DATE: September 20, 2016

TO: Interested Parties

FROM: Stefanie Nadeau, Director, MaineCare Services

SUBJECT: Proposed Rule: Chapter 101, MaineCare Benefits Manual, Chapter III, Section 29 Allowances for Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder

PUBLIC HEARING: October 19, 2016 COMMENT DEADLINE: October 29, 2016

This letter gives notice of a proposed rule: Chapter 101, MaineCare Benefits Manual, Chapter III, Section 29, Allowances for Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder

This waiver renewal proposes rule changes to the Comprehensive Home and Community Based Services (HCBS) Waiver for Persons with Intellectual Disabilities and Autism Spectrum Disorder. Chapter III, Section 29 is a companion to Chapter II, Section 29, Support Services for Members with Intellectual Disabilities or Autism Spectrum Disorder. Chapter III is a major substantive rule and requires legislative approval prior to final adoption of the rule.

Significant Updates and Changes to Chapter III, Section 29 includes;

- Renaming of the Section from “Allowances for Support Services for Adults with Intellectual Disabilities or Autistic Disorder” to “Allowances for Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder.”

The Department will adopt via emergency rulemaking an increase to the rates in Chapter III in accordance with L.D. 1638. The legislature passed L.D. 1638, An Act to Increase Payments to MaineCare Providers That Are Subject to Maine’s Service Provider Tax, to authorize an increase in the service provider tax. Chapter III, Section 29 lists the procedure codes, descriptions and reimbursement rates for covered services provided to members under its companion rule, Chapter II, Section 29 Support Services for Adults with Intellectual Disabilities or Autistic Disorder.

The increased rates will be effective retroactive to April 15, 2016. The following services will have a 1% increase as a result of LD 1638:

- T2017, Home Support-Quarter Hour, from $6.27 to $6.33.
- T2021, Community Support (day habilitation) from $5.28 to $5.33 per quarter hour.
- T2021 SC, Community Support (day habilitation) with Medical Add On from $6.51 to $6.57 per quarter hour.
- Replaced H023 HQ Work Support (supported employment) with the following modifiers below:
  - H2023 UN Work Support (supported employment-Group 2 members served, up to $3.46 per ¼ hour.
  - H2023 UP Work Support (supported employment-Group 3 members served, up to $2.30 per ¼ hour.
  - H2023 UQ Work Support (supported employment-Group 4 members served, up to $1.73 per ¼ hour.
  - H2023 UR Work Support (supported employment-Group 2 members served, up to $1.38 per ¼ hour.
  - H2023 US Work Support (supported employment-Group 2 members served, up to $1.15 per ¼ hour.
In response to recent changes in HCBS rules, the State is working towards, creating greater emphasis on access to community settings and a more person driven focus in the Person Centered Planning process. No members will be affected through the proposal of this rule.

Rules and related rulemaking documents may be reviewed at, or printed from, the MaineCare 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 or Maine Relay number 711.

A concise summary of the proposed rule is provided in the Notice of Agency Rulemaking Proposal, which can be found at http://www.maine.gov/sos/cec/rules/notices.html. This notice also provides information regarding the rulemaking process. Please address all comments to the agency contact person identified in the Notice of Agency Rulemaking 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., Proposed Rule: Chapter 101, MaineCare Benefits Manual, Chapter III, Section 29 Allowances for Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder

PROPOSED RULE NUMBER:

CONCISE SUMMARY:
This waiver renewal proposes rule changes to the Comprehensive Home and Community-Based Services (HCBS) Waiver for Persons with Intellectual Disabilities and Autism Spectrum Disorder. Chapter III, Section 29 is a companion to Chapter II, Section 29, Support Services for Members with Intellectual Disabilities or Autism Spectrum Disorder. Chapter III is a major substantive rule and requires legislative approval prior to final adoption of the rule. Significant Updates and Changes to Chapter III, Section 29 include:

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STATUTORY AUTHORITY: 22 M.R.S. §§ 42, 3173, L.D. 1638

PUBLIC HEARING:

Date: October 19, 2016
Time: 9:00 AM
Location: 19 Union Street, Conference Room 110, Augusta ME 04333

The Department requests that any interested party requiring special arrangements to attend the hearing contact the agency person listed above before October 7, 2016.

DEADLINE FOR COMMENTS: Comments must be received by 11:59 PM on October 29, 2016

AGENCY CONTACT PERSON: Andrew Hardy, Comprehensive Health Planner
AGENCY NAME: MaineCare Services
ADDRESS: 242 State St.
11 State House Station
Augusta, Maine 04333-0011

TELEPHONE: 207-624-4058, FAX: (207) 287-1864
TTY: 711 (Deaf or Hard of Hearing)

E-Mail: andrew.hardy@maine.gov

IMPACT ON MUNICIPALITIES OR COUNTIES (if any): The Department anticipates that this rulemaking will not have any impact on municipalities or counties.
The Department is seeking and anticipates receiving CMS approval for this Section. Pending approval, Covered Services will be provided as follows...
GENERAL PROVISIONS

1000 PURPOSE

The purpose of these regulations is to describe the reimbursement methodology for Home and Community Based Services waiver providers whose services are reimbursed in accordance with Chapters II and III, Section 29, Community Support Benefits for members with Intellectual Disabilities and Autism Spectrum Disorders of the MaineCare Benefits Manual. All services reimbursed in this section are considered fee for service.

