

**OVERVIEW OF RULES AND SCHEDULE FOR ASSISTED LIVING  
AND ADULT FAMILY CARE HOME BILLING**

**#1 –MaineCare Billing**

Generally speaking, there are two rate periods:

- 1.) January 1<sup>st</sup> - June 30<sup>th</sup> : Billing based on assessments dated (A5) March 16<sup>th</sup> through September 15<sup>th</sup> of the previous year except if significant change or admission assessment (as noted below); and
- 2.) July 1<sup>st</sup> – December 31<sup>st</sup> : January 1<sup>st</sup> - June 30<sup>th</sup> : Billing based on assessments dated (A5) September 16<sup>th</sup> through March 15<sup>th</sup> except for significant change or admission assessments (as noted below).

All rates are derived from the MDS-ALS assessment. The most recent MDS-ALS as of September 15 determines the January rate, and the most recent MDS-ALS as of March 15 determines the July rate. Providers receive rosters notifying them of their residents’ rates about a month before the rates become effective. This allows providers to check that the roster accurately reflects discharges, new admissions and residents newly eligible for MaineCare. The general rules and schedules that govern MaineCare billing are summarized below.

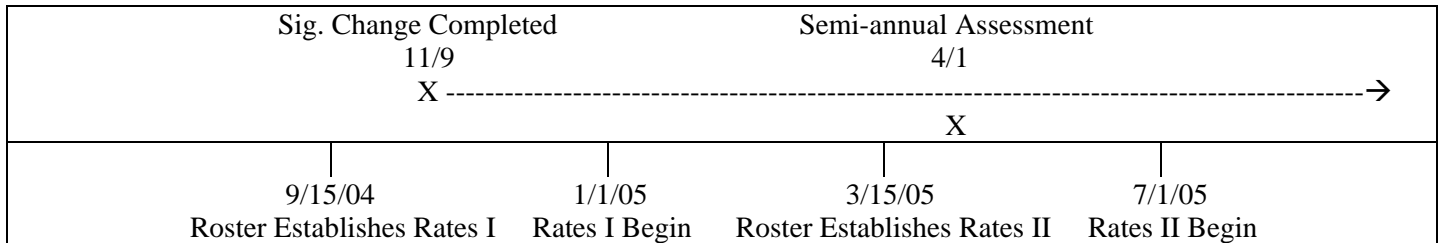
<b>Rate Period 1 – January Rate</b> Begins: January 1, 2005 – Ends: June 30, 2005		<b>Rate Period 2 – July Rate</b> Begins: July 1, 2005 – Ends: December 31, 2005																	
<table border="1"> <tr><td>Assessments completed</td></tr> <tr><td>Mar 16 – 04</td></tr> <tr><td>Apr – 04</td></tr> <tr><td>May – 04</td></tr> <tr><td>June – 04</td></tr> <tr><td>July – 04</td></tr> <tr><td>Aug – 04</td></tr> <tr><td>Sept 15 – 04</td></tr> </table>	Assessments completed	Mar 16 – 04	Apr – 04	May – 04	June – 04	July – 04	Aug – 04	Sept 15 – 04	<ul style="list-style-type: none"> <li>◆ Rates for the period beginning January 1, 2005 and ending June 30, 2005 are calculated from assessments completed on or before September 15, 2004.</li> <li>◆ Rates for new admissions use the initial assessment and are valid from the date of admission to either a significant change or the end of the rate period.</li> <li>◆ While rates for this period are communicated to facilities through rosters mailed out in October, 2004, these rates do not take effect until January 1, 2005 and do not change until a new rate period begins on July 1, 2005.</li> <li>◆ The only exception to this is if a resident undergoes a significant change in status or a new resident is admitted to the facility.</li> </ul>	<table border="1"> <tr><td>Assessments completed</td></tr> <tr><td>Sept 16 – 04</td></tr> <tr><td>Oct – 04</td></tr> <tr><td>Nov – 04</td></tr> <tr><td>Dec - 04</td></tr> <tr><td>Jan – 05</td></tr> <tr><td>Feb – 05</td></tr> <tr><td>Mar 15 – 05</td></tr> </table>	Assessments completed	Sept 16 – 04	Oct – 04	Nov – 04	Dec - 04	Jan – 05	Feb – 05	Mar 15 – 05	<ul style="list-style-type: none"> <li>◆ Rates for the period beginning July 1, 2005 and ending December 31, 2005 are calculated from assessments completed after September 15, 2004 and on or before March 15, 2005.</li> <li>◆ Rates for new admissions use the initial assessment and are valid from the date of admission to either a significant change or the end of the rate period.</li> <li>◆ While rates for this period are communicated to facilities through rosters mailed out in April, 2005, these rates do not take effect until July 1, 2005 and do not change until a new rate period begins on January 1, 2006.</li> <li>◆ The only exception to this is if a resident undergoes a significant change in status or a new resident is admitted to the facility.</li> </ul>
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**#2 – Significant Changes**

