DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services JFK Federal Building, Government Center Room 2275

Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

December 23, 2011

Mary C. Mayhew, Commissioner Department of Health and Human Services Commissioner's Office 11 State House Station August, Maine 04333-0011

Dear Commissioner Mayhew:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 10-012 with an effective date of Septembr 1, 2011, as requested by your Agency.

This SPA transmitted a proposed amendment to Maine's approved Title XIX State plan to amending its State Plan to clarify the amount, duration, and scope of medical and remedial care and services to the categorically needy. Specifically, the description for the following services were clarified and updated:

- Home Health Services
- Physical and Occupational Therapies
- Speech and Hearing Services
- Dental Services
- Podiatry
- Optometry
- Private Duty Nursing

This SPA also incorporates Affordable Care Act – Section 6407. Section 6407 of the Affordable Care Act requires the physician to document the existence of a face-to-face encounter (including the use of telehealth) with the Medicaid eligible individual prior to ordering the provision of home health services.

A companion letter to this SPA approval will address the reimbursement issues discovered during the review of this SPA.

We reviewed this SPA for compliance with §1902(a)(73) of the Social Security Act, as added by §5006(e) of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. This SPA was also reviewed in conjunction with provisions of the Affordable Care Act, Public Law 111-148.

Page 2 – Mary C. Mayhew Commissioner

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

S

Richard R. McGreal Associate Regional Administrator

Enclosures

cc: Stefanie Nadeau, Director, Office of Maine Care Services

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:
STATE PLAN MATERIAL	10-012	MAINE
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: SECURITY ACT (MEDICAID)	TITLE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	E(S)
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DEPARTMENT OF HEALTH AND HUMAN SERVICES	9/1/1	0
5. TYPE OF PLAN MATERIAL (CHECK ONE):	A trapped by the second second second section and the second seco	
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDM	ENT (Separate Transmittal for eac	ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR §§ 440.50, 440.60, 440.70, 440.80, 440.100,		
440.110	Cost Neutral	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPE	RSEDED PLAN SECTION
ATTACHMENT TO 3.1-A, PAGES 1, 2, 3 - 3(i), and 4 - 4(h)	OR ATTACHMENT (If Applical	blø):
	ATTACHMENT TO 3.1-A, PAGE 1-4A	
	F CATEGORICALLY NEEDY CATE	GORY
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	COMMISSIONER, DEPT. OF	HUMAN SERVICES
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGN OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	STEFANIE NADEAU	
MARY C. MAYHEW		
14. TITLE:	Director, MaineCare S	
Commissioner, Maine Department of Health and Human	#11 State House Station	on
Services		
15. DATE SUBMITTED: 09/24/10	442 CIVIC CENTER DRIV	
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21. JAY UD NAMES: Richard R. McGreal	22 PRILEASSOCIATE Regional Adminis	trator, Division of Medicaid and
	Children's Health Operation	
28. REMARKS State and CMS representatives agreed via e-mail dated 12/16/11 to	the following pen & ink changes:	
- Box 8 of the 179 was updated to reflect the correct plan pages	<u>-</u> `	Emilia de en amalian une con-
- Attachment 3.1-A, page 1, TN Supersedes changed to 91-14		
- Attachment 3.1-A, page 2, TN Supersedes changed to 02-011 - Attachment 3.1-A, page 3d, TN Supersedes changed to 04-015		nije nav
- Attachment 3.1-A, page 4d, removed text that says "Supplement 1		nina Tina
- Attachment 3.1-A, page 4e, removed text that says "Supplement 1	to" in the page description	.

August 1991

ATTACHMENT 3.1-A

Page 1 OMB No: 0938-

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY 1. Inpatient hospital services other than those provided in an institution for mental diseases. Provided: No limitations With limitations 2.a. Out patient hospital services Provided: No limitations With limitations* b. Rural health clinic services and other ambulatory serviced furnished by a rural health clinic (which are otherwise included in the State Plan). Provided: No limitations With limitations* c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4). Provided: No limitations With limitations* 3. Other laboratory and x-ray services. Provided: No limitations With limitations* TN No. 10-012 Supersedes Approval Date: 12/23/11 Effective Date: 9/1/10	State/Te	erritory:		Mai	ne	
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Revision: HCFA-PM-91-4 August 1991

