MaineCare Services
An Office of the
Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Department of Health and Human Services
MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-2674
Fax (207) 287-2675; TTY (800) 423-4331

DATE: June 26, 2012

TO: Interested Parties

FROM: Stefanie Nadeau, Director, MaineCare Services

SUBJECT: Proposed Rule: Chapter 101, MaineCare Benefits Manual, Chapter III, Section 21 Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autistic Disorder

This letter gives notice of a proposed rule: MaineCare Benefits Manual, Chapter III, Section 21 Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autistic Disorder. The proposed rule will provisionally adopt a 5% reduction in Agency Home Support as directed by the Maine State Legislature in P.L.2011, Chapter 477, § M-1.

Rules and related rulemaking documents may be reviewed at and printed from the MaineCare Services website at or, http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html or a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-606-0215.

A concise summary of the proposed rule is provided in the Notice of Agency Rule-making Proposal. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the Notice of Agency Rule-making Proposal.

Notice of Agency Rule-making Proposal

AGENCY: Department of Health and Human Services, MaineCare Services

RULE TITLE OR SUBJECT: Chapter 101, MaineCare Benefits Manual, Chapter III, Section 21, Allowances for Home and Community Benefits for Adults with Intellectual Disabilities or Autistic Disorder

PROPOSED RULE NUMBER:

CONCISE SUMMARY: The rule proposes to adopt a 5% decrease in rates for Agency Home Support per diem as directed by P.L.2011, Chapter 477, § M-1.

SEE http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html **for rules and related rulemaking documents.**

THIS RULE WILL __ WILL NOT ___ HAVE A FISCAL IMPACT ON MUNICIPALITIES.

STATUTORY AUTHORITY: 22 MRSA §§ 42, 3173, P.L.2011, Chapter 477, § M-1

PUBLIC HEARING:

Date: July 24, 2012, 9:00 AM to 11:00 am
Location: Conference Room # 1
Department of Health and Human Services
242 State Street
Augusta, ME

The Department requests that any interested party requiring special arrangements to attend the hearing contact the agency person listed above before July 16, 2012.

DEADLINE FOR COMMENTS: Comments must be received by midnight Friday, August 3, 2012.

AGENCY CONTACT PERSON: Ginger Roberts-Scott, Comprehensive Health Planner
AGENCY NAME: MaineCare Services
ADDRESS: 242 State Street
11 State House Station
Augusta, Maine 04333-0011
Ginger.roberts-scott@maine.gov
TELEPHONE: 207-287-9365 FAX: (207) 287-9369
TTY: 771 (Deaf or Hard of Hearing)

SECTION 21 **ALLOWANCES FOR HOME AND COMMUNITY BENEFITS FOR ADULTS WITH INTELLECTUAL DISABILITIES OR AUTISTIC DISORDER** **ESTABLISHED: 11/1/83**
ADOPTED: 9/1/11

TABLE OF CONTENTS

PAGE

1000 PURPOSE 1

1050 DEFINITIONS 1

1100 AUTHORITY 1

1200 COVERED SERVICES 1

1300 REIMBURSEMENT METHODS 2

1400 CALCULATION OF THE PER DIEM RATE FOR AGENCY HOME SUPPORTS 3

1500 AVERAGE BILLING METHOD 4

1600 REQUIREMENTS FOR PARTICIPATION IN MAINECARE PROGRAM 6

1700 RESPONSIBLITIES OF THE PROVIDER 6

1800 RECORD KEEPING AND RETENTION OF FINANCIAL RECORDS 6

1900 BILLING PROCEDURES 6

2000 AUDIT OF SERVICES PROVIDED 7

2100 RECOVERY OF PAYMENT 7

APPENDIX 1 8

APPENDIX 2A 11

APPENDIX 2B 13

SECTION 21 ALLOWANCES FOR HOME AND COMMUNITY BENEFITS FOR ADULTS WITH INTELLECTUAL DISABILITIES OR AUTISTIC DISORDER ESTABLISHED: 11/1/83 ADOPTED: 9/1/11

GENERAL PROVISIONS

1000 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 21, Home and Community Benefits for members with Intellectual Disabilities or Autistic Disorder of the MaineCare Benefits Manual. These Principles govern reimbursement for services provided on or after December 30, 2007. All services reimbursed in this section are considered fee for service.

