Department of Health and Human Services
Maine People Living
Safe, Healthy and Productive Lives

John E. Baldacci, Governor Brenda M. Harvey, Commissioner

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June 30, 2009

TO: Interested Parties

FROM: Anthony Marple, Director, Office of MaineCare Services

SUBJECT: Proposed Rule: MaineCare Benefits Manual, Chapters II & III, Community Support Services

This letter gives notice of a proposed rule: MaineCare Benefits Manual, Chapters II & III, Community Support Services The proposed rule would permanently adopt emergency rules that were effective 7/1/09. The emergency rules define a new level of service, called Community Rehabilitation Services. This change supports DHHS' efforts to realign housing and mental health support services in order to assure more housing and service flexibility for persons with severe and persistent mental illness, consistent with Consent Decree Plan in Bates v. DHHS, Docket No. CV 89-88, Kennebec County. This level of new service allows people who previously would have received bundled services and housing in scattered-site PNMIs under Section 97, appendix E only, to receive necessary community support services, independent of housing.

Additionally, the emergency rules replace the Global Assessment Functioning (GAF) scale with the Level of Care Utilization System (LOCUS) as a component of eligibility criteria for Community Support Services. Using LOCUS will allow DHHS to target its resources to people with mental illness who have the greatest need, and to link them with appropriate services. This change to an assessment tool that includes a level of care component is expected to reduce use of Community Support Services by 20%, achieving budgeted General Fund savings of $1,683,730 in SFY09 and $1,910,941 in SFY10.

The emergency rules further describe Assertive Community Treatment (ACT) services in conformance with the evidence-based practices implementation resource kit (2003 edition) published by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, and consistent with current requirements in state provider contracts.

The emergency rules also add and change billing procedure codes to comply with HIPAA code requirements. The rules in Chapter III create a code for the new Community Rehabilitations Services; revise the code for Assertive Community Treatment (ACT), making it a per diem service, since HIPAA rules do not allow monthly billing; and change the procedure code for Intensive Case Management (ICM) to the same code for Behavioral Health Outreach (HOO23) used for Section 65 ICM services. These code additions and changes will be effective when the new MaineCare claims payments system, Maine Integrated Health Management System (MIMHS), begins processing claims in 2010. Providers will receive thirty days notice in advance of coding changes. Finally, the emergency rules include some routine and technical changes to improve clarity. Other routine technical changes were also made. A public hearing is being held on July 28, 2009. The deadline for submitting comments is Midnight, August 7, 2009.

Rules and related rulemaking documents may be reviewed at and printed from the Office of 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 1-800-423-4331.

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, Office of MaineCare Services

RULE TITLE OR SUBJECT: 10-144, Ch 101, MaineCare Benefits Manual, Chapters II & III, Section 17, Community Support Services

PROPOSED RULE NUMBER:

CONCISE SUMMARY:
These proposed rules specify a new level of service called Community Rehabilitation Services to provide community support to qualifying individuals with an assessed need for that level of service. The rules replace the Global Assessment Functioning (GAF) scale with the Level of Care Utilization System (LOCUS) as a component of eligibility criteria for Community Support Services. The rules specify the services and delivery requirements for ACT clients. The rules provide HIPAA-compliant billing codes for use in the Maine Integrated Health Management Solution (MIMHS) system when it is implemented. The rules also include some formatting and other technical changes to improve clarity.

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

THIS RULE WILL __ WILL NOT X HAVE A FISCAL IMPACT ON MUNICIPALITIES.
STATUTORY AUTHORITY: 22 M.R.S.A. § 42, §31723, P. L. 2009, ch 213, §A -31, RRRR-1. 42 USC §§1320d-1320d-9
PUBLIC HEARING: Date: July 28, 2009, 1:00 -3:00 PM
Location: Conference Room # 1A
Department of Health and Human Services
Office of MaineCare Services
442 Civic Center Drive
Augusta, ME 04333

Any interested party requiring special arrangements to attend the hearing must contact the agency person listed below before July 21, 2009.

DEADLINE FOR COMMENTS: Comments must be received by midnight, Friday, August 7, 2009
AGENCY CONTACT PERSON: Ginger Roberts-Scott, Comprehensive Health Planner
AGENCY NAME: Office of MaineCare Services
ADDRESS: 442 Civic Center Drive
11 State House Station
Augusta, Maine 04333-0011

TELEPHONE: 207-287-9365 FAX: (207) 287-9369 TTY: 1-800-423-4331 or 207-287-1828 (Deaf or Hard of Hearing)

Section 17 **COMMUNITY SUPPORT SERVICES** Established: 5/1/93
Last Updated: 7/1/08

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17.01 DEFINITIONS

For purposes of Section 17, the following words have the following meanings:

17.01-1 **Authorized Agent** means the entity authorized by the Department of Health and Human Services (DHHS) to perform specified functions pursuant to a signed contract or other approved signed agreement.

17.01-2 **Certified Employment Specialist** means an individual who has completed the Maine Employment Curriculum for Employment Support Personnel or other employment specialist training approved by DHHS.

17.01-3 **Certified Intentional Peer Support Specialist (CIPSS)** means an individual who has completed the DHHS Office of Adult Mental Health Services (OAMHS) curriculum for CIPSS and receives and maintains certification.

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17.01-4 **Certified Rehabilitation Counselor** means an individual certified by the Commission on Rehabilitation Counselor Certification.

17.01-5 **Class Member** means a person identified in the Bates vs. DHHS class action lawsuit and the resulting consent decree. Class Members consist of all persons who, on or after January 1, 1988, were patients at the Augusta Mental Health Institute or Riverview Psychiatric Center and all persons who will be admitted to the Riverview Psychiatric Center until the settlement agreement in the class action lawsuit terminates.

17.01-6 **Community Support Service** means a rehabilitative service that is provided in the context of a supportive relationship, pursuant to an individual support plan that promotes a person's recovery, and integration of the person into the community, and sustains the person in his or her current living situation or another living situation of his or her choice.

