

MaineCare
in
Education

2016

A MaineCare School-Based Services Billing Guide for Providers

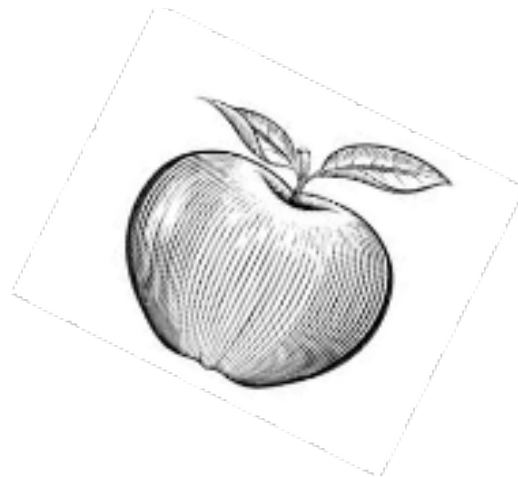


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MaineCare Billing for School-Based Services

General Information

The purpose of this guide is to provide information to school administrative units and equivalent providers billing for services under the policy sections outlined below from the MaineCare Benefits Manual (MBM). The guide should be viewed as a supporting document to the policy, rather than as a standalone document. Providers of school-based MaineCare services are responsible for familiarizing themselves with all Medicaid regulations, policies, and procedures currently in effect and as they are issued. School-based providers can receive MaineCare provider updates by signing up for MaineCare's e-messages or RSS feed at http://www.maine.gov/dhhs/oms/news_page_index.html. Archived provider updates are available at <http://www.maine.gov/dhhs/oms/provider-updates-archives.html>.

Rule Reference

Providers must be familiar with all current rules and regulations governing the MaineCare program. Provider manuals are meant to assist providers in billing MaineCare; they do not contain all MaineCare rules and regulations. Policies in this guide are the rules pertaining to school-based services. Additional paper copies are available through our Provider Relations unit and the Secretary of State's website. The following rules and regulations are specific to the school-based service programs:

Chapter 1 ***General Administrative Policies and Procedures***

Chapter 2 ***Specific Policies by Service***

- Section 28 Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations
- Section 65 Behavioral Health Services
- Section 68 Occupational Therapy
- Section 85 Physical Therapy
- Section 96 Private Duty Nursing and Personal Care Services
- Section 109 Speech Therapy
- Section 113 Transportation

Chapter 3 ***Allowances for Services***

- Section 28 Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations
- Section 65 Behavioral Health Services
- Section 68 Occupational Therapy
- Section 85 Physical Therapy
- Section 96 Private Duty Nursing and Personal Care Services
- Section 109 Speech Therapy
- Section 113 Transportation

Chapter 10

- Section 2 Katie Beckett Benefit

Questions

This billing guide is designed to answer most questions; however, questions may arise that require a call to a specific group such as Provider Relations, or our Prior Authorization unit. The list of key contacts has important information you

may need. Specific program policy information, MaineCare manual notices, replacement/updated policies, fee schedules, forms, and much more are available on the maine.gov website as well.

Claims Review

MaineCare claims are electronically processed and not always reviewed by medical claim experts prior to payment to determine if the services provided were appropriately billed. Although the computerized system can detect and deny some erroneous claims, there are claims which it cannot detect. For this reason, payment of a claim does not confirm that the service was correctly billed or the payment provider was correct. Periodic retrospective reviews will be performed which may lead to the discovery of incorrect billing or payment issues. If a claim is paid and the Department later discovers that the service was incorrectly billed or the claim was erroneous in some other way, the Department is required by federal regulations to recover any overpayment.

Program Overview

MaineCare is a health benefit for eligible individuals and families with low-income and resources. It is a means-tested program that is jointly funded by the state and federal governments, and managed by the state. Among the groups of people served by MaineCare are certain eligible U.S. citizens and resident aliens, including low-income adults and their children, and people with disabilities who meet the Social Security Administration's standard of disabled. Poverty alone does not necessarily qualify an individual for MaineCare. MaineCare is the largest source of funding for medical and health-related services for people with limited income. The program is designed to meet the medically necessary needs of our members.

This guide contains specific technical information about program requirements associated with seeking payment for covered services rendered in a school setting. The purpose of this guide is to inform schools on the appropriate methods for claiming reimbursement for the costs of medically-necessary services provided.

