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**DATE:** December 6, 2023

**TO:** Interested Parties

**FROM:** Michelle Probert, Director, MaineCare Services

A handwritten signature in black ink, appearing to read "Michelle Probert".

**SUBJECT: Adopted Rule:** 10-144 C.M.R. Chapter 101, Chapter II, Section 89, MaineMOM Services and Reimbursement

The adopted rulemaking establishes 10-144 CMR Ch. 101, MaineCare Benefits Manual (the “MBM”), Chapter II, Section 89, MaineMOM Services and Reimbursement.

The Department adopts this rule in order to create a new section of policy describing MaineMOM Services. The rulemaking addresses MaineMOM provider requirements, member eligibility, policies and procedures, covered services, and reimbursement methodology. The adopted MaineMOM Services rule is intended to expand Maine’s offering of substance use treatment services for pregnant and postpartum MaineCare members. This service is being created specifically to address and improve care for pregnant and postpartum people with Opioid Use Disorder (OUD) and their infants by integrating perinatal and substance use treatment services. The adopted rule establishes a new model of care which builds upon Opioid Health Home Services within the Health Home Services Medicaid State Plan benefit, designed to integrate and coordinate medical and behavioral health services and supports for people living with chronic conditions.

MaineMOM services are separate from Section 93, Opioid Health Home Services. MaineCare will not reimburse a MaineMOM provider for delivering MaineMOM services to a member if that member also receives Section 93 services.

The Department adopts service and provider requirements for MaineMOM Services that are consistent with Health Home Service requirements, to include core Health Home Services and Standards, and the delivery of person-centered, quality-driven health care services. These adopted core services include creating care plans that support individual needs of patients, identifying health-related social needs, connecting individuals to needed resources, providing education related to substance use and perinatal care, supporting transitions between inpatient and outpatient care settings, and offering access to recovery-focused services. The Department further adopts that MaineMOM Services be provided by an interdisciplinary care team that includes a clinical lead, a Medications for Opioid Used Disorder (MOUD) prescriber, a perinatal provider, a nurse care manager, a clinical counselor, a patient navigator, and a recovery coach.

The adopted rule establishes three (3) models of MaineMOM Services to accommodate various provider and member situations. The three (3) models are:

- the Integrated Model,
- the Partnership Model, and
- the Perinatal Navigation Model

In compliance with 22 M.R.S. Section 3173-J(3), this adopted rule establishes the reimbursement rate methodology for Section 89 services, as follows:

- For each of the three (3) models of MaineMOM Services, the adopted rule establishes a monthly Per Member Per Month (PMPM) reimbursement rate which incorporates quality of care incentives with the review of performance on two quality measures (access to postpartum services and screening for viral hepatitis C in pregnant patients).
- 4% of the PMPM payments is withheld and redistributed every six months in accordance with the Performance-Based Adjustments rule provision.
- In compliance with 22 M.R.S. Section 3173-J, the adopted reimbursement methodology applies an annual cost of living adjustment (COLA) equal to the percentage increase in the state minimum wage as set by the Department of Labor, pursuant to 26 M.R.S. Section 664(1), effective July 1, 2024, to the three MaineMOM PMPM rates.
- The PMPM rates and the annual COLA adjustments will be posted on the Department’s website.

The Department has received approval from the Centers for Medicare & Medicaid Services (CMS) for most of the new covered services and rates. The rule notates for which provisions the Department is seeking a State Plan Amendment for. As described in detail in the Summary of Comments and Responses document, the Department made a few changes to the final rule based on public comment. First, the Department changed the phrase “Consent Forms” to “Documentation of Consent” in Section 89.04-2(D). Second, the Department changed Section 89.05-1(A)(3) to establish new timelines for the Plan of Safe Care that reflect variances in when a member enrolls in MaineMOM services. Providers shall ensure a Plan of Safe Care is created prior to the pregnancy due date for members who enroll in services at least thirty (30) days prior to the pregnancy due date. For a member who enrolls in services after thirty (30) days prior to the pregnancy due date, the plan is created as soon as possible and appropriate, conditional on birth outcome. Third, the Department made two changes under Section 89.05-3. The first change replaced “hourly visit” with “billable hour.” The second change was to clarify that while the counseling requirements will be at a minimum one hour in duration monthly, this may be delivered in multiple member contacts, as clinically appropriate, and documented in the member’s record. Fourth, the Department replaced “long-term recovery” with “recovery” in Section 89.06. Fifth, the Department added “If a MaineMOM member has a primary care provider” to the beginning of Section 89.06-1(M). Finally, as a result of final rule review, the Department eliminated Section 89.08(A)(9) “Adequate clinical documentation to support the phase of treatment to which the MaineMOM provider is attesting.” MaineMOM services do not include phases of treatment and this was erroneously included in the proposed 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 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 II, Section 89, MaineMOM Services and Reimbursement

**ADOPTED RULE NUMBER:**

**CONCISE SUMMARY:**

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- 4% of the PMPM payments is withheld and redistributed every six months in accordance with the Performance-Based Adjustments rule provision.
- In compliance with 22 M.R.S. Section 3173-J, the adopted reimbursement methodology applies an annual cost of living adjustment (COLA) equal to the percentage increase in the state minimum wage as set by the Department of Labor, pursuant to 26 M.R.S. Section 664(1), effective July 1, 2024, to the three MaineMOM PMPM rates.
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See <http://www.maine.gov/dhhs/oms/rules/index.shtml> for rules and related rulemaking documents.

**EFFECTIVE DATE:** December 6, 2023

**STATUTORY AUTHORITY:** 22 M.R.S. §§ 42, 3173

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CHAPTER II

Section 89

MaineMOM Services and Reimbursement

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## 89.01 INTRODUCTION

MaineMOM is a model of care that incents the integration and coordination of Perinatal Care and Opioid Use Disorder (OUD) treatment to meet MaineCare members' health care needs through Per Member Per Month (PMPM) payments tied to quality outcomes. MaineMOM Services are provided through three (3) distinct models of care:

1. MaineMOM Integrated Model Services,
2. MaineMOM Partnership Model Services, and
3. MaineMOM Perinatal Navigation Model Services.

## 89.02 DEFINITIONS

- 89.02-1** *American Society of Addiction Medicine (ASAM) Criteria* Level of care criteria that establish what services are medically necessary for a member.
- 89.02-2** **Authorized Entity** is an organization authorized by the Department of Health and Human Services (DHHS) to perform specified functions pursuant to a signed contract or other approved signed agreement.
- 89.02-3** **Behavioral and Physical Health Integration** is the care a member experiences as a result of a team of primary care and behavioral health providers, working together with members and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population (based on the definition of "Integrated Behavioral Health Care" from the Agency for Healthcare Research and Quality).
- 89.02-4** **Care Plan** is a patient-centered plan that describes, coordinates, and integrates a member's clinical information, to include all clinical and non-clinical health care-related needs and services.
- 89.02-5** **Community Health Worker (CHW)** is a trained health worker who has completed a training program with a curriculum approved by the Department, or their designee, that includes both relevant CHW core competencies and training specific to OUD treatment and recovery; or holds a Maine CHW certification or registration (effective the date such a designation becomes active in the State of Maine). CHWs apply their unique understanding of the community's experience, socio-economic needs, language and/or culture to advocate for individual and community needs and acts as a bridge between providers and individuals to promote health, reduce disparities, and improve service delivery. CHWs are distinguished from other health professionals in that they are hired primarily for their understanding of the populations and communities they serve, conduct outreach a significant portion of the time, and have experience providing services in community settings.
- 89.02-6** **Co-occurring Capable Providers** are organized to welcome, identify, engage, and serve members with co-occurring mental health and Substance Use Disorders (SUDs), and to incorporate attention to these issues into all aspects of co-occurring services including linkage with other providers, staff competency and training.

