Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
MaineCare Services
Policy Division
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 624-4050; Fax: (207) 287-6106
TTY: Dial 711 (Maine Relay)

DATE: August 15, 2023

TO: Interested Parties

FROM: Michelle Probert, Director, MaineCare Services

SUBJECT: Proposed Rule: 10-144 C.M.R., Chapter 101, MaineCare Benefits Manual,

Chapter III, Section 29, Allowances for Support Services for Adults with

Intellectual Disabilities or Autism Spectrum Disorder

PUBLIC HEARING: The Department will hold a combined in-person and remote (via Zoom) public hearing.

Date and Time: September 11, 2023, 12:00 PM Eastern Time (US and Canada)

Location: State Office Building, Conference Rooms A & B

109 Capitol Street, Augusta, ME

Zoom Meeting link: https://mainestate.zoom.us/j/88458657517

Meeting ID: 884 5865 7517

Some devices may require downloading a free app from Zoom prior to joining the public hearing event.

The Department requests that any interested party requiring special arrangements to attend the hearing in person contact the agency person listed below before Friday, September 8, 2023.

In addition to the public hearing, individuals may submit written comments to DHHS by the date listed in this notice.

COMMENT DEADLINE: Comments must be received by 11:59 PM on September 21, 2023.

The Department is proposing to make the following changes to this major substantive rule:

The Department is adding new services which will be reimbursed pursuant to this rule:

- Home Support Quarter Hour (Self-Directed)
- Shared Living One member, Increased level of support
- Shared Living Two members, Increased level of support
- Community Support Community Only Individual
- Community Support Community Only Group
- Community Support Community Only Individual (Self-Directed)
- Home Accessibility Adaptations (Self-Directed)
- Home Accessibility Adaptations Repairs (Self-Directed)
- Assistive Technology (Monitoring feature/device, stand alone or integrated, any type, includes all
 accessories.
 - components and electronics, not otherwise classified) (Self-Directed)
- Financial Management Service
- Supports Brokerage
- Individual Goods and Services

Provision of these services was originally implemented through the Appendix K: Emergency Preparedness and Response authority in response to the COVID-19 Public Health Emergency, which was approved by CMS but was not added to the Ch. II, Sec. 29 rule at that time. Appendix K expires on November 11, 2023, and the Department is concurrently going through APA rulemaking for Ch. II, Section 29, to add these services to that rule. The Ch. II, Section 29 rule is a routine technical rule and is being proposed separately in anticipation of its being legally effective on or before November 12, 2023. The Department is proposing a retroactive application date of November 12, 2023, for the rates for the new services in this Chapter III rulemaking, so that both the new services and their rates share the same legal effective date. This retroactive application is authorized by 22 M.R.S. 42(8), as having the retroactive rates for the new services will benefit, and does not harm MaineCare members or providers.

In accordance with 22 M.R.S. §7402, the Department proposes to implement annual rate adjustments every January 1st. Specifically, Section 29 services that have standard unit rates and that did not receive a rate adjustment within the prior twelve months will receive an annual increase equal to the annual increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), for the Northeast Region, or its successor index, as published by the United States Department of Labor, Bureau of Labor Statistics or its successor agency. This increase will ensure that rates are sufficient to allow reimbursement for services provided by essential support workers to equal to at least 125% of the minimum wage established in 26 M.R.S. Section 664. Essential support workers are individuals who by virtue of employment generally provide to individuals direct contact assistance with activities of daily living or instrumental activities of daily living or have direct access to provide care and services to clients, patients or residents regardless of the setting. 22 M.R.S. § 7401. The Department proposes that this annual rate adjustment have a retroactive application date of January 1, 2024. This retroactive application is authorized by 22 M.R.S. Sec. 42(8), as this benefits, and does not harm, any MaineCare member or provider.

As authorized by 22 M.R.S. §3173-J, the Department proposes to remove reimbursement rates from the rule. The Department proposes that all Section 29 reimbursement rates will now be solely listed on the MaineCare Provider Fee Schedule, which is posted on the Department's website.

The Department intends to seek permanent approval from the Centers for Medicare & Medicaid Services (CMS) for the added services and for the increased reimbursement rates.