1050 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. However, per diem Home Support services may be provided by more than one entity in a twenty-four hour period. When this occurs, only the entity providing Home Support to the member at the very end of the day will receive authorization to bill for the services provided that day. Per Diem reimbursement is allowable to a Home Support Provider who provides Direct support at some point during that day, if the member transfers to an environment that is not being reimbursed for Home Support for that same time period.

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.

1100 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.§§ 10, 12, and 3173. The authority of the Department to adopt rules to implement this Chapter is established under 22 M.R.S.A.§§ 12, 42(l), and 3173.

1200 COVERED SERVICES –Covered Services are defined in Chapter II, Section 21 of the MaineCare Benefits Manual.

1300 REIMBURSEMENT METHODS

Services covered under this section will be reimbursed on a fee for service basis using one of these methods as follows:

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 paid for using a standard rate are as follows:

   A. Community Support Services;
   B. Home Support (Shared Living, Agency (1/4 hr), Family-Centered Support);
   C. Employment Specialist Services;
   D. Work Support;
   E. Consultation Services;
   F. Counseling;
   G. Crisis Intervention;
   H. Crisis Assessment;
   I. Occupational Therapy (Maintenance) Service;
   J. Physical Therapy (Maintenance) Service;
   K. Speech Therapy (Maintenance) Service;
   L. Non-Traditional Communication Consultation;
   M. Non-Traditional Communication Assessments;
   N. Communication Aids- Ongoing Visual-Gestural and Facilitated Communications; or
   O. Transportation Services.

   The standard rates for these services are listed in Appendix I.

2. **Prior Approved Price -** The price of an item or piece of equipment being purchased for a member must be reviewed and approved by DHHS before it will be reimbursed.

   A. Home Accessibility Adaptations- The DHHS will determine the amount of reimbursement after reviewing a minimum of two written itemized bids from different vendors submitted by the provider. Prior to services being delivered, written itemized bids must be submitted to the DHHS for approval and must contain cost of labor and materials, including subcontractor amounts. The DHHS will issue an authorization for the approved amount based on the written bids to the provider.

   B. Specialized medical equipment and supplies and Communication Aids- Speech Amplifiers, Aids, Communicators, Assistive Devices- The amount of payment for specialized medical equipment and supplies, and communication aids

1300 REIMBURSEMENT METHODS (Cont)

equipment, Speech Amplifiers, Aids, Communicators, Assistive Devices shall be the lowest of:

1. Maximum MaineCare amount listed by applicable corresponding HCPCS codes published at least annually on the Department's website, http://www.maine.gov/dhhs/bms/providerfiles/codes.htm and made available to providers;

2. The provider's usual and customary charges; or

3. The manufacturer's suggested retail price for any medical supply or medical equipment.

3. Per Diem reimbursement: This method of reimbursement is used for Home Support Services provided by an agency. For purposes of Paragraphs 1300 through1500, an agency is a provider that routinely employs direct care staff to provide Home Support Services to members in a facility operated by the agency.

The per diem rate is calculated using the number of Agency Home Support hours authorized or provided for each member served in the agency's facility and the standard unit rates for Agency Home Support listed in Appendix I. The calculation includes a small range of permissible variance between the number of hours authorized and the number of hours actually provided. The standard unit rates listed in Appendix I will be reduced by $~~3.05~~2.90 for each hour of Home Support Service provided to the member in excess of 168 hours per week. Paragraph 1400 explains the method of calculating the per diem rate, and Appendix 2A sets forth instructions and a chart for use in calculating the per diem rate.

1400 CALCULATION OF THE PER DIEM RATE FOR AGENCY HOME SUPPORTS

The authorized per diem rate for all members in the facility is based on the total weekly hours authorized by DHHS for all members in the facility. The amount of the agency's per diem rate is calculated using the chart in Appendix II and the rates for Agency Home Supports set forth in Appendix I. In performing these calculations, the standard unit rates listed in Appendix I will be reduced by $~~3.05~~ 2.90 for each hour of agency Home Support Service provided to the member in excess of 168 hours per week.

If the number of Agency Home Support hours provided by the facility in a week is no less than 92.5 % and no more than 105% of the total hours authorized for members in the facility, the provider will be paid at the per diem rate. If the amount of Agency Home Support hours actually provided to all members in the facility in a given week is less than 92.5% of the hours authorized for those members, the agency's per diem rate will be adjusted to reflect the number of hours

1400 CALCULATION OF THE PER DIEM RATE FOR AGENCY HOME SUPPORTS (cont)

actually provided to the members in the facility in that week. In that case, the agency's per diem rate for that week will be determined by adding all of the authorized weekly hours for members in the facility, multiplying by the Agency Home Support rate listed in Appendix I and dividing by seven. The result is then divided by the number of members in the facility to determine a per diem rate applicable to each member for that week.