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**89.02 DEFINITIONS (cont.)**

- 89.02-7** *Diagnostic and Statistical Manual of Mental Health Disorders (DSM)* is the most current version published by the American Psychiatric Association. The DSM is used to classify mental health diagnoses and provide standard categories for definition of mental health disorders.
- 89.02-8** **Eat, Sleep, Console (ESC)** is an Evidence-Based Practice of care using a non-pharmacological care model and treatment of Neonatal Opioid Withdrawal Syndrome (NOWS) for newborn infants in the hospital setting. ESC focuses on keeping parent and infant together, monitoring feeding, sleeping, and ability to be consoled as measures of infant functioning.
- 89.02-9** **Electronic Health Record (EHR)** is a systematic collection of electronic health information about individual MaineCare members. It is a record in digital format that is capable of being shared across different health care settings by a Department-designated Health Information Exchange(s) (HIE), a Department-designated network connected enterprise-wide information system(s), and other information networks or exchanges. An EHR supports clinical EHR functions, such as intake, clinical care, task management, and case management where appropriate, and has Health Level Seven (HL7) interoperability capabilities to support the electronic sharing of portions of the patient's record.
- 89.02-10** **Intrapartum Care** are the health services provided to members and their infant(s) during labor and delivery, including vaginal delivery and cesarean section.
- 89.02-11** **Opioid Use Disorder (OUD)** means SUD, Opioid, defined by the DSM.
- 89.02-12** **Perinatal Care** are the health services provided to a member and their infant(s) during the perinatal period, which begins at conception and extends through twelve (12) months following the end of pregnancy, and includes Prenatal, Intrapartum and Postpartum Care.
- 89.02-13** **Plan of Safe Care** is a written document, prepared by health care or community providers in consultation with the parents of substance exposed infants in accordance with 22 M.R.S. § 4004-B(5).
- 89.02-14** **Postpartum Care** are the health services provided to a member following the end of pregnancy, including but not limited to routine Postpartum Care and family planning education.
- 89.02-15** **Prenatal Care** are the health services provided to a member during pregnancy including physical examinations, recording of weight, blood pressure, fetal heart tones, maternity counseling, etc.



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**89.03 MEMBER ELIGIBILITY**

To receive MaineMOM services, members must meet the eligibility requirements set forth in this section.

**89.03-1 General Eligibility**

Members must meet the eligibility criteria described in Chapter I, Section 1 of the MBM and in the *MaineCare Eligibility Manual*, 10-144 Chapter 332.

**89.03-2 Specific Requirements**

All diagnoses and qualifying risk factors must be documented in the member's Care Plan.

Members must be diagnosed with an OUD, in accordance with the current version of the DSM; AND have a second chronic condition OR be at risk of having a second chronic condition.

A. Eligible Chronic Conditions as Second Chronic Condition:

1. mental health condition;
2. additional SUD (other than OUD);
3. tobacco use;
4. diabetes;
5. heart disease;
6. overweight or obesity as evidenced by a body mass index over 25;
7. chronic obstructive pulmonary disease (COPD);
8. hypertension;
9. hyperlipidemia;
10. developmental and intellectual disorder;
11. circulatory congenital abnormality;
12. asthma;
13. acquired brain injury; or

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**89.03 MEMBER ELIGIBILITY (cont.)**

14. seizure disorder.

**B. Definition of at Risk of another Chronic Condition**

A member is deemed to be at risk of another chronic condition if the member has high risk behaviors and other factors that may contribute to chronic conditions such as, but not limited to:

1. smoking;
2. obesity;
3. poor nutrition;
4. childhood trauma;
5. risky sexual practices;
6. intravenous drug use;
7. history of or current substance use other than opioids; and
8. family health issues.

**89.03-3 Eligibility Certification**

Providers must submit certification requests to the Department or its authorized entity. Each member's eligibility shall be based on a diagnosis rendered within the past year from the date of the certification request, as documented by a professional whose scope of practice includes the ability to diagnose. Reassessments shall occur at least annually in order to ensure ongoing eligibility for services provided herein. Providers shall maintain a member's eligibility verification in the member's record.

**89.04 ENROLLMENT AND DUPLICATION OF SERVICES**

**89.04-1 Member Identification**

The MaineMOM provider shall identify members who are potentially eligible for services under Section 89.03. The MaineMOM provider will submit potentially eligible members to the Department or the Department's Authorized Entity through a

**89.04 ENROLLMENT AND DUPLICATION OF SERVICES (cont.)**

certification process to approve services. Each member's eligibility must be based on a diagnosis rendered within the past year from the date of the certification request.

**89.04-2 Enrollment and Duplication of Services**

- A. **Enrollment:** The MaineMOM provider shall identify members for services based on the service eligibility criteria. The provider shall give potentially eligible members information about the benefits of participating in MaineMOM services. The member can choose to receive services once confirmed eligible. The Department, or its Authorized Entity, must approve members through a certification process with the certification effective the earliest date without risk of duplicative services. The member can choose not to participate in MaineMOM services at any time by notifying the MaineMOM provider, the Department, or its Authorized Entity, for certifications of services.
- B. **Duplication of Services:** As set forth in Section 89.09 (Reimbursement), the Department will not reimburse for duplicative services for members. If the Department, or its Authorized Entity, determines the member is receiving a duplicative service through a certification process, the member chooses which service they want to receive. The Department, or its Authorized Entity, will notify members that they cannot receive duplicative services and will keep a record of documentation as to the members' choice of service. A member may only be in one health home program at a time.
- C. **Requests and Referrals:** Members may request MaineMOM services or be referred for services through the Department's maternal and child health referral system. MaineMOM providers must provide a referral contact at their service location to facilitate the connection to services.
- D. **Documentation of Consent:** MaineMOM providers must retain documentation of consent for all members in the member record. Consent documentation must, at a minimum:
1. Indicate that the individual has received information explaining the purpose of MaineMOM services and the services provided; and
  2. Indicate that the individual has consented to receive the MaineMOM services and understands their right to choose, change, or disenroll from their MaineMOM provider at any time.

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**89.04 ENROLLMENT AND DUPLICATION OF SERVICES (cont.)**

**89.04-3 ASAM Criteria**

MaineMOM providers shall assess the appropriateness of MaineMOM services in alignment with the ASAM level of care criteria. Members must minimally meet ASAM Level 0.5 or Level I for individual, family, or group outpatient services.

**89.05 COVERED SERVICES**

MaineMOM Services are for the perinatal period. MaineMOM providers shall provide the following Covered Services in accordance with the requirements in their respective subsections. Providers of MaineMOM Integrated Model Services (Section 89.06-3) and MaineMOM Partnership Model Services (Section 89.06-4) shall deliver all covered services. Providers of MaineMOM Perinatal Navigation Model Services (Section 89.06-5) shall only deliver Health Home Services (Section 89.05-1) and Access to Medication (Section 89.05-4).

MaineMOM providers shall document in their EHR all covered services provided to members.

**89.05-1 Health Home Services**

The MaineMOM provider shall provide at least one of the following Health Home Services to each member within the reporting month, pursuant to the member's Care Plan. Until such time as a Care Plan is in place, each month's services must include Care Plan development under Section 89.05-1(A).

Services may be delivered in any community location where confidentiality can be maintained, as clinically appropriate. Not all aspects of the covered services will require direct member involvement; however, all covered services require that MaineMOM provider activities be directly related to an individual member, are member-informed, and pursuant to the member's Care Plan.