Pursuant to 5 M.R.S. Sections 8071 and 8072, the Department expects that the Commissioner will provisionally adopt this rule after the public hearing and responses to public comments, and then submit the rule to the Legislature for approval. This rule will have legal effect only after review by the Legislature followed by final adoption by the Commissioner.

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. 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: The Department is proposing to make the following changes to this major substantive rule:

The Department is adding new services which will be reimbursed pursuant to this rule:

- Home Support Quarter Hour (Self-Directed)
- Shared Living One member, Increased level of support
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As authorized by 22 M.R.S. §3173-J, the Department proposes to remove reimbursement rates from the rule. The Department proposes that all Section 29 reimbursement rates will now be solely listed on the MaineCare Provider Fee Schedule, which is posted on the Department's website.

The Department intends to seek permanent approval from the Centers for Medicare & Medicaid Services (CMS) for the added services and for the increased reimbursement rates.

Pursuant to 5 M.R.S. Sections 8071 and 8072, the Department expects that the Commissioner will provisionally adopt this rule after the public hearing and responses to public comments, and then submit the rule to the Legislature for approval. This rule will have legal effect only after review by the Legislature followed by final adoption by the Commissioner.

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

STATUTORY AUTHORITY: 22 M.R.S. §§ 42 and 42(8), 3173, 3173-J, and 7401 to 7404

DATE FILED WITH THE SECRETARY OF STATE'S OFFICE: August 15, 2023

PUBLIC HEARING: The Department will hold a combined in-person and remote (via Zoom) public hearing.

Date and Time: Sep 11, 2023, 12:00 PM Eastern Time (US and Canada)

Location: State Office Building, Conference Rooms A & B

109 Capitol Street, Augusta, ME

Zoom Meeting link: https://mainestate.zoom.us/j/88458657517

Meeting ID: 884 5865 7517

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The Department requests that any interested party requiring special arrangements to attend the hearing in person contact the agency person listed below before Friday, September 8, 2023.

In addition to the public hearing, individuals may submit written comments to DHHS by the date listed in this notice.

COMMENT DEADLINE: Comments must be received by 11:59 PM on September 21, 2023.

AGENCY CONTACT PERSON: Heather Bingelis, Comprehensive Health Planner II

AGENCY NAME: MaineCare Services

ADDRESS: 109 Capitol Street, 11 State House Station

Augusta, Maine 04333-0011

TELEPHONE: 207-624-6951 FAX: (207) 287-6106

TTY: 711 (Deaf or Hard of Hearing)

EMAIL: heather.bingelis@maine.gov

IMPACT ON MUNICIPALITIES OR COUNTIES (if any): The Department anticipates that this rulemaking will not have any impact on municipalities or counties.

SECTION 29 ALLOWANCES FOR SUPPORT SERVICES FOR ADULTS WITH INTELLECTUAL DISABILITIES OR AUTISM

Established: 1/1/08 EFFECTIVE: 6/15/22

SPECTRUM DISORDER MAJOR SUBSTANTIVE RULE

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SECTION 29 ALLOWANCES FOR SUPPORT Established: 1/1/08 SERVICES FOR ADULTS WITH EFFECTIVE: 6/15/22

INTELLECTUAL DISABILITIES OR AUTISM SPECTRUM DISORDER MAJOR SUBSTANTIVE RULE

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, "Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder" 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. §§ 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 the following methods 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;

SECTION 29

ALLOWANCES FOR SUPPORT

SERVICES FOR ADULTS WITH

EFFECTIVE: 6/15/22

INTELLECTUAL DISABILITIES OR AUTISM

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1400 REIMBURSEMENT METHODS (cont.)

- B. Assistive Technology-Transmission (Utility Services) (Agency and Self-Directed);*
- C. Career Planning;
- D. Community Support Services (Agency and Self-Directed)*;
- E. Employment Specialist Services;
- F. Home Support-Quarter Hour (Agency and Self-Directed)*;
- G. Home Support-Remote Support-Interactive Support;
- H. Home Support-Remote Support-Monitor Only;
- I. Respite, ¼ hour and per diem;
- J. Shared Living;
- K. Work Support-Individual;
- L. Work Support-Group-:
- M. Financial Management Services, per month*;
- N. Supports Brokerage, 1/4 hour*.