7.01-7 **Community Support Provider** means an agency that is licensed by DHHS, holds a valid contract with DHHS, and has received a rate-setting letter from DHHS to provide Community Support Services to members eligible for covered services under Section 17.02. Please refer to Section 17.05-2 for detail on multiple providers of Community Support Services. DHHS will contract with all agencies that are willing and able to meet the standard DHHS requirements for providing community support services and the standard contract requirements.

17.01-8 **Covered Service** means a Community Support Service for which Community Support Providers can be reimbursed under the MaineCare Program.

17.01-9 **Certified Residential Medications Aide (CRMA)** means an individual who holds a current certification from DHHS as a Certified Residential Medication Aide.

17.01 **DEFINITIONS (cont'd)**

17.01-10 **Homeless person** means a person sleeping in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned or condemned buildings, or is sleeping in homeless shelters.

17.01-11 **Individual Support Plan** (ISP) is developed for and with a member receiving Community Support Services by a Community Support Provider. An Individual Support Plan (ISP):

A. Reflects the strengths and needs of the member;

B. Reflects services that follow the member's goals; and

C. Reflects the resources that will meet the member's goals in the community, including the social supports available or in need of being created.

17.01-12 **Level of Care Utilization System** (LOCUS) is Level of Care Utilization System for Psychiatric and Addiction Services, Adult Version 2010, of the American Association of Community Psychiatrists.

17.01-13 **MHRT-1** means an individual who has received Mental Health Rehabilitation Technician-1 certification from DHHS to provide service under Section 17.04-5 or Section 97, Private Non-Medical Institutions, MaineCare Benefits Manual.

17.01-14 **MHRT/C** means an individual who has received Mental Health Rehabilitation Technician/Community certification from DHHS.

17.01-15 **Peer** means an individual who is receiving or who has received services related to the diagnosis of a major mental illness and is willing to self-identify with peers on this basis in the community.

17.01-16 **Prior Authorization (PA)** means the process of obtaining DHHS prior approval based on eligibility and medical necessity for a service. All services in this Section except Specialized Group Services require prior authorization by the Department or its Authorized Agent. After submitting a PA request, the provider will receive prior authorization with a description of the type, duration and costs of the services authorized. The provider is responsible for providing services in accordance with the prior authorization and the requirements in this section. The prior authorization number is required on the CMS 1500 claim form. All extensions of services beyond the original authorization must be prior authorized by this same procedure.

17.01-17 **Substance Abuse Counselor** means an individual who is licensed by the Maine State Board of Alcohol and Drug Counselors as a Certified Alcohol and Drug Counselor (CADC), Licensed Alcohol and Drug Counselor (LADC); or an Advanced Practice Registered Nurse (APRN), Licensed Physician (MD or DO), Licensed

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17.01 **DEFINITIONS (cont'd)**

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Clinical Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Clinical Professional Counselor (LCPC), or Licensed Marriage and Family Therapist (LMFT), who has at minimum one (1) year of clinical experience in substance abuse treatment and a minimum of sixty (60) hours of Office of Substance Abuse (OSA) approved alcohol and drug education, in the last five (5) years.

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17.01-18 **Utilization Review** means a formal assessment of the medical necessity, efficiency and appropriateness of services and treatment plans on a prospective, concurrent or retrospective basis. The provider is required to notify the DHHS or its Authorized Agent prior to initiation of services in order for the Department or its Authorized Agent to begin utilization review.

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17.02 **ELIGIBILITY FOR CARE**

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17.02-1 **Requirements for Eligibility**. A person is eligible to receive covered services if he or she meets both general MaineCare eligibility requirements and specific eligibility requirements for Community Support Services. Eligibility for services under the MaineCare Benefits Manual, Chapter II, Section 13, Targeted Case Management Services, and Section 65, Behavioral Health Services, may not preclude eligibility for covered services under this Section. However, services must be coordinated and not duplicated.

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17.02-2 **General Requirements**. Individuals must meet the eligibility criteria as set forth in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive.

17.02-3 **Specific Requirements**. A member meets the specific eligibility requirements for covered services under this section if:

A. The person is age eighteen (18) or older or is an emancipated minor;

AND

1. has a primary diagnosis on Axis I or Axis II of the multiaxial assessment system of the current version of the *Diagnostic and Statistical Manual of Mental Disorders*, except that the following diagnoses may not be primary diagnoses for purposes of this eligibility requirement:

   a. Delirium, dementia, amnestic, and other cognitive disorders;

   b. Mental disorders due to a general medical condition, including neurological conditions and brain injuries;

   c. Substance abuse or dependence;

17.02 **ELIGIBILITY FOR CARE (cont'd)**

d. Mental retardation;

e. Adjustment disorders;

f. V-codes; or

g. Antisocial personality disorders;

AND

2. Has a LOCUS score, as determined by staff certified for LOCUS assessment, of seventeen (17) or greater, except that to be eligible for Community Rehabilitation Services (17.04-2) and ACT (17.04-4) , the member must have a LOCUS score of twenty (20) or greater and at least one of the following consequences resulting from signs and symptoms of the psychiatric diagnosis:

a. has become homeless or at risk of losing his or her current residence;

b. is causing repeated disturbances in the community because of poor judgment or bizarre, intrusive, or ineffective behavior;

c. is at great risk of arrest because of behavior which results from his or her psychiatric diagnoses, or is presently incarcerated because of such behavior;

d. presents a clear risk of harming self or others without Community Support Services;

e. manifests great difficulty in caring for self, posing a threat to his or her life or limb, without Community Support Services; or

f. would deteriorate clinically to a point of needing immediate medical or psychiatric hospitalization in the absence of prompt Community Support Services.

B. An AMHI Consent Decree Class Member is eligible to receive Community Integration Services (17.04-1) by virtue of class member status without meeting the eligibility requirements in 17.02-3(A).

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17.02 **ELIGIBILITY FOR CARE (cont'd)**

C. Eligible members who are eighteen (18) to twenty-one (21) years of age shall elect to receive services as an adult or as a child. Those members electing services as an adult are eligible for services under this Section. Those electing services as a child may be eligible for services under Chapter II, Section 65, Behavioral Health Services or Section 13 or both.

