



Maine Department of Health and Human Services

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GOVERNOR

MaineCare Services  
Policy Division  
11 State House Station  
Augusta, Maine 04333-0011

BETHANY L. HAMM  
ACTING COMMISSIONER

**DATE:** October 9, 2018

**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.

The Department is adopting this emergency rule in accordance with P.L. 2017, ch. 459, Part B, *An Act Making Certain Supplemental Appropriations and Allocations and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government* ("Act"). The Act 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. **These increased rates will be effective retroactive to July 1, 2018.**

The Act gave notice that the Legislature determined that "these facts create an emergency within the meaning of the Constitution of Maine, and require the following legislation as immediately necessary for the preservation of the public peace, health and safety..." Pursuant to this legislative determination, the requirements of 5 M.R.S. § 8054(1) are satisfied.

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

- T1005 U7-Respite Care Services, in the home-Participant Directed Option
- T1005 U7 UN-Respite Care Services, in the home-Participant Directed Option-2 members served
- T1005 U7 UP-Respite Care Services, in the home-Participant Directed Option-3 members served
  
- T1005 U7 (0669) Respite Care, in the home by CNA/Home Health Aide
- T1005 U7 UN (0669) Respite Care, in the home by CNA/Home Health Aide-2 members served
- T1005 U7 UP (0669) Respite Care, in the home by CNA/Home Health Aide-3 members served
- G0299 U7 (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 U7 (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 U7 (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 U7 Skilled Nursing Visit (R.N.) – Home Health Services
- G0299 U7 UN Skilled Nursing Visit (R.N.) – Home Health Services-2 members served
- G0299 U7 UP Skilled Nursing Visit (R.N.) – Home Health Services-3 members served

In addition, this emergency rule adds in the following code and rate, which was inadvertently deleted during final adoption of this rule in January 2018:

- G0156 U7 TF (0571) Home Health Aide Visit – Home Health Services at \$22.91 per visit.

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, 2018.** 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. In addition, the Department sought, and obtained approval, by the Centers for Medicare and Medicaid Services (“CMS”) to submit a waiver amendment making the rate changes retroactive to July 1, 2018.

In addition to this emergency rulemaking, the Department is simultaneously adopting emergency rules for Sec. 19, Ch. II, which rulemaking raises the program cap, in accordance with the Act.

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, MaineCare Benefits Manual, Chapter III, Section 19, Home and Community Benefits for the Elderly and for Adults with Disabilities.

**ADOPTED RULE NUMBER:**

**CONCISE SUMMARY:** The Department is adopting this emergency rule in accordance with P.L. 2017, ch. 459, Part B, *An Act Making Certain Supplemental Appropriations and Allocations and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government* (“Act”). The Act 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. **These increased rates will be effective retroactive to July 1, 2018.**

The Act gave notice that the Legislature determined that “these facts create an emergency within the meaning of the Constitution of Maine, and require the following legislation as immediately necessary for the preservation of the public peace, health and safety...” Pursuant to this Legislative determination, the requirements of 5 M.R.S. § 8054(1) are satisfied.

The Department moved to emergency rulemaking once the rates were calculated and finalized. Rates were increased for 30 procedure codes. In addition, the emergency rule adds in the code and rate for Home Health Aide Visit—Home Health Services, which was inadvertently deleted during final adoption of this rule in January, 2018.

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, 2018.** 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. In addition, the Department sought, and obtained approval, by the Centers for Medicare and Medicaid Services (“CMS”) to submit a waiver amendment making the rate changes retroactive to July 1, 2018.

In addition to this emergency rulemaking, the Department is simultaneously adopting emergency rules for Sec. 19, Ch. II, which rulemaking raises the program cap, in accordance with the Act.

