MaineCare Services
An Office of the
Department of Health and Human Services

Department of Health and Human Services
MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-9368; Fax: (207) 287-9369
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TO: Interested Parties

FROM: Anthony Marple, Director, Office of MaineCare Services

SUBJECT: Proposed Rule: MaineCare Benefits Manual, Chapter III, Section 28, Rehabilitation and Community Support Services for Children with Cognitive Impairments and Functional Limitation

This letter gives notice of a proposed rule: MaineCare Benefits Manual, Chapter III, Section 28, Rehabilitation and Community Support Services for Children with Cognitive Impairments and Functional Limitations.

The proposed rule provides a corrected rate for Specialized Services in Section 28, Rehabilitation and Community Support Services for Children with Cognitive Impairments and Functional Limitations. The corrected rates are for services provided 1:1 (H2021 HK), groups with two patients served (H2021 HQ HK UN), groups with three patients served (H2021 HQ HK UP) and groups with four patients served (H2021 HQ HK UQ). There was an error in calculating the rates that are in place for Specialized Services, this proposed rule will correct that error. The Department intends to adopt this retroactively to September 1, 2010.

Rules and related rulemaking documents may be reviewed and printed from the Office of MaineCare Services website at http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html or for 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: Department of Health and Human Services 10-144, Chapter 101, MaineCare Benefits Manual, Chapter III, Section 28, ***Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations***

PROPOSED RULE NUMBER:

CONCISE SUMMARY: The proposed rule provides a corrected rate for Specialized Services in Section 28, Rehabilitation and Community Support Services for Children with Cognitive Impairments and Functional Limitations. The corrected rates are for services provided 1:1 (H2021 HK), groups with two patients served (H2021 HQ HK UN), groups with three patients served (H2021 HQ HK UP) and groups with four patients served (H2021 HQ HK UQ). There was an error in calculating the rates that are in place for Specialized Services, this proposed rule will correct that error. The Department intends to adopt this retroactively to September 1, 2010.

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, 3173, 42(8)(B)

PUBLIC HEARING:

Date: March 1, 2011, 1:00pm
Location: Conference Room # 1a & 1b
Department of Health and Human Services
Office of MaineCare Services
442 Civic Center Drive
Augusta, ME

Any interested party requiring special arrangements to attend the hearing must contact the agency person listed below before February 25, 2011.

DEADLINE FOR COMMENTS: Comments must be received by midnight March 11, 2011

AGENCY CONTACT PERSON: Amy MacMillan, Comprehensive Health Planner II
AGENCY NAME: Office of MaineCare Services
ADDRESS: 442 Civic Center Drive
11 State House Station
Augusta, Maine 04333-0011

TELEPHONE: 207-287-9342 FAX: (207) 287-9369 TTY: 1-800-606-0215 or 207-287-1828 (Deaf or Hard of Hearing)

PROC CODE	MODIFIER			DESCRIPTION	UNIT OF SERVICE	MAXIMUM ALLOWANCE
H2021	HI			SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) 1:1	15 MINUTES	$8.94
H2021	HQ	HI	UN	SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) GROUP- UN two patients served	15 MINUTES	$4.72
H2021	HQ	HI	UP	SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) GROUP- UP three patients served	15 MINUTES	$3.23
H2021	HQ	HI	UQ	SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) GROUP- UQ four patients served	15 MINUTES	$2.49
H2021	HK			SPECIALIZED SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS(COMMUNITY BASED WRAP AROUND SERVICES) 1:1	15 MINUTES	$12.~~02~~34
H2021	HQ	HK	UN	SPECIALIZED SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) GROUP- UN two patients served	15 MINUTES	$6.~~27~~42
H2021	HQ	HK	UP	SPECIALIZED SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) GROUP- UP three patients served	15 MINUTES	$4.~~2~~36

H2021	HQ	HK	UQ	SPECIALIZED SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) GROUP- UQ four patients served	15 MINUTES	$3.~~26~~33

Definition of Modifiers
HQ: group
HI: base service
HK: Specialized Services
UN: two patients served
UP: three patients served
UQ: four patients served