DATE: December 8, 2015

TO: Interested Parties

FROM: Stefanie Nadeau, Director, MaineCare Services

SUBJECT: Proposed Rule: 10-144, C.M.R. ch. 101, MaineCare Benefits Manual, Chapter III, Section 12, Allowances for Consumer Directed Attendant Services

This letter gives notice of a proposed rulemaking for MaineCare Benefits Manual, Chapter III, Section 12, Allowances for Consumer Directed Attendant Services.

This proposed rulemaking complies with Resolves 2015, ch. 50 and L.D. 1350, To Increase the Reimbursement Rate for Direct-care Workers Serving Adults with Long-term Care Needs, which requires the Department to increase the reimbursement rate for Attendant Care Services provided under the provisions of 10-144 C.M.R. ch. 101, MaineCare Benefits Manual, Chapter III, Section 12. The Department shall seek approval from the federal Centers for Medicare and Medicaid Services (CMS) for a State Plan Amendment for this change. Pursuant to 22 M.R.S.A. §42(8), if CMS approves, the increased rates will be effective retroactive to October 1, 2015. The Department published notice of change in reimbursement methodology, pursuant to 42 C.F.R. §447.205, on September 30, 2015.

In addition to the rate increase, the Department proposes to remove from Sec. 12, Ch.III references to Levels I, II, and III for Attendant Care Services (procedure codes S5125, S5125 TF, and S5125 TG), since a single procedure code (S5125 U2) is used for all three levels of service. The three Levels of Care are based on the hours of need, as determined by the assessment process, and they remain referenced in Sec. 12, Ch. II.

Finally, pursuant to 5 M.R.S.A. §8052(6), the Department proposes to remove the references to the Maine Integrated Health Management Systems (MIHMS), which was implemented on September 1, 2010. Procedure codes H2014, G9001, and G9002 have been utilized since that time.

Rules and related rulemaking documents may be reviewed at, or printed from, the MaineCare Services website at http://www.maine.gov/dhhs/oms/rules/index.shtml or for a fee, interested parties may request a paper copy of rules by calling (207) 624-4050. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 711.

A concise summary of the proposed rule is provided in the Notice of Agency Rule-making Proposal, which can be found at http://www.maine.gov/sos/cec/rules/notices.html. 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

CHAPTER NUMBER AND TITLE: 10-144 C.M.R. ch. 101, MaineCare Benefits Manual, Chapter III, Section 12, Allowances for Consumer Directed Attendant Services.

PROPOSED RULE NUMBER:

CONCISE SUMMARY: The purpose of this rule is to comply with Resolve 2015, ch. 50 and L.D. 1350, which requires the Department to increase the reimbursement rate for Attendant Care Services provided under the provisions of 10-144 C.M.R. ch.101, MaineCare Benefits Manual, Chapter II, Section 12. The Department shall seek approval from the federal Centers for Medicare and Medicaid Services (CMS) for a State Plan Amendment for this change. Pursuant to 22 M.R.S.A. §42(8), if CMS approves, the increased reimbursement rates will be effective retroactive to October 1, 2015. The Department published notice of change in reimbursement methodology, pursuant to 42 C.F.R. §447.205, on September 30, 2015.

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See [HTTP://WWW.MAINE.GOV/DHHS/OMS/RULES/INDEX.SHTML](http://WWW.MAINE.GOV/DHHS/OMS/RULES/INDEX.SHTML) for rules and related rulemaking documents.

PUBLIC HEARING:

Date: Wednesday, January 6, 2016
Time: 1:00 PM
Location: 19 Union Street, Room 110, Augusta, ME 04330

The Department requests that any interested party requiring special arrangements to attend the hearing contact the agency person listed below before 5:00 PM, on Monday, December 28, 2015.

DEADLINE FOR COMMENTS: Comments must be received by midnight, January 16, 2016

AGENCY CONTACT PERSON: Heidi Bechard, Comprehensive Health Planner
AGENCY NAME: Division of Policy
ADDRESS: 242 State Street
11 State House Station
Augusta, Maine 04333-0011
heidi.bechard@maine.gov

TELEPHONE: (207) 624-4074 FAX: (207) 287-1864
TTY users call Maine relay 711 (Deaf/Hard of Hearing)

IMPACT ON MUNICIPALITIES OR COUNTIES (if any): The Department anticipates that this rulemaking will not have any impact on municipalities or counties.
## ALLOWANCES FOR CONSUMER DIRECTED ATTENDANT SERVICES

<table>
<thead>
<tr>
<th>PROCEDURE CODE</th>
<th>DESCRIPTION</th>
<th>UNITS</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>S5125</td>
<td>Attendant Care Services – Level I</td>
<td>15 minutes</td>
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</tr>
<tr>
<td>S5125-TF</td>
<td>Attendant Care Services – Level II</td>
<td>15 minutes</td>
<td>$2.61</td>
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<tr>
<td>S5125-TG</td>
<td>Attendant Care Services – Level III</td>
<td>15 minutes</td>
<td>$2.61</td>
</tr>
</tbody>
</table>

**The changes adopted above will be implemented with the Maine Integrated Health Management Systems (MIHMS). Providers will be notified at least thirty (30) days in advance of implementation of MIHMS.**