D. The LOCUS must be administered, at least annually, or more frequently, if DHHS or its Authorized Agent requires it. Members receiving services as of July 1, 2009 will have a LOCUS administered at the time of their next annual review.

17.02-4 **Determination of Eligibility**. For each member seeking Community Support Services, a Community Support Provider will:

A. Verify the member's eligibility for MaineCare; and

B. Determine the member's eligibility, initially and annually, for Community Support Services. The annual eligibility verification must include a recent diagnosis, completed within the past year, as documented by an appropriately licensed professional.

Requests for a waiver of 17.02-3 Specific Requirements for eligibility must be made in accordance with 17.08-2(A).

17.03 **DURATION OF CARE**

Except as expressly provided in Section 17.04, a member is eligible for the covered services specified in Section 17.04 for as long as he or she meets the criteria for eligibility specified in Section 17.02, subject to prior authorization and/or utilization review. Any decision made by DHHS or its Authorized Agent to terminate, reduce, or suspend MaineCare services will provide the member with notice of hearing rights as described in Chapter I of the MaineCare Benefits Manual.

17.04 **COVERED SERVICES**

The following are covered services reimbursable under MaineCare:

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17.04 **COVERED SERVICES (cont'd)**

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17.04-1 **Community Integration Services**. Community Integration Services, formerly known as "case management" and "community support," involve the identification, assessment, planning, linking, monitoring, and evaluation of services and supports needed by a member who satisfies the eligibility requirements of Section 17.02.

Community Integration Services involve active participation by the member or guardian. The services also involve active participation by the member's family or significant other, unless their participation is not feasible or is contrary to the wishes of the member or guardian. These services are provided with flexibility and on an as-needed basis. These services may not be provided in a group setting.

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A Community Support Provider furnishing Community Integration Services must employ a certified MHRT/C who performs the following:

A. Identifies the medical, social, residential, educational, emotional, and other related needs of the member;

B. Performs a psychosocial assessment, including history of trauma and abuse, history of substance abuse, general health, medication needs, self-care potential, general capabilities, available support systems, living situation, employment status and skills, training needs, and other relevant capabilities and needs;

C. Develops an ISP that is based on the results of the assessment in Section 17.04-1(B), which includes:

1. Statements of the member's desired goals and related treatment and rehabilitation goal(s);

2. A description of the service(s) and support(s) needed by the member to address the goal(s);

3. A statement for each goal of the frequency and duration of the needed service(s) and support(s);

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4. The identification of providers of the needed service(s) and support(s);

5. The identification and documentation of the member's unmet needs; and

17.04 **COVERED SERVICES (cont'd)**

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6. A review of the plan at least every ninety (90) days to determine the efficacy of the services and supports and to formulate changes in the plan as necessary.

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D. Coordinates referrals, and advocates access by the member to the service(s) and support(s) identified in his or her Individual Support Plan;

E. Participates in ensuring the delivery of crisis intervention and resolution services, providing follow-up services to ensure that a crisis is resolved and assistance in the development and implementation of crisis management plans;

F. Assists in the exploration of less restrictive alternatives to hospitalization;

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G. Makes face-to-face contact with other professionals, caregivers, or individuals included in the treatment plan in order to achieve continuity of care, coordination of services, and the most appropriate mix of services for the member;

H. Contacts the member's guardian, family, significant other, and providers of services or supports to ensure the continuity of care and coordination of services between inpatient and community settings;

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I. Monitors service provision to ensure that the member's ISP is being followed and that progress occurs toward accomplishing goals;

J. Evaluates service provision to determine whether the member's ISP needs to be revised, whether a new plan is needed, or whether services should be terminated;

K. Advocates by amplifying the voice of the member being served in terms as close as possible to his or her language and stated wishes;

L. Provides information, consultation, and problem-solving supports, if desired by the member receiving Community Support Services, to the member, his or her family, or his or her immediate support system, in order to assist the member to manage the symptoms or impairments of his or her illness; and

M. Assists the member in developing communication skills needed to request assistance or clarification from supervisors and co-workers when needed and in developing skills to enable the individual to work at a reasonable pace or persist at a task.

17.04 **COVERED SERVICES (cont'd)**

17.04-2 **Community Rehabilitation Services** Community Rehabilitation Services support the development of the necessary skills for living in the community, and promote recovery, and community inclusion. Services include individualized combinations of the following, and are delivered by a team, with primary case management for each member assigned to one team member.

- Community Integration Services as defined in Section 17.04-1of the MaineCare Manual
- Daily Living Support Services as defined in Section 17.04-5 of the MaineCare Manual
- Skills Development Services as defined in Section 17.04- 6 of the MaineCare Manual

Services must be available twenty-four (24) hours a day, seven (7) days a week. Staff must be at a work site twelve (12) hours per day and on call the remainder.

A minimum of one (1) face-to-face contact per day, seven (7) days per week must be provided.

The team providing services must be provided by a team made up of MHRT/1's and MHRT/C's, delivering services within the scope of their certifications. The minimum staffing ration for the team is one (1) staff person to six (6) members. Replacement staff and supervisors are excluded from calculation of the staffing ratio.

Services must be prior authorized by the Department or its Authorized Agent and be appropriate to meet the clinical and rehabilitation needs of the member.

17.04-3 **Intensive Case Management**. Intensive Case Management consists of the services listed under Section 17.04-1 when provided to a target population of members who are not receiving Community Integration Services under Section 17.04-1 or Assertive Community Treatment under Section 17.04-4, or for whom these services have not been successful or are not currently available. If necessary, the services are available on the day of contact. Intensive Case Management services are provided by State employee Intensive Case Managers who are certified MHRT/Cs.

17.04-4 **Assertive Community Treatment**. Assertive Community Treatment (ACT)

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17.04 **COVERED SERVICES (cont'd)**

provides individualized services that are delivered by a multi-disciplinary team of practitioners and are available twenty-four (24) hours a day, every day. ACT services are delivered primarily in the community and not in an office based setting. Assertive interventions, including street outreach, are employed by the team as appropriate. ACT teams must provide at least three (3) face-to-face contacts with the member per week with a team member other than the Medication services staff.