ATTACHMENT 3.1-A

Page 2 OMB No: 0938-

State/1	Cerritory:		M	aine	
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AND I	REMEDIAL		T, DURATION, AN D SERVICES PROV		THE CATEGORICALLY NEEDY
4.a.			es (other than servic f age or older.	es in an insti	tution for mental diseases) for
	Provided:	X	No limitations		With limitations*
b.			eening, diagnostic ar ment of conditions fo		services for individual s under 21
c.	Family plan	nning servi	ces and supplies for	inđividuals o	of child-bearing age.
	Provided:	X	No limitations		With limitations*
5. a.	Physicians' nursing fac			the office, th	e patient's home, a hospital, a
	Provided:	X	No limitations		With limitations*
b.	Medical an 1905(a)(5)		•	a dentist (in	accordance with section
	Provided:		No limitations	X	With limitations*
6.					nized under State law, furnished ice as defined by State law.
	a. Poo	diatrists' se	ervices		
	Provided:	No lii	mitations W	Vith limitatio	ns* X
1	b. Optom	etrists' ser	vices.		
	X Pro	ovided:	No limita	tions X	With limitations*
•	c. Chirop	ractors' sei	vices.		
	X Pro	ovided:	No limita	tions X	With limitations*
TN No	o. <u>10-012</u>				
Supers	sedes	_	Approval Date: 12	2/23/11	Effective Date: 9/1/10
TN No	02-011				

August 1991

ATTACHMENT 3.1-A Page 3 OMB No: 0938-

State/Ter	ritory:	Maine	
	AMOUNT, DURATIO	ON AND SCOPE OF MEDICAL SPROVIDED OT THE CATEGO	
d.	Other practitioners Provided: Idea	s' services.	scription of limitations, if any.
7. Ho	ome Health services.		
a.		t-time nursing services provided hen no home health agency exist	by a home health agency or by a s in the area.
	X Provided:	No limitations X	With limitations*
b.	Home health aide	services provided by a home hea	lth agency.
	X Provided:	No limitations X	With limitations*
c.	Medical supplies,	equipment, and appliances suital	ole for use in the home.
	X Provided:	No limitations X	With limitations*
d.	Physical therapy seagency.	ervices provided by a licensed ar	nd Medicare certified home health
	X Provided:	No limitations X	With limitations*
e.	Speech-language path home health agency	nology services provided by a lic	ensed and Medicare certified
	X Provided:	No limitations X	With limitations*
f.	Occupational therapy health agency.	services provided by a licensed	and Medicare certified home
	X Provided:	No limitations X	With limitations*
TN No.	10-012		
Supersec	des 04.002	Approval Date: 12/23/11	Effective Date: 9/1/10
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TN No 04-002

Revision: HCFA-PM-91-4

August 1991

ATTACHMENT 3.1-A

Page 3(a) OMB No: 0938-

State/Territory:	***************************************		Maine			
AMOU AND SE	NT, DURATIC RVICES PROV	ON AND IDED O	SCOPE OF MEI T THE CATEGO	DICAL A	AND REMEDIAL CARE LY NEEDY	
g. Audio	ology services Provided: Not Provided	لسسا	No limitations		With limitations*	
8. Private d	uty nursing serv	rices.				
X	Provided:		No limitations	X	With limitations*	
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TN No. 10-0	12			, (N)		
Supersedes		Annro	val Date: 12/23/1	1	Effective Date: 9/1/10	

October 1992

ATTACHMENT 3.1-A Page 3(b) OMB No: 0938-

State/Territory:	Maine
	AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIA	L CARE AND SERVICES PROVIDED OT THE CATEGORICALLY NEEDY

5b. Medical and Surgical Services provided by a dentist- Dental services for adults are limited to services that may be provided by a dentist or physician which would be covered physician services under State law..

TN No. 10-012

Supersedes

Approval Date: 12/23/11

Effective Date: 9/1/10

October 1992

ATTACHMENT 3.1-A

Page	3(c)		
OME	No:	0938-	

State/Territory:	Maine
	IT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AN	D SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

6a. Podiatrists' Services

After an initial visit, routine podiatric care will only be covered for members who have any illness, diagnosis, or condition that if left untreated may cause loss of function or may risk loss of limb; and for whom self-care or foot care by a non-professional person would be hazardous and pose a threat to the member's condition.

