



Paul R. LePage, Governor

Ricker Hamilton, Commissioner

Department of Health and Human Services
MaineCare Services
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Augusta, Maine 04333-0011
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DATE: November 1, 2017
TO: Interested Parties
FROM: Stefanie Nadeau, Director, MaineCare Services
SUBJECT: Emergency Adoption: Chapter 101, MaineCare Benefits Manual, Chapter III, Section 19, Home and Community Benefits for the Elderly and for Adults with Disabilities.

This letter gives notice of an emergency rule: MaineCare Benefits Manual, Section 19, Chapter III, Home and Community Benefits for the Elderly and for Adults with Disabilities.

This emergency rule increases reimbursement rates to comply with Public Law 2017, ch. 284, (Chapter 284) Part MMMMMMM-1, *An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Funds and Other Funds and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2018 and June 30, 2019.*

P.L. 2017, ch. 284, Part MMMMMMM-1 requires the Department to amend its rules for reimbursement rates for home-based and community-based personal care and related services provided under the provisions of 10-144 C.M.R. Ch. 101, MaineCare Benefits Manual, Chapter III, Section 19, Home and Community Benefits for the Elderly and for Adults with Disabilities and referenced in the February 1, 2016 report “*Rate Review for Personal Care and Related Services: Final Rate Models*” prepared for the Department by Burns & Associates, Inc. Further, Part MMMMMMM-1 directs the Department that the increase in rates of reimbursement must be applied in equal proportion to all home-based and community-based personal care and related services referenced in the Burns & Associates, Inc. report using the funding provided for that purpose in Chapter 284. Chapter 284 provides funding to increase these rates. See Part ZZZZZZ, Section ZZZZZZ-2.

P.L. 2017, Ch. 284, Part TTTT § TTTT-1 authorizes the Department to adopt rules increasing these rates on an emergency basis without the necessity of demonstrating that immediate adoption is necessary to avoid a threat to public health, safety or general welfare.

The Legislature did not appropriate additional funding for these rate increases beyond June 30, 2018; therefore, rates will revert to their current levels (pre-July 1, 2017) on July 1, 2018.

The emergency rule increases the following rates:

- S5125 U7-Attendant Care Services (Personal Care Services, Participant Directed Option)
- S5125 U7 UN-Attendant Care Services (Personal Care Services, Participant Directed Option)-2 members served
- S5125 U7 UP-Attendant Care Services (Personal Care Services, Participant Directed Option)-3 members served

- T1019 U7 (0589)-Personal Care Services (Agency PSS)
- T1019 U7 UN-Personal Care Services (Agency PSS)-2 members served
- T1019 U7 UP-Personal Care Services (Agency PSS)-3 members served

T1005 Respite Care Services, in the home
T1005 UN- Respite Care Services, in the home-2 members served
T1005 UP-Respite Care Services, in the home-3 members served

T1005 U7-Respite Care Services, in the home-Participant Directed Option
T1005 UN-Respite Care Services, in the home-Participant Directed Option-2 members served
T1005 UP-Respite Care Services, in the home-Participant Directed Option-3 members served

T1005 (0669) Respite Care, in the home by CNA/Home Health Aide
T1005 UN (0669) Respite Care, in the home by CNA/Home Health Aide-2 members served
T1005 UP (0669) Respite Care, in the home by CNA/Home Health Aide-3 members served

G0299 (0551) Skilled Nursing Visit (R.N.) (Non-Medicare Certified Home Health Agency)-Home Health Services
G0299 U7 UN (0551) Skilled Nursing Visit (R.N.) (Non-Medicare Certified Home Health Agency)-Home Health Services-2 members served
G0299 U7 UP (0551) Skilled Nursing Visit (R.N.) (Non-Medicare Certified Home Health Agency)-Home Health Services-3 member served

G0300 (0559) Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency)-Home Health Services
G0300 U7 UN (0559) Nursing Visit (LPN) (No- Medicare Certified Home Health Agency)-Home Health Services-2 members served
G0300 U7 UP (0559) Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency)-Home Health Services-3 members served

T1004 (0581) Certified Nurse's Aide-Home Health Services
T1004 U7 UN (0581) Certified Nurse's Aide-Home Health Services-2 members served
T1004 U7 UP (0581) Certified Nurse's Aide-Home Health Services-3 members served

G0156 (0571) Home Health Aide- Home Health Services
G0156 (0571) Home Health Aide- Home Health Services-2 members served
G0156 (0571) Home Health Aide- Home Health Services-3 members served

G0299 Skilled Nursing Visit (R.N.) – Home Health Services
G0299 UN Skilled Nursing Visit (R.N.) – Home Health Services-2 members served
G0299 UP Skilled Nursing Visit (R.N.) – Home Health Services-3 members served

Pursuant to 5 M.R.S. § 8054 (3), this emergency rule may be effective for up to ninety (90) days. The Department intends to proceed with routine technical rulemaking to permanently adopt this rule.