Key MaineCare School-Based Contacts

| | Contact | Phone | E-Mail |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| KEPRO/APS Prior Authorization | | 866-690-5585 Fax: 866-598-3963 | MaineCareProvider@molinahealthcare.com |
| Children's <u>Behavioral Health</u> (DHHS-OCFS) Districts 1,2 (York, Cumberland Counties) Districts 3,4,5 (Androscoggin, Franklin, Lincoln, Kennebec, Knox, Oxford, Sagadahoc, Somerset, Waldo) Districts 6,7,8 (Aroostook, Hancock, Penobscot, Washington Counties) | Cathy Register, Resource Coordinator | 207-822-2331 | http://maine.gov/dhhs/ocfs/cbhs/programs.shtml Cathy.register@maine.gov |
| | Kellie Pelletier, Resource Coordinator | 207-624-7910 | Kellie.A. Pelletier@maine.gov |
| | Cheryl Hathaway, Resource Coordinator | 207-561-4204 | Cheryl.hathaway@maine.gov |
| Child Development Services (CDS) | Janna Gregory, State Deputy Director | 207-624-6660 Fax: 207-624-6661 | http://www.maine.gov/education/speced/cds/updates.html |
| Non-Emergency Transportation | Carrie Collins Planning and Research Associate, Non- Emergency Transportation | 207-287-6348 | Carrie.Collins@maine.gov |
| Office of MaineCare Services, Children's and Waiver Services | Ginger Roberts- Scott, LSW, CPS Program Manager | 207-624-4084 | Ginger.roberts-scott@maine.gov |
| Office of MaineCare Services, Policy Division | Trista Collins, State Medicaid Educational Liaison | 207-624-4094 | MaineCareinEducation.DHHS@maine.gov Trista.collins@maine.gov |
| Provider Enrollment | | 866-690-5585 Fax: 877-314-8776 | MaineCareEnroll@molinahealthcare.com |
| Provider Relations | Joshua Birdwell, School-Based Services Specialist | 207-624-6938 866-690-5585, | Joshua.birdwell@maine.gov |
| State of Maine Department of Education (DOE) | | 207-624-6600 Fax: 207-624-6700 TTY: 888-577-6690 | http://maine.gov/education/ |

Claim Submission

Claims may be filed using Direct Data Entry on the MaineCare portal. This is the preferred method of billing.

Paper claims may be mailed to: MaineCare Claims Processing, M-5500, Augusta, ME 04333.

Additional Resource Links

You can contact the Maine Integrated Health Management Solution (MIHMS) website,

<https://mainecare.maine.gov/ProviderHomePage.aspx> for:

- Claims and billing
- Excluded providers
- Prior Authorization (PA)
- Provider enrollment
- Referrals

<https://mainecare.maine.gov/Default.aspx>

Through this link you can access the MIHMS portal, known as Health PAS-Online. From this portal, you can access your trading partner account, check the status of claims, member eligibility, billing instructions, and complete Direct Data Entry (DDE). This portal also provides you with any up-to-date additional information on the MIHMS system.

ELIGIBILITY FOR SERVICES

EPSDT

The term EPSDT is shorthand for Early and Periodic Screening, Diagnosis and Treatment, and is the standard applied when evaluating the need for services for children under the age of 21. The EPSDT standard requires that a Medicaid agency cover preventive, dental, mental health, and developmental and specialty services when such services are medically necessary to correct, ameliorate, or prevent health conditions. EPSDT provides for broader benefits for children as compared to adults. Any service, if medically necessary, that is included under section 1905(a) as a mandatory or optional service, may be covered under the EPSDT standard, regardless of whether or not the service is included in MaineCare's State Plan.

Minimum Requirements

All services must meet the following minimum requirements:

1. Be medically necessary;
2. Be ordered, prescribed, or recommended by a physician or other licensed practitioner of the healing arts;
3. Be included in the Member's Individualized Education Plan or Individualized Family Service Plan; and,
4. Be medical in nature (as opposed to educational).

It is the provider's responsibility to verify a member's eligibility for MaineCare prior to providing services, as described in Chapter I, Section 1 of the MaineCare Benefits Manual.

504 Plans

MaineCare reimbursement is not available for students receiving services from an Accommodation Plan in accordance with Section 504 of the Rehabilitation Act. Section 504 plans do not meet federal or state requirements for Medicaid reimbursement.

