

10-144 Chapter 101
 MAINECARE BENEFITS MANUAL
 CHAPTER III

SECTION 28 - ALLOWANCES FOR REHABILITATIVE AND COMMUNITY SUPPORT SERVICES FOR CHILDREN
 WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS
EMERGENCY MAJOR SUBSTANTIVE RULE

Established: 04/01/10
 Last Updated: 11/8/2018

PROC CODE	MODIFIER			DESCRIPTION	UNIT OF SERVICE	MAXIMUM ALLOWANCE	MAXIMUM ALLOWANCE	MAXIMUM ALLOWANCE
						Through 7/31/18	8/1/18-6/30/19	Effective 7/1/19
H2021	HI			SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) 1:1	15 MINUTES	\$8.94	\$10.67	\$10.53
H2021	HQ	HI	UN	SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) GROUP- UN two patients served	15 MINUTES	\$4.72	\$5.35	\$5.30
H2021	HQ	HI	UP	SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) GROUP- UP three patients served	15 MINUTES	\$3.23	\$3.68	\$3.64
H2021	HQ	HI	UQ	SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) GROUP- UQ four patients served	15 MINUTES	\$2.49	\$2.85	\$2.82
H2021	HK			SPECIALIZED SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS(COMMUNITY BASED WRAP AROUND SERVICES) 1:1	15 MINUTES	\$12.34	\$14.77	\$14.57
H2021	HQ	HK	UN	SPECIALIZED SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) GROUP- UN two patients served	15 MINUTES	\$6.42	\$7.46	\$7.37
H2021	HQ	HK	UP	SPECIALIZED SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) GROUP- UP three patients served	15 MINUTES	\$4.36	\$5.10	\$5.04

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H2021	HQ	HK	UQ	SPECIALIZED SERVICES FOR CHILDREN WITH COGNITIVE IMPAIRMENTS AND FUNCTIONAL LIMITATIONS (COMMUNITY BASED WRAP AROUND SERVICES) GROUP- UQ four patients served	15 MINUTES	\$3.33	\$3.96	\$3.91
G9007	HA			BCBA SERVICES (COMMUNITY BASED WRAP AROUND SERVICES)	15 MINUTES		\$16.60	\$16.60

P.L. 2017, ch. 460, Part C, Sec. C-1 directed that rulemaking authorized by the Sec. C-1 law would be “major substantive” rules. Sec. C-1 provided for certain rate increases, and rulemaking, for Section 28 services. Therefore, for purposes of this November 8, 2018 rulemaking only, the rule is major substantive. Thereafter, unless otherwise directed by the Legislature, the rule will revert back to routine technical rule.

The Department is seeking and anticipates receiving CMS approval for this Section. Pending approval, the Department will reimburse providers under the new increased rate retroactively to 8/1/2018 pursuant to P.L. 2017, ch. 460.

Providers must ensure that the increase in reimbursement rates effective August 1, 2018 is applied in full to wages and benefits for employees who provide direct services. Providers must document compliance with this requirement in their financial records and provide such documentation to the Department upon request.

Definition of Modifiers

- HQ: group
- HI: base service
- HK: Specialized Services
- UN: two patients served
- UP: three patients served
- UQ: four patients served