ACT teams must assume clinical responsibility for all members on the team and must offer all of the following services and support:

- Individual assessment and support planning;
- Development and implementation of a comprehensive crisis management plan and provision of follow-up services, including emergency face-to-face contact, if necessary, to assure services are delivered and the crisis is resolved;
- Use and promotion of informal and natural supports to assist the member with integration in the community.
- Contacts with the member's parent, guardian, other family members, and providers of services or supports, as appropriate, to ensure continuity of care and coordination of services within and between inpatient and community settings;
- Individual and family outpatient therapy, supportive counseling or problem-solving activities in order to maintain and support the member's recovery and provide the support necessary to help the member manage the symptoms of the member's mental illness and co-occurring substance abuse;
- Linking, monitoring, and evaluating services and supports;
- Medication services, which minimally includes one (1) face-to-

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17.04 **COVERED SERVICES (cont'd)**

face contact per month with the psychiatrist or the advanced practice registered nurse (APRN), nurse practitioner;

- Employment assistance; and
- Housing assistance.

A. The minimum overall staffing ratio for an ACT team is one (1) staff person to ten (10) members. Administrative staff are excluded from calculation of the staffing ratio. ACT team staff must include;

1. A team leader, who may be one of the staff listed below but must be an independently licensed professional. The team leader must spend at least of twenty five percent (25%) of his or her work hours providing direct service to the members. The team leader must be at least one (1.0) FTE (full time equivalent);

2. a psychiatrist, or an advanced practice registered nurse (APRN), or a nurse practitioner (NP) with advanced training in psychiatric mental health, who is at least five (.5) FTE for every fifty (50) members;

3. a registered nurse, who is at least one (1.0) FTE for every fifty (50) members;

4. a certified rehabilitation counselor or certified employment specialist, who spends at least ninety percent (90%) of his or her time on employment related activities and who is at least one (1.0) FTE for every fifty (50) members;

5. a CIPSS, who is at least one (1) FTE, except that this requirement becomes effective one (1) year following CMS approval of a state plan amendment requiring peer participation on ACT teams; and

6. a substance abuse counselor who is at least five (.5) FTE for every fifty (50) members.

B. Multidisciplinary teams may also include any of the following;

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17.04 **COVERED SERVICES (cont'd)**

1. a licensed occupational therapist,

2. an MHRT/C,

3. a psychologist, or

4. a licensed clinical social worker or a licensed clinical professional counselor.

17.04-5 **Daily Living Support Services**. Daily Living Support Services are designed to assist a member to maintain the highest level of independence possible. The services provide personal supervision and therapeutic support to assist members to develop and maintain the skills of daily living. The services help members remain oriented, healthy, and safe. Without these supportive services, members likely would not be able to retain community tenure and would require crisis intervention or hospitalization. These services are provided to members in or from their homes or temporary living quarters in accordance with an individual support plan. Support methods include modeling, cueing, and coaching. The services do not include specialized crisis support services as described in the MaineCare Benefits Manual, Chapter II, Section 65, Behavioral Health Services, subsection 65.06-1, Crisis Resolution. Daily Living Support Services are provided by an MHRT-1, except that when Daily Living Support Services includes administration and supervision of medication, a CRMA must provide that portion of the services.

A Community Support Provider who furnishes services to a member under Sections 17.04-1, 17.04-3, or 17.04-4 may also contract with DHHS to furnish Daily Living Support Services to the member concurrently. Requests for these concurrent services must be approved by DHHS or its Authorized Agent, in accordance with Section 17.08-2(B). If approved, the provider shall review the member's ISP, developed pursuant to 17.04-1(C) at least every ninety (90) days to determine whether the Daily Living Support Services should be continued. DHHS or its Authorized Agent must determine at least every ninety (90) days whether to authorize continuation of the services upon request in accordance with Section 17.08-2(B).

A Community Support Provider may furnish Daily Living Support Service to a member, even though the provider is not concurrently furnishing services to the member under Sections 17.04-1, 17.04-3, or 17.04-4. In that event, another Community Support Provider who is under contract with DHHS to provide services under Sections 17.04-1, 17.04-3, or 17.04-4 must review the member's ISP, developed pursuant to 17.04-1(C) at least every ninety (90) days and determine whether the Daily Living Support Services should be continued. DHHS or its

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17.04 **COVERED SERVICES (cont'd)**

Authorized Agent must determine at least every ninety (90) days whether to authorize continuation of the services, upon request in accordance with Section 17.08-2(B).

17.04-6 **Skills Development Services**. Skills Development Services are teaching-based services that assist members to increase their independence by learning the skills necessary to access community resources, including connecting with natural supports needed to achieve their particular goals. Skills Development includes training in independent living skills, such as learning how to use public transportation, how to budget, how to access 12-step programs, and how to select and participate in educational, vocational, and social activities. It may include training in symptom management, how to manage stress, how to advocate for self, how to request workplace accommodations, how to problem-solve, and how to resolve conflict to overcome social isolation and withdrawal and to promote successful community Integration. Skills Development Services are performed by an MHRT/C, except that when Skills Development includes administration and supervision of medication, a CRMA must provide that portion of the services.

When Skills Development Services are related to supportive employment they must be billed with the code for "Ongoing Support to Maintain Employment." Such services are focused on managing behaviors or symptoms that interfere with an individual's ability to obtain or retain employment. Services include instruction in dress, grooming and socially acceptable behaviors in the workplace, supportive contacts on or off the job, instruction and skill development on how to request workplace accommodation, how to solve problems and resolve coworker conflict. When Skills Development Services are provided to a member for ten (10) or fewer hours per week, continuation of the services beyond one (1) year requires, upon request, prior authorization by DHHS or its Authorized Agent, in accordance with Section 17.08-2(B). When services are provided for more than ten (10) hours per week, upon request, DHHS or its Authorized Agent must authorize continuation of the services every ninety (90) days in accordance with Section 17.08-2(B).