These increased rates will be effective retroactive to July 1, 2017. The Department has determined that a retroactive increase to the beginning of the state fiscal year is appropriate, since the appropriation is intended for the entire fiscal year. The retroactive application comports with 22 M.R.S. § 42(8) which authorizes the Department to adopt rules with a retroactive application for a period not to exceed eight calendar quarters and there is no adverse financial impact on any MaineCare member or provider. This routine technical rule will be effective for 90 days. A companion rule is being proposed to permanently adopt the rate change.

Rules and related rulemaking documents may be reviewed at and printed from 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. If you have any questions regarding the policy, please contact Provider Services at 1-866-690-5585 or TTY users call Maine relay 711.

Notice of Agency Emergency Rule Adoption

AGENCY: Department of Health and Human Services, MaineCare Services

CHAPTER NUMBER AND TITLE: 10-144 C.M.R., Chapter 101, Chapter III, Section 19, Home and Community Benefits for the Elderly and for Adults with Disabilities.

ADOPTED RULE NUMBER:

CONCISE SUMMARY: This emergency rule increases reimbursement rates to comply with Public Law 2017, ch. 284, (Chapter 284) Part MMMMMMM-1, *An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Funds and Other Funds and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2018 and June 30, 2019.*

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S5125 U7 UN-Attendant Care Services (Personal Care Services, Participant Directed Option)-2 members served

S5125 U7 UP-Attendant Care Services (Personal Care Services, Participant Directed Option)-3 members served

T1019 U7 (0589)-Personal Care Services (Agency PSS)

T1019 U7 UN-Personal Care Services (Agency PSS)-2 members served

T1019 U7 UP-Personal Care Services (Agency PSS)-3 members served

T1005 Respite Care Services, in the home

T1005 UN- Respite Care Services, in the home-2 members served

T1005 UP-Respite Care Services, in the home-3 members served

T1005 U7-Respite Care Services, in the home-Participant Directed Option

T1005 UN-Respite Care Services, in the home-Participant Directed Option-2 members served

T1005 UP-Respite Care Services, in the home-Participant Directed Option-3 members served

T1005 (0669) Respite Care, in the home by CNA/Home Health Aide

T1005 UN (0669) Respite Care, in the home by CNA/Home Health Aide-2 members served

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G0299 (0551) Skilled Nursing Visit (R.N.) (Non-Medicare Certified Home Health Agency)-Home Health Services

G0299 U7 UN (0551) Skilled Nursing Visit (R.N.) (Non-Medicare Certified Home Health Agency)-Home Health Services-2 members served

G0299 U7 UP (0551) Skilled Nursing Visit (R.N.) (Non-Medicare Certified Home Health Agency)-Home Health Services-3 member served

G0300 (0559) Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency)-Home Health Services
G0300 U7 UN (0559) Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency)-Home Health Services-2 members served

G0300 U7 UP (0559) Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency)-Home Health Services-3 members served

T1004 (0581) Certified Nurse's Aide-Home Health Services

T1004 U7 UN (0581) Certified Nurse's Aide-Home Health Services-2 members served

T1004 U7 UP (0581) Certified Nurse's Aide-Home Health Services-3 members served

G0156 (0571) Home Health Aide- Home Health Services

G0156 (0571) Home Health Aide- Home Health Services-2 members served

G0156 (0571) Home Health Aide- Home Health Services-3 members served

G0299 Skilled Nursing Visit (R.N.) – Home Health Services

G0299 UN Skilled Nursing Visit (R.N.) – Home Health Services-2 members served

G0299 UP Skilled Nursing Visit (R.N.) – Home Health Services-3 members served

Pursuant to 5 M.R.S. § 8054 (3), this emergency rule may be effective for up to ninety (90) days. The Department intends to proceed with routine technical rulemaking to permanently adopt this rule.

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This routine technical rule will be effective for 90 days. A companion rule is being proposed to permanently adopt the rate change.

This change is not expected to have an adverse effect on the administrative burdens of small businesses.

<http://www.maine.gov/dhhs/oms/rules/index.shtml> for rules and related rulemaking documents.