**A. Comprehensive Care Management**

The MaineMOM provider shall complete a screening and comprehensive assessment and create Care Plans, Plans of Safe Care, and plans for labor and delivery based on the screening and comprehensive assessment with the member and family or other support system input if desired by the member.

MaineMOM providers shall use shared decision-making aids and consider members' health literacy levels and cultural identification in comprehensive assessments and care planning, in setting measurable goals as clinically appropriate.

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**89.05 COVERED SERVICES** (cont.)

MaineMOM providers shall facilitate access to prenatal, intrapartum, postpartum medical services in accordance with the MBM, Chapter II, Section 90, Physician Services.

**1. Screening and Comprehensive Assessment**

Qualified MaineMOM staff shall conduct a screening and comprehensive assessment to determine diagnosis, the level of care in which the member should be placed, and to identify treatment priorities for the Care Plan. The MaineMOM provider shall place and maintain in the medical record for each MaineMOM member a comprehensive assessment report and evidence of the member having had an annual physical exam. A comprehensive assessment shall be completed at the time of intake of a new member, updated no later than thirty (30) days after an end of pregnancy date and reviewed when a member's needs or circumstances change.

a. The comprehensive assessment shall include documentation of:

- i. medications;
- ii. allergies;
- iii. family history;
- iv. nutritional status;
- v. education;
- vi. military service (if applicable);
- vii. legal issues;
- viii. vocational background;
- ix. spirituality and religious preferences;
- x. leisure and recreational activities; and
- xi. addiction-focused history, including patterns of use, durations or periods of sobriety, and successful recovery strategies used.

b. In conducting the screening and comprehensive assessment and development of the Care Plan, MaineMOM providers shall ensure the

**89.05 COVERED SERVICES** (cont.)

provision of the following screenings and assessments, facilitate access to needed services, and develop follow-up plans based on results of:

- i. **Health-Related Social Needs:** Screen for Health-Related Social Needs, assessing for housing stability, financial strain, intimate partner violence, food insecurity, and social support network and make necessary referrals and connections. An additional screening for Health-Related Social Needs should be completed at least once during the first sixty (60) days postpartum.
- ii. **Co-Occurring Mental Health:** Screen for co-occurring mental health and substance use conditions at intake and again, no later than six (6) weeks postpartum (e.g., for depression, Patient Health Questionnaire (PHQ-9), and anxiety, Generalized Anxiety Disorder (GAD-7)).

**2. Care Plan**

The multi-disciplinary MaineMOM care team, which must include the member, shall develop, and implement a goal-oriented Care Plan, which must be available for update and review by all MaineMOM care team members.

The Care Plan must:

- a. Be consented to by the member, verbally or in writing, with documentation included in the member's record that the member has reviewed the Care Plan and understands and agrees with it, including the date of the review;
- b. Include measurable goals that are developed following clinical assessment of the member;
- c. Include the member's health goals and the services and supports necessary to achieve those goals (including prevention, wellness, specialty care, behavioral health, transitional care and coordination, and social and community services as needed);
- d. Include measurable treatment objectives and activities designed to meet those objectives;
- e. Be developed within a maximum of thirty (30) days following the member's enrollment and minimally updated no later than thirty (30) days postpartum;

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**89.05 COVERED SERVICES** (cont.)

- f. Be reviewed when a member’s needs or circumstances change;
  - g. Specify the services and supports that are to be furnished to meet the member’s preferences, choices, abilities, and needs, which can include, but are not limited to, prevention, wellness, specialty care, behavioral health, transitional care and coordination, and social and community services;
  - h. Provide comprehensive and maximally effective OUD care, include a medication plan which is documented by the MaineMOM provider in the member’s record and modified as medically indicated by the member’s response to treatment;
  - i. Be revised to reflect changes in treatment recommendations including referrals and coordination for gaps in care and revisions are communicated with the MaineMOM care team; and
  - j. Meet the requirements of Section 89.08, “Documentation and Confidentiality.”
- 3. Plan of Safe Care:** Ensure a Plan of Safe Care is created prior to the pregnancy due date for a member who enrolls in MaineMOM services at least thirty (30) days prior to the pregnancy due date. For a member who enrolls after thirty (30) days prior to the pregnancy due date, a Plan of Safe Care should be developed as soon as possible and appropriate, conditional on birth outcome. A Plan of Safe Care is distinct from the Care Plan and identifies needed resources and services to ensure the member and infant’s well-being and ongoing safety, and to guarantee the best possible short-term and long-term health and developmental outcomes for substance exposed infants. A Plan of Safe Care can also be developed for non-substance exposed infants. A Plan of Safe Care remains in effect for the first twelve (12) months of a child’s life.

**4. Plan for Labor and Delivery**

MaineMOM providers shall maintain a documented plan for labor and delivery with the member, when applicable. MaineMOM providers shall communicate this plan with the Intrapartum Care team prior to delivery. This plan shall include, but not limited to:

- a. Confirmation the member is informed of ESC;
- b. Pain management guidance specific to the member’s needs and choice; and

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**89.05 COVERED SERVICES (cont.)**

- c. Current treatment and care coordination support available to the member, throughout the hospital stay.

**B. Care Coordination**

MaineMOM providers shall provide intensive and comprehensive Care Coordination to address the clinical and non-clinical needs of members as appropriate to the member's treatment needs and Care Plan. MaineMOM providers may provide care coordination services through outreach, referrals, and communication with clinical and non-clinical service providers. Forms of Care Coordination may include, but are not limited to, assistance in accessing the following:

1. Primary health care for member and infant;
2. Specialty health care as appropriate;
3. Peer support for recovery;
4. Home visiting programs for prenatal and family development;
5. Housing and providing assistance to access and maintain safe/affordable housing;
6. Food and nutrition and providing connection and coordination with Women, Infants and Children (WIC) services;
7. Financial resources and providing connection and coordination with services offered by the Office of Family Independence (OFI), such as Temporary Assistance for Needy Families (TANF);
8. Childcare support;
9. Employment and providing assistance to access and maintaining employment;
10. Connection to family and others to support connections to services and expand social networks;
11. Transportation services;
12. Legal services; and



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**89.05 COVERED SERVICES** (cont.)

13. Maintaining frequent communication with other team providers to monitor health status, medical conditions, medications, and medication side effects.

**C. Health Promotion**

MaineMOM providers shall offer Health Promotion services to encourage and support healthy behaviors and self-management of health. MaineMOM providers must provide and document efforts to connect each member to a primary care provider. MaineMOM health promotion activities may also include, but are not limited to:

1. Health education specific to opioid dependence and treatment;
2. Relapse prevention plans;
3. Education and referral support regarding the member's other chronic conditions or health-related risk factors (e.g., oral health, contraceptive counseling, age-appropriate preventative care);
4. Evaluate and provide education on skills to self-manage health and healthcare needs relevant to the individual's Care Plan;
5. Behavioral techniques to promote healthy lifestyles;
6. Managing chronic pain;
7. Smoking cessation and reduction in use of alcohol and other drugs;
8. Nutritional counseling;
9. Promotion of physical activity; and
10. Specific education for pregnant members in SUD treatment prior to Intrapartum Care:
  - a. Education on the ESC method of monitoring newborn infants for neonatal opioid withdrawal syndrome and the related extended newborn hospital stay;
  - b. Education on the mandatory notification to DHHS of all infants born substance exposed, pursuant to 22 M.R.S. § 4004-B; and

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**89.05 COVERED SERVICES** (cont.)

- c. Education on the Plan of Safe Care for the substance exposed infant.

