) above must be initiated within sixty (60) days from the date of physician or primary care provider certification.
- F. Services for adults who do not meet the criteria in Section 50.05-1(B)(1-3) must be medically necessary as documented by a certification by a physician or

50.07 COVERED SERVICES (cont.)

primary care provider, however, such treatment is limited to no more than one (1) visit per condition by qualified staff.

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G. Limitations:

- a. MaineCare will not reimburse for more than two (2) hours of PT per day and/or no more than two (2) hours of OT per day. If the member is under twenty-one (21) years old and these limits need to be exceeded due to medical necessity, then prior authorization is required as detailed in Chapter II, Section 94 of the MaineCare Benefits Manual.
- b. PT or OT services can be provided by a home health agency certified as a Medicare provider, or an outpatient department of an acute hospital, or a licensed independent therapist as defined in Chapter II, Sections 68 and 85 of the MaineCare Benefits Manual.
- c. ICFs-MR may bill for services of PT and/or OT on their staff or under a contract with them. Reimbursement for services provided by a licensed independent physical or occupational therapist will be limited to the maximum allowance as defined in Chapter III, Sections 68 and 85 of the MaineCare Benefits Manual.
- d. For purposes of reimbursement, acute care general hospitals that are affiliated with the facility through the same corporate structure, or have an ICF-MR as a distinct part of a larger institution, must bill the Department as a provider of physical or occupational therapy services on the ICF-MR billing form for patients who are residents of the hospital-based ICF-MR.

H. PT and OT Consultations

Types of consultation that will be approved:

- a. In-service education programs for staff members who have not been trained to carry out procedures that may be delegated by a physical or occupational therapist.
- b. Professional consultation provided to administrators with respect to purchasing equipment or modification of a physical plant to meet the needs of members.

50.07 COVERED SERVICES (cont.)

50.07-4 Speech and Hearing Services

- A. All covered services provided under Section 109 of the MaineCare Benefits Manual must be ordered or requested in writing by a physician, physician

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assistant, or advanced practice registered nurse as allowed by the respective licensing authority and his or her scope of practice.

- B. Covered speech-language pathology services for members aged twenty-one (21) or older is also limited to those members who have been assessed to have rehabilitation potential as defined in Section 50.01-12. A member's rehabilitation potential must originate from a physician or primary care provider.

Adult members (age twenty-one (21) and over), must have an initial evaluation by a physician or primary care provider that documents that the member has experienced a significant decline in his/her ability to communicate orally, safely swallow or masticate, and that the member's condition is expected to improve significantly in a reasonable, predictable period of time as a result of the prescribed treatment plan. This requirement will not apply to members with Medicare coverage or other third party health insurance until the coverage for speech-language pathology services by the other payor has been exhausted.

- C. The member must also receive an initial evaluation by a speech-language pathologist that supports the physician or primary care provider's determination that rehabilitation potential exists.
- D. If speech-language pathology services are to be continued beyond a period of six (6) months, a re-evaluation by a speech-language pathologist must be completed every sixth month from the initial determination of rehabilitation potential, in order to determine that rehabilitation potential continues to exist. A report of the results of the speech-language pathologist's six-month re-evaluation must be sent to the member's physician or primary care provider, who will use that information to decide if rehabilitation potential continues to exist. If the physician or primary care provider agrees in writing that rehabilitation potential continues to exist, the member may continue to receive speech-language pathology services for an additional six (6) month period.
- E. Limitations:
- a. Speech and hearing services when provided in an ICF-MR setting, are reimbursable to the following types of providers only: a home health agency certified as a Medicare provider, or a speech and hearing clinic certified as a Medicare provider, or a licensed speech-language pathologist, or audiologist, or a speech and hearing agency as defined in Section 109 of the MaineCare Benefits Manual.

50.07 COVERED SERVICES (cont.)

- b. ICFs-MR may bill for services of a speech-language pathologist or audiologist on their staff or under a contract with them. Reimbursement for services provided by a speech-language pathologist or audiologist will be limited to the maximum allowance as defined in Chapter III, Section 109 of the MaineCare Benefits Manual.

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- c. For purposes of reimbursement, acute care general hospitals that are affiliated with the facility through the same corporate structure, or have an ICF-MR, as a distinct part of a larger institution, must bill the Department as a provider of speech and hearing services on the ICF-MR billing form for members who are residents of the hospital-based ICF-MR.