Specific reimbursement rates are listed on the MaineCare Provider Fee Schedule, which is posted on the Department's website in accordance with 22 MRSA Section 3173-J(7), at https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx

- 2. **Prior Approved Price** DHHS will determine the amount of reimbursement for Home Accessibility Adaptations or Assistive Technology- Devices (Agency or Self-Directed) 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.
- 3. Respite Reimbursement for Respite is a quarter 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 Respite amount billed any single day cannot exceed the Respite per diem rate-of \$311.03.
- 4. Annual Adjustments to Services that have a Standard Unit rate. Effective January 1, 2024, every January 1st Section 29 services that have standard unit rates, as identified in 1400(1), and that did not receive a rate adjustment within the prior twelve months, will receive an annual adjustment equal to the annual increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), for the Northeast Region, or its successor index, as published by the United States Department of Labor, Bureau of Labor Statistics or its successor agency.
- <u>5. Individual Goods and Services* Member must receive approval from the Support Broker prior to getting reimbursement for invoices.</u>

*Rates for these services will be effective on November 12, 2023.

SECTION 29

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INTELLECTUAL DISABILITIES OR AUTISM
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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 RESPONSIBLITIES 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 of governmental filings, staff schedules, time cardstimecards, member service charge schedule and amounts reimbursement by service, or any other record which is necessary to provide DHHS with the highest degree of confidence in the reliability of the costs of providing services. For purposes of this definition, affiliated entities shall extend to management and other entities for which any reimbursement is claimed, whether or not they fall within the definition of related parties.

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 with different per person rates for group sizes of 2, 3, 4, 5, or 6 members. as follows:

Members in	Rate per Unit
Group	Effective 1/1/22
2	\$6.23
3	\$4.68
4	\$3.82

SECTION 29	ALLOWANCES FOR SUPPORT	Established: 1/1/08
	SERVICES FOR ADULTS WITH	EFFECTIVE: 6/15/22
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1800 BILLING PROCEDURES (cont.)

5 \$3.33 6 \$2.98

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 corresponds 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 delivery of services that a member received.

2000 RECOVERY OF PAYMENTS

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

^{*}The Department is seeking approval from the federal Centers for Medicare and Medicaid Services ("CMS") for these changes .

Established: 1/1/08 EFFECTIVE: 6/15/22

SECTION 29 ALLOWANCES FOR SUPPORT SERVICES FOR ADULTS WITH INTELLECTUAL DISABILITIES OR AUTISM SPECTRUM DISORDER MAJOR SUBSTANTIVE RULE

Appendix I

PROCEDURE CODE	SERVICE**	Unit of Service	MAXIMUM ALLOWANCE Effective 1/1/22
T2017	Home Support-Quarter Hour	Per 1/4 hour	\$10.45 per ¼ hour*
T2017 QC	Home Support-Remote Support-Monitor Only	Per 1/4 hour	\$2.93 per 1/4 hour*
T2017 GT	Home Support-Remote Support-Interactive Support	Per 1/4 hour	\$10.45 per ¼ hour*
<u>T2017 U6</u>	Home Support- Quarter Hour (Self-Directed)*		
S5140	Shared Living (Foster Care, adult) Shared Living Model *One member served	Per ¼ hour	\$163.71 per diem*
S5149 TG	Shared Living - One Member, Increased Level of Support*	Per ¼ hour	
S5140 UN	Shared Living (Foster Care, adult) Shared Living Model *Two members served	Per Diem	\$122.78 per diem*
S5140 UN TG	Shared Living -Two members, Increased Level of Support*		
T2021	Community Support (Day Habilitation)	Per ¼ hour	\$6.53 per 1/4 hour
T2021 SC	Community Support (Day Habilitation)- with Medical Add On	Per ¼ hour	\$8.05 per ¼ hour
<u>T2021 UA</u>	Community Support – Community Only-Individual *	Per ¼ hour	
<u>T2021 UB</u>	Community Support – Community Only-Group *	Per ¼ hour	
<u>T2021 U6</u>	Community Support-Community Only-Individual (Self-Directed) *	Per ¼ hour	
T2019	Employment Specialist Services (Habilitation, Supported Employment waiver)	Per ¼ hour	\$14.41 per ¼ hour*
T2019 SC	Employment Specialist Services (Habilitation, Supported Employment waiver)-with Medical Add On	Per ¼ hour	\$14.41 per ¼ hour*

^{*}The Department is seeking CMS approval for these changes. *Rates for these services will be effective on November 12, 2023.