**D. Comprehensive Transitional Care**

MaineMOM providers shall ensure continuity and coordination of care for members transitioning between healthcare providers and settings, such as inpatient discharge planners, hospital Emergency Department (ED) staff, long-term care facilities, corrections, probation and parole staff, residential treatment programs, primary care, and specialty mental health and substance use treatment services, with an aim to ensure the appropriate care post transition and reduce ED use, morbidity, mortality, inpatient admissions, readmissions, and lengths of stay. Following the end of a member's pregnancy, MaineMOM providers shall:

1. Coordinate with hospital discharge planners on care instructions for the member and infant, when applicable; and
2. Within twelve (12) months following a member's end of pregnancy date, or upon the end of MaineMOM services if less than twelve (12) months, MaineMOM providers shall provide the following transitional care activities including, but not limited to:
  - a. Establish a long-term substance use treatment plan, including access to Medications for OUD (MOUD), as appropriate;
  - b. Coordinate care with an established primary care provider for the member; and
  - c. Coordinate and communicate relevant information with an established pediatric provider for the infant, such as Hepatitis C exposure, during birth for follow-up, as appropriate.

**E. Individual and Family Support Services**

Individual and family support services are a required service for all members. These services promote recovery by supporting participation in treatment. MaineMOM providers shall incorporate into the member's Care Plan individual and family strengths and needs, needed resources and services to support the member's goals, and assist in navigating the health and human services systems to obtain the services necessary to achieve the goals.

MaineMOM providers shall employ approaches which may include, but are not limited to, supports, support groups, and self-care programs.

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**89.05 COVERED SERVICES (cont.)**

These approaches shall be designed to increase member and family/support knowledge about an individual's health conditions, including pregnancy and postpartum health, promote member engagement and self-management capabilities, and help the member maintain their recovery.

MaineMOM providers shall ensure connection to social support and recovery services through a Recovery Coach and other relevant services, including home visiting for prenatal and family development, resources for partner violence, childcare, and child development support.

**F. Referral to Community and Social Support Services**

MaineMOM providers shall make referrals through telephone or in person contact and may transmit requested data electronically. MaineMOM providers shall follow through on referrals to encourage the member to connect with the services.

MaineMOM providers shall refer members to community, social support, and recovery services, including, but not limited to, resources and agencies that provide the following based on the member's needs identified through assessment and care planning:

1. Transportation;
2. Housing;
3. Career planning/employment;
4. Childcare support;
5. Home visiting programs for prenatal and family development;
6. Nutrition programs for pregnant individuals and families;
7. Support with issues relating to intimate partner violence;
8. Obstetric health care and follow-up care; and
9. Primary care and family planning postpartum.

**89.05-2 Office Visit with the MOUD Prescriber**

The MaineMOM MOUD Prescriber shall meet with each member at least one (1) time per month. The visit shall focus on the treatment priorities identified in the current Care Plan for the member, including, but not limited to, the member's

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**89.05 COVERED SERVICES (cont.)**

physical health, behavioral health, recovery-oriented goals, and the services and supports necessary to achieve those goals.

**89.05-3 SUD Counseling**

MaineMOM providers shall provide individual or group counseling sessions to address SUD. MaineMOM providers shall engage members, at a minimum, in individual or group counseling for one (1) billable hour monthly. The expectation is that counseling will be, at a minimum, one (1) hour in duration for each required period, but this may be delivered in multiple member contacts, if clinically appropriate and documented in the member's record. Counseling must be provided by a professional who is licensed to provide counseling for individuals with SUD.

Group sessions shall include direct oversight by a professional who is licensed to provide counseling for individuals with SUD. Group counseling sessions shall be related to substance use treatment and recovery goals and may include, but are not limited to, psychoeducational groups, skills development groups, and/or cognitive behavioral therapy groups.

**89.05-4 Access to Medication**

- A. MaineMOM providers shall ensure members have access to MOUD services to assist in the member's recovery, as medically appropriate. Medications for treatment of OUD include buprenorphine, buprenorphine combination medications, naltrexone, and methadone. Medications can be provided either directly on site, by an outside pharmacy, or by an Opioid Treatment Program (OTP) (in accordance with the MBM, Chapter II, Section 65, Behavioral Health Services), when a member is receiving methadone.
- B. All controlled substances (e.g., buprenorphine) prescribed by the MaineMOM MOUD Prescriber, must be reported to the Maine Prescription Monitoring Program (PMP) pursuant to 14-118 C.M.R. Chapter 11, Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications, and other applicable state and federal laws. Please refer to MBM, Chapter II, Section 80, Pharmacy Services, and MaineCare's Preferred Drug List at [www.mainearepdl.org](http://www.mainearepdl.org), for the most current and accurate prescribing procedures and criteria for these medications.
- C. MaineMOM providers shall ensure that members at risk for an opioid overdose have access to naloxone through a prescription, dispensing in office, or a distribution site and are informed on how to administer it.

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## **89.06 PROVIDER REQUIREMENTS**

All MaineMOM providers must meet the requirements of Section 89.06-1 and Section 89.06-2.

There are three separate types of MaineMOM provider service models of care, offering different types and intensities of services: MaineMOM Integrated Model Services; MaineMOM Partnership Model Services; and MaineMOM Perinatal Navigation Model Services. The Integrated Model Service is for members who are receiving their prenatal and postpartum medical services at the same service location as OUD services, the Partnership Model Service is for members who are receiving OUD services onsite from the MaineMOM provider and prenatal and postpartum medical services from a different provider and service location, and the Perinatal Navigation Model Service is for members who receive only prenatal and postpartum medical services from the MaineMOM provider and/or are receiving their OUD treatment from a different non-MaineMOM provider and service location.

In addition to the requirements in Sections 89.06-1 and 89.06-2, a provider using the Integrated Model Services must also meet the requirements of Section 89.06-3; a provider using the Partnership Model Services must also meet the requirements of Section 89.06-4; and a provider using the Perinatal Navigation Model Services must also meet the requirements of Section 89.06-5.

### **89.06-1 Requirements for all MaineMOM Providers**

- A. The MaineMOM provider must execute a MaineCare Provider Agreement. The MaineMOM provider is subject to applicable state and federal Medicaid law, including but not limited to the Chapter I, Section 1 of the *MaineCare Benefits Manual* (MBM).
- B. The MaineMOM provider must be approved by the Department, or its Authorized Entity, through the MaineMOM application process.
- C. At the time of its application, lack of an EHR system will not be a determining factor in approving a MaineMOM provider application. However, prior to the delivery of any covered Section 89 services, a MaineMOM provider must utilize an EHR and create an EHR for each member served.
- D. The MaineMOM provider must be a Co-occurring Capable Provider.
- E. The MaineMOM provider must adhere to applicable licensing standards regarding documentation of all provider qualifications in their personnel files. The MaineMOM provider must have a review process to ensure that employees providing MaineMOM services possess the minimum qualifications.
- F. The MaineMOM care team must consist of employed or contracted personnel and minimally must include the personnel identified in this sub-section. All

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**89.06 PROVIDER REQUIREMENTS (cont.)**

MaineMOM care team members shall contribute to delivery of integrated, coordinated, and person-centered care through a team-based approach.

**Unless otherwise specified, each MaineMOM care team member role must be filled by a different individual.** The Department reserves the right to waive this requirement based on team member professional experience and training.

1. The MaineMOM care team members must include:
  - a. **Clinical Team Lead:** A licensed clinical professional who is responsible for ensuring that the MaineMOM care team is complete and adheres to provider requirements (Section 89.06). The Clinical Team Lead shall coordinate the Care Plan for members served. The Clinical Team Lead shall have significant experience caring for pregnant and postpartum individuals with SUD.