TN No. 10-012

Supersedes

Approval Date: 12/23/11

Effective Date: 9/1/10

August 1991

ATTACHMENT 3.1-A Page 3(d)

OMB No: 0938-

State/Territory:	Maine
	T, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE D SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Item 6b - Optometrists' Services

Limited to one pair of eyeglasses when the power is equal to or greater than 10.00 diopters. Individuals covered under EPSDT may exceed limitations based on medical necessity. The volume purchase of eyeglasses limited the selection of frames and lenses to a basic assortment from one supplier. Adults not residing in an ICF-MR are limited to one routine exam every two years.

TN No. 10-012

Supersedes

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Effective Date: 9/1/10

August 1991

ATTACHMENT 3.1-A Page 3(e)

OMB No: 0938-

State/Territory:	Maine	
AMOUNT, DUR	ATION AND SCOPE OF MEDICAL AND REMEDIAL CARE	
AND SERV	ICES PROVIDED TO THE CATEGORICALLY NEEDY	

<u>Item 6c - Chiropractor's Services</u>

Limited to treatment by means of manual manipulation of the spine. Rehabilitation potential, documented by a physician or primary care provider, will be required for adults to receive chiropractic services.

TN No. 10-012

Supersedes

dedes Approval Date: 12/23/11

Effective Date: 9/1/10

Revision:

HCFA-PM-91-4

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED OT THE CATEGORICALLY NEEDY

Item 6d - Other Practitioners' Services:

Advanced Practice Nurses other than nurse midwives and certified family and pediatric NPs.

No limits.

Home Health - Medical Social Services

Medical social services are psychological or social services (as defined below) provided by the Home Health agency (42 CFR 440.70 (4)(e)(1)(ii)) in conjunction with a skilled nursing service or physical or occupational therapy under 42 CFR 440.70. Medical social services are provided by professionals (as defined below) and are indicated in the plan of care as necessary to resolve social or emotional problems that are or are expected to be an impediment to the effective treatment of the member's medical condition or to affect his or her rate of recovery. The services may include: assessment, counseling, and assessment of availability of community resources and actions to obtain available community resources to assist in resolving the service recipient's problems.

Social Services provided in conjunction with home health services are provided by Licensed Master Social Workers (LMSW), Licensed Clinical Professional Counselor (LCPC), Licensed Social Worker (LSW), or Licensed Social Worker (Conditional) (LSWc).

A social worker must: (a) hold a Master's degree from a school of social work accredited by the Council of Social Work Education, and (b) be either licensed or certified in accordance with 32 M.R.S.A., Chapter 83, §7001 or be eligible for examination by the Maine Board of Social Worker Registration, which eligibility is documented by written evidence from such Board.

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Supersedes

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Effective Date: 9/1/2010

Attachment 3.1-A, Page 3(g)

State/Territory:	Maine
AMOUNT, DUR	ATION AND SCOPE OF MEDICAL AND REMEDIAL CARE

AND SERVICES PROVIDED OT THE CATEGORICALLY NEEDY

7. Home Health Services

Home Health Services are provided in accordance with 42 CFR 440.70 and are provided to members based on medical necessity.

Home Health Services are skilled nursing and home health aide services, physical and occupational therapy services, and speech language pathology services needed on an intermittent basis. Intermittent in general shall mean skilled nursing care needed on fewer than seven (7) days per week or less than eight (8) hours each day for periods of up to twenty one (21) days as defined in CMS publication 11 "Medicare Home Health Agency Manual".

The amount, duration and scope of Home Health services is determined by the written orders from the ordering physician and defined in the physician ordered plan of care reviewed and approved by the ordering physician. The physician orders services in the amount, scope and for the duration they deem necessary based on their assessment of the medical necessity of the service. Each member is eligible to receive as many covered services as are medically necessary as long as the member meets the eligibility requirements, and services are provided in accordance with a valid, authorized certification period, and there is a valid prior authorization where prior authorization is required. The physician or designated provider working with the physician orders the Home Health service based on evaluation of the medical necessity for the services initially and through on-going periodic systematic review of the Member needs.