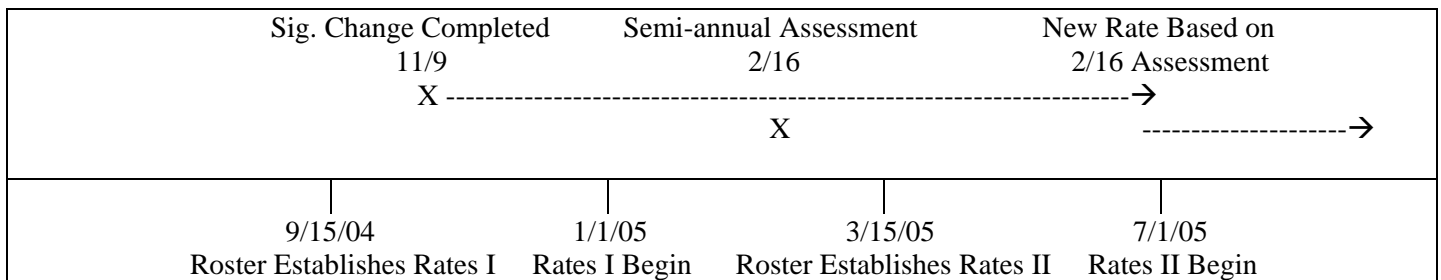
New rates resulting from a significant change in status become effective as soon as a significant change assessment is completed (i.e. assessment date). These rates may extend through the end of the current rate period (6/30 or 12/31) and may even continue through the next rate period depending on the date of the resident’s next assessment and whether or not the resident undergoes another significant change in status. Consider the following three scenarios:

**A.) Significant Change w/o assessment before next rate setting date**



As soon as the significant change assessment is completed (11/9), the provider begins billing at the rate established in the resident’s significant change assessment. Since the resident does not receive his/her semi-annual assessment until 4/1 (i.e. after the date that rates for the next period are calculated), the significant change (11/19) assessment is used on the 3/15 roster. The provider continues to bill at the rate established in the resident’s significant change assessment until the next rate period begins in January.

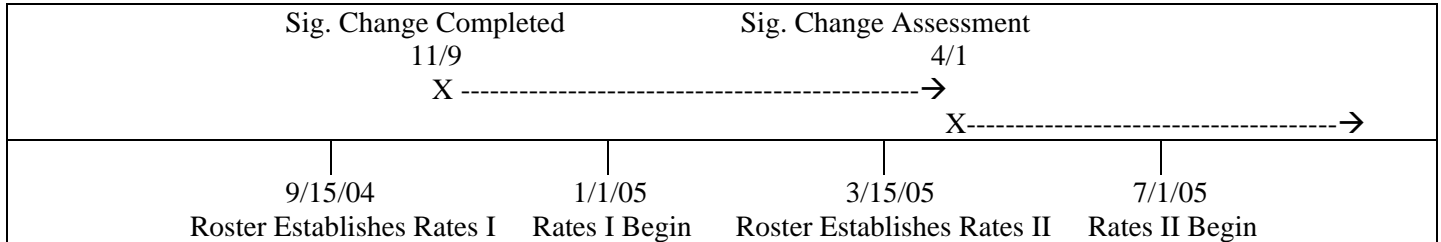
**B.) Significant Change w/assessment before next rate setting date**



In this scenario, the resident receives a semi-annual assessment before rates for the second rate period are established on 3/15. The provider bills at the rate established in the resident’s significant change assessment until the end of Rate Period 1 (6/30). The Semi-Annual (2/16) is used on the 3/15 roster and beginning 7/1, begins to bill at the rate established on the resident’s 2/16 assessment.

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**C.) Significant Change w/additional significant change assessment several months later**

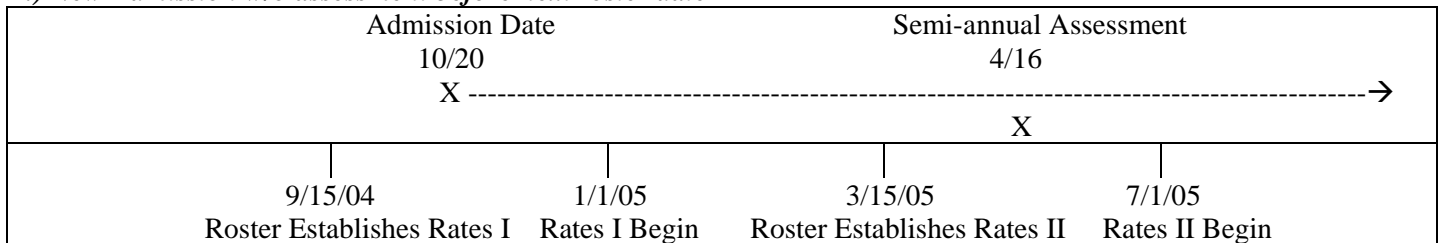


As soon as the significant change assessment is completed (11/9), the provider begins billing at the rate established in the resident’s significant change assessment. However, here, the resident receives a second significant change (4/1) assessment several months after his/her first significant change (4/1). A new rate based on the second significant change assessment becomes effective as soon as the second assessment is completed (i.e. assessment date).