The Clinical Team Lead must be a:

- i. Physician (Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO));
- ii. Physician Assistant (PA);
- iii. Advanced Practice Registered Nurse (APRN);
- iv. Psychologist,
- v. Registered Nurse (RN);
- vi. Licensed Clinical Social Worker (LCSW);
- vii. Licensed Clinical Professional Counselor (LCPC); or
- viii. Licensed Alcohol and Drug Counselor – Certified Clinical Supervisor (LADC-CCS).

The Clinical Team Lead role may be filled by an individual also serving in one of the other roles below, as long as the individual meets the qualifications of a Clinical Team Lead.

- b. **MOUD Prescriber:** A licensed health care professional providing services for treatment of OUD, including medications for SUD as appropriate.

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**89.06 PROVIDER REQUIREMENTS (cont.)**

The MOUD Prescriber shall coordinate with and provide guidance to the MaineMOM care team, to ensure physical and behavioral health goals are appropriate to the member's Care Plan, including guidance on pain management protocols, medication contraindications, and other support. The MOUD Provider shall interpret toxicology screens and discuss results with members.

The MOUD Prescriber must be a:

- i. licensed health care professional with any federally and state required training to prescribe medications for SUD, including but not limited to buprenorphine, buprenorphine combination medications, and naltrexone; or
- ii. practitioner licensed under state and federal law to order, administer, or dispense opioid agonist treatment medications.

For members who receive MOUD covered services under MBM, Ch. II, Sec. 65, from an OTP, the MaineMOM MOUD Prescriber must coordinate with the prescriber at the OTP.

The MOUD Prescriber role may be filled by an individual also serving as a Perinatal Provider and/or Clinical Team Lead as long as the individual meets the requirements of a MOUD Prescriber.

- c. **Perinatal Provider:** A licensed health care professional coordinating with and providing guidance to the MaineMOM care team, to ensure physical and behavioral health goals are appropriate to the member's Care Plan. The Perinatal Provider shall have significant experience caring for women during the Prenatal, Intrapartum, and Postpartum periods.

The Perinatal Provider must be a:

- i. Physician (Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO));
- ii. PA; or
- iii. APRN, including but not limited to a Certified Nurse-Midwife, who practices obstetrics-gynecology or family medicine.

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**89.06 PROVIDER REQUIREMENTS (cont.)**

If the Perinatal Provider does not provide Intrapartum Care, the MaineMOM Provider must establish an additional partnership with a care provider that does offer Intrapartum Care.

The Perinatal Provider role may be filled by an individual also serving as a MOUD Prescriber and/or Clinical Team Lead as long as the individual meets the requirements of a Perinatal Provider.

- d. **Nurse Care Manager:** A licensed health care professional contributing to implementation, coordination, and oversight of each member's Care Plan, assisting in the coordination of care with outside providers, and communicating barriers to adherence as appropriate to the team, including the Clinical Team Lead. The Nurse Care Manager shall be involved in overseeing and/or participating in all aspects of MaineMOM services.

The Nurse Care Manager must be a(n):

- i. RN;
- ii. APRN;
- iii. Psychiatric and Mental Health Nurse (PMHN) certified by the American Nurses Credentialing Center (ANCC); or
- iv. Licensed Practical Nurse (LPN).

The Nurse Care Manager position may be filled by another appropriate licensed medical professional on the MaineMOM care team, as long as the individual also meets the qualifications described of a Nurse Case Manager.

- e. **Clinical Counselor:** A licensed clinical professional providing individual or group SUD outpatient therapy for members receiving counseling. The Clinical Counselor provides behavioral health expertise in the coordination of the member's Care Plan and identifies and connects members to behavioral health services.

The Clinical Counselor must be a:

- i. Psychologist;
- ii. LCSW;



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- iii. LCPC;
  - iv. Licensed Master Social Worker- Conditional Clinical (LMSW-CC);
  - v. Licensed Clinical Professional Counselor-Conditional (LCPC-C);
  - vi. Licensed Marriage and Family Therapist (LMFT);
  - vii. Licensed Marriage and Family Therapist-Conditional (LMFT-C);
  - viii. Licensed Alcohol and Drug Counselor (LADC); or
  - ix. Certified Alcohol and Drug Counselor (CADC).
- f. **Patient Navigator:** A certified and/or qualified direct care worker coordinating health care, mental health, and social services and supporting the member in their recovery during the perinatal period. The Patient Navigator may be the primary provider of care coordination, health promotion, individual and family support services, and referral services.

The Patient Navigator must be a(n):

- i. Mental Health Rehabilitation Technician/Community (MHRT/C);
- ii. RN
- iii. LPN
- iv. Medical Assistant (MA);
- v. Community Health Worker (CHW);
- vi. Certified birth or postpartum doula who has completed a doula training program with relevant perinatal core competencies; or
- vii. Individual who has at least one (1) year of job experience in health/social services setting supporting families affected by SUD.

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**89.06 PROVIDER REQUIREMENTS (cont.)**

The Patient Navigator role may be filled by an individual also serving as the Nurse Care Manager or Clinical Counselor, if that person only shares those two roles, and if the individual also meets the qualifications of a Patient Navigator.

- g. **Recovery Coach:** A care team member providing recovery support. The Department encourages and prefers that those in this role are themselves in recovery, as their life and recovery experiences allow them to provide recovery support in such a way that others can benefit from their experiences. This may include contacting the member to answer any questions and provide any support in navigating services.

The Recovery Coach must:

- i. Be an individual in recovery from SUD and who is willing to self-identify on this basis with members, or be a recovery ally\*; and
- ii. Have completed the thirty (30) hour Connecticut Community for Addiction Recovery (CCAR) training, or other Department-approved Recovery Coach training or certification, within six (6) months of the rule adoption date or within six (6) months of beginning to deliver MaineMOM Services, whichever is later; and
- iii. Be employed by the MaineMOM provider or engaged through a formal contract with a community-based organization that identifies referral processes and access to services.

\*The Department shall submit to CMS and anticipates approval for a State Plan Amendment related to this provision.

2. Regardless of qualifications, a single person may not fill the roles of Nurse Care Manager, Perinatal Provider, MOUD Provider and Clinical Team Lead on the care team.
3. If MaineMOM care team member role(s) are vacant for more than thirty (30) continuous days, the MaineMOM provider shall notify the Department, or its Authorized Entity, in writing and maintain records of active recruitment efforts to fill the position(s).

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**89.06 PROVIDER REQUIREMENTS (cont.)**

- G. The MaineMOM provider shall ensure twenty-four (24) hour availability of information for triage and referral to treatment for medical emergencies.
1. This requirement may be fulfilled through an after-hours telephone number that connects the patient to:
    - a. The MaineMOM provider or an authorized licensed medical practitioner providing coverage for the MaineMOM provider;
    - b. A live voice call center system or answering service which directs the patient to the appropriate care site or connects the patient to the MaineMOM provider/authorized covering medical practitioner; or
    - c. A hospital, if the MaineMOM provider has standing orders with the hospital to direct patients to the appropriate care site within the hospital.
  2. The following do not constitute adequate coverage:
    - a. A twenty-four (24) hour telephone number answered only by an answering machine without the ability to arrange for interaction with the MaineMOM provider or their covering provider;
    - b. A resource or service that refers patients to hospital EDs but does not offer phone triage or assistance in reaching the MaineMOM provider or their covering provider.
  3. The MaineMOM provider shall inform members of their normal office hours and explain to members the procedures they should follow when seeking care outside of office hours. The MaineMOM provider shall ensure that their covering provider(s) is/are authorized to provide all necessary referrals for services for members while providing coverage. The covering provider shall be a participating MaineCare provider and shall have real-time access to current, up-to-date medical records in the EHR during hours they are covering.
- H. The MaineMOM provider shall screen for SUD in pregnant individuals to identify eligible members using a validated SUD screening tool (e.g., 4Ps, CRAFFT, T-ACE). If the member screens positive for a SUD, the MaineMOM provider shall schedule an appointment for the member for SUD evaluation/initiation of treatment. That appointment shall occur within seven (7) days of the member screening positive for a SUD.

