

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Amend the amendment in Part A in section 1 in §3195 by striking out all of subsections 1 and 2 (page 1, lines 26 to 33 and page 2, lines 1 to 13 in amendment) and inserting the following:

1. Reimbursement. The department shall reimburse services provided to MaineCare member adults with intellectual disabilities or autism under a waiver granted by the federal Centers for Medicare and Medicaid Services for home-based and community-based care on the basis of rates and a methodology established by major substantive rulemaking. The department shall, at least every 2 years, conduct a substantive review of the rates set under this section. The review must provide for public comment. This section applies to all funds, including federal funds, paid by any agency of the State to a provider for care covered by the waiver.

2. Rulemaking. The department shall adopt rules providing reimbursement rates under this section that take into account the costs of providing care and services in conformity with applicable state and federal laws, rules, regulations and quality and safety standards and local competitive wage markets.

Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.'

Amend the amendment in Part A in section 2 in subsection 2 in paragraph O in the first line (page 4, line 5 in amendment) by striking out the following: "and"

Amend the amendment in Part A in section 2 in subsection 2 in paragraph P in the first line (page 4, line 6 in amendment) by striking out the following: "diem." and inserting the following: 'diem;'

Amend the amendment in Part A in section 2 in subsection 2 by inserting after paragraph P the following:

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Q. S5140 shared living foster care, adult, one member; and

R. S5140 UN shared living foster care, adult, 2 members.

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SUMMARY

This amendment:

1. Removes requirements regarding assessment of individual need and resource application from the reimbursement methodology;

2. Requires that the Department of Health and Human Services perform a substantive review of rates at least every 2 years;

3. Removes the requirement that rates be sufficient to ensure that an adequate number of providers are available to provide access to services; and

4. Adds 2 procedure codes to the list of procedure codes for which the department must amend its rules to increase reimbursement rates.