**#3 - New Admissions**

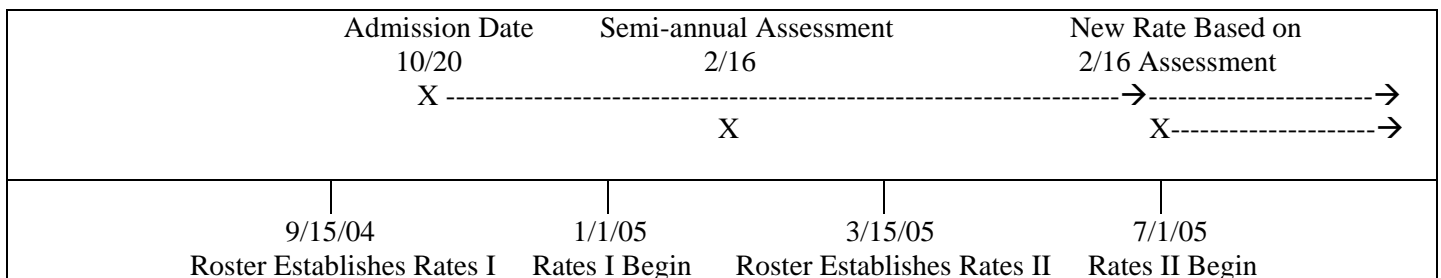
Rates for new admissions are calculated from admissions assessments and become effective upon a resident’s entry into the program (i.e. date of entry). These rates extend through the end of the current rate period (6/30 or 12/31) and may even continue through the next rate period depending on the date of the resident’s next assessment and whether or not the resident undergoes a significant change in status. Several examples are included below:

**A.) New Admission w/o assessment before next roster date**



As soon as the resident is admitted (10/20), the provider begins billing at the rate established in the resident’s admission assessment. Since the resident does not receive his/her semi-annual assessment until 4/16 (i.e. after the date that rates for the next period are calculated), the provider continues to bill at the rate established in the resident’s admission assessment until the next rate period begins in January.

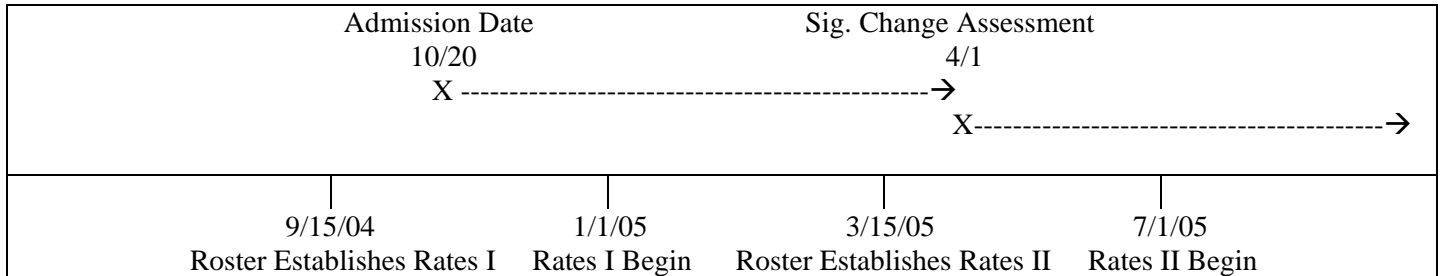
**B.) New Admission w/assessment before next roster date**



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In this scenario, the resident receives a semi-annual assessment before rates for the second rate period are established on 3/15. The provider bills at the rate established in the resident’s admission assessment until the end of Rate Period 1 (6/30) and, beginning 7/1, begins to bill at the rate established in the resident’s 2/16 assessment (i.e. the rate communicated to facilities in the March roster).

***D.) New Admission w/significant change assessment***



Here, the resident receives a significant change assessment several months after they are admitted to the facility. Although this significant change assessment occurs after the rates for the second rate period are established (3/15), a new rate based on the significant change assessment becomes effective as soon as the assessment is completed (i.e. assessment end date).

**#4 – Residents Newly Eligible for MaineCare:**

In the case of a resident newly eligible for MaineCare, a rate is calculated from the resident’s most recent assessment and becomes effective as soon as BFI determines the resident eligible for MaineCare. [Note: It is not necessary to conduct a new assessment to determine the resident’s payment rate.] The rate calculate from the resident’s last assessment is effective until the next rate period or until the resident experiences a significant change in status. Once a resident becomes eligible for MaineCare, it is the provider’s responsibility to bill MaineCare in accordance with MaineCare billing instructions.

**#5 - Discharges:**

Providers should not submit bills for discharged residents dated on or after the resident’s date of discharge.