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**89.06 PROVIDER REQUIREMENTS (cont.)**

- I. The MaineMOM provider shall ensure members are informed and educated on family planning options, with assistance to access postpartum contraception as desired, including the use of Long-Acting Reversible Contraceptives (LARCs).
- J. The MaineMOM provider shall have systems in place to reduce barriers to accessing treatment for parents with young children (e.g., allowing young children to attend appointments, especially group sessions, and support in accessing childcare for older children).
- K. The MaineMOM provider shall offer telehealth as an alternative to traditional office visits in accordance with the MBM, Chapter I, Section 4, and/or for non-office visit supports and outreach to increase access to the care team and clinicians in a way that best meets the needs of members.
- L. The MaineMOM provider shall have at least one (1) representative from the MaineMOM care team participate in designated Department-sponsored quality improvement initiatives and technical assistance activities on an annual basis. The Department will not require more than eight (8) hours of participation annually. The MaineMOM care team representative shall be a person whose role involves clinical care, population health, and/or quality improvement.
- M. If a MaineMOM member has a primary care provider, the MaineMOM provider must establish and maintain a relationship with a primary care provider, authorized and evidenced by a signed medical release for each MaineMOM member served. Such a release is not required when the member's primary care provider is also the member's provider within the MaineMOM provider.

**89.06-2 MaineMOM Core Standards**

Prior to approval to provide services, the MaineMOM provider must demonstrate how it will meet the following Core Standards. Within the first three (3) months following the start of the MaineMOM provider's participation, the MaineMOM provider shall participate in an on-site assessment initiated by the Department, or its Authorized Agent, to establish a baseline in meeting the Core Standards and identify the MaineMOM provider's training and educational needs. For the remainder of the first year of participation, the MaineMOM provider must submit quarterly reports on sustained implementation of the Core Standards. After the first year, the MaineMOM provider may request the Department's approval to submit the Core Standards progress report annually instead of quarterly.

**89.06 PROVIDER REQUIREMENTS (cont.)**

The MaineMOM Core Standards are:

- A. **Demonstrated Leadership:** The Clinical Team Lead implements and oversees the Core Standards.

The Clinical Team Lead shall work with other providers and staff to build a team-based approach to care, continually examine processes and structures to improve care, and assist with the review of data on the quality performance of the practice.

- B. **Team-Based Approach to Care:** The MaineMOM provider shall implement a team-based approach to care delivery that includes expanding the roles of non-physician providers (e.g., APRNs, PAs, nurses, MAs) and non-licensed staff (e.g., recovery coaches, patient navigators) to improve clinical workflows.

The MaineMOM provider utilizes non-physician and non-licensed staff to improve access and efficiency of the practice team in specific ways, including one or more of the following:

1. Clearly identifying roles and responsibilities;
2. Integrating care management into clinical practice;
3. Expanding patient education; and
4. Providing support to enhance the quality and cost-effectiveness of services provided.

- C. **Population Risk Stratification and Management:** The MaineMOM provider shall adopt processes across its population to identify and stratify patients who are at risk for adverse outcomes or are missing critical preventive services and/or other health screenings. The MaineMOM provider shall also adopt procedures that direct resources or care processes to reduce those risks.

“Adverse outcomes,” for purposes of this provision, means a negative clinical outcome, fragmented care/becoming lost to follow-up, and/or avoidable use of healthcare services such as hospital admissions, ED visits, or non-evidence-based use of diagnostic testing or procedures.

- D. **Enhanced Access:** The MaineMOM provider shall enhance access to services for its population of members, including:

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**89.06 PROVIDER REQUIREMENTS (cont.)**

1. The MaineMOM provider shall ensure same-day, medication-first substance use treatment is available to members. Same day access can be provided by an external partner (e.g., a buprenorphine induction program at a local hospital), with a documented process to communicate and transition care with the MaineMOM MOUD Prescriber.
2. The MaineMOM provider shall have a system that facilitates same-day access for a MaineMOM member to a MaineMOM care team member using a form of care that meets the member's needs (e.g., open-availability for same day access to a care team member, telephonic support, and/or secure messaging).

**E. Practice Integrated Care Management:**

1. **Evidence-Based Practices:** The MaineMOM provider shall have processes in place to identify the evolving evidence-based practices for the eligible member population and to train care team members as appropriate.
2. **Person-Centered Care:** MaineMOM providers shall have processes in place to adapt services, so they are inclusive and sensitive to culture, ethnicity, sexual orientation, and gender identity. MaineMOM provider care teams shall be trained in Trauma-Informed Care and stigma-reduction for people living with SUDs.
3. **Trauma-Informed Care:** Trauma-Informed Care is the provision of behavioral health services that include:
  - a. An understanding of psychological trauma, symptoms, feelings, and responses associated with trauma and traumatizing relationships, and the development over time of the perception of psychological trauma as a potential cause and/or complicating factor in medical or psychiatric illnesses;
  - b. Familiarity with current research on the prevalence of psychological (childhood and adult) trauma in the lives of members with serious mental health and SUDs and possible sequelae of trauma (e.g., Post-Traumatic Stress Disorder (PTSD), depression, generalized anxiety, self-injury, substance use, flashbacks, dissociation, eating disorder, revictimization, physical illness, suicide, aggression toward others);
  - c. Providing physical and emotional safety; maximizing member choice and control; maintaining clarity of tasks and boundaries; ensuring collaboration in the sharing of power; maximizing empowerment and skill building;

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**89.06 PROVIDER REQUIREMENTS (cont.)**

- d. Consideration of all members as potentially having a trauma history, understanding as to how such members can experience re-traumatization and ability to interact with members in ways that avoid re-traumatization;
  - e. An ability to maintain personal and professional boundaries in ways that are informed and sensitive to the unique needs of a member with a history of trauma; and
  - f. An understanding of unusual or difficult behaviors as potential attempts to cope with trauma and respect for member's coping attempts and avoiding a rush to negative judgments.
- F. Behavioral and Physical Health Integration:** MaineMOM providers shall annually complete and submit an assessment of Behavioral and Physical Health Integration progress and identify an area of focus for the following twelve (12) month period to improve Behavioral and Physical Health Integration. The Department, or its Authorized Entity, will provide the assessment tool.
- G. Inclusion of Patients and Families:** The MaineMOM provider shall include as regular participants in advisory activities representative MaineCare and/or MaineMOM members, and family members where appropriate. MaineMOM providers shall have member informed advisory processes to identify patient-centered needs and solutions for improving care in the practice. These processes shall:
- 1. Identify opportunities to support members and families to participate in leadership and/or advisory activities.
  - 2. Gather member input, and family input when beneficial, at least annually (e.g., via mail survey, phone survey, point of care questionnaires, focus groups, etc.).
  - 3. Design and implement changes that address organizational needs and gaps in care identified via member and family input.
- H. Connection to Community Resources and Social Support Services:** MaineMOM providers shall have processes in place to identify local community resources and social support services. MaineMOM providers shall have processes in place to routinely refer patients and families to local community resources and social support services, including those that provide self-management support to assist members in overcoming barriers to care and meeting health goals.