17.04-7 **Day Supports Services**. Day Supports Services, formerly known as "day treatment," focus on training designed to assist the member in the acquisition, retention, or improvement of self-help, socialization, and adaptive skills. These services take place in an agency environment. They are offered most often in a group setting and are provided by certified MHRT/Cs under the supervision of, or are co-facilitated by, a mental health professional as defined in 17.09-1. Day Supports Services are covered for one (1) year from the start date of the services unless, upon request of the provider, DHHS or its Authorized Agent approves continuation of the services in accordance with Section 17.08-2(B).

17.04-8 **Specialized Group Services**. Specialized Group Services consist of education, peer, and family support, provided in a group setting, to assist the members to focus on

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17.04 **COVERED SERVICES (cont'd)**

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recovery, wellness, meaningful activity, and community tenure. When co-facilitated by two non-licensed mental health professionals, including Other Qualified Individuals, a licensed mental health professional must supervise the co-facilitation.

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Specialized Group Services fall into the following four (4) groups:

A. **Wellness Recovery Action Planning (WRAP)** Wellness Recovery Action Planning is a curriculum-based self-management and recovery system developed, trademarked, and maintained by the Copeland Center for Wellness and Recovery. WRAP explores the foundational concepts of recovery and wellness, including hope, personal responsibility, and education; increases the understanding of personal experiences; encourages the use of natural supports; and helps individuals develop a personal plan that promotes an improved quality of life focusing on relapse prevention, personal growth and recovery. The group meets for a maximum of twelve (12) sessions of two (2) hours each. WRAP services are co-facilitated by peers, who must have successfully completed the Copeland Center's "Mental Health Recovery WRAP: Facilitator Certification" program or any equivalent successor Copeland Center program for certifying WRAP facilitators. More information about WRAP training and certification is available by calling the Office of Adult Mental Health Services toll-free at (207) 287-4243 or (207) 287-4250 (TTY: 1-800-606-0215), or by contacting the Copeland Center directly at:
Copeland Center for Wellness & Recovery
P. O. Box 6464
Chandler, Arizona 85246
Phone: (480) 855-3282 • Toll-Free: (866) 436-9727
http://www.copelandcenter.com

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B. **Recovery Workbook Group**. Recovery Workbook Group is a co-facilitated, curriculum-based recovery group designed to increase awareness and understanding of the recovery process. This service includes the development of coping and empowerment strategies, skills for rebuilding connections with self or others, and skills needed to strengthen and maintain the recovery process and to create opportunities for living fuller lives. The group meets for a maximum of thirty (30) consecutive sessions. The service is facilitated by individuals who have received a certificate for successful completion of the course "PDP 703-REC: Facilitating a Recovery Workshop" through the Boston University Center for Psychiatric Rehabilitation. The Recovery Workbook Group is co-facilitated and requires at least one peer facilitator. The second co- facilitator may be a peer, mental health professional, or other qualified individual.

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C. **Trauma Recovery and Empowerment Group (TREM)**. Trauma Recovery and Empowerment Group utilizes a skills-based group treatment approach to address issues of sexual, physical, and emotional abuse. The co-facilitated

17.04 **COVERED SERVICES (cont'd)**

group meets for a maximum of thirty-three (33) consecutive weeks. Thirty (30) sessions focus on empowerment, trauma recovery, and advanced trauma recovery issues. The remaining three (3) sessions serve as the conclusion, or termination, for the group. Each session is seventy-five (75) minutes long and includes a combination of discussion and experiential exercises. Format for the group is based upon "*Trauma Recovery and Empowerment – A Clinician's Guide for Working with Women in Groups* authored by Maxine Harris, Ph.D. and The Community Connections Trauma Work Group and may include utilization of the workbook entitled *"Healing the Trauma of Abuse"* co-authored by Mary Ellen Copeland. M.A., M.S., and Maxine Harris, Ph.D.

D. **Dialectical Behavior Therapy (DBT)**. Dialectical Behavior Therapy is a skills training group conducted in a psychoeducational format. The co-facilitated group focuses on the acquisition and strengthening of skills. Skills training consists of four (4) modules: mindfulness, distress tolerance, interpersonal effectiveness in conflict situations, and emotional regulation. Groups meet weekly for two (2) to two and a half (21/2) hour sessions for up to one (1) year, but may meet more frequently for a shorter duration. Format for the group is based upon "*Skills Training Manual for Treating Border-Line Personality Disorder*" authored by Marsha M. Linehan.

17.04-9 **Interpreter Services**. Interpreter Services for MaineCare members who are hearing impaired or who do not speak English may be reimbursed in accordance with Chapter I of the MaineCare Benefits Manual.

17.05 LIMITATIONS

17.05-1 **Reimbursement**. MaineCare will reimburse only for covered services provided by agencies and individuals pursuant to Section 17.09-2.

17.05-2 **Multiple Provider**. Only a single Community Support Provider may be reimbursed at the same time for services to any one member under this Section for Community Integration Services, Community Rehabilitation Services, Intensive Case Management, or Assertive Community Treatment. Other Community Support Services are reimbursable under this Section to more than one Community Support Provider at a time. Requests for a waiver of the limitation on multiple providers must be approved by DHHS, upon request and in accordance with Section 17.08-2(C).

Every Service under this Section must have an ISP as defined in 17.01-11. The Community Support Provider who delivers 17.04-1 (Community Integration), 17.04-2 (Community Rehabilitation Services), 17.04-3 (Intensive Case Management), or 17.04-4 (Assertive Community Treatment-ACT) services must develop an Individual Support Plan (ISP) pursuant to 17.04-1.C. If a member receives one of these four (4) services as well as 17.04-5 (Daily Living Support), 17.04-6 (Skills Development), 17.04-7 (Day Support), or 17.04-8 (Specialized Group) services, provided by the

17.05 **LIMITATIONS (cont'd)**

same agency, each service must also be added to the member's ISP developed pursuant to 17.04-1.C. If 17.04-5 (Daily Living Support), 17.04-6 (Skills Development), 17.04-7 (Day Support), or 17.04-8 (Specialized Group) services are provided by a different Community Support Provider, the provider of the additional service is responsible for ensuring that the service is authorized, integrated and added in writing into the ISP developed by the Community Support Provider delivering 17.04-1, 17.04-2, 17.04-3, 17.04-4 services.

