

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
MaineCare Services
Policy Division
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Augusta, Maine 04333-0011
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TTY: Dial 711 (Maine Relay)

DATE: January 31, 2024

TO: Interested Parties

FROM: Michelle Probert, Director, MaineCare Services

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

SUBJECT: Proposed Rules: 10-144 C.M.R. Ch. 101, Chapters II and III, Section 23,
Developmental and Behavioral Health Clinic Services

DATE, TIME, AND PLACE OF PUBLIC HEARING:

The Department will hold a combined in-person and remote (via Zoom) public hearing at 8:30am on Tuesday, February 20, 2024.

Location: State Office Building, Conference Rooms A and B
109 Capitol Street, Augusta, ME

Zoom Meeting link: <https://mainestate.zoom.us/j/88019527507>

Meeting ID: 880 1952 7507

Some devices may require downloading a free app from Zoom prior to joining the public hearing event. The Department requests that any individual requiring special arrangements to attend the hearing in person contact the agency person listed below 5 days in advance of the hearing.

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

COMMENT DEADLINE: 11:59 PM on March 1, 2024

This letter gives notice of proposed rules 10-144 C.M.R. Ch. 101, Chapters II and III, Section 23, Developmental and Behavioral Health Clinic Services.

I. MaineCare Benefits Manual, Chapters II, Section 23, Developmental and Behavioral Health Clinic Services

The Department of Health and Human Services (the "Department") proposes the following changes to 10-144 C.M.R. Ch. 101, MaineCare Benefits Manual, Chapter II, Section 23, Developmental and Behavioral Evaluation Clinic Services.

The proposed rule adds "Foster Care Comprehensive Health Assessments" (CHA) as a covered service in accordance with P.L. 2019, ch. 162 (An Act To Ensure the Provision of Medical Assessments for Youth in Foster Care), codified at 22 MRSA §4063-A. The new service will provide timely, comprehensive evaluations for children in foster care that align with the Child Welfare League of America (CWLA) and the American Academy of Pediatrics Standards for Health Care Services for Children in Out of Home Care.

This service includes an initial comprehensive assessment that includes a medical exam, a psychosocial evaluation, and a final report that is submitted to the Department. The service also includes a six (6) to eight (8) month follow-up comprised of another medical evaluation and a psychosocial evaluation. Providers who meet the criteria to provide the CHA do not have to hold a Developmental and Behavioral Evaluation Clinic contract with the Department.

The rule adds a cost of living adjustment in accordance with 22 MRSA §3137-J (2)(D)(3). Each July 1st the Department will apply an annual cost of living adjustment proportional to the percentage increase in the Maine minimum wage, as determined by the Maine Department of Labor, so long as the service has not received any other adjustments within the previous twelve months. The Maine Department of Labor determines the percentage increase, if any, as of August of the previous year over the level as of August of the year preceding that year in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for the Northeast Region, as published by the United States Department of Labor, Bureau of Labor Statistics, with the amount of the minimum wage increase rounded to the nearest multiple of 5¢.

Other proposed changes to the rule include adding a definition of “trauma-informed care,” which is a requirement to provide CHAs, making structural changes, removing unnecessary provisions, and making minor technical changes.

II. MaineCare Benefits Manual, Chapter III, Section 23, Allowances for Developmental and Behavioral Evaluation Clinic Services

The Department proposes to repeal 10-144 C.M.R. Ch. 101, MaineCare Benefits Manual, Chapter III , Section 23 and list the specific reimbursement rates for the three services in the Chapter II and on the MaineCare Provider Fee Schedule available on the Department's website in accordance with 22 MRS §3173-J.

This rulemaking complies with 22 M.R.S. §3173-J. The Department issued a Rate Determination Initiation Notice on October 14, 2022. The Department held a public rate forum on November 23, 2022, to collect stakeholder input and comments to inform the Rate Determination process and accepted written comments through December 2, 2022.