**89.06 PROVIDER REQUIREMENTS (cont.)**

- I. **Commitment to Reducing Waste, Unnecessary Healthcare Spending, and Improving Cost-Effective Use of Healthcare Services:** MaineMOM providers shall have processes in place to reduce wasteful spending of healthcare resources and improve the cost-effective use of healthcare services as evidenced by at least one improvement initiative that targets waste reduction, including one or more of the following:
  1. Reducing avoidable hospitalizations;
  2. Reducing avoidable ED visits; or
  3. Working with the team to develop new processes and procedures that improve patient experience and quality of care, while reducing inappropriate use of services.
  
- J. **Integration of Health Information Technology:** MaineMOM providers shall use an electronic data system that includes identifiers and utilization data about members. Member data is used for monitoring, tracking, and indicating levels of care complexity for the purpose of improving member care.

The system must be used to support member care, including one or more of the following:

1. The documentation of need and monitoring clinical care;
2. Supporting implementation and use of Evidence-Based Practice guidelines;
3. Developing Care Plans and related coordination; or
4. Determining outcomes (e.g., clinical, functional, recovery, satisfaction, and cost outcomes) or risk levels (e.g., predictive analytics).

**89.06-3 Additional Provider Requirements for MaineMOM Integrated Model Services**

The MaineMOM Integrated Model Service is for members who are receiving their prenatal and postpartum medical services at the same service location as MOUD services.

MaineMOM providers billing for MaineMOM Integrated Model Services shall:

- A. Provide MaineMOM Covered Services (Section 89.05-1 through Section 89.05-4) at a single service location.



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**89.06 PROVIDER REQUIREMENTS (cont.)**

- B. Provide prenatal and postpartum medical services in accordance with the MBM, Chapter II, Section 90, Physician Services.
- C. Provide MOUD services informed by the ASAM level of care criteria.
- D. Conduct toxicology screening during MOUD focused visits, as clinically appropriate, in accordance with the MBM, Chapter II, Section 55, Laboratory Services.

**89.06-4 Additional Provider Requirements for MaineMOM Partnership Model Services**

The MaineMOM Partnership Model is for members who receive OUD treatment directly through the MaineMOM provider, but who are receiving their prenatal and postpartum medical services from different provider(s) at a separate service location. MaineMOM providers billing for MaineMOM Partnership Model Services shall:

- A. Provide MaineMOM Covered Services (Section 89.06-1 through Section 89.05-4) at a single location or through partner locations with shared access to a single medical record.
- B. Provide MOUD services informed by the ASAM level of care criteria.
- C. Conduct toxicology screening during MOUD focused visits, as clinically appropriate, in accordance with the MBM, Chapter II, Section 55, Laboratory Services.
- D. Facilitate access to prenatal and postpartum medical services (in accordance with the MBM, Chapter II, Section 90, Physician Services) through a current documented relationship (e.g., Memorandum of Understanding or practice agreement) with at least one perinatal provider in the MaineMOM provider's service area. The documented relationship must describe the procedures and protocols for regular communication and collaboration. This may also include, but is not limited to, acceptable mode(s) of electronic communication to ensure effective and privacy-protected exchange of health information, frequency of communication, procedures to access shared members' plans of care and other health information, referral protocols for new members, and expectations for collaboration on treatment planning. The agreement must include names, contact information, and roles of key staff at each site. For members who receive prenatal and postpartum medical services (in accordance with the MBM, Chapter II, Section 90) from a perinatal provider without a documented relationship with the MaineMOM provider, the MaineMOM provider must obtain a documented release between the MaineMOM provider and the perinatal provider.

**89.06 PROVIDER REQUIREMENTS (cont.)**

**89.06-5 Additional Provider Requirements for MaineMOM Perinatal Navigation Model Services**

The MaineMOM Perinatal Navigation Model Service is for members who receive from the MaineMOM provider only the services described below in the given billing month, including onsite prenatal and postpartum care, but who are receiving their OUD treatment from a different provider at a separate service location. MaineMOM providers billing for MaineMOM Perinatal Navigation Model Services shall:

- A. Provide prenatal and postpartum medical services in accordance with the MBM, Chapter II, Section 90, Physician Services.
- B. Provide Health Home Services (Section 89.05-1) and Access to Medication (Section 89.05-4) at a single location.
- C. Conduct toxicology screening, as clinically appropriate, in accordance with the MBM, Chapter II, Section 55, Laboratory Services.
- D. Have processes and procedures to coordinate access to a MOUD Prescriber (Section 89.05-2) and SUD Counseling (Section 89.05-3), to include proactive outreach and follow up to facilitate communicate with providers delivering these services to ensure the co-management of the member's Care Plan.

**89.07 REPORTING REQUIREMENTS**

In addition to the documentation and reporting requirements as defined in Chapter I, Section 1, and other reports that may be required by the Department, or its Authorized Entity, MaineMOM providers shall report as follows.

- A. **Core Standards.** The MaineMOM provider shall report on the Core Standards in Section 89.06-2.
- B. **Behavioral and Physical Health Integration.** The MaineMOM provider shall report on Behavioral and Physical Health Integration in Section 89.06-2(F).
- C. **MaineMOM Quality Measures.** The MaineMOM provider shall submit data necessary to compile and report on Quality Measures as identified by the Department, or its Authorized Entity. Data sources may include but are not limited to claims, clinical data, the DHHS Enterprise Information System, certification submissions, and surveys.

Providers who fail to timely or adequately file reports or satisfy the benchmarks defined by the Department may be terminated from providing Section 89 services.

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### **89.08 DOCUMENTATION AND CONFIDENTIALITY**

In addition to the requirements, above and set forth in Chapter I, Section 1, of the MBM, the MaineMOM provider must maintain a specific record and documentation of services for each member receiving covered services.

A. **Records:** The member's record must minimally include:

1. Name, address, birthdate, and MaineCare identification number;
2. Diagnoses that support eligibility for services herein, including the most recent documentation of diagnoses that substantiate ongoing eligibility for services;
3. The Screening and Comprehensive Assessment (Section 89.05-1(A)(1)), and any reassessments that occur, to which must include the signature and credentials of the individual performing the service;
4. The Care Plan and any updates to the Care Plan, which must include the signature and credentials of the individual performing the service and the date of any updates;
5. Correspondence to and from other providers;
6. Release of information statements as necessary, signed by the member, including right notification, rules and regulations, confidentiality statement and release of information;
7. Documentation/record entries (i.e., progress notes) that clearly reflect implementation of the Care Plan and the member's response to treatment, as well as subsequent amendments to the plan. Progress notes for each service provided, including the date of service, the type of service, the place of the service or method of delivery (i.e., phone contact), the Care Plan goal to which the service relates to, the duration of the service, the progress the member has made towards goal attainment, the signature and credentials of the individual performing the service, whether the individual has declined services in the Care Plan, and timelines for obtaining needed services; and
8. A record of discharge/transfer planning, beginning at admission and any referrals made.

B. **Confidentiality and Disclosure of Confidential Documents/Information:** MaineMOM providers shall maintain the confidentiality of information regarding these members in accordance with the MBM, Chapter I, Section 1 of the MBM and with all other applicable sections of state and federal law and regulation.

### **89.09 REIMBURSEMENT**

Section 89 MaineMOM Providers are reimbursed a monthly Per Member Per Month (PMPM) payment for each Section 89 member receiving services from the provider, based on which

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**89.09 REIMBURSEMENT (cont.)**

Model Service the member is utilizing at the end of the month. Providers may only receive a PMPM payment if they satisfy the minimum requirements set forth in this section.