17.05-3 **Concurrent Provision of Services**. The following chart reflects covered services that may, and may not, be concurrently provided to a member:

A. Type of Service	**B. Additional Services that May be Provided Concurrently with the Service Listed in Column A**	**C. Services that may not be Provided Concurrently with the Service Listed in Column A**
Community Integration Services	1. Daily Living Support Services *or* Skills Development Services *or* Day Supports Services; and 2. Specialized Group Services, unless otherwise specified; and 3. Interpreter Services	1. Intensive Case Management Services 2. Assertive Community Treatment 3. Community Rehabilitation Services
Community Rehabilitation Services	1. Day Supports Services 2. Specialized Group Services, unless otherwise specified; and 3. Interpreter Services	1. Community Integration Services 2. Intensive Case Management Services 3. Assertive Community Treatment 4. Daily Living Support Services 5. Skills Development Services
Intensive Case Management Services	1. Daily Living Support Services or Skills Development Services or Day Supports Services; and 2. Specialized Group Services, unless otherwise specified; and 3. Interpreter Services	1. Community Integration Services 2. Assertive Community Treatment 3. Community Rehabilitation Services
Assertive Community Treatment	1. Daily Living Support Services or Skills Development Services or Day Supports Services; and 2. Specialized Group Services, unless otherwise specified; and 3. Interpreter Services	1. Community Integration Services 2. Intensive Case Management Services 3. Community Rehabilitation Services

17.05 **LIMITATIONS (Cont)**

Requests to provide concurrent services, such as any two services listed in Column B, Number 1 within each subcategory of the chart, to assist in a member's transition from one service to another, may be requested from DHHS or its Authorized Agent in accordance with 17.08-2(C).

17.05-4 **Location**. Except as may be expressly provided in Section 17.04 or by federal or state statute or regulation, covered services may be provided in any community location.

17.05-5 **Private Non-Medical Institutions**. Community Support Services specified in Sections 17.04-1, 17.04-2, 17.04-3, and 17.04-4 cannot be provided in a

Private Non-Medical Institution, as defined in the MaineCare Benefits Manual Chapters II & III Section 97, without written authorization from DHHS or its Authorized Agent in accordance with Section 17-08-2(C). In order to avoid duplication of services, providers furnishing services under Sections 17.04-1, 17.04-3, or 17.04-4 as part of treatment in a Private Non-Medical Institution must coordinate and not duplicate services with providers of services outside the residential setting, including but not limited to services provided in MaineCare Benefits Manual, Chapter II, Section 13 and 97.

17.05-6 **Utilization Review**. DHHS or its Authorized Agent reserves the right to approve continuation of any covered services as described in this Section, applying the standards established by this Section for eligibility and for continuation of a service.

17.05-7 **Exclusivity of Billing**. If a service may be billed under either this Section or Section 65, a Community Support Provider may bill the service under only one of those sections for a single member.

17.05-8 **ACT services.** If a member receives services for sixteen (16) or more days in a month, a full month of reimbursement is allowed. If a member receives services for fifteen (15) or fewer days in a month, a provider may only submit a claim for fifty percent (50%) of the monthly charge. This pertains only to the month of admission to or discharge from the ACT service. This Section will be repealed when the Maine Integrated Health Management Solution (MIHMS) is activated in 2010.

17.06 **NON-COVERED SERVICES**

Services Not MaineCare Reimbursable. The following services are not MaineCare reimbursable under this Section:

A. Programs, services, or components of services that are primarily opportunities for socialization and activities that are solely recreational in nature (such as picnics, dances, ball games, parties, field trips, religious activities and social clubs);

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17.06 **NON-COVERED SERVICES (cont)**

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B. Programs, services, or components of services the basic nature of which is to maintain or supplement housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, child care, and laundry service).

C. Substance Abuse treatment services which do not meet the criteria cited in Subsection 17.02-3 (A).

D. Psychotherapy, as defined in Chapter II, Section 65, except for Assertive Community Treatment.

E. Costs for paperwork, internal meetings, or appointment reminders associated with the delivery of covered services are built into the rates and are not reimbursable as separate services.

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F. Refer to the MaineCare Benefits Manual, Chapter I for additional listings of non-covered services.

G. Transportation Services. Costs related to transportation are built into the rates for services provided under this Section. Therefore, separate billings for travel time are not reimbursable.

17.07 **POLICIES AND PROCEDURES**

17.07-1 **Assessments**. The following policies and procedures apply to covered services related to the assessment of a member, as described in Section 17.07-1(B):

A. If the member seeking Community Support Services is in a crisis/outreach situation, it may not be necessary or possible for the assessment to cover all of the areas generally covered in an assessment. An exception to the scope of the assessment may be made by a supervisory mental health professional and recorded in the member's record. A complete Community Support Services assessment must be developed as soon as clinically feasible, but no later than thirty (30) days.

B. The clinical components of an assessment will be:

1. Performed by the appropriate mental health professionals acting within the scope of their license; and

2. Coordinated by a Community Support Provider.

C. The member or guardian seeking Community Support Services will be an

17.07 **POLICIES AND PROCEDURES (cont'd)**

integral part of the assessment and will provide essential information. The member's family or significant other also may be involved, unless such involvement is not feasible or contrary to the wishes of the member or guardian.

D. A Community Support Provider shall develop a comprehensive ISP as defined in 17.04-1(C) within thirty (30) days of application of a member for covered services 17.04-1 (Community Integration), 17.04-2 (Community Rehabilitation Services), 17.04-3 (Intensive Case Management), 17.04-4 (Assertive Community Treatment-ACT). For all other Section 17 Covered Services, an ISP as specified in 17.01-11 must be developed within thirty (30) days of acceptance. These timeframes must be met unless there is documentation in the member's file that supports a clinical reason why the assessment was not done within thirty (30) days. In these cases, the assessment and the ISP or treatment plan must be developed as soon as clinically feasible.

E. Assessments must indicate the member's diagnosis and the name and credentials of the clinician who determined the diagnosis.