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, Division of Policy

CHAPTER NUMBER AND TITLE: 10-144 C.M.R. Ch. 101, Chapters II and III, Section 23, Developmental and Behavioral Health Clinic Services

PROPOSED RULE NUMBER:

CONCISE SUMMARY:

- I. MaineCare Benefits Manual, Chapters II, Section 23, Developmental and Behavioral Health Clinic Services

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The proposed rule adds “Foster Care Comprehensive Health Assessments” (CHA) as a covered service in accordance with P.L. 2019, ch. 162 (An Act To Ensure the Provision of Medical Assessments for Youth in Foster Care), codified at 22 MRSA §4063-A. The new service will provide timely, comprehensive evaluations for children in foster care that align with the Child Welfare League of America (CWLA) and the American Academy of Pediatrics Standards for Health Care Services for Children in Out of Home Care.

This service includes an initial comprehensive assessment that includes a medical exam, a psychosocial evaluation, and a final report that is submitted to the Department. The service also includes a six (6) to eight (8) month follow-up comprised of another medical evaluation and a psychosocial evaluation. Providers who meet the criteria to provide the CHA do not have to hold a Developmental and Behavioral Evaluation Clinic contract with the Department.

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Other proposed changes to the rule include adding a definition of “trauma-informed care,” which is a requirement to provide CHAs, making structural changes, removing unnecessary provisions, and making minor technical changes.

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The Department proposes to repeal 10-144 C.M.R. Ch. 101, MaineCare Benefits Manual, Chapter III, Section 23, and list the specific reimbursement rates for the three services in the Chapter II and on the

MaineCare Provider Fee Schedule available on the Department's website in accordance with 22 MRS §3173-J.

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

STATUTORY AUTHORITY: 22 M.R.S. §§42, 3137-J, 4063-A,

DATE, TIME, AND PLACE OF PUBLIC HEARING: 8:30am; Tuesday, February 20, 2024

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

DEADLINE FOR COMMENTS: Comments must be received by 11:59 PM on March 1, 2024.

AGENCY CONTACT PERSON: Laurel Noddin, Comprehensive Health Planner II

AGENCY NAME: MaineCare Services

ADDRESS: 109 Capitol Street, 11 State House Station
Augusta, Maine 04333-0011
laurel.noddin@maine.gov

TELEPHONE: 207-624-4019 FAX: (207) 287-6106
TTY: 711 (Deaf or Hard of Hearing)

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

CONTACT PERSON FOR SMALL BUSINESS INFORMATION (if different): N/A

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~~SECTION~~Section 23 DEVELOPMENTAL AND BEHAVIORAL **EVALUATION CLINIC SERVICES-EVALUATION SERVICES**

Established 9/1/92
~~Last Updated 04/01~~

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23.01 **DEFINITIONS**

- 23.01-1 **Developmental and Behavioral Evaluation Clinic** means a clinic that ~~has as its primary purpose the provision of~~provides Developmental and Behavioral Evaluations ~~and~~, Child Abuse Evaluations, or Foster Care Comprehensive Health Assessments for members aged birth through twenty (20) years. A Developmental and Behavioral Evaluation ~~elinie~~Clinic may operate as a sub unit of an existing agency, ~~but not as part of a home health agency or rural health clinic,~~ and shall be licensed by the Department of Health and Human Services (DHHS or Department) to provide outpatient therapy services.
- 23.01-2 **Approved Staff Members** means ~~other qualified staff as defined in Section 23.07-2, or~~ licensed professional staff, who are employed directly by a Developmental and Behavioral ~~evaluation elinie~~Evaluation Clinic, as well as appropriate licensed professionals providing covered services by consultant arrangement, subcontract, or cooperative agreement with a Developmental and Behavioral ~~evaluation elinie~~Evaluation Clinic. Foster Care Comprehensive Health Assessment Services may be provided by Approved Staff Members or by other qualified professionals in accordance with this Section.
- 23.01-3 **Trauma-informed Care** is the provision of behavioral health services that includes:
1. 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.
 2. Familiarity with current research on the prevalence of psychological (childhood and adult) trauma in the lives of members with serious mental health and substance use disorders and possible results 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).
 3. Provision of physical and emotional safety; maximization of member choice and control; maintaining clarity of tasks and boundaries; ensuring collaboration in the sharing of power; maximizing empowerment and skill building.
 4. Consideration of 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.

