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INTRODUCTION

1000 **PURPOSE**

The purpose of Appendix B is to identify reimbursement regulations that are specific to substance use treatment facilities under Chapter III, Private Non-Medical Institutions (PNMI) services of the *MaineCare Benefits Manual*. The general provisions of Chapter III for PNMI services contain reimbursement regulations that are applicable to all categories of service under the PNMI regulations. It shall be the prerogative of the Commissioner of the Department of Health and Human Services to impose a ceiling on reimbursement for private non-medical institutions. These regulations identify which costs are reimbursable within Section 97, Chapters II and III and Appendix B, Private Non-Medical Institution Services of the *MaineCare Benefits Manual*. As of November 15, 2010, Substance Use Treatment Facilities under this Appendix are reimbursed using a standard rate for each defined type of substance use treatment service, and are not subject to establishment of interim rates and cost settlement procedures, as detailed in Section 97, Chapter III. Rates may be found at <http://www.maine.gov/dhhs/audit/rate-setting/index.shtml>.

1200 **AUTHORITY**

The authority of the Department of Health and Human Services to accept and administer funds which may be available from State and/or Federal sources for the provision of the services as set forth in Appendix B is contained in 22 MRSA Section 3173-D and Title XIX of the Social Security Act as Amended; 42 U.S.C.A. §1396 *et seq*.

1210 **DEFINITIONS**

The term “member” as used throughout this Appendix refers to an individual who has been determined to be eligible for MaineCare by the Department of Health and Human Services and who is receiving substance use treatment by qualified staff of a Private Non-Medical Institution as defined in Section 97.01-1(A) of the *MaineCare Benefits Manual*.

The term “facility” as used throughout these Principles of Reimbursement refers to private non-medical institutions licensed and funded by the State of Maine, Department of Health and Human Services (DHHS) Office of Behavioral Health under Sections 4.06, 4.08, 4.09, 4.10, 4.11 and/or 4.13 of the "Regulations for Licensing/Certifying of Substance Abuse Treatment Facilities in the State of Maine," but excludes any Department-licensed facilities staffed by a solo provider.

2400 **SERVICE COMPONENTS OF THE STANDARD RATE**

Providers must follow all State of Maine licensing regulations and guidelines for staffing levels and must maintain professional staffing sufficient to serve the individual needs of each recipient as reflected in his individual service plan (as defined in Chapter II, §97.) Professional services may be provided only within the scope of the professional’s license.

2400.1 The standard per diem rates provided for Detoxification (non-hospital based), Halfway House Services, Extended Care, Residential Rehabilitation Services (Type I), Residential Rehabilitation Services (Type II), Adolescent Residential Rehabilitation and Personal Care Substance Use (Substance Use Shelter Services) are intended to include the service costs listed below. Providers may not bill separately under this section or any other section of the *MaineCare Benefits Manual* for providing these services. Salaries and wages for direct service staff and services listed below:

Physicians

Psychiatrists

Psychologists

Licensed clinical social workers

Licensed clinical professional counselors

Licensed professional counselors

Licensed marriage and family therapists

Registered nurses

Practical nurses

Licensed alcohol and drug counselors

Psychiatric nurses

Personal care services staff

Clinical Consultants

Other qualified alcohol and drug treatment staff as defined in Section 97.07-2, of the *MaineCare Benefits Manual*.

It is the responsibility of the PNMI to provide and coordinate all covered services performed by direct care staff listed in this Section to assure that members receive the full range of services necessary to meet members’ needs without duplication of services. See *MaineCare Benefits Manual* (MBM), Chapter II, Section 97, Sections 97.04 and 97.05 regarding covered services and non-duplication of services.

2400.2 The Department shall determine the reasonableness of the treatment costs on an annual basis. Providers must submit any requested data to the Department including, but not limited to, utilization data.

2410 The rates in this Section include a State-mandated service tax. The State-mandated service tax is a tax on the value of PNMI services pursuant to 36 M.R.S. §2552. Since providers will no longer receive Rate letters detailing this information, they will need to calculate the service tax of reimbursed services.

2400 **SERVICE COMPONENTS OF THE STANDARD RATE** (cont.)

1. The total costs shall be allocated to rehabilitation and to personal care.

2500 **NON-ALLOWABLE COSTS**

Non-allowable cost includes all costs not included in Section 2400.

3400 **COST REPORTS**

3400.1 Uniform Desk Review

3400.1.1 The Division of Audit shall perform a uniform desk review of each acceptable cost report submitted.

3400.1.2 The uniform desk review is an analysis of the provider's cost report to determine the adequacy and completeness of the report, accuracy and reasonableness of the data recorded therein, and allowable costs.

3400.1.3 Based on the results of the uniform desk review, the Division of Audit may:

a. Request more information,

b. Issue a final report of findings, or

c. Conduct a field audit and issue a final report of findings.

5120 **PERSONAL CARE SERVICES**

PNMI services approved and funded by OBH in licensed facilities may also provide personal care services necessary for the promotion of ongoing treatment and recovery. PNMI facilities must be receiving funds from OBH, specifically for the provision of personal care services, in order to also be reimbursed by MaineCare for such services.

6000 **RATE SETTING**

6000.1 The Department is seeking and anticipates receiving approval from the federal Centers for Medicare and Medicaid Services for this Section. Pending approval, the following reimbursement rates will be effective retroactive to July 1, 2016\* and August 1, 2018\*\*\* as indicated below:

6000 **RATE SETTING** (CONT.)

The following capitated rates apply to Appendix B services.

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE DESCRIPTION** | **AMOUNT**  **Effective**  **7/1/19** | **AMOUNT**  **Effective**  **11/1/21\*** | **UNIT** |
| Medically Supervised Withdrawal Services (Non Hospital based) | $217.48 | $385.55 | per diem |
| Medically Supervised Withdrawal Services (Non Hospital based – exception rate for low RN |  | $238.12 | per diem |
| Halfway House services | $106.09 | $165.67 | per diem |
| Extended Care | $116.89 | $137.21 | per diem |
| Residential Rehabilitation Type I | $224.44 | $287.91 | per diem |
| Residential Rehabilitation Type II | $119.65 | $165.67 | per diem |
| Adolescent Residential Rehabilitation | $187.67 | $254.78 | per diem |
| Personal Care Substance Use (Substance Use Shelter Services) | $56.87 | $56.87 | per diem |

**The Department shall seek approval from CMS for this Section (for the rates \* above).**

Members are assessed as described in Chapter II, Section 97, and assigned to one of the types of substance use treatment services described above. Providers bill the Department on a per diem basis for each member receiving service. The capitated rate includes all PNMI services required by the member for his or her type of service including all staffing required pursuant to State of Maine licensing guidelines and as identified in the members individual service plan. There is no cost settlement for Appendix B PNMI services.

6000.2 The provider must submit, upon request, such data, statistics, schedules, or other information required by the OMS and OBH.

6000.3 The standardized rate for each Substance use treatment service type will begin November 15, 2010.

6000.4 Providers must ensure that the increase in reimbursement rates effective August 1, 2018 is applied in full to wages and benefits for employees who provide direct services. Providers must document compliance with this requirement in their financial records and provide such documentation upon request. The increase must be granted or paid out retroactively from the date the Department begins reimbursing the increased rates.