17.07-2 **Individual Support Plan (ISP)**. The following apply to covered services related to a member's individual support plan described in 17.04-1.C and 17.01-11:

A. The ISP must be based on the results of the assessment;

B. All identified clinical services indicated in the ISP must be approved by a mental health professional;

C. To help the member achieve the objectives of his or her ISP, the Community Support Provider shall provide information and support to the member or guardian and, unless not feasible or contrary to the wishes of the member or guardian, to his or her family or significant other;

D. To ensure that the member has access to specific services, supports, and resources identified in his or her ISP, the Community Support Provider shall provide coordination and advocacy and by working directly with providers, advocates, and informal support systems;

E. To ensure that the ISP is being followed and is appropriate to a member's needs, the Community Support Provider shall:

1. Monitor the services and supports; and

2. Evaluate the effectiveness of the ISP with the member or guardian and,

17.07 **POLICIES AND PROCEDURES (cont'd)**

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unless not feasible or contrary to the wishes of the member or guardian, with other providers and the member's family or significant other; and

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F. The ISP as defined in 17.04-1.C. must be reviewed and approved in writing by a mental health professional within the first thirty (30) calendar days of application of the member for those services and every ninety (90) calendar days thereafter, or more frequently as indicated in the ISP. An ISP related to 17.04-5 (Daily Living Support Services), 17.04-6 (Skills Development Services), 17.04-7 (Day Support Services), or 17.04-8 (Specialized Group Services) must be reviewed and approved in writing by a Mental Health Professional within the first thirty (30) days of acceptance.

17.07-3 **Records**. The Community Support Provider shall maintain an individual record for each member receiving covered services. The record must minimally include:

A. Name, birthdate, and MaineCare identification number;

B. Pertinent available medical information regarding the member's condition;

C. The member's written ISP;

D. Documentation of each service provided, including the date of service, the type of service, the goal to which the service relates, the duration of the service, the progress the member has made towards goal attainment and the signature and credentials of the individual performing the service.

17.08 **PROGRAM INTEGRITY AND QUALITY ASSURANCE**

17.08-1 **Role of Department of Health and Human Services**. DHHS or its Authorized Agent is responsible for Program Integrity, Quality Assurance and Utilization Review. Please refer to Chapter I of the MaineCare Benefits Manual for more information. DHHS is responsible for establishing, supporting, and maintaining quality assurance policies, licensing standards, and criteria and procedures for authorizing continuation of services in accordance with Section 17.04.

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17.08-2 **Waiver Criteria.** In certain circumstances, DHHS may authorize waivers of Section 17.02-3 Specific Requirements (eligibility), Section 17.04 Covered Services (authorization of the continuation of services or concurrent services), Section 17.05 Limitations (the limitations on certain services), and 17.09-2 Other Qualified Individuals (supervision of other qualified individuals) beyond the criteria set forth in this Section. All waiver requests must be submitted to the Regional DHHS Adult Mental Health Team Leader or the Authorized Agent.

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17.08 **PROGRAM INTEGRITY AND QUALITY ASSURANCE (cont'd)**

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A. Eligibility

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Any request for a waiver of specific eligibility, as defined in Section 17.02-3, must explain why the member does not meet eligibility criteria and why the member is in need of services. The clinician must document that without the requested treatment, the member would likely deteriorate clinically to a point where the criteria in Section 17.02 will be met; or demonstrate that without the requested continuation of services, the member would be unstable or deteriorate further; and, there is a reasonable expectation that the defined service(s) will reduce the current symptoms of the member's mental illness.

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B. Continuing or Concurrent Services

Any request for a waiver for continuing services or concurrent services as defined in Sections 17.04-5, -6, or -7 must include documentation that the member has improved with the current service, the anticipated goals of the future services, the skills development methods to be used, and a summary of the member's progress to date. Any approval for future services will be of limited duration.

C. Limitations

Any request for a waiver of limits as defined in Section 17.05 including 17.05-2 Multiple Providers, 17.05-3 Concurrent Services, and 17.05-5 Private Non-Medical Institutions, must include documented demonstration that without the requested services, the member would be unstable or deteriorate further. There must be clinical evidence that the defined service(s) will reduce the current symptoms of the member's mental illness and that the needed service(s) cannot be provided in a manner that does not require a waiver.

D. Supervision

Any request for a waiver of the supervision requirements as defined in Section 17.09-2 for Other Qualified Individuals must meet DHHS's licensing standards and approval. Documented approval from DHHS's Division of Licensing and Regulatory Services must be kept in the Other Qualified Individual's personnel file.

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All approvals for waivers described above must follow the prior authorization timelines and requirements in Chapter I, Section 1.17 of the MaineCare Benefits Manual.

17.09 PROFESSIONAL AND OTHER QUALIFIED STAFF

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17.09-1 **Mental Health Professionals**: All professional staff must provide services only to the extent permitted by licensure and approval to practice conditions. As used in this Section, "Mental Health Professionals" means the following professionals:

A. A psychiatrist who has current and valid licensure as a physician by the Maine Board of Licensure in Medicine or by the state or province where services are provided, and who:

1. Is certified by the American Board of Psychiatry and Neurology; or

2. Is eligible for examination by that Board as documented by written evidence from that Board; or

3. Has completed three years of post-graduate training in psychiatry approved by the Education Council or the American Medical Association and submits written evidence of the training.

B. A psychologist who is licensed as a psychologist by the Maine Board of Examiners of Psychologists or by the state or Province where services are provided, as documented by written evidence from that Board.

C. A social worker who holds a master's degree from a school of social work accredited by the Council on Social Work Education, and who has written documentation from the state or province where services are provided that he or she is:

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1. Licensed by the state or province as a licensed clinical social worker, licensed master social worker, or licensed master social worker conditional II; or

2. Licensed by the state or province as a certified social worker-independent practice.

D. A psychiatric nurse is licensed as a registered professional nurse by the state or province where services are provided and certified by the American Nurses Credentialing Center (ANCC) as a psychiatric and mental health nurse.