F. Consultation Services:

The following types of consultation will be approved: In-service education programs for staff members who have not been trained to carry out procedures and principles developed by the licensed speech pathologist and/or audiologist.

50.07-5 Dental Services

For every resident of an ICF-MR, the facility must provide or make arrangements for comprehensive diagnostic and treatment services, including those of licensed dentists and dental hygienists. These services are covered in Chapters II & III, Section 25, Dental Services in the MaineCare Benefits Manual.

50.07-6 Pharmacy Services

All ICFs-MR must comply with both Federal regulations and State of Maine Regulations Governing the Licensing and Functioning of Intermediate Care Facilities for Persons with Mental Retardation that define obtaining, dispensing and administering drugs and biologicals. Facilities must follow the requirements in the MaineCare Benefits Manual, Chapter II, Section 80, Pharmacy Services for returns of reusable drugs and destruction of unusable drugs.

50.07-7 Other Services

The attending physician's order or the order of another licensed medical practitioner legally qualified to order services for members, is required for all other types of services provided in an ICF-MR, unless the MaineCare Benefits Manual specifically does not require an order. The provider must bill in accordance with the policies in the MaineCare Benefits Manual that apply to his or her specialty.

50.07 COVERED SERVICES (cont.)

50.07-8 ICF-MR Developmental Training Program

Developmental training programs are defined as those programs approved by the Department that are obtained outside of the ICF-MR and provide training and services. This includes vocational services, unless these services are required or funded under a State or Federal vocational training program. Vocational services must be identified in the IPP as part of an active treatment program, and the services being provided are directly related to preparing the member for skills training that teaches the member such concepts as compliance, attending, task completion, problem solving, and safety. Training that is solely for the purpose of teaching the member the skills to perform tasks in an employment situation is not covered under this policy. The training must relate to the overall level of functioning of the member. The IPP shall include the goals and objectives of the service and the expected length of time of the service. If vocational services are not required for active treatment, there shall be no reimbursement for these services.

The developmental training program shall develop a written individual plan with established goals based on the IDT plan and the ICFs-MR total plan of care. No less than monthly progress notes shall be written in the participating member's record at the developmental training program describing the participant's progress in the program in relation to the established goals. Copies of such progress notes shall be sent to the ICF-MR. The IDT shall be reviewed jointly initially and at least quarterly by appropriate staff of the ICF-MR, the developmental training program, and if appropriate, the Qualified Mental Retardation Professional (QMRP). There shall be coordination of services to residents between the developmental training program and the ICF-MR. Utilization Review and independent professional review of the developmental training program shall be conducted as part of the ICF-MR review.

Examples of Developmental Training Programs include:

1. Activities of daily living skill training;
2. Communication skills including oral, manual, gestural and/or communication board or other augmentative communication device/system training;
3. Physical development training including sensory, gross motor to fine motor skills;
4. Behavior modification including behavior management, self-awareness, integration, and responsibilities to self and others;
5. Work adjustment training approved by the Department and not covered by other vocational rehabilitation services; and

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50.07 COVERED SERVICES (cont.)

6. Supported employment that is approved by the Department and is not covered by other vocational rehabilitation services.

50.08 NON-COVERED SERVICES

- A. Maintenance therapy (repetitive services not requiring the skills of a qualified physical or occupational therapist or the use of complex and sophisticated physical or occupational therapy procedures) is not a covered service, except as provided in Section 50.07-3(D). Services related to activities for the general good and welfare of members, e.g., general exercises to promote overall fitness and flexibility and activities to provide diversional or general motivation, do not constitute physical or occupational therapy for MaineCare purposes.
- B. Payment by a relative of an additional amount to enable a member to obtain non-covered services such as a private room (single bed), telephone, television, and authorized bed hold days is permitted. However, the additional charge for non-covered services must not exceed the charge to individuals who privately pay. The supplement for a private room must be no more than the difference between the private pay rate for a semi-private room and a private room.
- C. ICF-MR services may not include services of a vocational or academic nature unless the service meets the criteria in Section 50.07-8. These and other services that are non-covered are referred to in Chapter I of the MaineCare Benefits Manual.