To make the determination of necessity and certification for Home Health Services and for medical supplies and equipment suitable for use in the home there will be a face-to-face encounter (including the use of Telehealth) between the member receiving Home Health Service and the physician or designated provider working with or under the supervision of the physician, as required in the Patient Protection and Affordable Care Act, P.L. 111-148, Section 6407.

The amount, duration and scope of home health services are limited to the medical necessity of each. All Home Health Services, supplies and equipment are provided to members based on medical necessity. The State has a process for determination of medical necessity for start of services and for periodic, systematic review and recertification of services that require continuation.

Certification of medical necessity for services is required in order to continue services after the initial certification period.

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TN No. <u>10-012</u>			
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The initial certification period for all Home Health services is up to sixty (60) days, but may be less than 60 days depending upon the prescribing physicians order and the actual length of time is based on medical necessity. Certification Period shall mean the months and/or days, which identify the period covered by the physician's plan of care. The "From" date for the initial certification must match the start of care date. The "To" date can be up to, but never exceed, sixty (60) days. Services must be recertified in order to continue beyond the initial certification period. Recertification shall follow the same length of time requirements.

Service provision is based on medical necessity. The State does not limit the number of medically necessary visits for services.

All Home Health Services must be provided by a Medicare certified home health agency.

Services are provided to an individual on his or her physician's orders and must be part of a written plan of care that the physician reviews every sixty (60) days. Physical therapists, occupational therapists, and providers of speech language pathology services meet qualifications as specified in 42 CFR 440.110.

Certain supplies, including incontinence supplies are limited to those supplied through the State's contract.

All Home Health services are provided in accordance with 42 CFR 440.70

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED OT THE CATEGORICALLY NEEDY

8. Private duty nursing services.

Private duty nursing (PDN) services are nursing services for recipients who require more than individual and continuous care who meet medical necessity. These services are provided by a registered nurse, or a licensed practical nurse under the direction of the recipient's physician. All Private Duty Nursing services require authorization. Prior authorization is required for all members under the age of 21, who exceed the PDN program cost cap. All services are provided to all individuals 0 through their 20th year if determined medically necessary as required by section 1905(r) of the Social Security Act, the EPSDT provision. All nurses must be licensed by the State of Maine Board of Nursing, and are subject to the rules and regulations of the Maine Nurse Practice Act, which requires an RN to hold a degree, diploma, or certificate from a two-year course of study in an approved professional nursing program, and requires a licensed practical nurse to have completed a prescribed course in a state-approved program for the preparation of practical nurses.

RNs or LPNs providing this service may be employed by a Home Health Agency or be independently practicing with the scope of their licensure. Private Duty nursing services may be provided within a home or community setting.

There are several limitations within the amount, duration and/or scope of Private Duty Nursing services, including: services for which the cost exceeds the limits described, those services that can be reasonably obtained by the Member outside his/her place of residence,; personal care services provided by a spouse of the Member, the parents or stepparents of a minor child, or a legally responsible relative; as well as, homemaker and chore services not directly related to medical necessity. Homemaker and chore services, as well as, escorting members outside of the home are covered only as authorized by the ASA in the plan of care when required. Supervisory visits made for the purpose of supervising home health aides, certified nursing assistants or personal care assistants; services which are not approved by the plan of care; or services in excess of 40 hours per week, provided by an individual PSS, home health aide or certified nursing assistant, for an individual Member. Skills training shall not exceed 14.25 hours annually including any hours needed for initial instruction. Care Coordination shall not exceed 18 hours annually.

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ATTACHMENT 3.1-A Page 4(a) OMB No. 0939-0193

State/Territory:	Maine
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43.60	INTERNATION AND COORD OF MEDICAL

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Item 10. **Dental Services**

- A. Persons under EPSDT not limited, except that PA is required for orthodontic services and some others.
- For persons aged 21 years of age and over limited to selected procedures as necessary B. to relieve or eradicate acute pain, control bleeding, eliminate acute infection and prevent imminent tooth loss:
 - acute surgical care directly related to an accident where traumatic injury has 1. occurred:
 - 2. diagnostic procedures to identify the acute problem;
 - medications necessary to eliminate infection and control acute pain; 3.
 - pulpotomies, and root canal treatments for acutely painful teeth; 4.
 - restorations necessary to restore previously endodontically treated teeth during 5. the same period of treatment as the original endodontic services;
 - restorations necessary to prevent eminent tooth loss: 6.
 - extraction of teeth as necessary to treat acute pulpitis or acute periodontal 7. abscess:
 - extraction of teeth when provided in connection with medically necessary oral 8. surgery, or when radiographic evidence indicates tooth decay into the pulp or periapical bone loss; and
 - 9. oral surgical and related medical procedures not involving the dentition and gingiva.