EFFECTIVE DATE: November 1, 2017

AGENCY CONTACT PERSON: Ginger Roberts-Scott, Children's and Waiver Services Program Manager
Ginger.Roberts-Scott@maine.gov

AGENCY NAME: Division of Policy

ADDRESS: 242 State Street, 11 State House Station
Augusta, Maine 04333-0011

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TTY users call Maine relay 711

10-144
 MAINECARE BENEFITS MANUAL
 CHAPTER III

SECTION 19

HOME AND COMMUNITY BENEFITS FOR
 THE ELDERLY AND ADULTS WITH DISABILITIES

Established 2/20/86
 Last Updated: Emergency Rule Effective
 11/1/17

PROCEDURE CODE	MODIFIER	REVENUE CODE	DESCRIPTION	UNIT	Rates Prior to 7/1/17 and After 6/30/18	Rates Effective 7/1/17-6/30/18
H2014			Skills Training and Development (Participant Directed Option)	15 minutes	\$14.03	\$14.03
T2040	U7		Financial Management, self-directed, waiver (Participant Directed Option)	Monthly	\$85.09	\$85.09
S5125	U7		Attendant Care Services (Personal Care Services, Participant Directed Option)	15 minutes	\$3.47*	\$3.66
S5125	U7 UN		Attendant Care Services (Personal Care Services, Participant Directed Option)-2 members served	15 minutes	\$1.91*	\$2.01
S5125	U7 UP		Attendant Care Services (Personal Care Services, Participant Directed Option)-3 members served	15 minutes	\$1.39*	\$1.47
T1019	U7	0589	Personal Care Services (Agency PSS)	15 minutes	\$4.62*	\$5.03
T1019	U7 UN		Personal Care Services (Agency PSS)- 2 members served	15 minutes	\$2.54*	\$2.77
T1019	U7 UP		Personal Care Services (Agency PSS)-3 members served	15 minutes	\$1.85*	\$2.01
T1016			Care Coordination	15 minutes	\$17.00	\$17.00
S5160			Personal Emergency Response System, Installation and Testing	1 unit	Customary Charge, Not to Exceed \$45.00	Customary Charge, Not to Exceed \$45.00
S5161			Personal Emergency Response System, Service Fee	Monthly	Customary Charge, Not To Exceed \$35.00	Customary Charge, Not To Exceed \$35.00

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H0045			Respite Care Services, not in the home	Per Diem	\$163.49	\$163.49
T1005			Respite Care Services, in the home (PSS)	15 minutes	\$4.62, Cost Not to Exceed Cap*	\$5.03 Cost Not to Exceed Cap
T1005	UN		Respite Care Services, in the home (PSS)- 2 members served	15 minutes	\$2.54, Cost Not to Exceed Cap*	\$2.77 Cost Not to Exceed Cap
T1005	UP		Respite Care Services, in the home (PSS)-3 members served	15 minutes	\$1.85, Cost Not to Exceed Cap*	\$2.01 Cost Not to Exceed Cap
T1005	U7		Respite Care Services, in the home-Participant Directed Option	15 minutes	\$3.47, Cost Not to Exceed Cap*	\$3.66 Cost Not to Exceed Cap
T1005	UN		Respite Care Services, in the home-Participant Directed Option- 2 members served	15 minutes	\$1.91, Cost Not to Exceed Cap*	\$2.01 Cost Not to Exceed Cap
T1005	UP		Respite Care Services, in the home-Participant Directed Option-3 members served	15 minutes	\$1.39, Cost Not to Exceed Cap*	\$1.47 Cost Not to Exceed Cap
S5165			Environmental Modifications	Per Service	By report	By report
A9279			Assistive Technology- (Monitoring feature/device, stand alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified)	1 unit	Per device	Per device
A9279	QC		Assistive Technology-Remote Monitoring-Monthly fee	Monthly	Up to \$ 500.00	Up to \$ 500.00
T2035			Assistive Technology-Transmission (Utility Services)	Monthly	Up to \$ 50.00	Up to \$ 50.00
T1005		0669	Respite Care, in the home by CNA/Home Health Aide	15 minutes	\$4.90*	\$5.39
T1005	UN	0669	Respite Care, in the home by CNA/Home Health Aide-2 members served	15 minutes	\$2.70*	\$2.97
T1005	U7 UP	0669	Respite Care, in the home by CNA/Home Health Aide-3 members served	15 minutes	\$1.96*	\$2.16