50.09 CLASSIFICATION FOR CERTAIN CHILDREN WITH DISABILITIES AGED EIGHTEEN AND UNDER FOR HOME CARE (KATIE BECKETT)

The classification for certain disabled children age eighteen (18) and under for home care has additional criteria above and beyond that of typical MaineCare. All of the following criteria must be met for a child to receive MaineCare under this eligibility option:

- A. **Age and Disability:** The child must be eighteen (18) years of age or younger and be determined disabled by standards established through the Social Security Act. A disability determination is made as part of the application process.
- B. **Level of Care:** The member must require a level of care that is typically provided in Intermediate Care Facilities for Persons with Mental Retardation. Although the member does not have to be admitted, relocated nor have a history of admissions to an institution, he or she must need the level of care provided there.
- C. **Appropriateness of Community-Based Care:** The child must be able to receive or currently be receiving appropriate care outside an institutional setting that provides that level of care.

50.09 CLASSIFICATION FOR CERTAIN CHILDREN WITH DISABILITIES AGED EIGHTEEN AND UNDER FOR HOME CARE (KATIE BECKETT) (cont.)

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- D. Cost Limits of Community-Based Care:** The total annual cost to MaineCare for home care through this eligibility option must be not greater than the amount MaineCare would pay for the child's care in an institution.

50.10 RIGHT OF APPEAL

Only the member or his or her family or representative may appeal a decision of the Department or its authorized agent made pursuant to this Section.

If the member, his or her family or representative disagrees with the classification or reclassification to a different level of care of the member, a fair hearing may be requested pursuant to Chapter I of the MaineCare Benefits Manual.

50.11 PROGRAM INTEGRITY

Refer to Chapter I of the MaineCare Benefits Manual for Program Integrity (formerly Surveillance and Utilization Review) functions.

50.12 CONFIDENTIALITY

Refer to Chapter I of the MaineCare Benefits Manual for confidentiality requirements.

50.13 REIMBURSEMENT

A per diem rate of reimbursement for routine services and certain supplies and equipment is established according to Section 50, Chapter III, and payment is made directly to the facility as a MaineCare vendor payment.

If a service is covered in the per diem rate, the ICF-MR may not utilize personnel or organizations that bill MaineCare separately for MaineCare payment for services rendered to ICF-MR residents.

For therapy consultations, as described in Sections 50.07-3(H) and 50.07-4(F), provided to ICFs-MR, reimbursement must be at reasonable cost according to Principles of Reimbursement for ICF-MR Section 5010.

Please see Sections 50.06-5, Payment of Bed Holds for Short-Term Hospitalizations, 50.06-6, Leave of Absence, 50.07-3(G), PT and OT Services, and 50.07-4(E), Speech and Hearing Services for detailed information on reimbursement limitations for these areas of this policy.

The reimbursement rate for the developmental training program shall be established by the Department.

50.13 REIMBURSEMENT (cont.)

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In accordance with Chapter 1 of the MaineCare Benefits Manual, it is the responsibility of the provider to seek reimbursement from any other sources that are available for payment of the rendered service prior to billing MaineCare.

50.14 BILLING INSTRUCTIONS

Billing must be accomplished in accordance with the Department's "Billing Instructions for Intermediate Care Facilities for Persons with Mental Retardation," available online at www.maine.gov/bms/index.shtml

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**APPENDIX A SUPPLIES AND EQUIPMENT WHICH ARE PROVIDED AS PART OF THE
ICF-MR REGULAR RATE OF REIMBURSEMENT**

The following supplies and equipment must be provided to a member by an ICF-MR as part of the facility's regular rate of reimbursement, when items are required by the member.

Facilities that serve a special group of disabled members are expected to furnish that equipment which is normally used in their care (e.g. children's wheelchairs) as a part of their reimbursement rate.

Neither the facility nor the supplier may bill for the following items:

1. Alcohol, swabs and rubbing
2. Analgesics, non-prescription including: aspirin: plain, buffered and coated, suppositories; acetaminophen: tablets, liquids and suppositories.
3. Antacids, non-prescription including: Aluminum/magnesium hydroxide (ex. Maalox); Aluminum/magnesium hydroxide with simethicone (ex. Mylanta, Maalox Plus); Calcium carbonate tablets (ex. Tums); Calcium carbonate/ magnesium hydroxide tablets (ex. Rolaids)
4. Alternating pressure pads, air mattresses, "Egg Crate" mattresses, gel mattresses
5. Applicators
6. Bandages
7. Band-aids
8. Basins
9. Beds (standard hospital type, not therapy beds)
10. Bed pans
11. Bed rails
12. Blood pressure equipment
13. Bottles (water)
14. Canes
15. Calcium supplements, non-prescription (ex. Tums, Oscal)
16. Catheters
17. Catheter trays (disposable)
18. Chairs (standard and geriatric)
19. Combs
20. Commodes
21. Corner chair
22. Cotton
23. Cough syrup and expectorants, all non-prescription brands
24. Crutches
25. Cushions (e.g., comfort rings)
26. Dietary supplements
27. Disinfectants
28. Douch trays (disposable)
29. Dressings
30. Enema equipment
31. Enteral feeding, supplies and equipment
32. Facility deodorants
33. Gauze bandages (sterile or non-sterile)

