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State/Territory Name: Maine

State Plan Amendment (SPA) #: 16-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 2, 2020

Michelle Probert, Director
Maine Department of Health and Human Services
MaineCare Services
Policy Division
11 State House Station
Augusta, Maine 04333-0011

RE: TN 16-0015

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-16-0015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2016. This plan amendment increases reimbursement for personal care services and private duty nursing services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 01, 2016. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

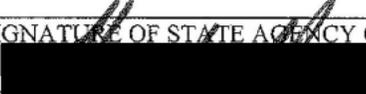
If you have any additional questions or need further assistance, please contact Blake Holt at 415-744-3754 or blake.holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-0015	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of Health and Human Services		4. PROPOSED EFFECTIVE DATE 07/29/2016	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201(b)		7. FEDERAL BUDGET IMPACT: AN ADDITIONAL COST OF a. <u>\$401,927</u> for FFY 2016 b. <u>\$2,477,364</u> for FFY 2017	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplemental 1 to attachment 4.19-B Pages 2c, 5, and 10		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplemental 1 to attachment 4.19-B Pages 2c, 5, and 10	
10. SUBJECT OF AMENDMENT: Cost of living adjustments to select providers			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Commissioner, Dept. of Health and Human Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPE AND PRINT NAME: Mary C. Mayhew		Stefanie Nadeau Director, Office of MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
14. TITLE: Commissioner, Department of Health and Human Services			
15. DATE SUBMITTED: September 30, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/30/2016		18. DATE APPROVED: 12/2/2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/29/2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS: In 10/21/20 RAI response, state provided concurrence for the following pen and ink change: Boxes 8 and 9 from "Supplement 1 to Attachment 4.19 B, Pages 2c, 5, and 10" to "Supplement 1 to Attachment 4.19 B, Pages 2c, 5(iii), 5(iv), 5(v)." 11/6/20 concurrence: Box 6 from "42 CFR 447.201(b)" to "42 CFR 447 Subpart F." 11/20/20 concurrence: Box 4 from "07/29/2016" to "07/01/2016."			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplemental 1 to Attachment 4.19-B

Page 2c

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

8. ¹Private Duty Nursing – Nursing services furnished by a licensed home health agency or an independent professional registered nurse. Payment is made on the basis of a fixed fee schedule. State-developed fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rate was set as of July 29, 2016 and is effective for services provided on or after that date. All rates are published at <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20096%20%2D%20Private%20Duty%20Nursing%20and%20Personal%20Care%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

Levels of care I through V have financial caps as follows below. For individuals qualifying under EPSDT, the service cap may be exceeded if services are determined medically necessary. Reimbursement of care coordination and skills training do not count towards the monthly cost caps.

LEVEL I	\$925/month
LEVEL II	\$1,165/month
LEVEL III	\$1,904/month
LEVEL IV (under 21 years of age only)	\$3,532/month
LEVEL V	\$23,966/month
LEVEL VIII	\$847/month
LEVEL IX	\$1,769/month

¹ The language on this SPA page does not affect the previous out-of-order approval of SPA 20-0019, which remains in effect from its effective date until otherwise superseded. The effective date(s) and superseded SPA are listed here in order to be consistent with the language and effective date. This page was effective 4/1/2020 in SPA 20-0019.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(iii)

OMB No: 0938

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE**

a. Personal Care Services:

The following sections describe the methods and standards used to set reimbursement rates for personal care services delivered by four different provider groups. State developed fee schedules are the same for both governmental and private providers.

1. Personal Care Attendant Services

¹Personal care attendant services are provided in the consumer-directed personal care model. Personal care attendants are reimbursed on the basis of a fixed fee schedule, set as of July 29, 2016 effective for services provided on or after that date.

Code	Description	Unit	Rate
S5125 U2	Attendant care services	¼ hour	\$3.33
H2014	Skills Training Service	¼ hour	\$14.03
G9001	Care coordination services – initial visit	¼ hour	\$17.00
G9002	Care coordination service - ongoing	¼ hour	\$17.00

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

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OMB No: 0938

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE**

2. Personal Care Agency Services

¹Personal care agency services are reimbursed on the basis of a fixed fee schedule, which was set as of July 29, 2016, and is effective for services provided on or after that date. All rates are published at:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20096%20%2D%20Private%20Duty%20Nursing%20and%20Personal%20Care%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>. Reimbursement varies by provider type delivering the service (including personal support specialists delivering services under the Family Provider Service Option) and by number of members served by the same provider.

¹ The language on this SPA page does not affect the previous out-of-order approval of SPA 20-0019, which remains in effect from its effective date until otherwise superseded. The effective date(s) and superseded SPA are listed here in order to be consistent with the language and effective date. This page was effective 4/1/2020 in SPA 20-0019.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

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OMB No: 0938

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE**

3. Adult Family Care Homes

Reimbursement to licensed Adult Family Care Homes for personal care services furnished to Medicaid eligible patients is based on the per diem resource-adjusted (case- mix) price for each member, according to the resource group the member is assigned as a result of the Minimum Data Set- Assisted Living Services (MDS-ALS) patient assessment. Eligible providers located on remote island locations receive 15% additional reimbursement through an adjusted resource-adjusted price. The agency's fee schedule rate for Personal Care Services to residents of Adult Family Care Homes is set as of July 1, 2016 and is effective for services on or after that date. <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20002%20%2D%20Adult%20Family%20Care%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>. The Department of Health and Human Services (DHHS) will reassess members twice each year.

For new facilities without a resource grouping already calculated, DHHS will apply a MaineCare weight of .924 to the unadjusted price for the first-rate setting period.