

COMMUNITY OPTIONS CODING SHEET FOR CARE PLAN SUMMARY/OUTCOME

1. FUNDING SOURCE

Enter the payment code for the funding source which will pay for the recommended service.

Program ID--Program Name

- 1 - MaineCare Home Health
- 30 - PDN Level I
- 2 - PDN Level II
- 31 - PDN Level III
- 36 - PDN Level VIII
- 3 - PDN Level V (Extended)
- 4 - PDN Level IV (NF Kids)
- 39 - PDN Level IX (ALFs)
- 5 - Elderly HCB
- 6 - Adults with Disabilities HCB
- 7 - Physically Disabled HCB
- 12 - Adult Day Services
- 11 - MaineCare Day Health -1
- 32 - MaineCare Day Health -2
- 33 - MaineCare Day Health -3
- 10 - Consumer Directed PA -1
- 34 - Consumer Directed PA -2
- 35 - Consumer Directed PA -3
- 14 - Home Based Care -1
- 26 - Home Based Care -2
- 27 - Home Based Care -3
- 28 - Home Based Care -4
- 40 - Home Based Care - 5 (ALFs)
- 29 - Consumer Directed HBC
- 13 - OES Homemaker
- 8 - Independent Housing
- 9 - Katie Beckett
- 15 - Title III
- 17 - Adult Family Care Home
- 16 - Assisted Living
- 20 - Other

For the Medicare/3rd Party Payor Block, use the following codes:

- 21 - Medicare
- 22 - 3rd Party Payors (Anthem, Champus, VA, LTC Insurance)
- 23 - Community MaineCare
- 24 - Consumer's Funds
- 25 - Nursing Facility
- 41 - Residential Care (PNMI)
- 37 - Medicare Hospice
- 38 - MaineCare Hospice

3. DURATION

Enter the Start and End Dates for the proposed service.

4. UNIT CODE

Enter the unit of time which is used in calculating the cost of this service, using the following list.

- | | | |
|---------------|--------------|------------------|
| 1= 15 minutes | 6= Week | 11= Installation |
| 2= 1/2 hour | 7= Month | 12= Lifetime |
| 3= hour | 8= Visit | 13= PRN Hour |
| 4= day | 9= Mile | 14= PRN Visit |
| 5= night | 10= Per trip | 15= Annual |

5. NUMBER OF UNITS

Enter the number of units needed per month to meet the person's needs.

2. SERVICE CATEGORY

Enter the appropriate code from the following list to indicate the service category recommended to meet the need.

- 1- Administrative care management
- 2- Face-to-face care management
- 3- Adult day care
- 4- Personal care assistant (hour)
- 5- Personal care assistant (live-in)
- 6- Personal care assistant (night)
- 7- Homemaker
- 8- RN-visit
- 9- RN-hour
- 10- LPN-visit
- 11- LPN-hour
- 12- Home health aide-visit
- 13- Home health aide-hour
- 14- Certified nurse's aide-visit
- 15- Certified nurse's aide-hour
- 16- Physical therapy-visit
- 17- Physical therapy-hour
- 18- Occupational therapy-visit
- 19- Occupational therapy-hour
- 20- Speech therapy-visit
- 21- Speech therapy-hour
- 22- Emergency response
- 23- Emergency response installation
- 24- Psychiatric RN-visit
- 25- Master's social work-visit
- 26- Master's social work-hour
- 27- Social services
- 28- Transportation
- 29- Adult family care home – Level 1
- 30- Adult family care home – Level 2
- 31- Adult family care home – Level 3
- 32- Family
- 33- Friend
- 34- Residential care
- 35- Independent living assessment
- 36- Certified occupational therapy aide
- 37- Certified physical therapy aide
- 38- Meals on Wheels
- 39- Comprehensive care management
- 40- Environmental mods
- 41- Licensed speech therapy assistant
- 42- Psychiatric medication services
- 43- Health assessment
- 44- Institutional respite-NF
- 45- Institutional respite-residential care
- 46- Personal care assistant (visit)
- 47- Independent RN
- 48- Family Provider
- 49- RN Multiple
- 50- LPN Multiple
- 51- Care Management-PDN
- 52- Care Management-CDAS
- 53- Independent PT
- 54- Independent OT
- 55- Independent Speech
- 56- Personal care assistant (hour)(PDW)

6. RATE

Enter the current rate for this service based on the maximum allowable MaineCare rate for that specific unit of service as found in the appropriate MaineCare manual.

7. TOTAL COST

Calculate the total cost per month for this service.

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REASONCODES

Enter the reason code for recommended service/need being met using the following list of codes.