**89.09-1 Minimum Requirements for MaineMOM Reimbursement**

To be eligible for PMPM payment, for each member for each billing month, the MaineMOM provider shall meet the following Minimum Requirements for all MaineMOM Providers:

1. Document each service provided to each member, for each billing month, as required by these rules, in order to be eligible to receive the PMPM reimbursement; AND
2. Deliver at least one (1) office visit with the MOUD Prescriber (89.05-2) each month, unless billing for MaineMOM Perinatal Navigation Model Services (89.06-5); AND
3. Deliver at least one (1) individual or group SUD Counseling visit monthly (89.05-3), unless billing for MaineMOM Perinatal Navigation Model Services (89.06-5); AND
4. Conduct toxicology screenings as clinically appropriate, in accordance with services described in Sections 89.06-1 through 89.06-4; AND
5. Deliver at least one (1) Health Home Service (89.05-1) to the member within the calendar month, pursuant to the member's Care Plan.

**89.09-2 MaineMOM Services Rate Methodology**

**A. Per Member Per Month (PMPM) Rate**

There are three PMPM rates. The PMPM rates are determined by the model of service provided. The three models of service are:

- Integrated Model Service
- Partnership Model Service
- Perinatal Navigation Model Service

**B. 4% Withheld from PMPM Rate Payment**

4% of the PMPM payments are withheld from regular payments and redistributed every six months in accordance with the Performance-Based Adjustment provision.

**89.09 REIMBURSEMENT (cont.)**

**C. Cost of Living Adjustment (COLA)**

Effective July 1, 2024, the three (3) MaineMOM PMPM rates will receive an annual cost of living adjustment (COLA) equal to the percentage increase in the state minimum wage as set by the Department of Labor, pursuant to 26 M.R.S. § 664(1).

**D. PMPM Rates and Annual Updates Posted on Department's Website**

The PMPM rates and the annual updates will be posted on the Department's website at: <https://mainecare.maine.gov/Default.aspx>.

**89.09-3 Performance-Based Adjustments**

**A. Pay-for-Performance Provisions**

Effective January 1, 2025, four (4) percent of total MaineMOM PMPM payments will be withheld from regular payments and reimbursed every six (6) months, based on a twelve- (12) month assessment period of the two performance measures described in 89.09-3(B). Beginning July 1, 2024, after the twelve- (12) month assessment period and a three- (3) month claims runout period, all MaineMOM providers, regardless of performance, will receive a quarterly report with the performance assessment, indicating whether they qualify for receipt of the 4% withheld amount or the withheld amount and an additional amount, based on whether MaineMOM providers satisfy the minimum or excellent performance thresholds. The report will contain instructions for the MaineMOM provider to rebut the report's data if the MaineMOM provider disagrees with the report and the reimbursement they are set to receive. The Department will provide a thirty- (30) day rebuttal period prior to issuing reimbursement.

If the performance measures change via rulemaking, MaineMOM providers will not be scored on a new or adjusted performance measure at least six (6) months after the change is implemented.

MaineMOM providers are eligible for the pay-for-performance provision if at least 10% of their member panel is eligible for inclusion in the performance measures. If the MaineMOM provider does not have the minimum number of required members, it will automatically receive the four (4) percent withhold.

**89.09 REIMBURSEMENT (cont.)**

**B. Performance Measures**

**1. Access to Postpartum Care**

Denominator: Members enrolled with the MaineMOM provider with a pregnancy end date resulting in a live birth 56 days prior to the end of the performance period.

Numerator: Members who meet the denominator criteria with a qualifying outpatient postpartum visit between 21 and 56 days after the end of pregnancy date. Postpartum services provided in an inpatient setting are not included in the numerator.

**2. Hepatitis C Virus (HCV) Screening for Pregnant Members**

Denominator: Members who received at least one Covered Service (89.05) at least 30 days prior to their end of pregnancy date.

Numerator: Members who meet the denominator criteria and received screening for HCV infection prior to their end of pregnancy date.

Exclusions: Members who have a prior diagnosis of HCV.

**C. Performance Thresholds**

The current thresholds for MaineMOM pay-for-performance will be listed on: <https://www.maine.gov/dhhs/oms/providers/value-based-purchasing>. Minimum and excellent performance thresholds for MaineMOM providers will be established based on a composite score of the performance measures, above. Performance thresholds are set in advance of performance periods. If the performance threshold(s) change, MaineMOM providers will not be scored on an adjusted threshold until six (6) months after the change is implemented. Based upon the available data at the time of the performance thresholds calculations, the Department shall set the thresholds so that no less than 70% of eligible MaineMOM providers are expected to be above the minimum performance threshold and no less than 20% of MaineMOM providers are expected to be above the excellent performance threshold. To clarify, the Department expects no more than 30% of MaineMOM providers to be below the minimum performance threshold. The Department cannot anticipate the exact percent of MaineMOM providers that will, during the performance period, satisfy either or neither of the performance thresholds.

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MaineMOM providers that meet the minimum performance threshold receive four (4) percent of the PMPM payments that were withheld. The four (4) percent withholds that are not distributed to MaineMOM providers that fail to meet the minimum performance threshold will be distributed to the MaineMOM providers that meet the excellent performance threshold, based on each MaineMOM provider's proportion of the total number of attributed members who meet all performance measure numerator criteria and are attributed to MaineMOM providers that meet the excellent performance threshold. Hence, the amount of funds available to distribute to MaineMOM providers that meet the excellent performance threshold depends on the number of MaineMOM providers that fail to meet the minimum performance threshold. If all MaineMOM providers meet the minimum performance threshold, then there will be no funds to distribute to MaineMOM providers that meet the excellent performance threshold.

**89.09-4 Duplicative Services Will Not Be Reimbursed**

- A. The Department will not reimburse MaineMOM providers for a member receiving Section 89 services if the member receives:
  - 1. MBM, Section 13, Targeted Case Management Services, for adults with SUD.
  - 2. MBM, Section 17, Community Support Services.
  - 3. MBM, Section 97, Private Non-Medical Institution Services, Appendix B.
  - 4. MBM, Section 91, Health Home Services - Community Care Teams.
  - 5. MBM, Section 92, Behavioral Health Home Services.
  - 6. MBM, Section 93, Opioid Health Home Services.
- B. The Department will not reimburse providers of MaineMOM Integrated Model Services or MaineMOM Partnership Model Services if:
  - 1. The member receives counseling for OUD provided through MBM, Section 65, Behavioral Health Services, unless the member is receiving MaineMOM Perinatal Navigation Model Services (89.06-5).
  - 2. The member is prescribed methadone from an OTP provider through MBM, Section 65, Behavioral Health Services, unless the member is receiving MaineMOM Perinatal Navigation Model Services (89.06-5).

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**89.09 REIMBURSEMENT (cont.)**

3. The member receives medication management services for OUD through MBM, Section 65, Behavioral Health Services, unless the member is receiving MaineMOM Perinatal Navigation Model Services (89.06-5).

Mental health counseling and medication management services not related to the treatment of OUD through MBM, Section 65, Behavioral Health Services, are not considered duplicative services.

Professional services for Prenatal and Postpartum Care and toxicology screening for SUD are billed separately and therefore not considered duplicative. All medications are also billed separately.

**89.10 BILLING INSTRUCTIONS**

- A. The MaineMOM provider shall attest through a claims process that the MaineMOM provider has performed the necessary minimum billable requirements (Section 89.09-1) each month to receive payment for Section 89 members.
- B. Billing for medications (Section 89.05-4), shall be as follows:
  1. When a prescription for medication is written, but not dispensed at the MaineMOM provider, the dispensing pharmacy shall bill for the medication in accordance with MBM, Section 80, "Pharmacy Services".
  2. When a prescription for medication is dispensed by the MaineMOM provider, the MaineMOM provider shall include the billing for the medication on the applicable UB or 1500 claim form.