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23.01 **DEFINITIONS** (cont.)

5. 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.

3-6. 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.

23.02 **ELIGIBILITY FOR CARE**

~~Members aged birth through twenty (20) are eligible for covered Developmental and Behavioral Evaluation Clinic services as set forth in this manual. Members must meet the basic eligibility criteria as set forth in Part 2 of the *MaineCare Eligibility Manual*, 10-144 CMR Chapter 332. There are restrictions on the type and amount of services that members are eligible to receive as set forth in 23.05.~~

23.02-1 **Birth through age twenty (20).** Members aged birth through twenty (20) are eligible for Developmental and Behavioral Evaluations and Child Abuse Evaluations as set forth in this section.

23.02-2 **Children in the care and custody of the Department.** Members aged birth through eighteen (18) who enter the care and custody of the Department are eligible for Developmental and Behavioral Evaluations, Child Abuse Evaluations, and a Foster Care Comprehensive Health Assessment as set forth in this Section.

23.03 **DURATION OF CARE**

Each member is eligible for covered services which are medically necessary and are provided within the maximum number of reimbursable evaluations as stated in ~~this Section-23.05.~~ The Department reserves the right to request additional information to evaluate medical necessity.

23.04 **COVERED SERVICES**

~~A covered service is a service for which payment to a provider is permitted under this Section of the *MaineCare Benefits Manual*. The following services are covered when provided by approved professional staff. Approved Staff Members of a Developmental and Behavioral Evaluation ~~clinic, Clinic~~ and billed by that clinic. The Foster Care Comprehensive Health Assessment is covered when provided by Approved Staff Members or otherwise qualified professionals in accordance with this Section.~~

Covered services ~~will~~must be provided under the direction of a physician.

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23.04 COVERED SERVICES (cont.)

- 23.04-1 **Developmental and Behavioral Evaluation** is a Multidisciplinary Evaluation of social interaction, communication, stereotyped patterns of behavior and includes evaluation of other associated developmental and behavioral problems. The evaluation is conducted by a multidisciplinary team that consists of a Psychiatrist; and either a Licensed Psychologist or a Psychological Examiner. If a Licensed Psychologist is not part of the team, the team must also include a Licensed Clinical Social Worker or Licensed Clinical Professional Counselor.

The Developmental and Behavioral Evaluation components may include a Psychosocial Assessment, a Psychological Evaluation and testing, clinically appropriate interviews and observations scales to assess for Autism Spectrum Disorders, and a Psychiatric Evaluation. The Developmental and Behavioral Evaluation may, at times, also include, speech/language, occupational therapy, and physical therapy assessments.

The Developmental and Behavioral Evaluation team consults to summarize the member's functional strengths and limitations to establish diagnosis(es) and to prepare recommendations for treatment or service. The Developmental and Behavioral Evaluation team communicates its findings to the parent or guardian and if clinically appropriate, the member. The findings are also summarized in a written report provided to the parent or guardian.

Developmental and Behavioral Evaluations are limited to two (2) per member per year. Each Developmental and Behavioral Evaluation is limited to fourteen (14) hours/units per evaluation.