- | | |
|---|---|
| <ul style="list-style-type: none"> 1 - Information/consultation 2 - Develop, coordinate, monitor plan of care 3 - Needs evaluation/skills training/consumer instruction 4 - Medical assessment/education/teaching 5 - Nursing treatments/dressing change/monitoring 6 - Medication prep/administration 7 - Early loss ADLs/bathing and dressing 8 - Late ADLs/eat/toilet/transfer/locomotion/bed mobility 9 - Shampoo/routine skin care/wash feet/back/nail care 10 - Daily IADLS/main meal prep/daily chores/phone use 11 - Other IADLS/laundry/housework/grocery shop/manage finances 12 - Physical Therapy consultation/evaluation 13 - Physical Therapy treatment program/ROM maintenance of function 14 - Occupational Therapy consultation/evaluation 15 - Occupational Therapy skill training/maintenance of ADLs/IADLS 16 - Speech therapy consultation/evaluation 17 - Speech therapy treatment program 18 - Mental Health evaluation/consultation 19 - Mental Health treatment program 20 - Socialization, activities, stimulation 21 - (24 hr) supervision at home or in structured setting 22 - Access to emergency help 23 - Supervision 24 - Outreach support to access community resources 25 - Crisis surveillance 26 - Monitoring/supervision daytime only 27 - Monitoring/supervision/nighttime only 28 - Accompany to careplan activities 29 - Environmental Modification 30 - Monitor,administer,and/or prefill of psychiatric medicines 31 - Venipuncture 32 - Early loss ADLs/bathing 33 - Early loss ADLs/dressing 34 - Late loss ADL/transfer 35 - Late ADLs/eating 36 - Late ADLs/toilet | <ul style="list-style-type: none"> 37 - Late ADLs/bed mobility 38 - Late ADLs/locomotion 39 - Daily IADLS/light meal/main meal 40 - Daily IADLS light housekeeping/dusting/washing dishes/making bed 41 - Other IADLS/laundry 42 - Other IADLS/grocery shopping 43 - Other IADLS/grocery shopping/laundry 44 - Other IADLS/house work 45 - Transportation to medical care appointments 46 - Transportation for non-medical careplan needs 47 - Nursing education/teaching 48 - Nursing-assess wound, provide wound care 49 - Nursing-assessment sign/symptoms infection 50 - Nursing-skilled observation, intervention cardiopulmonary 51 - Nursing-observation-mobility,gait,balance,endurance 52 - Nursing-skilled observation, intervention genitourinary 53 - Nursing-assess, maintain or improve skin integrity 54 - Nursing-Assess,intensity level,frequency,location and manage pain 55 - Nursing-skilled observation, intervention gastrointestinal system 56 - Nursing-assessment emotional-social status 57 - Nursing-Assess,evaluate disease process 58 - Teach disease process and compliance 59 - Assess and monitor medication compliance,side effects 60 - Social worker-assess coping skills/therapy for stressors 61 - Social worker-Counseling for long term planning/decision making 62 - Social worker- Counseling for adjustment to functional limitations 63 - Caregiver relief 64 - Managing finances 65 - Health Maintenance-Ventilator 66 - Health Maintenance-Tracheostomy 67 - Health Maintenance-Suctioning 68 - Health Maintenance-Catheter/Ostomy 69 - Health Maintenance-Feeding tube 70 - Health Maintenance-Treatment/dressing/wound care 71 - Health Maintenance-Care of Skin 72 - Health Maintenance-Bowel Regime 73 - Health Maintenance-General 74 - Nursing-assess and provide respiratory care |
|---|---|

OUTCOME PAGE

DENIAL CODES

ACTION CODES:

(choose one):

- 1 - Reduction in service
- 2 - Program denied (based on eligibility criteria)
- 3 - Program terminated (based on circumstances, choice)
- 4 - Program change
- 5 - Other
- 6 - Service Category Change
- 7 - Program Suspended

REASON:

- 1 - Not medically eligible
- 2 - Not financially eligible
- 3 - Change in level of care
- 4 - Consumer refused service
- 5 - Consumer refused copay
- 6 - Institutionalized
- 7 - Moved out of state
- 8 - Other community service/funding source
- 9 - Maximum cost cap reached
- 10 - No willing provider
- 11 - Service no longer available
- 12 - Death

- 13 - Other
- 14 - Non-payment of co-pay
- 15 - Non-compliance with POC
- 16 - Change in type of care provider
- 17 - Change number/freq. of service
- 18 - Consumer requested change
- 19 - Significant change-health/welfare risk
- 20 - Change in policy
- 21 - Maximum service limits reached
- 22 - Emergency Response System discontinued
- 23 - Consumer no longer self-directing services
- 24 - Alleged fraudulent activity