1100 DEFINITIONS

Fee for service - is a method of paying providers for covered services rendered to members. Under this fee-for-service system, the provider is paid for each discrete service described in Appendix I to a member.

Per Diem - A day is defined as beginning at midnight and ending twenty-four (24) hours later.

Week – A week is equal to seven consecutive days starting with the same day of the week as the provider’s payroll records, usually Sunday through Saturday.

Year- Services are authorized based on the state fiscal year, July 1 through June 30.

1200 AUTHORITY

The authority of the Department to accept and administer any funds that may be available from private, local, State or Federal sources for services under this Chapter is established in 22 M.R.S.A.§3173. The authority of the Department to adopt rules to implement this Chapter is established under 22 M.R.S.A.§§ 42(l), and 3173.

1300 COVERED SERVICES – Covered Services are defined in Chapter II, Section 29 of the MaineCare Benefits Manual.

1400 REIMBURSEMENT METHODS

Services covered under this section will be reimbursed on a fee for service basis using one of these methods as follows:

1. Standard Unit rate – A Standard unit rate is the rate paid per unit of time (an hour, a specified portion of an hour, or a day) for a specific service. Services in the standard rate include:

   A. Assistive Technology-Assessment;
1400 REIMBURSEMENT METHODS (Cont)

B. Assistive Technology-Transmission (Utility Services);
C. Career Planning;
D. Community Support Services;
E. Employment Specialist Services;
F. Home Support-Quarter Hour;
G. Home Support-Remote Support-Interactive Support;
H. Home Support-Remote Support-Monitor Only;
I. Respite, ¼ hour and per diem;
J. Work Support-Individual;
K. Work Support-Group.

B2. Prior Approved Price – DHHS will determine the amount of reimbursement for Home Accessibility Adaptations or Assistive Technology- Devices after reviewing a minimum of two written itemized bids from different vendors submitted by the provider, prior to providing services. The written itemized bids must contain cost of labor and materials, including subcontractor amounts. DHHS will issue an authorization for the approved amount based on the written bids to the provider.

C3. Respite- Reimbursement for Respite is a quarter (1/4) hour billing code. After 33-quarter hour units of consecutive Respite Services, the provider must bill using the per diem billing code. The quarter hour (1/4) Respite amount billed any single day cannot exceed the Respite per diem rate of ninety ($90.00) one hundred ($100.00) dollars.

1500 REQUIREMENTS FOR PARTICIPATION IN MAINECARE PROGRAM

Providers must comply with all requirements as outlined in Chapter 1, General Administrative Policies and Procedures and Chapter II, Section 29 of the MaineCare Benefits manual.

1600 RESPONSIBILITIES OF THE PROVIDER

Providers are responsible for maintaining adequate financial and statistical records and making them available when requested for inspection by an authorized representative of the DHHS, Maine Attorney General’s Office or the Federal government. Providers shall maintain accurate financial records for these services separate from other financial records.

1700 RECORD KEEPING AND RETENTION OF FINANCIAL RECORDS

Upon request, providers have ten (10) business days to produce fiscal records to DHHS. Complete documentation shall mean clear written evidence of all transactions of the provider and affiliated entities, including but not limited to daily census data, invoices, payroll records, copies
1700 RECORD KEEPING AND RETENTION OF FINANCIAL RECORDS (cont.)

The Department is seeking and anticipates receiving CMS approval for this Section. Pending approval, Covered Services will be provided as follows....

The provider shall maintain all such records for at least five (5) years from the date of reimbursement.

1800 BILLING PROCEDURES

Providers will submit claims to MaineCare and be reimbursed at the applicable rate for the service in accordance with MaineCare billing instructions for the CMS 1500 claim form.

1810 Work Support-Group Rate

When billing for Work Support Services-Group the per person rate is based on the number of members served as follows:

<table>
<thead>
<tr>
<th>Members in Group</th>
<th>Rate per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$3.46</td>
</tr>
<tr>
<td>3</td>
<td>$2.30</td>
</tr>
<tr>
<td>4</td>
<td>$1.73</td>
</tr>
<tr>
<td>5</td>
<td>$1.38</td>
</tr>
<tr>
<td>6</td>
<td>$1.15</td>
</tr>
</tbody>
</table>

1900 AUDIT OF SERVICES PROVIDED

The Department shall monitor provider’s claims for reimbursement by randomly reviewing the claim for services and verifying hours actually provided by collecting documentation from providers. Documentation will be requested from providers that correspond to dates of service on claims submitted for reimbursement as follows:

A. Payroll Records – Documentation showing the number of hours paid to an employee that covers the period of time for which the Direct Care hours are being requested.