Homeschooled Students & Parentally-Placed Private School Students

School units are obligated to follow all federal laws during the identification process for providing services to students.

IDEA 2004 states there is "no individual right to special education and related services. No parentally-placed private school child with a disability has an individual right to receive some or all of the special education and related services that the child would receive if enrolled in a public school." (IDEA Part 300, B, 300.137).

Superintendent Agreements

For MaineCare purposes, superintendent agreements have no bearing on any school-based provider seeking reimbursement for services. If a service is listed on a student's IFSP or IEP, and it is medically necessary, there would be potential for Medicaid reimbursement. It does not make a difference from MaineCare's perspective where the child is living, or the terms of any agreement in place by superintendents.

PROVIDERS

Billing v. Rendering Providers

Only the following may bill MaineCare for school-based services:

A program that has been approved by the Department of Education, as either:

- A Special Purpose Private School or a regular education public school program under 05-071 C.M.R. ch 101 §XII and 20-A MRSA §7204 (4), 7252-A and 7253, and 05-071 C.M.R. ch 101, §12, or
- A program operated by the Child Development Services system 20-A MRSA §7001(1-A).

It is important to note that billing providers are different from rendering providers. Rendering providers are the professionals who actually provide the service. There are several ways that a school may establish relationships with these professionals:

1. **Direct Reimbursement of Health Professionals:** The school (or school district) **employs** health professionals. When the school employs staff who will provide the health services, the school can enter a provider agreement with MaineCare and receive payments for the covered services provided.
2. **Contracting with Health Professionals:** The school (or school district) **contracts** with health practitioners to furnish services. Under this type of arrangement, the health practitioner (not the school) is the provider of services, and payments are made to the practitioner, unless the practitioner assigns its right to payment to the school district.
3. **Combination of direct employment and contracting:** The school (or school district) uses a combination of employed health professionals and contracted health professionals to furnish services.
4. **Mix of direct employment and contracting:** The school provides some services directly, but contracts out entire service types without directly employing any practitioner in a particular service category.

Service by Provider Type

| | |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Behavioral Health | Psychiatrist; Psychologist; LCSW; LMSW (Clinical Conditional); LCPC; LMFT; BHP (RCS Only) |
| Medical Evaluations | Physician; Physician Assistant; Nurse Practitioner |
| Nursing Services | RN; LPN |
| Occupational Therapy | Occupational Therapist; Occupational Therapy Assistant |
| Physical Therapy | Physical Therapist; Physical Therapy Assistant |
| Rehabilitative and Community Support Services for Children w/Cognitive Impairments and Functional Limitations | Behavioral Health Professional |
| Speech and Hearing | Speech Language Pathologist; Audiologist; Speech-Language Pathology Assistant |
| Transportation | Broker; Other Enrolled School-Based Provider |

SERVICES

Covered Services

The following services are covered as school-based services under MaineCare:

1. Physical Therapy Services;
2. Occupational Therapy Services;
3. Speech and Hearing Services, including Audiology Services;
4. Behavioral Health, including Day Treatment, neuropsychological testing, psychological testing
5. Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations;
6. Nursing Services;
7. Medical Evaluations;
8. Transportation.

Service and Components

| | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Behavioral Health | Day Treatment; Outpatient Services |
| Physical Therapy | Therapeutic procedures for physical, behavioral and developmental disorders; performance and interpretation of tests and measurements; treatment planning; splinting supplies |
| Occupational Therapy | Therapeutic procedures for physical, behavioral and developmental disorders; performance and interpretation of tests and measurements; treatment planning; splinting supplies |
| Speech and Hearing | Evaluations; individual and group speech, voice and language therapy; hearing screening; augmentative and alternative communication evaluation services; therapeutic adaptations and set-up for assistive/adaptive equipment; equipment reprogramming; aural or language rehabilitation; hearing aid evaluation and related procedures |
| Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations | Comprehensive assessments; Day Treatment services; specialized services |
| Nursing Services | Health assessments; medical treatments and procedures; administration and/or monitoring of medication; consultations with licensed physicians and staff |
| Medical Evaluations | Evaluation of chief complaints; review of medical history; physical evaluation; ordering of diagnostic tests and procedures; recommendation of a plan of treatment |
| Transportation | Need based on location of medical services utilized as indicated by IFSP/IEP during school hours. |

Nursing Services

If a student is eligible for services under Section 96, Private duty Nursing and Personal Care services, and the services are listed on the IFSP/IEP, with a prior authorization, reimbursement may be sought for Nursing Services. These can be provided by any licensed RN/LPN who is employed an enrolled agency.