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

**EFFECTIVE DATE:** October 9, 2018  
**AGENCY CONTACT PERSON:** Rachel Posner, Comprehensive Health Planner II,  
[rachel.posner@maine.gov](mailto:rachel.posner@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  
 EMERGENCY

HOME AND COMMUNITY BENEFITS FOR  
 THE ELDERLY AND ADULTS WITH DISABILITIES

Established 2/20/86  
 Last Updated 10/9/18

PROCEDURE CODE	MODIFIER	REVENUE CODE	DESCRIPTION	UNIT	Rates Effective 7/1/18
H2014	U7		Skills Training and Development (Participant Directed Option)	15 minutes	\$14.03
T2040	U7		Financial Management, self-directed, waiver (Participant Directed Option)	Monthly	\$85.09
S5125	U7		Attendant Care Services (Personal Care Services, Participant Directed Option)	15 minutes	\$3.73*
S5125	U7 UN		Attendant Care Services (Personal Care Services, Participant Directed Option)-2 members served	15 minutes	\$2.05*
S5125	U7 UP		Attendant Care Services (Personal Care Services, Participant Directed Option)-3 members served	15 minutes	\$1.49*
T1019	U7	0589	Personal Care Services (Agency PSS)	15 minutes	\$5.13*
T1019	U7 UN	0589	Personal Care Services (Agency PSS)- 2 members served	15 minutes	\$2.82*
T1019	U7 UP	0589	Personal Care Services (Agency PSS)-3 members served	15 minutes	\$2.05*
T1016	U7		Care Coordination	15 minutes	\$17.00
S5160	U7		Personal Emergency Response System, Installation and Testing	1 unit	Customary Charge, Not to Exceed \$45.00
S5161	U7		Personal Emergency Response System, Service Fee	Monthly	Customary Charge, Not To Exceed \$35.00
H0045	U7		Respite Care Services, not in the home	Per Diem	\$163.49
T1005	U7		Respite Care Services, in the home (PSS)	15 minutes	\$5.13, Cost Not to Exceed Cap
T1005	U7 UN		Respite Care Services, in the home (PSS)- 2 members served	15 minutes	\$2.82 Cost Not to Exceed Cap*
T1005	U7 UP		Respite Care Services, in the home (PSS)-3 members served	15 minutes	\$2.05 Cost Not to Exceed Cap*

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PROCEDURE CODE	MODIFIER	REVENUE CODE	DESCRIPTION	UNIT	Rates Effective 7/1/18
T1005	U7		Respite Care Services, in the home (PSS)	15 minutes	\$5.13, Cost Not to Exceed Cap
T1005	U7 UN		Respite Care Services, in the home (PSS)- 2 members served	15 minutes	\$2.82 Cost Not to Exceed Cap*
T1005	U7 UP		Respite Care Services, in the home (PSS)-3 members served	15 minutes	\$2.05 Cost Not to Exceed Cap*
T1005	U7		Respite Care Services, in the home-Participant Directed Option	15 minutes	\$3.73 Cost Not to Exceed Cap*
T1005	U7 UN		Respite Care Services, in the home-Participant Directed Option- 2 members served	15 minutes	\$2.05 Cost Not to Exceed Cap*
T1005	U7 UP		Respite Care Services, in the home-Participant Directed Option-3 members served	15 minutes	\$1.49 Cost Not to Exceed Cap*
S5165	U7		Environmental Modifications	Per Service	By report
A9279	U7		Assistive Technology- (Monitoring feature/device, stand alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified)	1 unit	Per device
A9279	U7 QC		Assistive Technology-Remote Monitoring-Monthly fee	Monthly	Up to \$ 500.00
T2035	U7		Assistive Technology-Transmission (Utility Services)	Monthly	Up to \$ 50.00
T1005	U7	0669	Respite Care, in the home by CNA/Home Health Aide	15 minutes	\$5.50
T1005	U7 UN	0669	Respite Care, in the home by CNA/Home Health Aide-2 members served	15 minutes	\$3.03*
T1005	U7 UP	0669	Respite Care, in the home by CNA/Home Health Aide-3 members served	15 minutes	\$2.20*
		0551	Skilled Nursing Visit (RN)	Per Visit	\$53.60
		0551	Skilled Nursing Visit (RN)-2 members served	Per Visit	\$29.48
		0551	Skilled Nursing Visit (RN)-3 members served	Per Visit	\$21.44
		0559	Other Nursing (LPN)	Per visit	\$39.05

