

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #: 11-005A

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



Financial Management Group/ Division of Reimbursement Review

February 12, 2020

VIA E-MAIL

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

RE: TN ME 11-005-A

Dear Commissioner Lambrew:

We have reviewed the proposed amendment to Supplement 1 to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) ME 11-005-A. The proposed amendment updates the reimbursement rates for rehabilitation services.

Based upon the information provided by the State, we have approved the amendment for incorporation into the official Maine State Plan with an effective date of April 1, 2011. A copy of the CMS-179 and the approved plan page(s): 4(a), 4(a)(i) – (a)(iv), 4(a)(ix)- (a)(xv), 4(a)(xx) – (a)(xxi), 4(a)(xxiv), page 5, 5(i) – 5(v), and 5(xiii), are enclosed with this letter.

If you have any questions, please call Nancy Grano or Charlene Holzbaaur at (617) 565-1695 or (609) 882-4103, respectively, or by email at nancy.grano@cms.hhs.gov or Charlene.holzbaaur@cms.hhs.gov.

Sincerely,

/s/

Todd McMillion
Acting Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
11 -005A

2. STATE
Maine

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
04/01/2011

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
42 CFR 435

7. FEDERAL BUDGET IMPACT
Cost neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 1 to Attachment 4.19-B pages 4(a), 4(a)(i), 4(a)(ii), 4(a)(iii), 4(a)(iv), 4(a)(ix), 4(a)(x), 4(a)(xi), 4(a)(xii), 4(a)(xiii), 4(a)(xiv), 4(a)(xv), 4(a)(xx), 4(a)(xxi), 4(a)(xxiv), 5, 5(i), 5(ii), 5(iii), 5(iv), 5(v), and 5(xiii)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)
Supplement 1 to Attachment 4.19-B page 4, 4a and 5

10. SUBJECT OF AMENDMENT
COVERAGE OF MEDICALLY NEEDY CATEGORY

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

**Michelle Probert, Director,
MaineCare Services**

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Michelle Probert

14. TITLE

Director, MaineCare Services

15. DATE SUBMITTED

Original submission 05/13/11 – correction 01/30/2020

16. RETURN TO:

**Michelle Probert
Director, MaineCare Services
#11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 5/13/11 original; split, 1/30/20

18. DATE APPROVED February 12, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
4/1/2011

20. SIGNATURE OF REGIONAL OFFICIAL
/s/

21. TYPED NAME
Todd McMillion

22. TITLE
**Financial Management Group,
Division of Reimbursement Review**

23. REMARKS

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)

OMP No: 0938

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

12. Other diagnostic, screening, preventive and rehabilitative services -The State agency will apply the payment rate as described in Attachment 4.19-A when provided by a hospital and as described in Item 5 above when provided as physicians' Services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(i)

OMP No: 0938

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

DIAGNOSTIC

i. Assessment

Description	Code	Unit	Rate
Developmental and Behavioral Evaluation	T1026	Per hour	\$76.89
Child Abuse Evaluation	T1026 HK	Per hour	\$95.00
Psychologist - Independent	H2000	¼ hour	\$22.00
Mental Health Agency	H2000	¼ hour	\$21.00
Mental Health Agency - co-occurring	H2000 HH	¼ hour	\$21.00
Mental Health Agency – Deaf & Home Based Treatment for Adults	H2000	¼ hour	\$30.75
Substance Abuse Agency	H2000	¼ hour	\$21.00
Substance Abuse Agency- Non Master's Level LADC	H2000	¼ hour	\$20.00
Substance Abuse Agency- CADC	H2000	¼ hour	\$14.50
Independent LCSW, LCPC, LMFT- Non Agency	H2000	¼ hour	\$13.75

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(ii)

OMP No: 0938

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

ii. One-time Lead Investigations

Area	Code Description	Unit	Rate
	Travel in excess of 50 miles associated with a site visit will be reimbursed at the State's current mileage rate of \$0.44	Per mile	\$0.44
Area 1 – Androscoggin, Area 4 – Franklin and Oxford			
	Per initial Environmental Lead Investigation site visit.	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$600.00
	Per initial Environmental Lead Investigation site visit to a multiunit location associated with an original visit	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$300.00
	Per visual and dust sampling Environmental Lead Investigation site visit	Rate includes travel up to 50 miles	\$200.00
Area 3 - York			
	Per initial Environmental Lead Investigation site visit.	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$600.00
	Per initial Environmental Lead Investigation site visit to a multiunit location associated with an original visit	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$300.00
	Per visual and dust sampling Environmental Lead Investigation site visit	Rate includes travel up to 50 miles	\$200.00
Area 3 – Cumberland			
	Per initial Environmental Lead Investigation site visit.	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$600.00
	Per initial Environmental Lead Investigation site visit to a multiunit location associated with an original visit	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$300.00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(iii)

