

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 20-0028**

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  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

May 19, 2021

Jeanne Lambrew, Commissioner  
Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0011

Reference: TN 20-0028

Dear Commissioner Lambrew:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0028. This amendment provides a special supplemental allowance to provide for increases in contract labor and allowable wages and associated benefits and taxes in the direct care and routine care cost component.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of July 1, 2020. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any additional questions or need further assistance, please contact Fredrick Sebree at [Fredrick.sebree@cms.hhs.gov](mailto:Fredrick.sebree@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For

Rory Howe  
Acting Director

|  |   |                          |
|--|---|--------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE<br/>PLAN MATERIAL</b><br><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b> | 1. TRANSMITTAL NUMBER<br><b>20 - 0028</b>                                     | 2. STATE<br><b>Maine</b> |
|  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT<br>(MEDICAID) |                          |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                | 4. PROPOSED EFFECTIVE DATE<br><b>July 1, 2020</b>                             |                          |

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE
  AMENDMENT TO BE CONSIDERED AS NEW PLAN
  AMENDMENT

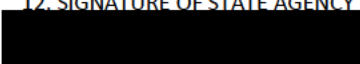
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

|   |  |
|---|--|
| 6. FEDERAL STATUTE/REGULATION CITATION<br><b>42 CFR §447.205</b>                        | 7. FEDERAL BUDGET IMPACT<br>a. FFY <del>2021</del> <u>2020</u> \$-6,995,761 \$1,904,084<br>b. FFY _____ <u>2021</u> \$-N/A \$5,534,628 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><b>Attachment 4.19-D Page 46(a)</b> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br><b>Attachment 4.19-D Page 46(a)</b>                     |

10. SUBJECT OF AMENDMENT  
**Nursing Facilities special wage allowance**

11. GOVERNOR'S REVIEW (Check One)

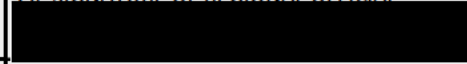
GOVERNOR'S OFFICE REPORTED NO COMMENT
  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **Michelle Probert, Director,**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL **MaineCare Services**

|  |   |
|--|---|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL<br> | 16. RETURN TO:<br><b>Michelle Probert</b><br><b>Director, MaineCare Services</b><br><b>#11 State House Station</b><br><b>109 Capitol Street</b><br><b>Augusta, Maine 04333-0011</b> |
| 13. TYPED NAME<br><b>Michelle Probert</b>  |   |
| 14. TITLE<br><b>Director, MaineCare Services</b>   |   |
| 15. DATE SUBMITTED<br><b>09/28/2020</b>  |   |

FOR REGIONAL OFFICE USE ONLY

|                                    |                                  |
|------------------------------------|----------------------------------|
| 17. DATE RECEIVED <b>9/29/2020</b> | 18. DATE APPROVED <b>5/19/21</b> |
|------------------------------------|----------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

|   |  |
|---|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL <b>7/1/2020</b> | 20. SIGNATURE OF REGIONAL OFFICIAL<br> For |
| 21. TYPED NAME <b>Rory Howe</b>                         | 22. TITLE <b>Acting Director</b>   |

23. REMARKS

State authorized pen and ink change for budget impact in block 7 and page update to 4.19-D Page 46 (a) on March 3, 2021.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 4.19-D

Page 46(a)

Nursing Facility Services Detailed Description of Reimbursement

The Supplemental Wage Allowance will be paid at 65.01% of the calculated per diem rate.

Special Wage Allowances for July 1, 2020—June 30, 2021. A special supplemental allowance to provide for increases in contract labor and allowable wages and associated benefits and taxes in the direct care and routine care cost component.

The allocated amount, up to ten percent (10%) of allowable wages and associated benefits and taxes and contract labor, as reported on each facility's most recent and available as-filed cost report for the fiscal year ending in calendar year 2017, must be added to the cost per resident day in calculating each facility's prospective rate, notwithstanding any otherwise applicable caps or limits on reimbursement. This supplemental allowance must also be allowed and paid at final audit to the full extent that it does not cause reimbursement to exceed the facility's allowable costs in that fiscal year.

- 18.14 **Aggregate Hold Harmless.** The rate of reimbursement for nursing facilities for direct care and routine costs that result from amending the law or the rules to reflect the revised method of rebasing the nursing facility's base year pursuant to this Section may not result in any nursing facility in a rate of reimbursement that is lower than the rate in effect on June 30, 2018.

18. WAIVER

The failure of the Department to insist, in any one or more instances, upon the performance of any of the terms or conditions of these Principles, or to exercise any right under these principles, or to disapprove of any practice, accounting procedure, or item of account in any audit, shall not be construed as a waiver of future performance of the right. The obligation of the Provider with respect to future performance shall continue, and the Department shall not be stopped from requiring such future performance.

19. SPECIAL SERVICE ALLOWANCE

- 20.1. Principle. A special ancillary service is to be distinguished from a service generally provided in the nursing facility.

Tn. No.:20-0028  
Supersedes  
Tn. No.: 20-0013

Approval 5/19/21

Effective: 7/1/2020