- 23.04-2 **Child Abuse Evaluation** means an expert forensic evaluation of a member which is conducted under the direction of a board certified pediatrician who is a trained specialist in child abuse assessment. The purpose of the Child Abuse Evaluation is to evaluate the existence and extent of any child abuse or neglect and the emotional, physical and behavioral effects of such abuse or neglect. The Child Abuse Evaluation is a multidisciplinary evaluation. The Child Abuse Evaluation is must be performed by licensed professionals from at least two (2) of the disciplines as described in Section 23.07-2 following licensed professionals: medical provider (physician, physician assistant, advanced practice registered nurse), psychologist, psychological examiner, social worker, licensed clinical professional counselor, speech pathologist, occupational therapist, physical therapist, registered nurse, registered dietitian, and audiologist.

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23.04 COVERED SERVICES (cont.)

The Child Abuse Evaluation may include a detailed psychosocial intake including contact with the Department, Law Enforcement and the member's Primary Care Physician (PCP), detailed medical evaluation as appropriate, clinical interview with the member and parent, and Psychological testing if necessary. There shall be a final team meeting(s) to determine diagnosis, finalize conclusions regarding abuse and neglect and make recommendations regarding care, treatment and safety plans. In addition to aiding in the provision of medically necessary services to the member, the purpose of the Child Abuse Evaluation is to produce a diagnosis and treatment recommendations that may be introduced into evidence in a child protective, criminal or other court proceeding.

~~Developmental and Behavioral Evaluation is limited to a maximum reimbursement of fourteen (14) units per evaluation, and Child Abuse Evaluation is limited to a maximum reimbursement of eleven (11) units per evaluation, and both Child Abuse Evaluations are limited to two (2) evaluations per member per year. Each Child Abuse Evaluation is limited to eleven (11) hours/units per evaluation.~~

23.04-3 Foster Care Comprehensive Health Assessment (CHA) is a medically based, interdisciplinary comprehensive health evaluation of a child in the Department's care.

A. CHA Provider Requirements

CHAs may be provided within a Developmental and Behavioral Evaluation Clinic or by other qualified providers who are not practicing in a Developmental and Behavioral Evaluation Clinic.

A Board-certified pediatrician, family physician, physician assistant, or pediatric or family nurse practitioner must be medically necessary to prepare complete the medical exam component of the CHA.

A licensed psychologist, licensed clinical social worker, or a licensed clinical professional counselor must complete the psychosocial evaluation component of the CHA.

Providers of the CHA must:

1. Be licensed professionals acting within the scope of their licensure;

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23.04 COVERED SERVICES (cont.)

2. Have at least one (1) year of documented experience providing comprehensive, Trauma-informed Care for infants, children and adolescents; and
3. Must have at least one (1) year of documented experience in one (1) or more of the following areas:
 - a. Child abuse, child neglect, and sexual abuse of children;
 - b. Developmental and behavioral issues of infants, children, and adolescents;
 - c. Family dynamics and its effects on children; or
 - d. The effects of foster care placement on children and families.

B. ~~recommendations regarding~~CHA Components

CHAs include the following five (5) components:

1. Intake

Intakes must include the following:

- a. Incorporating Departmental records into the member's service/medical records;
- b. Scheduling the CHA appointment, including the medical exam and psychosocial evaluation, to occur within fourteen (14) days of the referral;
- c. Providing information about the CHA to the child's caregiver; and
- d. Notifying the Department about the date and time of the CHA.

2. Medical Exam Component

The medical exam component must include the following:

- a. An in-person, face-to-face examination of the child;
- b. Review of the child's records concerning reasons for entering the care and custody of the Department, including but not limited to

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23.04 COVERED SERVICES (cont.)