B. Staffing Schedules per facility – Documentation showing the hours and the name of the direct care staff scheduled to work at the facility.

C. Member Records - Documentation that supports the service delivery of services that a member received.
### SECTION 29

**ALLOWANCES FOR SUPPORT SERVICES FOR ADULTS WITH MAJOR SUBSTANTIVE RULE ALLOWANCES FOR SUPPORT SERVICES FOR ADULTS WITH INTELLECTUAL DISABILITIES OR AUTISM SPECTRUM DISORDER**

Established: 1/1/08

Last Updated: 8/8/2015

The Department is seeking and anticipates receiving CMS approval for this Section. Pending approval, Covered Services will be provided as follows....

#### 2000 RECOVERY OF PAYMENTS

The Department may recover any amounts due the Department based on Chapter I of the MaineCare Benefits Manual.
### APPENDIX I

<table>
<thead>
<tr>
<th>PROCEDURE CODE</th>
<th>SERVICE</th>
<th>MAXIMUM ALLOWANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2017</td>
<td>Home Support-Quarter Hour</td>
<td>$6.276.33 1/4 hour</td>
</tr>
<tr>
<td>T2021</td>
<td>Community Support (Day Habilitation)</td>
<td>$5.285.33 1/4 hour</td>
</tr>
<tr>
<td>T2021 SC</td>
<td>Community Support (Day Habilitation)- with Medical Add- On</td>
<td>$6.516.57 1/4 hour</td>
</tr>
<tr>
<td>T2019</td>
<td>Employment Specialist Services (Habilitation, Supported Employment waiver)</td>
<td>$7.42 1/4 hour</td>
</tr>
<tr>
<td>T2019 SC</td>
<td>Employment Specialist Services (Habilitation, Supported Employment waiver)-with Medical Add-On</td>
<td>$8.58 1/4 hour</td>
</tr>
<tr>
<td>H2023</td>
<td>Work Support (Supported Employment)-Individual</td>
<td>$6.91 1/4 hour</td>
</tr>
<tr>
<td>H2023 SC</td>
<td>Work Support (Supported Employment)-Individual with Medical Add-On</td>
<td>$8.08 1/4 hour</td>
</tr>
<tr>
<td>H2023 UNHQ</td>
<td>Work Support (Supported Employment)-Group 2 members served</td>
<td>$3.46 1/4 hour</td>
</tr>
<tr>
<td>H2023 UP</td>
<td>WORK SUPPORT (supported employment)-Group 3 members served</td>
<td>up to $2.30 per 1/4 hr</td>
</tr>
<tr>
<td>H2023 UQ</td>
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<td>up to $1.73 per 1/4 hr</td>
</tr>
<tr>
<td>H2023 UR</td>
<td>WORK SUPPORT (supported employment)-Group 5 members served</td>
<td>up to $1.38 per 1/4 hr</td>
</tr>
<tr>
<td>H2023 US</td>
<td>WORK SUPPORT (supported employment)-Group 6 members served</td>
<td>up to $1.15 per 1/4 hr</td>
</tr>
<tr>
<td>T2015</td>
<td>Career Planning (Habilitation, prevocational)</td>
<td>$28.00 Per hr</td>
</tr>
<tr>
<td>S5165</td>
<td>Home Accessibility Adaptations</td>
<td>Per invoice</td>
</tr>
<tr>
<td>S5165 CG</td>
<td>Home Accessibility Adaptations repairs</td>
<td>Per invoice</td>
</tr>
<tr>
<td>97755</td>
<td>Assistive Technology-Assessment</td>
<td>$14.44 1/4 hour</td>
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<tr>
<td>T2035</td>
<td>Assistive Technology-Transmission (Utility Services)</td>
<td>Up to $50.00 per Month</td>
</tr>
<tr>
<td>A9279</td>
<td>Assistive Technology-Devices(Monitoring feature/device, stand alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified)</td>
<td>Per invoice up to $6,000.00 per year</td>
</tr>
</tbody>
</table>
## MAJOR SUBSTANTIVE RULE

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CG</td>
<td>Policy Criteria Applied</td>
</tr>
<tr>
<td>SC</td>
<td>Medical Add-On</td>
</tr>
<tr>
<td>HQ</td>
<td>Group Setting</td>
</tr>
<tr>
<td>QC</td>
<td>Remote Support-Monitor Only</td>
</tr>
<tr>
<td>GT</td>
<td>Remote Support-Interactive Support</td>
</tr>
<tr>
<td>UN</td>
<td>Two Members Served</td>
</tr>
<tr>
<td>UP</td>
<td>Three Members Served</td>
</tr>
<tr>
<td>UQ</td>
<td>Four Members Served</td>
</tr>
<tr>
<td>UR</td>
<td>Five Members Served</td>
</tr>
<tr>
<td>US</td>
<td>Six Members Served</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>S5150 Respite Services- ¼ hour</td>
<td>$2.70 ¼ hour</td>
</tr>
<tr>
<td>S5151 Respite Services- Per Diem</td>
<td>$90.00 per diem</td>
</tr>
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