Other adult dental services are only available for qualifying medical conditions with prior authorization.

TN No. 10-012

TN No. <u>04-019</u>

Supersedes

Approval Date: 12/23/11___

Effective Date: 9/1/10

March 1987

ATTACHMENT 3.1-A Page 4(b) OMB No. 0939-0193

State/Te	erritory:	Maine
	5	OF MEDICAL AND REMEDIAL CARE
A)	ND SERVICES PROVIDED TO	O THE CATEGORICALLY NEEDY

Item 11a. Physical Therapy Services Prescribed by a physician of the healing arts within the scope of his or her practice under state law and provided to a recipient by or under the direction of a qualified physical therapist. All physical therapy services are furnished by or under the direction of qualified therapists. Eligibility for adults is limited to those with rehabilitation potential and to treatment following certain hospital stays, after certain procedures, and in cases of required extensive assistance in activities of daily living. One initial evaluation is provided, without prior authorization, in order to determine "rehab potential". Medically necessary services are provided without limitations for children under ESPDT.

All professional staff must be conditionally, temporarily, or fully licensed as documented by written evidence from the appropriate governing body. All professional staff must provide services only to the extent permitted by licensure. The following professionals are qualified professional staff:

- Physical therapist
- Physical therapy assistant
- A physical therapist may be self-employed or employed by an agency or business.
 Agencies, schools or businesses may enroll as a provider of service and bill directly for services provided by qualified staff. A physical therapy assistant may not enroll as an independent billing provider.

MaineCare will reimburse for covered medically necessary services in all outpatient settings, including the home. Services must be of such a level, complexity, and sophistication that the judgment, knowledge, and skills of a licensed therapist are required. All services must be in accordance with acceptable standards of medical practice and be a specific and effective treatment for the member's condition. Services related to activities for the general good and welfare of members (for example, general exercises to promote overall fitness and flexibility, and activities to provide diversion or general motivation) are not MaineCare covered physical therapy services.

MaineCare reimburses providers for the following physical therapy services:

- Evaluations or re-evaluations: For adults, one evaluation or re-evaluation per member per condition is a covered service.
- Modalities: Modalities are any physical agents applied to produce therapeutic
 changes to biologic tissues; including but not limited to thermal, acoustic, light,
 mechanical, or electric energy. Except when performing supervised modalities, the
 therapist is required to have direct (one-on-one) continuous patient contact.

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Supersedes	Approval Date: 12/23/11	Effective Date: 9/1/10
TN No. 04-019		

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ATTACHMENT 3.1-A Page 4(c) OMB No. 0939-0193

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- Therapeutic Procedures: Therapeutic procedures effect change through the application of clinical skills and/or services that attempt to improve function.
- Tests and measurements: The therapist is required to have direct (one-on-one) continuous patient contact in performing testing and measurement
- Supplies: Covered supplies under this section include items such as splinting and supplies necessary for the provision of physical therapy services. Providers may not bill for supplies under other Sections of the MaineCare Benefits Manual, unless they are enrolled as providers and comply with the appropriate Section requirements. Covered supplies under this Section must be billed at acquisition cost and be documented by an invoice in the member's file. Routine supplies used in the course of treatment are not separately reimbursable. Take-home supplies are not reimbursable.

*All physical therapy services, physical therapy providers and practitioners meet the requirements at 42 CFR 440.110.

TN No. 10-012

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ATTACHMENT 3.1-A Page 4(d) OMB No. 0939-0193

State/Territory:	Maine

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Item 11b. Occupational Therapy Services-All occupational therapy services are furnished by or under the direction of qualified therapists. Prescribed by a physician of the healing arts within the scope of his or her practice under state law and provided to a recipient by or under the direction of a qualified occupational therapist. Eligibility for adults is limited to those with rehabilitation potential and to treatment following certain hospital stays, after certain procedures, and in cases of required extensive assistance in activities of daily living, and to one evaluation and/or treatment visit for other medically necessary treatment. Medically necessary services are provided without limitations for children under ESPDT.