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| 34. | General services such as administration of oxygen and related medications, hand feeding, incontinency care, tray service, and enemas | |
| 35. | Glucometers | |
| 36. | Gloves (sterile and unsterile) | |
| 37. | Gowns | |
| 38. | Hemorrhoidal preparations | |
| 39. | Ice bags | |
| 40. | Incontinency supplies (full brief- all sizes; bedpad; undergarment liners, disposable or reusable; underpads) | |
| 41. | Iron supplements | |
| 42. | Irrigation trays | |
| 43. | Laundry services, personal (including supplies and equipment) | |
| 44. | Laxatives, non-prescription including: Stool softeners (ex. Docusate sodium liquid or capsule); Bulk: (ex. Psyllium); Stimulants: (ex. Bisacodyl tablets and suppositories; docusate casanthranol, liquid and/or capsule); Enemas: (ex. Saline, phosphate types-except Fleets); oil retention; Misc.: milk of magnesia; glycerin suppositories; lactulose and analogs (when used as a laxative); mineral oil. | |
| 45. | Lotions (emollient) | |
| 46. | Lubricants (skin, bath oil) | |
| 47. | Mats | |
| 48. | Mouth wash | |
| 49. | Ointments and creams (available over the counter), including petroleum jelly and hydrocortisone 0.5% | |
| 50. | Ophthalmic lubricants: tears, ointments | |
| 51. | Oxygen, for emergency and prn use only, including portable oxygen and equipment | |
| 52. | Parenteral solutions, supplies and equipment | |
| 53. | Pillows | |
| 54. | Pitchers (water) | |
| 55. | Powders (medicated and baby) | |
| 56. | Prone boards | |
| 57. | Restraints (posey, thoracic chest supports, wedge pillows, etc.) | |
| 58. | Sand and water tables | |
| 59. | Sensory stimulation materials | |
| 60. | Shampoo, regular; medicated; no tears baby shampoo | |
| 61. | Sheepskin | |
| 62. | Shower chairs | |
| 63. | Soap: including hypoallergenic | |
| 64. | Special dietary supplements | |
| 65. | Specimen containers | |
| 66. | Sterile I.V. or irrigation solution | |
| 67. | Stethoscopes | |
| 68. | Sunscreen - SPF 30 | |
| 69. | Supplies necessary for treatment of decubiti (non-prescription) | |
| 70. | Suture sets | |
| 71. | Swabs, medicated or unmedicated | |
| 72. | Syringes and needles | |
| 73. | Tapes | |

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| 74. | Testing materials to be used by staff of facility, not to include material normally included in psychometric testing | |
| 75. | Thermometers | |
| 76. | Tissues | |
| 77. | Toothbrushes | |
| 78. | Toothpaste | |
| 79. | Towels, washcloths | |
| 80. | Tongue depressors | |
| 81. | Traction equipment | |
| 82. | Trapezes | |
| 83. | Tub seats | |
| 84. | Tubes (gavage, lavage, etc.) | |
| 85. | Underpads | |
| 86. | Urinals | |
| 87. | Urinary drainage equipment and supplies (disposable) | |
| 88. | Velcro strips | |
| 89. | Vestibular boards | |
| 90. | Vitamins, non-prescription, all brands | |
| 91. | Walkers | |
| 92. | Wheelchairs - Standard: Chairs with removable arms and leg rests; wheelchairs with elevators; pediatric wheelchairs; "hemi" wheelchairs; reclining wheelchairs | |
| 93. | Wipes, rectal medicated | |
| 94. | Routine personal hygiene and grooming items to include, but not be limited to items for shaving, shampooing, bathing, nail clipping (unless specified as a covered service when performed by a podiatrist as covered under the MaineCare Benefits Manual), haircutting or the services of a barber when requested and paid for by the member. | |
| 95. | Routine transportation of members or laboratory specimens to hospital or doctor's offices | |