Only hours of services that have been authorized and provided with a Medical Add-on for Agency Home Support for a member will be reimbursed at the Medical Support reimbursement rate.

1500 AVERAGE BILLING METHOD

When billing, the Home Support Agency Per diem services providers may choose to bill for services provided using the weekly billing method or the monthly average billing method.

Weekly billing method - Providers bill at the end of the each week based on the actual number of hours of direct support provided in comparison to the hours authorized. If the actual total weekly direct support hours provided for the facility falls within the range of allowable total weekly authorized support hours for the facility then the facility bills at the authorized per diem rate.

If the actual total weekly direct support hours provided for the facility is <u>less than</u> the range of allowable total weekly authorized support hours for the facility then the billable rate is determined by using the actual weekly total support hours provided for the facility. Providers may refer to the billable rate under the applicable table on http://www.maine.gov/dhhs/OACPDS/DS/published-rates/home.html or use Appendix 2A or 2B to calculate the billable amount.

Monthly Average Billing Method - Providers may calculate a monthly average of weekly direct support services hours provided at the end of each month. If a provider chooses to use the monthly average billing method then all days in the month must be billed using this method. To use this method a provider must submit claims after the last day of the month.

To determine the actual total weekly direct support hours, the actual total hours of direct support provided in the month from 1st day of the month through the last day of the month are divided by number of weeks in the month.

A. If there are 31 days in the month, then the number of weeks in the month is 4.43.
B. If there are 30 days in the month, then the number of weeks in the month is 4.29.
C. If there are 29 days in the month, then the number of weeks in the month is 4.14.
D If there are 28 days in the month, then the number of weeks in the month is 4.00.

1500 AVERAGE BILLING METHOD (cont)

The result determines the average actual total weekly direct support hours provided by the facility for the entire month. If the average actual total weekly direct support hours provided by the facility falls within the range of allowable total weekly support hours that was authorized then the provider must bill at the authorized per diem rate.

If the average actual total weekly direct support hours provided by the facility is less than the range of allowable weekly support hours that was authorized then the billable rate will be determined by using the actual total support hours provided for the facility. Providers can determine the billable rate in the applicable table in Appendix in Chapter III.

Partial Week- There are situational changes, often unpredictable, that occur resulting in a change in the authorized hours of support in a facility mid-week. Examples include death of a member, unanticipated move or the start up of a new program mid-week.

In these instances, if the Provider has chosen to bill on a monthly basis, services for the week in which the authorization change occurred must be billed on pro-rated basis to determine the actual total weekly support hours provided using the formula below:

If services are provided for 1 day, then the number of actual hours provided is .1428.
If services are provided for 2 days, then the number of actual hours provided is .2857.
If services are provided for 3 days, then the number of actual hours provided is .4285.
If services are provided for 4 days, then the number of actual hours provided is .5714.
If services are provided for 5 days, then the number of actual hours provided is .7142.
If services are provided for 6 days, then the number of actual hours provided is .8571.
Refer to the rate schedule to select the appropriate rate to bill based on the hours provided

1600 REQUIREMENTS FOR PARTICIPATION IN MAINECARE PROGRAM

Providers must comply with all requirements as outlined in Chapter 1 and Chapter II, Section 21 of the MaineCare Benefits manual.

1700 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.

1800 RECORD KEEPING AND RETENTION OF FINANCIAL RECORDS

When fiscal records are requested, providers have ten (10) business days to produce the requested record to DHHS. Complete documentation shall mean clear written evidence of all transactions of the provider entities related to the delivery of these services, including but not limited to daily census data, invoices, payroll records, copies of governmental filings, staff schedules, time cards, and member service charge schedule, or any other record necessary to provide the Commissioner with the highest degree of confidence that such services have actually been provided. The provider shall maintain all such records for at least five (5) years from the date of reimbursement.

1900 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.

When billing for Employment Specialist Services and Work Support Services that are provided in groups of more than one MaineCare member by one direct support staff, the total hours the direct support staff is providing these services should be divided proportionately among the number of members the services are being provided to. Based on the total hours of service provided, the total units of service for the total hours should be divided proportionately between each member in the group. The total amount of units billed for all members should not exceed the total hours of service provided by the direct support staff. For example, if a direct support worker is providing Work Support services to three (3) members at the same time for total of two (2) hours of service provided per day, based on the proportional time spent with each member, two (2) units would be billed for member A, three (3) units would be billed for member B, and three (3) units would be billed for member C for a total of eight (8) units for two (2) hours of direct services.