All professional staff must be conditionally, temporarily, or fully licensed as documented by written evidence from the appropriate governing body. All professional staff must provide services only to the extent permitted by licensure. The following professionals are qualified professional staff:

- Occupational Therapist, Registered, Licensed (OTR/L);
- Occupational Therapy, Licensed (OT/L);
- Certified Occupational Therapy Assistant, Licensed (COTA/L); and
- Occupational Therapy Assistant, Licensed (OTA/L).
- An OTR/L or an OT/L may be self-employed or employed by an agency or business.
 Agencies, schools or businesses may enroll as a provider of service and bill directly
 for services provided by qualified staff. A COTA/L or an OTA/L may not enroll as
 an independent billing provider.

MaineCare will reimburse for covered medically necessary services in all outpatient settings, including the home. Services must be of such a level, complexity, and sophistication that the judgment, knowledge, and skills of a licensed therapist are required. All services must be in accordance with acceptable standards of medical practice and be a specific and effective treatment for the member's condition. Services related to activities for the general good and welfare of members (for example, general exercises to promote overall fitness and flexibility, and activities to provide diversion or general motivation) are not MaineCare covered occupational therapy services. MaineCare reimburses providers for the following occupational therapy services:

- Evaluations or re-evaluations: For adults, one evaluation or re-evaluation per member per condition is a covered service.
- Modalities: Modalities are any physical agents applied to produce therapeutic changes to biologic tissues; including but not limited to thermal, acoustic, light, mechanical, or electric energy. Except when performing supervised modalities, the therapist is required to have direct (one-on-one) continuous patient contact.

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- Therapeutic Procedures: Therapeutic procedures effect change through the application of clinical skills and/or services that attempt to improve function.
- Tests and measurements: The therapist is required to have direct (one-on-one) continuous patient contact in performing testing and measurement.
- Supplies: Covered supplies under this Section include items such as splinting and supplies necessary for the provision of occupational therapy services. Providers may not bill for supplies under other Sections of the MaineCare Benefits Manual, unless they are enrolled as providers and comply with the appropriate Section requirements. Covered supplies under this Section must be billed at acquisition cost and be documented by an invoice in the member's file. Routine supplies used in the course of treatment are not separately reimbursable. Take-home supplies are not reimbursable.

All ages:

- MaineCare will not reimburse for more than two (2) hours of occupational therapy services per day.
- Supervised modalities (those without direct one-to-one continuous contact) that are provided on the same day as modalities requiring constant attendance or on the same day as any other therapeutic procedure are not billable. Billing for supervised modalities as stand-alone treatment is limited to one (1) unit per modality per day.

Adults (age twenty-one (21) and over):

- Services for adults who meet the specific eligibility requirements must be initiated within sixty (60) days from the date of physician or PCP certification. Eligibility requirements include: Services for members of all ages must be medically necessary. The Department or its authorized agent has the right to perform eligibility determination and/or utilization review to determine if services provided are medically necessary. Adult members (age twenty-one (21) and over) in an outpatient setting must have rehabilitation potential documented by a physician or PCP.
- Services for palliative care and maintenance care are limited to one (1) visit per year to design a plan of care, to train the member or caretaker of the member to implement the plan, or to reassess the plan of care, except that this limitation does not apply to maintenance care for members who would otherwise experience a deterioration in function that would result in an extended length of stay or placement in an institutional or hospital setting, as documented by the physician or PCP.

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- Services for adults with documented rehabilitation potential who do not meet the following requirements: treatment following an acute hospital stay for a condition affecting range of motion, muscle strength and physical functional abilities; and/or treatment after a surgical procedure performed for the propose of improving physical function; and/or treatment in those situations in which a physician or PCP has documented that the patient has, at some time during the preceding thirty (30) days, required extensive assistance in performance of one or more of the following activities of daily living: eating, toileting, locomotion, transfer or bed mobility; must be medically necessary as documented by a certification by a physician or PCP. Such treatment is limited to no more than one (1) visit per condition by qualified staff.
- Services for sensory integration are limited to a maximum of two (2) visits per year.

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^{*}All occupational therapy services, providers and practitioners meet the requirements at 42 CFR 440.110.