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State/Territory Name: Maine

State Plan Amendment (SPA) #: 17-0018

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

August 19, 2021

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

RE: TN 17-0018

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-17-0018, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December, 15, 2017. This plan amendment updates the payment rates for private duty nursing services, updates the combined payment caps for private duty nursing and personal care service, and, at CMS request, clarifies that the payment caps on Attachment 4.19-B, Page 2c apply to personal care services in addition to private duty nursing.

Based upon the information provided by the State, we have approved the amendment with an effective date October 3, 2017. 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 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

A 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: 17-0018	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE 1/1/2018	
TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of Health and Human Services			
5. TYPE OF PLAN MATERIAL (Check One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201(b)		7. FEDERAL BUDGET IMPACT: AN ADDITIONAL COST OF a. \$0 for FFY 2017 b. \$0 for FFY 2018	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplemental 1 to attachment 4.19-B Pages 2c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplemental 1 to attachment 4.19-B Pages 2c,	
10. SUBJECT OF AMENDMENT: Private duty nursing reimbursement increases			
11. GOVERNOR'S REVIEW (Check One):			
<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: Stefanie Nadeau, Director, MaineCare Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Stefanie Nadeau Director, Office of MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
13. TYPED NAME: Stefanie Nadeau			
14. TITLE: Director, Office of MaineCare Services			
15. DATE SUBMITTED: December 15, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 15, 2017		18. DATE APPROVED: August 19, 2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS: State pen and ink concurrences: 6/14/2021: Box 4 from "1/1/2018" to "10/3/2017" 7/30/2021: Box 6 from "42 CFR 447.200(b)" to "42 CFR Subpart F" 8/16/2021: Box 8: Add "and page 2c(1)"			

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. Private Duty Nursing¹ – 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 October 3, 2017 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%2FArchive&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	\$1,092/month
LEVEL II	\$1,375/month
LEVEL III	\$2,248/month
LEVEL IV (under 21 years of age only)	\$4,401/month
LEVEL V	\$27,420/month
LEVEL VIII	\$938/month
LEVEL IX	\$2,088/month

¹ The language on this SPA page does not affect the previous out-of-order approval of SPA 20-0019, approved on 9/17/2020, which remains in effect from its effective date of 4/1/2020 until otherwise superseded. The effective date(s) and superseded SPA are listed in order to be consistent with the language and effective dates.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplemental 1 to Attachment 4.19-B
Page 2c(1)
OMB No: 0938

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

Cost caps identified under Supplement 1 to Attachment 4.19-B item 8 are applicable for both Private Duty Nursing services as well as Personal Care Services (Supplement 1 to Attachment 4.19-B item 17(d)(2)).