2000 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 correspond 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 service delivery of services that a member received.

2100 RECOVERY OF PAYMENTS

The Department may recover any amounts due the Department based on Chapter I of the MaineCare Benefits Manual.

Appendix I

PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE
T2017	HOME SUPPORT (Habilitation, residential, waiver)	$6.27 ¼ hr
T2017 SC	HOME SUPPORT (Habilitation, residential, waiver) with Medical Add-On	$7.50 ¼ hr
T2016	AGENCY HOME SUPPORT (Habilitation, residential, waiver)	See Appendix 2Aand 2B Per diem*
T2016 SC	AGENCY HOME SUPPORT (Habilitation, residential, waiver) with Medical Add-On	See Appendix 2Aand 2B Per diem*
T2016	HOME SUPPORT (Habilitation, residential, waiver)-Shared Living Model-One member served	$126.19 Per diem
T2016 TG	HOME SUPPORT (Habilitation, residential, waiver)-Shared Living Model-One member served-increased level of support	$183.52 Per diem
T2016 UN	HOME SUPPORT (Habilitation, residential, waiver)-Shared Living Model-Two members served	$63.10 Per diem
T2016 UN TG	HOME SUPPORT (Habilitation, residential, waiver)-Shared Living Model-Two members served-increased level of support	$120.42 Per diem
T2016	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support -One member served	$104.17 Per diem
T2016 TG	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support -One member served-increased level of support	$216.96 Per diem
T2016 UN	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Two members served	$85.80 Per diem
T2016 UN TG	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Two members served-increased level of support	$196.78 Per diem
T2016 UP	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Three members served	$73.15 Per diem
T2016 UP TG	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Three members served-increased level of support	$178.40 Per diem
T2016 UQ	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Four members served-	$61.99 Per diem
T2016 UQ TG	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Four members served-increased level of support	$162.16 Per diem
T2016 UR	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Five or more members served	$55.29 Per diem

PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE
T2016 UR TG	HOME SUPPORT (Habilitation, residential, waiver)- Family-Centered Support-Five or more members served- increased level of support	$152.42 Per diem
T2021	COMMUNITY SUPPORT (Day habilitation, waiver)	$ 5.28 ¼ hr
T2021 SC	COMMUNITY SUPPORT (Day habilitation, waiver) with Medical Add-On	$6.51 ¼ hr
T2019	EMPLOYMENT SPECIALIST SERVICES (Habilitation, supported employment waiver)	$7.42 ¼ hr
T2019 SC	EMPLOYMENT SPECIALIST SERVICES (Habilitation, supported employment waiver)- with Medical Add-On	$8.58 ¼ hr
H2023	WORK SUPPORT (supported employment)	$6.91 ¼ hr
H2023 SC	WORK SUPPORT (supported employment)- with Medical Add-On	$8.08 ¼ hr
T2034	CRISIS INTERVENTION SERVICES	$6.35 ¼ hr
S5165 CG	HOME ACCESSIBILITY ADAPTATIONS (Repairs)	Per itemized invoice
S5165	HOME ACCESSIBILITY ADAPTATIONS (Home Modifications)	Per itemized invoice
T2029	SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES	Per itemized invoice
V5274	COMMUNICATION AIDS - SPEECH AMPLIFIER, AIDS, COMMUNICATORS (INCLUDING REPAIR AND MAINTENANCE), ASSISTIVE DEVICES	Per itemized invoice
T1013 GN	COMMUNICATION AIDS - ONGOING VISUAL-GESTURAL AND FACILITATED COMMUNICATIONS SERVICES	$5.40 ¼ hr
G9007 GN	CONSULTATION SERVICES - SPEECH THERAPY	$5.40 ¼ hr
S8990 GN	SPEECH THERAPY (MAINTENANCE)	$12.48 1/4 hr
S8990 GN HQ	SPEECH THERAPY (MAINTENANCE)-Group	$9.36 1/4 hr
G9007 GO	CONSULTATIVE SERVICES - OCCUPATIONAL THERAPY	$ 5.40 ¼ hr
S8990 GO	OCCUPATIONAL THERAPY (MAINTENANCE)	$ 9.54 ¼ hr
G9007 GP	CONSULTATIVE SERVICES - PHYSICAL THERAPY	$ 5.40 ¼ hr.
S8990 GP	PHYSICAL THERAPY (MAINTENANCE)	$9.72 ¼ hr

PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE
H0031	CONSULTATION SERVICES – PSYCHOLOGICAL	$ 19.80 ¼ hr
H0004 SC	COUNSELING	$ 13.50 ¼ hr
G9007	NON-TRADITIONAL COMMUNICATION CONSULTATION	$ 9.00 ¼ hr
92507	NON-TRADITIONAL COMMUNICATION ASSESSMENT	$ 9.00 ¼ hr
T1023	CRISIS ASSESSMENT	$ 2250.00 Per Encounter
T2003 U3	TRANSPORTATION	$0.56 PER MILE

*These rates are used in conjunction with Appendix 2A and 2B to calculate the Home Support Agency Per Diem rate.

MODIFERS **	DESCRIPTIONS
CG	Policy criteria applied
GN	Services delivered under an outpatient speech language pathology plan of care
GO	Service delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
HQ	Group Setting
SC	Medically necessary service or supply
TG	Complex/high tech level of care
UN	Two patients served
UP	Three patients served
UQ	Four patients served
UR	Five patients served
U3	Waiver Transportation

*Provider-calculated, in accordance with base rates listed at Appendices 2A & 2B. For assistance with calculations, see Tables 1& 2 accessible through the DHHS website http://www.maine.gov/dhhs/OACPDS/DS/MaineCare/sec21rate-tables.xlsor by calling ***1-800-321-5557 – (TYY): 1-800-606-0215.***

APPENDIX 2A
Weekly Hours Authorized per Facility

Home Support Agency per diem

Provider	
Location Address	
MaineCare Provider ID	

MaineCare Member	**Regular Support Hours up to 168**	**Hours in excess of 168**	**Medical Support Hours**	**Total Support Hours (sum total of all types of support hours)**
A				
B				
C				
D				
E				
F				
TOTAL weekly authorized support hours by each type				
RANGE				
Lowest - 92.5% total weekly of Authorized Hours				
Highest - 105% total weekly of Authorized Hours				
Hourly Support reimbursement rates by type	~~$23.61~~22.43	~~$20.56~~19.53	~~$28.58~~27.15	
Total Weekly Authorized amount for facility by type				

Instructions

Enter the weekly authorized support hours under each type by MaineCare member for this facility
Sum of total weekly authorized support hours for all members in facility by type of support and total facility.
The range of allowable weekly hours is based on authorized hours with the lowest hours in range at 92.5% of total authorized hours and the highest hours in the range at 105% of the total authorized hours.
Amount includes service provider tax expense
Total weekly authorized support hours multiplied by hourly support rate for each type

Number of days per week	7	7	7	Seven(7) days in a week
Number of members in facility(1 to 6)				Total number of members in facility that are authorized for service. For Medical Add on, it would only be the number of member in facility that are authorized for those types of services.
Total Authorized Per Diem (Daily) rate amount				Total Weekly Authorized amount divided by number of days per week and then by the number for members in the facility for each type

(Total amount / Days) / # of Consumers

Providers are responsible for calculating all amounts payable to them in accordance with the above-listed rates and rate calculation formula. As an assistive tool, OMS provides sample calculations for each rate based on the number of weekly service hours provided and the number of members served. Calculation Tables 1& 2 are accessible through the DHHS website (http://www.maine.gov/dhhs/OACPDS/DS/MaineCare/sec21rate-tables.xls). Providers may request paper copies of the tables by calling OMS at 1-800-321-5557 – ***(TYY):*** 1-800-606-0215.

THE DEPARTMENT EXPRESSLY DISCLAIMS THE ACCURACY OF THE CALCULATIONS TABULATED IN TABLES 1& 2 AND EXPRESSLY DISCLAIMS ANY AND ALL LIABILITY FOR LOSSES, INCURRED COSTS, OR OTHER DETRIMENT SUFFERED BY ANY PROVIDER AS A RESULT OF RELIANCE UPON INFORMATION CONTAINED IN TABLES 1& 2.

Table 1 is for members Authorized with Regular service, Table 2 is for members authorized with Medical Add-on service.