- the preliminary protection order, medical records, mental health records, and school records;
- c. Review of all available medical records, including past medical history, current medical needs, and dental problems, medications, allergies, and immunizations, as well as health history of acute or chronic health concerns;
 - d. Compilation and review of the member's medical information, concerns, and needs from the member's caregiver. If the provider determines it appropriate, the provider may interview the member's birth parent(s) to obtain relevant medical history; and
 - e. A written medical exam report that includes the following: Findings from the medical exam, including the dates of administered and recommended laboratory, oral health, hearing, and vision screenings; recommendations for medical or remedial interventions and related follow up treatment; and a summary of the child's past medical history.
3. Psychosocial Evaluation Component
- a. The length of the psychosocial evaluation is dependent upon the age of the child and number of caregivers interviewed. The psychosocial evaluation must include the following:
 - i. An in-person, face-to-face interview with the child regarding, as clinically appropriate, history of trauma, social and educational functioning, family and/or caregiver relationships. The maximum time for the face-to-face interview for the child and foster parent(s) is two (2) hours;
 - ii. Review of the child's records, including early intervention services, education, and mental health records, as applicable; and
 - iii. Appropriate screenings and assessments as determined by the evaluator.
 - ii-iv. A written psychosocial evaluation report that includes the following: the child's strengths; assessments performed with dates administered and scores; past and current psychosocial information gathered through interviews listed in this section;

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23.04 COVERED SERVICES (cont.)

and recommendations for treatment and/or further evaluations, if determined appropriate by the evaluator.

b. The psychosocial evaluation may include the following:

- i. Interviews with birth parent(s) when appropriate. The maximum time for the interview with birth parents is two (2) hours. These interviews may be completed in conjunction with the medical provider;
- ii. A trauma screening or assessment to determine the impact of abuse and neglect experienced by the child;
- iii. Cognitive, adaptive, academic skills assessments and cognitive testing;
- iv. Other services as medically necessary. Providers may bill for other services under different sections of MaineCare policy when the provider performing the psychosocial component of the CHA, in consultation with the member's guardian, determines other services are medical necessity.

In determining whether to include these components in the psychosocial evaluation, the evaluator shall take into account the age of the child and current concerns about the child's medical and psychosocial health.

4. CHA Final Report

- a. Those providers who complete the medical and psychosocial components of the CHA must jointly discuss the member's needs at a child team meeting and complete a final written report. The report must be submitted to the Department no later than twenty-one (21) days after the CHA is complete. The report must include: The child's medical records used in the medical exam and psychosocial evaluation;
- b. The medical exam report, including summaries of all components of the evaluation identified in this section;
- c. The psychosocial evaluation report, including summaries of all components of the evaluation identified in this section; and

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23.04 COVERED SERVICES (cont.)

d. Recommendations informing the child's foster parents, caregiver(s), providers, and DHHS caseworker(s) about Trauma-informed care to enhance the child's adjustment and development. Strategies may include developmental and behavioral treatment and interventions.

5. Follow-up Evaluation

Providers must conduct follow-up medical and psychosocial evaluations for members who remain in the care and custody of the Department between six (6) and eight (8) months after the initial CHA.

After the follow-up evaluations, providers must submit reports to the Department that include the following:

a. Results from a face-to-face medical exam, which includes a review of records since the initial medical examination;

b. Results from an updated psychosocial evaluation, the psychosocial portion of which is limited to a maximum reimbursement of five (5) hours;

c. The member's medical and psychosocial needs; and

d. Recommendations for treatment that will be shared with the Department and the member's caregiver.

23.~~0605~~NON-COVERED SERVICES

23.~~0605~~-1 **Academic.** Any programs, services, or components of services provided to members which are academic in nature are not reimbursable by MaineCare. Academic services are those traditional subjects such as science, history, literature, foreign languages, and mathematics.

23.~~0605~~-2 **Vocational.** Any programs, services or components of service provided to members of which the basic nature is to provide a vocational program not reimbursable by MaineCare. Vocational services are organized programs directly related to the preparation of individuals for paid or unpaid employment, such as vocational skills training, sheltered employment.

23.~~0605~~-3 **Socialization & Recreational Services.** Any programs, services, or components of services of which the basic nature is to provide opportunities for socialization or recreation are not reimbursable under the MaineCare

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23.05 **NON-COVERED SERVICES** (cont.)