E. An advanced practice psychiatric and mental health registered nurse is licensed as a registered professional nurse by the state or province where services are provided, has graduated from a child and adolescent or adult psychiatric and mental health nurse practitioner or clinical nurse specialist program, is certified by the ANCC, and approved to practice/licensed as an advanced practice registered nurse by the state or province where services are provided

17.09 **PROFESSIONAL AND OTHER QUALIFIED STAFF (cont'd)**

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F. A licensed clinical professional counselor or a licensed clinical professional counselor conditional II who is licensed by the state or province where services are provided as documented by written evidence.

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G. A certified rehabilitation counselor who holds a national certification from the Commission on Rehabilitation Counselor Certification.

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H. A professional with training in co-occurring mental health and substance abuse disorders:

1. Is a psychiatrist who has the qualifications specified in Section 17.09-1(A) and also has national certification as an addiction specialist; or

2. Is a mental health professional with the qualifications specified in Sections 17.09-1(B), (C), (D), (E), (F) and (M) and is licensed by the state or province as documented by written evidence.

I. An advanced practice registered nurse is a registered professional nurse who is a graduate of an accredited nursing program, who on the basis of specialized training and experience is authorized to practice expanded professional health care as an advanced practice registered nurse by the Board of Nursing in the state or province in which the services are provided.

J. A registered nurse who is a graduate of an accredited nursing program and holds a valid license to practice in the state or province in which services are to be provided.

K. A physician's assistant who is authorized to practice by the Maine Board of Licensure in Medicine, the Maine Board of Osteopathic Licensure, or the state or province in which services are provided.

L. An occupational therapist registered (OTR) who is licensed as an occupational therapist by the Maine Board of Occupational Therapy Practice, as documented by written evidence from such Board or who is licensed in accordance with the laws of the state or province in which services are provided.

M. A substance abuse counselor as described in 17.01-16.

17.09-2 **Other Qualified Individuals**. As used in this Section, "Other qualified individuals" means individuals who have had appropriate education, training, and experience, as defined by DHHS to provide Community Support Services as follows;

17.09 **PROFESSIONAL AND OTHER QUALIFIED STAFF (cont'd)**

1. Possess a certification from DHHS as an MHRT at the level appropriate for the service being delivered.

2. Possess a certification as a CIPSS as described in 17.01-3.

A Community Support Provider, as part of licensure, must document that supervision by a licensed professional exists for all Other Qualified Individuals as defined above, and meets the licensing standard. When the supervisor of Other Qualified Individual(s) is not employed by a licensed agency, the supervision of that individual is subject to approval by DHHS or its Authorized Agent in accordance with 17.08-2(D).

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17.10 **REIMBURSEMENT**

17.10-1 **Rates**. Reimbursement is specified in the MaineCare Benefits Manual Chapter III, Section 17.

17.10-2 **Services Provided in a Group**. When Community Support Services are provided in a group, one or two Community Support Providers may facilitate the session, as appropriate. However, only one facilitator may bill for the members participating in that group.

17.10-3 **Reimbursement Allowances**. In accordance with Chapter I of the MaineCare Benefits Manual, it is the responsibility of the provider to seek payment from every other source that is available for payment of a rendered service before billing MaineCare.

MaineCare will pay the lowest of the following:

A. The fee established by MaineCare;

B. The lowest payment allowed by Medicare; or

C. The provider's usual and customary charge.

17.10-4 **Exemption from Rounding.** Providers of services under this Section will be reimbursed for any substantive contact at a minimum of fifteen (15) minutes. After the initial fifteen (15) minutes providers are subject to the rounding requirements in Chapter I of the MaineCare Benefits Manual.

17.11 **CONFIDENTIALITY**

The disclosure of information regarding persons eligible for or receiving covered services under Section 17 is strictly limited to purposes directly connected with the administration of the

17.11 **CONFIDENTIALITY (cont)**

MaineCare Program. Providers must maintain the confidentiality of information regarding these persons in accordance with 42 CFR §431.301-306 and with applicable sections of state and federal law and regulation.

17.12 **BILLING INSTRUCTIONS**

Community Support Providers shall bill for services under this Section in accordance with the billing requirements of the Department of Health and Human Services, including use of the CMS 1500 claim form.

For instructions and to download copies of Form CMS 1500, please see the OMS "Billing Instructions web page, available at:

http://www.maine.gov/dhhs/oms/providerfiles/billing_instructions.html

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PROC CODE	DESCRIPTION		UNIT	MAXIMUM ALLOWANCE
	HIPAA CODES	SECTION 17 SERVICES		
H2015	Comprehensive Community Support Services Services)	(Community Integration	15 minutes	$21.30
*CBB16	Intensive Case Management Intensive Case	(Behavioral Health Outreach Management-State only)	Monthly	By Report
* H0023	Intensive Case Management Intensive Case	(Behavioral Health Outreach Management-State only)	Monthly	By Report
*CBB10	Assertive Community Treatment Treatment)	(Assertive Community	Monthly	By Report
* H0040	Assertive Community Treatment Treatment)	(Assertive Community	* Per Diem	By Report
H0038	CIPSS-Self Help/peer services		15 minutes	$11.45
H2017	Psychosocial Rehabilitation	(Daily Living Support Services)	15 minutes	$8.02
H2018	Psychosocial Rehabilitation Service Services)	(Community Rehabilitation	Per Diem	$76.76
H2014	Skills Training and Development	(Skills Development Services)	15 minutes	$12.59
H2025	Ongoing Support to Maintain Employment Services/training)	(Skills Development	15 minutes	$12.59
H2012	Behavioral Health Day Treatment	(Day Support Services)	Per hour	$15.95

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	SPECIALIZED GROUP SERVICES			
H2019	Therapeutic Behavioral Services	(Wellness Recovery Action Planning)	15 minutes	$10.50
		(Recovery Workbook Group)	15 minutes	$10.50
		(Trauma Recovery and Empowerment Group)	15 minutes	$10.50
		(Dialectical Behavior Therapy)	15 minutes	$10.50

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is a self-contained service with a fixed point of responsibility for providing treatment, rehabilitation, and support services to members for whom other