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T1005		0551	Skilled Nursing Visit (RN)	Per Visit	\$53.60	\$53.60
T1005		0551	Skilled Nursing Visit (RN)-2 members served	Per Visit	\$29.48	\$29.48
T1005		0551	Skilled Nursing Visit (RN)-3 members served	Per Visit	\$21.44	\$21.44
T1005		0559	Other Nursing (LPN)	Per visit	\$39.05	\$39.05
T1005		0559	Other Nursing (LPN)-2 members served	Per Visit	\$21.48	\$21.48
T1005		0559	Other Nursing (LPN)-3 members served	Per Visit	\$15.62	\$15.62
T1005		0421	Physical Therapy Visit	Per visit	\$92.94	\$92.94
T1005		0431	Occupational Therapy Visit	Per visit	\$98.76	\$98.76
		0441	Speech Therapy Visit- Home Health Services	Per visit	\$97.34	\$97.34
G0151	TF	0421	Certified Physical Therapy Assistant- Home Health Services Visit Charge	Per visit	\$65.72	\$65.72
G0152	TF	0431	Occupational Therapy Assistant- Home Health Services Visit Charge	Per visit	\$69.83	\$69.83
G0156	TF	0571	Home Health Aide Visit- Home Health Services	Per visit	\$22.91	\$22.91
G0156	TF UN	0571	Home Health Aide Visit- Home Health Services-2 members served	Per visit	\$12.60	\$12.60
G0156	TF UP	0571	Home Health Aide Visit- Home Health Services-3 members served	Per visit	\$9.16	\$9.16
		0561	Medical Social Services Visit- Home Health Services	Per visit	\$84.10	\$84.10
G0299		0551	Skilled Nursing Visit (R.N.) (Non-Medicare Certified Home Health Agency) - Home Health Services	15 minutes	\$12.40*	\$13.47

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G0299	U7 UN	0551	Skilled Nursing Visit (RN) (Non-Medicare Certified Home Health Agency) - Home Health Services- 2 members served	15 minutes	\$6.82*	\$7.41
G0299	U7 UP	0551	Skilled Nursing Visit (RN) (Non-Medicare Certified Home Health Agency) - Home Health Services-3 members served	15 minutes	\$4.96*	\$5.39
G0300		0559	Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency) - Home Health Services	15 minutes	\$8.04*	\$9.56
G0300	U7 UN	0559	Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency) - Home Health Services-2 members served	15 minutes	\$4.43*	\$5.27
G0300	U7 UP	0559	Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency) - Home Health Services-3 members served	15 minutes	\$3.21*	\$3.83
G0151		0421	Physical Therapy Visit- Home Health Services	15 minutes	\$12.36	\$12.36
G0152		0431	Occupational Therapy Visit- Home Health Services	15 minutes	\$12.87	\$12.87
G0153		0441	Speech Therapy Visit- Home Health Services	15 minutes	\$12.87	\$12.87
T1004		0581	Certified Nurse's Aide- Home Health Services	15 minutes	\$4.90*	\$5.39
T1004	U7 UN	0581	Certified Nurse's Aide- Home Health Services- 2 members served	15 minutes	\$2.70*	\$2.97
T1004	U7 UP	0581	Certified Nurse's Aide- Home Health Services-3 members served	15 minutes	\$1.96*	\$2.16

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PROCEDURE CODE	MODIFIER	REVENUE CODE	DESCRIPTION	UNIT	Rates Prior to 7/1/17 and After 6/30/18	Rates Effective 7/1/17-6/30/18
G0156		0571	Home Health Aide- Home Health Services- 2 members served	15 minutes	\$2.70*	\$2.97
G0156		0571	Home Health Aide- Home Health Services- 3 members served	15 minutes	\$1.96*	\$2.16
G0155		0561	Medical Social Services Visit- Home Health Services	15 minutes	\$11.48	\$11.48
S5170			Home Delivered Meals	Per Meal	\$7.64	
98960	59		Living Well (Chronic Disease Management)	30 Minutes	\$17.09	
98960	33		Matter of Balance (Falls Prevention)	30 Minutes	\$14.83	

INDEPENDENT PRACTITIONERS ONLY						
PROCEDURE CODE	MODIFIER	REVENUE CODE	DESCRIPTION	UNIT	Rates Prior to 7/1/17 and After 6/30/18	Rates Effective 7/1/17-6/30/18
			INDEPENDENT PRACTITIONERS ONLY			
G0299			Skilled Nursing Visit (R.N.) - Home Health Services	15 minutes	\$10.96*	\$13.47
G0299	UN		Skilled Nursing Visit (RN) - Home Health Services-2 members served	15 minutes	\$6.03*	\$7.41
G0299	UP		Skilled Nursing Visit (RN) - Home Health Services-3 members served	15 minutes	\$4.39*	\$5.39
G0151			Physical Therapy Visit- Home Health Services	15 minutes	\$10.80	\$10.80
G0152			Occupational Therapy Visit- Home Health Services	15 minutes	\$10.60	\$10.60
G0153			Speech Therapy Visit- Home Health Services	15 minutes	\$11.75	\$11.75

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<u>Modifiers</u>	<u>Description</u>
QC	Monthly Fee
U7	Indicates Section 19 Services
TF	Intermediate Level of Care
U1	Other Qualified Staff
59	Living Well
33	Matter of Balance
UN	2 members served
UP	3 members served

*The Department is seeking and anticipates receiving approval for this section from the Centers for Medicare and Medicaid Services (CMS). Pending approval, the Department will reimburse providers at the rates noted above.