Program unless such services are provided as part of the member's service plan for which the specific goals and objectives must be specifically identified in that plan. These non-covered services include, but are not limited to picnics, dances, ball games, parties, field trips, and social clubs.

23.~~0706~~**POLICIES AND PROCEDURES**

23.~~0706~~-1 **Setting.** ~~Developmental and Behavioral Evaluation and Child Abuse Evaluation~~The services described in this Section must be provided in settings which are appropriate to the member's needs.

23.~~0706~~-2 **Professional Staff.** ~~Developmental and Behavioral Evaluation and Child Abuse Evaluation~~Providers that determine that additional services are reimbursable required to complete the services when provided by the following staff practicing described in this Section must deliver or coordinate the additional services with appropriately licensed providers acting within the scope of their license or qualifications, as appropriate. ~~The clinical licensure.~~

The provider shall collect and retain copies of current licenses of its professional staff and shall produce them for purposes of enrollment.

A. **Physician.** ~~A physician must be licensed by the from the Maine Board of Licensure in Medicine or the Maine Board of Osteopathic Licensure.~~

23.06-3 **CHA Providers.** All providers delivering CHAs must develop and adhere to written policies and procedures to communicate with the Department, regarding, at minimum, notification of member appointments, recommendations for the member and foster parent, and all medical information including the CHA Final Report and the CHA Follow-up Evaluation reports described in this Section.

Psychiatrist

~~A psychiatrist is a physician who is board-certified by the American Board of Psychiatry and Neurology, or be eligible for examination by the American Board of Psychiatry and Neurology, or has completed three years of post-graduate training in psychiatry in a program approved by the Educational Council of the American Medical Association and has written evidence of such training.~~

C. Psychologist

~~A psychologist must be licensed as a psychologist by the Maine Board of Examiners of Psychologists.~~

D. Psychological Examiner

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23.06 **POLICIES AND PROCEDURES** (cont.)

~~A psychological examiner must be licensed as a psychological examiner by the Maine Board of Examiners of Psychologists.~~

~~E. Social Worker~~

~~A social worker must hold a Master's Degree from a school of social work accredited by the Council on Social Work Education, and must be licensed as a licensed clinical social worker by the Maine Board of Social Worker Registration.~~

~~F. Licensed Clinical Professional Counselor~~

~~A licensed clinical professional counselor must be licensed by the Maine State Board of Counseling Professionals Licensure in accordance with 32 M.R.S.A. 13858, Chapter 119.~~

~~G. Speech Pathologist~~

~~A speech pathologist must be licensed as a speech pathologist by the State Board of Examiners on Speech Pathology and Audiology.~~

~~H. Occupational Therapist~~

~~I. Physical Therapist~~

~~A physical therapist is an individual who is a graduate of a program of physical therapy approved by both the Council on Medical Education of the American Medical Association and the American Physical Therapy Association or its equivalent; and licensed by the State of Maine, Board of Examiners in Physical Therapy.~~

~~J. Registered Nurse~~

~~A registered nurse must be licensed as a registered professional nurse by the Maine State Board of Nursing.~~

~~K. Audiologist~~

~~06-4audiologist must be licensed from the State of Maine, Board of Examiners on Speech Pathology and Audiology.~~

~~23.07-3~~ **Member's Records**

The Developmental and Behavioral Evaluation ~~and~~ Child Abuse Evaluation ~~and~~ CHA services must be ~~done~~performed under the direct supervision of a physician and that fact must be documented in the member's record.

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23.06 **POLICIES AND PROCEDURES** (cont.)

There shall be a specific record for each member which shall include but not be limited to:

- A. The evaluation components provided, the provider(s) of each component, the goal(s) of the evaluation, and the method(s) or action(s) to achieve that goal.
- B. Complete results of all Developmental and Behavioral ~~Evaluation and Evaluations,~~ Child Abuse Evaluation, ~~and CHA~~ services, including reports of each individual assessment and reports of any consultations held.
- C. A closing summary signed and dated by the physician who supervised the Developmental ~~and,~~ Behavioral Evaluation or Child Abuse Evaluation, ~~and CHA~~ service. The closing summary shall contain, at minimum: (1) reason for referral, (2) medical considerations, (3) functional strengths and limitations, (4) diagnosis(es), (5) recommendations.