Transportation

Special needs transportation includes transportation services for members with special needs that are outside of traditional transportation services provided for members without disabilities.

Services Include:

Special needs transportation services are covered when all of the following criteria are met:

- Transportation is provided to and/or from a Medicaid-covered service on the day the service was provided.
- The Medicaid-covered service is included in the member's IEP.
- The member's IEP includes specialized transportation service as a medical need.

Special needs transportation includes the following:

- Transportation from the member's place of residence to school (where the member receives medically-necessary services covered by MaineCare's school-based services program, provided by the school, and/or return to the residence).
- Transportation from the school to the office of a medical provider who has a contract with the school to provide medically necessary services covered by MaineCare's school-based services program.
- In most cases, members with special education needs who ride the regular school bus to school with other non-disabled children will not have a medical need for transportation services and will not have transportation listed in their IEP. The fact that members may receive a medical service on a given day does not necessarily mean that special transportation also would be reimbursed for that day.

SERVICE LIMITATIONS

In order for services to be reimbursed through MaineCare's school-based services policy, the service must be listed on either the student's IEP (Individualized Education Plan) or IFSP (Individualized Family Services Plan). The listing of the service on the IEP is the piece which connects the medical service to the school-based service. The IEP document specifies the educationally appropriate goals for the child; however, the child's ITP would be the document that specifies the medically necessary services, goals, and objectives.

For example, the IEP may specify that day treatment is necessary for the child. In the ITP, it would specify the medically necessary goals.

General Limitations

1. MaineCare will only reimburse for medically necessary services.
2. Services not included on the member's IEP, IFSP, or ITP will not be covered under this section.
3. Refer to Chapter I of the MaineCare Benefits Manual for additional non-covered services, including academic, vocational, socialization, or recreational services.
4. Transportation costs may only be reimbursed during the normal school calendar year. In addition, this may include Extended School Year (ESY); however, this does not include the weeks between school-year prior to the start of ESY and the time post ESY prior to the start of the new academic year. All dates must coincide with child's IEP dates for both regular school and ESY.

In addition, it is requested that all school-based providers try to have their requests in by August 15th for a new school year, and by May 15th for summer ESY services. This will allow our transportation specialists the time to make arrangements as efficiently as possible in order to meet the needs of all students. We realize there will always be last-minute requests, but we also are aware that IEP meetings are generally held in the spring to secure ESY and fall placements.

5. A note for rendering providers:

Please be reminded that rendering providers need to be enrolled with MaineCare prior to delivery of services. MaineCare does not backdate rendering provider contracts for failure to enroll in a timely manner. Please contact Provider Relations if you have questions about this.

5. Reminder: Children's Behavioral Health Day Treatment has a limit of 6 hours per day maximum in accordance with MaineCare Member Policy 65.06-13.

DOCUMENTATION

As with any MaineCare service, providers of school-based services are required to maintain and/or submit documentation to MaineCare or to its contractor(s). Providers must adhere to both general documentation requirements and service specific requirements.

General Documentation Requirements

Providers must maintain an individual record for each member receiving school-based MaineCare services. This record must contain the following components:

1. IEP/IFSP: All services for which MaineCare reimbursement is sought must be listed on the child's IEP or IFSP.
2. Member's name, address, birthdate, and MaineCare ID number;
3. ****Parental consent to bill MaineCare which should include the following**:**
 - Each consent form for school-based service reimbursement from MaineCare should include the following components:
 - Student and parent/guardian names
 - Student DOB
 - Student's Medicaid A# (If applicable)
 - Name of district requesting reimbursement
 - Date of consent start, and end (this should coincide with IEP expiration date).
 - For summer ESY transportation requests, specific start and end dates for those ESY services must be included.
 - List of specific services for which claims will be submitted, including:
 1. Frequency and duration of all services - these need to be individually listed §300.9(a),(b); CMS Medicaid School-Based Administrative Claiming Guide, p54(1).
 2. Explanation regarding parental consent pursuant to 34 CFR. §300.154, §300.9(a),(b).
 3. Explanation that if a child has MaineCare through the Katie Beckett program, the cost of services provided by the School Administrative Unit will count against the student's annual cap.