MaineCare Member	Regular Support Rate up to 168	Hours in excess of 168	Medical Support Rate
A			
B			
C			
D			
E			
F			

The total authorized per diem (daily) rate by member

APPENDIX 2B
Weekly Hours Authorized & Billed per Facility

Home Support Agency per diem

Provider		
Location Address		
MaineCare Provider ID		**Instructions**

Authorized billable Rate Calculator

MaineCare Member	**Regular Support Hours up to 168**	**Hours in excess of 168**	**Medical Support Hours**	**Total Support Hours (sum total of all types of support hours)**	
A					Enter the weekly authorized support hours under each type by MaineCare member for this facility
B					
C					
D					
E					
F					
TOTAL weekly authorized support hours by each type					Sum of total weekly authorized support hours for all members in facility by type of support and total facility.

RANGE				
Lowest - 92.5% total weekly of Authorized Hours				The range of allowable weekly hours is based on authorized hours with the lowest hours in range at 92.5% of total authorized hours and the highest hours in the range at 105% of the total authorized hours.
Highest - 105% total weekly of Authorized Hours				
Hourly Support reimbursement rates by type	~~$23.61~~22.43	~~$20.56~~19. 53	~~$28.58~~27.15	Amount includes service provider tax expense
Total Weekly Authorized amount for facility by type				Total weekly authorized support hours multiplied by Hourly support Rate for each type
Number of days per week	7	7	7	Seven days in a week
Number of members in facility(1 to 6)				Total number of members in facility that are authorized for service. For Medical Add on, it would only be the number of members in facility that are authorized for those services.
Total Authorized Per Diem (Daily) rate amount (Total amount / Days) / # of Consumers				Total Weekly Authorized amount divide by number of days per week and then by the number for members in the facility for each type

Providers are responsible for calculating all amounts payable to them in accordance with the above-listed rates and rate calculation formula. As an assistive tool, OMS provides sample calculations for each rate based on the number of weekly service hours provided and the number of members served. Calculation Tables 1 & 2 are accessible through the DHHS website (http://www.maine.gov/dhhs/OACPDS/DS/MaineCare/sec21rate-tables.xls). Providers may request paper copies of the tables by calling OMS at 1-800-321-5557 – ***(TYY):*** 1-800-606-0215.

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Table 1 is for members Authorized with Regular service, Table 2 is for members authorized with Medical Add-on service.

MaineCare Member	Regular Support Rate up to 168	Hours in excess of 168	Medical Support Rate
A			
B			
C			
D			
E			
F			

The total authorized per diem (daily) rate by member

Actual Hours Calculator

MaineCare Member	Actual Regular Support Hours up to 168	Hours in excess of 168	Actual Medical Support Hours	Actual Total Support Hours (sum total of all types of support hours)
A				
B				
C				
D				
E				
F				
Actual support hours provided in a week by Type				

Enter the actual support hours provided for the week under each type by MaineCare member for this facility

Sum total of weekly actual hours of Direct Support provided

Range of total Authorized support Hours

Hours Authorized			

The range of allowable weekly hours is based on authorized hours with the lowest hours in range at 92.5% of total authorized hours and the highest hours in the range at 105% of the total authorized hours.

Lowest - 92.5% total weekly of Authorized Hours			
Highest - 105% total weekly of Authorized Hours			

If Actual weekly hours provided falls within or above the range of authorized total weekly support hours than the provider should bill at the authorized member Per Diem(daily) rate from above.

If Actual weekly hours provided falls below the range of authorized total weekly support hours than the provider should bill actual number of hours provided times the reimbursement rate. See calculator below

	Regular Support Hours up to 168	**Hours in excess of 168**	**Medical Support Hours**	**Total Actual Support Hours (sum total of all types of support hours)**	
Actual support hours provided in a week by type					Actual hours of Direct Support provided for the week by type. Sum is of total actual weekly support hours provided for facility
Hourly Support reimbursement rates by type					Amount includes service provider tax expense
Total Weekly reimbursement amount for facility by type					Direct Support Hours multiplied by hourly support Rate
Number of days per week	7	7	7		Seven days in a week

Number of members in facility that were authorized and provided service by type			
Total Billable Per Diem(Daily) rate Amount (Total amount / Days) / # of Consumers			

Total Number of Members in facility that were authorized and provided services. For Medical Add On, it would only be the number of members in facility that are authorized and provided for those services.

Total Weekly reimbursement amount divide by the number of members in facility that were authorized and provided service, by type

MaineCare Member	Regular Support Rate up to 168	Hours in excess of 168	Medical Support Rate
A			
B			
C			
D			
E			
F			

The total authorized per diem (daily) rate by member