23.06-4 **Program Integrity**

- A. The Division of Program Integrity monitors the medical services provided and determines the appropriateness and necessity of the services.
- B. The Department and its professional advisors regard the maintenance of adequate clinical records as essential for the delivery of quality care. In addition, providers should be aware that clinical records are key documents for post-payment audits. In the absence of proper and complete clinical records, no payment will be made and payments previously made may be recovered in accordance with Chapter I of this Manual.
- C. Upon request, the provider must furnish to the Department, without additional charge, the clinical records, or copies thereof, corresponding to and substantiating services billed by that provider.
- D. The Department requires the clinical records and other pertinent information shall be transferred upon request ~~and~~ with the member's signed release of information; to other clinicians involved in the member's care.

23.0807 **REIMBURSEMENT**

- A. Specific reimbursement rates are listed in the table below and on the MaineCare Provider Fee Schedule that is posted on the Department's website in accordance with 22 MRS §3173-J(7).

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23.07 REIMBURSEMENT (cont.)

<u>Covered Service</u>	<u>Unit of Service</u>	<u>Rate</u>
<u>Developmental and Behavioral Evaluation</u>	<u>Per Hour</u>	<u>\$89.08</u>
<u>Child Abuse Evaluation</u>	<u>Per Hour</u>	<u>\$110.07</u>
<u>CHA Initial Assessment</u>	<u>Per Assessment</u>	<u>\$1,131.87</u>
<u>CHA Follow-up Assessment</u>	<u>Per Assessment</u>	<u>\$357.01</u>

B. Each July 1st the Department will apply an annual cost of living adjustment proportional to the percentage increase in the Maine minimum wage, as determined by the Maine Department of Labor, so long as the service has not received any other adjustments within the previous twelve (12) months. The Maine Department of Labor determines the percentage increase, if any, as of August of the previous year over the level as of August of the year preceding that year in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for the Northeast Region, as published by the United States Department of Labor, Bureau of Labor Statistics, with the amount of the minimum wage increase rounded to the nearest multiple of 5¢.

~~23. The amount of payment for services rendered shall be based on a rate listed in the Allowances for Developmental and Behavioral Evaluation Services, Chapter III, Section 23. In accordance with Chapter I of the *MaineCare Benefits Manual*, it is the responsibility of the provider to ascertain from each member whether there are any other resources (private or group insurance benefits, worker's compensation, etc.) that are available for payment of the rendered service, and to seek payment from such resources prior to billing the *MaineCare Benefits Manual*.~~

~~23.0908~~**BILLING INSTRUCTIONS**

A. Billing Providers must be accomplished bill in accordance with the Department's billing instructions for the ~~CMS1500~~CMS 1500 claim form.

B. CHA Billing Instructions

1. Initial bundled payment

Providers may bill for an initial bundled payment once they submit the CHA final report. The initial bundled payment includes reimbursement for the medical exam component and the CHA final report.

2. Follow-up evaluation bundled payment

Providers may bill for a follow-up evaluation bundled payment once they complete the follow-up evaluation and submit reports to the Department. The follow-up

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23.08 **BILLING INSTRUCTIONS** (cont.)

evaluation bundled payment includes reimbursement for the medical exam component and the medical report.

3. Non-bundled payments

Providers must deliver and bill for the services that make up the psychosocial component of the CHA in accordance with the applicable section of the MBM. Other services delivered as part of the CHA, but not included in the bundled payments, must be delivered and billed in accordance with the applicable section of the MBM.

Billing instructions are available upon request or from the Department's website at: <https://mainecare.maine.gov/Billing%20Instructions/Forms/Publication.aspx>