Examples: (This grid is for illustrative purposes and not intended to be a recommendation for service intensity. Service intensity is determined on an individual basis due to strengths, needs, and medical necessity).

| | <i>Service</i> | <i>Frequency and Duration</i> |
|-------------|-----------------------------------------------|--------------------------------------|
| Section 28 | Rehabilitative and Community Support Services | 5 times weekly @ 4 hours |
| Section 65 | Behavioral Health Services | 3 times weekly @ 6 hours |
| Section 68 | Occupational Therapy | 1 time weekly @ 60 minutes |
| Section 85 | Physical Therapy | 1 time weekly @ 30 minutes |
| Section 96 | Private Duty Nursing, Personal Care Services | 5 times weekly @ 15 minutes |
| Section 109 | Speech/Hearing Services | 2 times weekly @ 30 minutes |
| Section 113 | Non-Emergency Transportation | 5 days per week @ 30 minutes per day |

4. Chronologically ordered written progress notes for each day the member is seen (also referred to as the treatment or session note) shall contain:
 - Identification of the nature, date, and provider of any service given;
 - The start time and stop time of the service, indicating the total time spent delivering the service;

- Any progress toward the achievement of established long and short range goals;
- The signature of the service provider for each service provided; and,
- A full account of any unusual condition or unexpected event, including the date and time when it was observed and the name of the observer.

SERVICE SPECIFIC DOCUMENTATION REQUIREMENTS

Documentation for Behavioral Health Services and Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations

Providers of Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations must maintain the following documentation for each member, in addition to the requirements described above in “General Documentation Requirements”:

1. Individual Treatment Plan (ITP). The ITP must :
 - a. Be completed within 30 days of the start of services
 - b. Be based on a comprehensive assessment (if required for the included services)
 - c. Be updated at least quarterly (every 90 days)
 - d. Include the diagnosis/es and reason for the service(s)
 - e. Include measureable long and short term goals with target dates
 - f. Specify the service amount, frequency, direction, and methods of service for each service
 - g. Specify the individual providing the service (BHP, Clinician, Supervisor, etc.)
 - h. Include discharge criteria
 - i. Include a description of any special accommodations required by the child
 - j. Be signed by the parent or guardian.

In the case of co-therapists providing group psychotherapy, the provider who bills for the service is responsible for maintaining records and signing entries for the member.

(The IEP or IFSP is inadequate in itself to describe the goals and interventions being provided as the backbone of the service. An ITP is crucial for having measurable goals and tracking progress in services over time. The ITP and quarterly data will ultimately show treatment effectiveness).

2. A description of the crisis safety plan, or a notation that such a plan is unnecessary for the member. If the crisis safety plan is necessary, it must:
 - a. Identify precursors to crisis
 - b. Identify strategies and techniques to stabilize the situation
 - c. Identify individuals responsible for plan implementation
 - d. Be reviewed quarterly
3. A discharge plan (if utilizing ITP Instead of IEP), which must:
 - a. Be signed, dated, and credentialed
 - b. Describe any recommended after care or support services
 - c. Identify the individuals responsible for implementing the plan
 - d. Identify supports necessary to maintain safety and well-being and to sustain any progress
 - e. Be reviewed every 90 days

Documentation for Children with Transportation Services

Provider requesting service must provide the following documents at the time the service is being requested:

1. IEP with transportation listed as a documented service.
2. Parental consent form.

Each consent form for school-based service reimbursement from MaineCare should include the following components:

- Parent/guardian name
- Student name
- Student DOB
- Student's Medicaid A#
- Name of district requesting reimbursement
- Date of consent start, and end (this should coincide with IEP expiration date)
- For summer ESY transportation requests, we will also need specific start and end dates for those ESY services)
- List of specific services for which claims will be submitted, including:
- Frequency and duration of all services - these need to be individually listed §300.9(a),(b); CMS Medicaid School-Based Administrative Claiming Guide, p54(1).