^{**} Specific reimbursement rates are listed on the MaineCare Provider Fee Schedule, which is posted on the Department's website in accordance with 22 MRSA §3173-J(7).

SECTION 29

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

Established: 1/1/08 EFFECTIVE: 6/15/22

PROCEDURE CODE	SERVICE**	Unit of Service	MAXIMUM ALLOWANCE Effective 1/1/22
H2023	Work Support (Supported Employment)-Individual	Per ¼ hour	\$12.59 per 1/4 hour*
H2023 SC	Work Support (Supported Employment)-Individual with Medical Add On	Per ¼ hour	\$12.59 per 1/4 hour*
H2023 UN	Work Support (Supported Employment)-Group 2 members served	Per ¼ hour	\$6.23 per ½ hour*
H2023 UP	Work Support (supported employment)-Group 3 members served	Per ¼ hour	up to \$4.68 per ¼ hour*
H2023 UQ	Work Support (supported employment)-Group 4 members served	Per ¼ hour	up to \$3.82 per ½ hour*
H2023 UR	Work Support (supported employment)-Group 5 members served	Per ¼ hour	up to \$3.33 per ¼ hour*
H2023 US	Work Support (supported employment)-Group 6 members served	Per ¼ hour	up to \$2.98 per ¼ hour*
T2015	Career Planning (Habilitation, prevocational)	Per hour	\$61.13 per hour*
S5165	Home Accessibility Adaptations	Per Invoice	Per invoice
S5165 CG	Home Accessibility Adaptations repairs Repairs*	Per Invoice	Per invoice
S5165 U6	Home Accessibility Adaptations (Self-Directed)*	Per Invoice	
S5165 CG U6	Home Accessibility Adaptations Repairs (Self-Directed)*	Per Invoice	
97755	Assistive Technology-Assessment	Per ¼ hour	\$ 15.15 per 1/4 hour*
T2035	Assistive Technology-Transmission (Utility Services)	Per Month	Up to \$50.00 per month
T2035 U6	Assistive Technology-Transmission (Utility Services-Self-Directed)*	Per Month	

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SECTION 29 ALLOWANCES FOR SUPPORT SERVICES FOR ADULTS WITH INTELLECTUAL DISABILITIES OR **AUTISM SPE MAJOR SUI**

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Established: 1/1/08

EFFECTIVE: 6/15/22

PROCEDURE CODE	SERVICE**	<u>Unit of Service</u>	MAXIMUM ALLOWANCE Effective 1/1/22
A9279	Assistive Technology-(Monitoring feature/device, stand alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified)*Assistive Technology Devices (Monitoring feature/device, stand alone or integrated, any type, includes all accessories, components and electronics, not otherwise elassified)	Per Invoice	Per invoice up to \$6,296.40 per year*
A9279 U6	Assistive Technology-(Monitoring feature/device, stand alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified)) (Self-Directed)*	Per Invoice	
S5150	Respite Services- 1/4 hour	Per ¼ hour	\$8.63 per 1/4 hour*
S5151	Respite Services- Per Diem	Per Diem	\$287.35 per diem*
<u>T2040 U6</u>	Financial Management Service*	Per ¼ hour	
<u>T2041 U6</u>	Supports Brokerage*	Per ¼ hour	
<u>T2028 U6</u>	Individual Goods and Services*	Per Invoice	

Modifiers	Modifier Description
CG	Policy Criteria Applied
SC	Medical Add On
HQ	Group Setting
QC	Remote Support-Monitor Only
GT	Remote Support-Interactive Support
UN	Two Members Served

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SECTION 29	ALLOWANCES FOR SUPPORT SERVICES FOR	Established: 1/1/08
	ADULTS WITH INTELLECTUAL DISABILITIES OR	EFFECTIVE: 6/15/22
	AUTISM SPECTRUM DISORDER	
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UP	Three Members Served	
UQ	Four Members Served	
UR	Five Members Served	
US	Six Members Served	
<u>U6</u>	Self-Directed Services*	

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