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PROCEDURE CODE	MODIFIER	REVENUE CODE	DESCRIPTION	UNIT	Rates Effective 7/1/18
		0559	Other Nursing (LPN)-2 members served	Per Visit	\$21.48
		0559	Other Nursing (LPN)-3 members served	Per Visit	\$15.62
		0421	Physical Therapy Visit	Per visit	\$92.94
		0431	Occupational Therapy Visit	Per visit	\$98.76
		0441	Speech Therapy Visit- Home Health Services	Per visit	\$97.34
G0151	U7 TF	0421	Certified Physical Therapy Assistant- Home Health Services Visit Charge	Per visit	\$65.72
G0152	U7 TF	0431	Occupational Therapy Assistant- Home Health Services Visit Charge	Per visit	\$69.83
G0156	U7 TF	0571	Home Health Aide Visit – Home Health Services	Per visit	\$22.91
G0156	U7 TF UN	0571	Home Health Aide Visit- Home Health Services-2 members served	Per visit	\$12.60
G0156	U7 TF UP	0571	Home Health Aide Visit- Home Health Services-3 members served	Per visit	\$9.16
G0155	U7 TF	0561	Medical Social Services Visit- Home Health Services	Per visit	\$84.10
G0299	U7	0551	Skilled Nursing Visit (R.N.) (Non-Medicare Certified Home Health Agency) - Home Health Services	15 minutes	\$13.74*
G0299	U7 UN	0551	Skilled Nursing Visit (RN) (Non-Medicare Certified Home Health Agency) - Home Health Services- 2 members served	15 minutes	\$7.56*
G0299	U7 UP	0551	Skilled Nursing Visit (RN) (Non-Medicare Certified Home Health Agency) - Home Health Services-3 members served	15 minutes	\$5.50*
G0300	U7	0559	Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency) - Home Health Services	15 minutes	\$9.75*
G0300	U7 UN	0559	Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency) - Home Health Services-2 members served	15 minutes	\$5.37*

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PROCEDURE CODE	MODIFIER	REVENUE CODE	DESCRIPTION	UNIT	Rates Effective 7/1/18
G0300	U7 UP	0559	Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency) - Home Health Services-3 members served	15 minutes	\$3.90*
G0151	U7	0421	Physical Therapy Visit- Home Health Services	15 minutes	\$12.36
G0152	U7	0431	Occupational Therapy Visit- Home Health Services	15 minutes	\$12.87
G0153	U7	0441	Speech Therapy Visit- Home Health Services	15 minutes	\$12.87
T1004	U7	0581	Certified Nurse's Aide- Home Health Services	15 minutes	\$5.50*
T1004	U7 UN	0581	Certified Nurse's Aide- Home Health Services- 2 members served	15 minutes	\$3.03*
T1004	U7 UP	0581	Certified Nurse's Aide- Home Health Services-3 members served	15 minutes	\$2.20*
G0156	U7	0571	Home Health Aide- Home Health Services	15 minutes	\$5.50*
G0156	U7 UN	0571	Home Health Aide- Home Health Services- 2 members served	15 minutes	\$3.30*
G0156	U7 UP	0571	Home Health Aide- Home Health Services- 3 members served	15 minutes	\$2.20*
G0155	U7	0561	Medical Social Services Visit- Home Health Services	15 minutes	\$11.48

PROCEDURE CODE	MODIFIER	REVENUE CODE	DESCRIPTION	UNIT	Rates Effective 7/1/18
S5170	U7		Home Delivered Meals	Per Meal	\$7.64
98960	U7 59		Living Well (Chronic Disease Management)	30 Minutes	\$17.09
98960	U7 33		Matter of Balance (Falls Prevention)	30 Minutes	\$14.83



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<b>INDEPENDENT PRACTITIONERS ONLY</b>					
<b>PROCEDURE CODE</b>	<b>MODIFIER</b>	<b>REVENUE CODE</b>	<b>DESCRIPTION</b>	<b>UNIT</b>	<b>Rates Effective 7/1/18</b>
			<b>INDEPENDENT PRACTITIONERS ONLY</b>		
G0299	U7		Skilled Nursing Visit (R.N.) - Home Health Services	15 minutes	\$13.74*
G0299	U7 UN		Skilled Nursing Visit (RN) - Home Health Services-2 members served	15 minutes	\$7.56*
G0299	U7 UP		Skilled Nursing Visit (RN) - Home Health Services-3 members served	15 minutes	\$5.50*
G0151	U7		Physical Therapy Visit- Home Health Services	15 minutes	\$10.80
G0152	U7		Occupational Therapy Visit- Home Health Services	15 minutes	\$10.60
G0153	U7		Speech Therapy Visit- Home Health Services	15 minutes	\$11.75

<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.