PRIOR AUTHORIZATION

Certain school-based services must be prior authorized by the MaineCare Services' Prior Authorization Unit or its authorized entity before the service is referred and/or provided. Services requiring prior authorization include:

1. Nursing services;
2. Behavioral health counseling services beyond 72 quarter hour units of services;
3. Psychological and neuropsychological evaluations exceeding six hours;
4. Audiological evaluations, if an evaluation has been performed by another audiologist within the previous four (4) months;
5. Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations applied behavioral analysis services;
6. Day treatment services; and,
7. Transportation

Frequency: Prior authorizations for ongoing services must be resubmitted quarterly with the exception of transportation. Transportation authorizations must be submitted with start and end dates consistent with current IFSP/IEP provided, as often as requests are being made.

Documentation submitted in support of a prior authorization request must be sufficient to establish medical necessity, as opposed to educational necessity. The following documentation must be submitted in order to initiate a prior authorization request:

1. A copy of the IEP or IFSP that includes information sufficient to establish medical necessity; OR
2. A copy of the IEP or IFSP AND additional supporting documentation (such as a Comprehensive Assessment report) including an ITP (Individualized Treatment Plan);
AND
3. Parental consent form to bill Medicaid (required only for transportation prior authorizations)
**MaineCare or its contracted entity may request additional information in order to determine medical necessity for a service.

Modifiers

For OT, PT, speech, and Section 65 services, it is required that providers utilize the modifiers below for school-based claims. This indicates which claims should match a student's IFSP or IEP.

Modifiers do not need to be used for the prior authorization; however, they do need to be included when the claim is submitted.

“TL” - Services delivered under and Individualized Family Service Plan (IFSP)

“TM” - Services delivered under and Individualized Education Plan (IEP) with MaineCare addendum denoting medical necessity of the service.

Privacy and Security of Health Information - HIPAA

The Maine Department of Health and Human Services (the “Department”) takes the protection of health information very seriously. DHHS has a Director of Healthcare Privacy who serves as the Department’s Privacy Officer, and each office has Privacy and Security Officials or Privacy Liaisons who work to follow state and federal healthcare privacy laws, including the Health Insurance Portability and Accountability Act of 1996, or HIPAA. HIPAA has many purposes, but in part, it tells us how we can use and share protected health information, and the safeguards that are required to keep that information secure. HIPAA does not apply to all of our offices or programs, but when it does, we are required to follow it. There are steep penalties for failing to comply with the law.

Even if an office does not fall under HIPAA, the Department still promises to use reasonable safeguards to protect the information of the individuals we serve.

The Department implements and updates confidentiality policies, procedures, training, and forms that the law requires for us to keep health information protected, whether that information is part of a conversation, in a paper chart, or part of an electronic record. Only the minimum health information necessary to conduct business is to be used or shared. Additionally, we only enter into agreements with other organizations to help us with our business processes if they agree to safeguard the information as the law requires.

We will also investigate any possible breach of patient or client data that happens at a Department office or with one of our vendors or business associates. If an actual breach occurs, the Department will contact individuals whose information is at risk, and report the breach to government regulators.

If you have questions, you may contact our Director of Healthcare Privacy at DHHS.Privacy@maine.gov.

FERPA

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the [Federal Relay Service](#) or you may contact us at the following address: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, D.C. 20202-8520.

CONFIDENTIALITY

Standards of Confidentiality

(From CMS, “Medicaid and School Health Guide: A Technical Assistance Manual, 1997”)

Federal Medicaid regulations regarding confidentiality require that those receiving released recipient information must have standards of confidentiality comparable to the state Medicaid agency itself. This requirement is an additional condition for the release of information. However, a provider is not entitled to additional information simply because it is bound by contract and administrative regulations to protect confidentiality.

Release of Information

Every exchange of information outside a discrete organization entity or agency is considered a release. HCFA cannot authorize releases of recipient information unless there is a specific and direct connection to a Medicaid-covered service. To permit release of additional information to providers, there must be some basis to assure that the release meets the statutory and regulatory requirement of serving a purpose directly related to State Plan administration. The member's consent is not necessary for releases that are not in response to outside requests but are, instead, essential to plan administration or service delivery. The requirement for recipient consent applies to requests for information from an outside source, not releases which are essential to ordinary program operations provided to members at the time of application for Medicaid.

Accessing Data

Providers may access the Medicaid eligibility information only by entering the member's MaineCare identification number or two or more of the following data elements: (1) member's full name, including middle initial; (2) member's date of birth, and (3) member's social security number; and by entering date or dates of service(s).

Third Party Reimbursement

State and federal rules and regulations determine the Department's liability for payment of claims submitted to MaineCare for services provided to individuals enrolled in a health maintenance organization or managed care plan or those who have other available third party resources. MaineCare is the payer of last resort. The only exception is for services involving Indian Health Services (IHS) claims. IHS is the payer of last resort for Native Americans enrolled in MaineCare. For more information regarding Maine's third-party liability, please access the MaineCare Member Handbook here:

<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

Choice to Not Provide Consent to Bill MaineCare

Federal Medicaid regulations at 42 CFR 431.51 and section 1902(a)(23) of the Act require Medicaid beneficiaries to have the freedom to choose from all qualified providers. Therefore, Medicaid-eligible children cannot be limited to school health providers for Medicaid covered services.

Federal law requires that in order for Medicaid to be billed, a public agency:

- (A) Must obtain parental consent, consistent with 300.9, each time that access to public health benefits or insurance is sought; and (B) Notify parents that the parents' refusal to allow access to their public benefits or insurance does not relieve the public agency of its responsibility to ensure that all required services are provided at no cost to the parent (IDEA 300.154, (2) (iv) (A), (B)).

MaineCare Seed Payments

All questions regarding MaineCare seed/match procedures should be directed to [the Department of Education](#).

You can also find information on the 2012 MaineCare seed/match procedures for School Administrative Units here:

<https://mainedoenews.net/2012/08/16/mainecare-seed-match-procedures/>, and information regarding MaineCare seed payment reports and adjustments can be found here: <http://www.maine.gov/education/data/mainecareseed.htm>.

How Families Apply for MaineCare

To apply for MaineCare, individuals can:

1. Walk in to any of the Office For Family Independence (OFI) offices in person and ask for a paper application.
2. Call to request an application at 855-797-4357, Option 8.
3. TTY users can call Maine Relay 711.
4. There is an online chat feature available on the My MaineCare Connection site, which can be found at: <https://www1.maine.gov/benefits/account/login.html> Emails can be sent to mmchelp.dhhs@maine.gov.
5. Apply at <https://www1.maine.gov/benefits/account/login.html>.

There is also an online pre-screening tool at the website above that will allow families to find out what they could potentially be eligible for if they are not ready to complete an application.

What Factors Impact Eligibility for Different MaineCare Programs

There are a number of different MaineCare programs for which OFI determines eligibility. From a very basic level, the following things are used to determine eligibility (and not necessarily in this order):

- Family Household Size
- Income
- Assets
- Citizenship
- Disability

MaineCare Member Responsibilities

MaineCare members do have a responsibility to report changes within ten days. This includes changes of address, and changes to income, assets, and household composition.

Katie Beckett Program

When families do not qualify for MaineCare due to being over the income and/or asset limit, and there is a child in the home who is disabled, the Katie Beckett program offers the opportunity for the disabled child to be considered for MaineCare coverage, separate from their household size. This allows the parental income and assets to be excluded so that a child has potential eligibility.

After this piece is determined, the child then has to be determined disabled either by the Social Security Administration, or by the Department's Medical Review Team. Both entities use the same standards to determine disability. The teams review medical documentation from the child's providers to see if they meet the criteria for disability. If the child meets the standard, an additional assessment is done to see if the child meets an institutional level of need. This assessment is done by a nurse through an outside contracted agency.

If a child is determined disabled and meets the nursing home level of care requirement, then a premium is determined based on parental income, and MaineCare is granted.

Katie Beckett Premiums

This is a premium-based program so families do have to pay a monthly fee for this benefit. Fees are based on the total amount of income which comes into a household on a monthly basis.

Even though there is a premium, MaineCare benefits are the same for these children as they are for any other child receiving MaineCare. There is no difference in member benefits.

In addition, members who have MaineCare through the Katie Beckett program are subject to an annual limit. They need to be informed that the costs for school-based services will be included in their calculation of utilized benefits any time consent is provided for school-based service reimbursement.

References

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| Chapter I | General Administrative Policies and Procedures |
| Chapter 2 | Specific Policies by Service |
| Section 28 | Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations |
| Section 65 | Behavioral Health Services |
| Section 68 | Occupational Therapy |
| Section 85 | Physical Therapy |
| Section 96 | Private Duty Nursing and Personal Care Services |
| Section 109 | Speech Therapy |
| Section 113 | Transportation |
| Chapter 3 | Allowances for Services |
| Section 28 | Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations |
| Section 65 | Behavioral Health Services |
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