OMP No: 0938

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

	Per visual and dust sampling Environmental Lead Investigation site visit	Rate includes travel up to 50 miles	\$200.00
Area 2 – Aroostook, Piscataquis and Penobscot			
	Per initial Environmental Lead Investigation site visit.	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$680.00
	Per initial Environmental Lead Investigation site visit to a multiunit location associated with an original visit	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$460.00
	Per visual and dust sampling Environmental Lead Investigation site visit	Rate includes travel up to 50 miles	\$210.00
Area 5 – Washington and Hancock			
	Per initial Environmental Lead Investigation site visit.	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$690.00
	Per initial Environmental Lead Investigation site visit to a multiunit location associated with an original visit	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$500.00
	Per visual and dust sampling Environmental Lead Investigation site visit	Rate includes travel up to 50 miles	\$250.00
Area 6 – Kennebec and Somerset			
	Per initial Environmental Lead Investigation site visit.	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$670.00
	Per initial Environmental Lead Investigation site visit to a multiunit location associated with an original visit	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$480.00
	Per visual and dust sampling Environmental Lead Investigation site visit	Rate includes travel up to 50 miles	\$200.00

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(iv)

OMP No: 0938

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

Area 7 – Knox, Lincoln, Sagadahoc and Waldo			
	Per initial Environmental Lead Investigation site visit.	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$680.00
	Per initial Environmental Lead Investigation site visit to a multiunit location associated with an original visit	This charge includes one return dust-sampling site visit within one year and travel up to 50 miles	\$490.00
	Per visual and dust sampling Environmental Lead Investigation site visit	Rate includes travel up to 50 miles	\$240.00

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(ix)

OMP No: 0938

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

i. Crisis Services

Description	Code	Unit	Rate
Section 65 – Crisis Resolution	H2011	¼ hour	By report
Oxford County Mental Health Services	H2011	¼ hour	\$67.02
Spring Harbor Community Services	H2011	¼ hour	\$69.64
Sweetser	H2011	¼ hour	\$63.43
Tri-County Mental Health Services	H2011	¼ hour	\$49.13
Youth Alternatives, Inc.	H2011	¼ hour	\$58.99
Section 65 – Crisis Resolution – Children’s	H2011 HA	¼ hour	By report
Oxford County Mental Health Services	H2011 HA	¼ hour	\$52.41
Spring Harbor Community Services	H2011 HA	¼ hour	\$71.27
Sweetser	H2011 HA	¼ hour	\$79.47
Tri-County Mental Health Services	H2011 HA	¼ hour	\$49.13
Section 65 – Crisis Residential	H0018	Per diem	By report
Aroostook Mental Health Services	H0018	Per diem	\$384.17
Community Health & Counseling Services	H0018	Per diem	\$455.48
Crisis and Counseling	H0018	Per diem	\$510.35
Mid-Coast Mental Health Assoc	H0018	Per diem	\$509.90
Oxford County Mental Health Services	H0018	Per diem	\$384.17
Spring Harbor Community Service	H0018	Per diem	\$509.90
Sweetser	H0018	Per diem	\$384.17
Tri-County Mental Health Services	H0018	Per diem	\$466.85
Youth Alternatives, In.	H0018	Per diem	\$394.17
Section 65 – Crisis Residential – Children’s	H0018 HA	Per diem	By report
Aroostook Mental Health Services	H0018 HA	Per diem	\$459.74
Crisis and Counseling	H0018 HA	Per diem	\$542.94
Rumford Group Homes, Inc.	H0018 HA	Per diem	\$468.28
Sweetser	H0018 HA	Per diem	\$515.47
Section 65 – Crisis Residential – in home	S9482	¼ hour	\$17.42
Section 65 – Crisis Residential – in home – Children’s	S9482 HA	¼ hour	\$17.42

STATE: Maine

Supplement 1 to Attachment 4.19-B
Page 4(a)(x)

OMP No: 0938

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

ii. Medication Assisted Treatment (MAT)

Description	Code	Unit	Rate
Opioid Treatment	H0020	Weekly	\$72.00

STATE: Maine

Supplement 1 to Attachment 4.19-B
Page 4(a)(xi)

OMP No: 0938

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

iii. Enhanced Family Treatment

Description	Code	Unit	Rate
Comprehensive Community Support Services – Bachelor's level	H2021 HN	¼ hour	\$14.36
Comprehensive Community Support Services – Master's level	H2021 HO	¼ hour	\$23.28
Comprehensive Community Support Services – Functional Family Therapy	H2021 HY	¼ hour	\$39.04
Comprehensive Community Support Services – Master's level OCFS	H2021 HU	¼ hour	\$23.28
Comprehensive Community Support Services – Bachelor's level OCFS	H2021 HU UI	¼ hour	\$14.36
Multi-systemic Therapy for juveniles	H2033	¼ hour	\$31.07
Multi-systemic Therapy for juveniles – Problem Sexualized Behavior (MST-PSB)	H2033 HK	¼ hour	\$38.73

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xii)

OMP No: 0938

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

iv. Therapy and Counseling Services

Description	Code	Unit	Rate
Behavioral Health counseling and therapy – psychologist independent	H0004	¼ hour	\$22.00
Behavioral Health counseling and therapy – mental health agency	H0004	¼ hour	\$21.00
Behavioral Health counseling and therapy –mental health agency co-occurring	H0004 HH	¼ hour	\$21.00
Behavioral Health counseling and therapy – mental health agency – deaf & home based treatment for adults	H0004	¼ hour	\$30.75
Behavioral Health counseling and therapy – substance abuse agency	H0004	¼ hour	\$21.00
Behavioral Health counseling and therapy – substance abuse agency – non-master’s level LADC	H0004	¼ hour	\$20.00
Behavioral Health counseling and therapy – CADC	H0004	¼ hour	\$14.50
Behavioral Health counseling and therapy – independent LCSW, LCPC, LMFT- non-agency	H0004	¼ hour	\$13.75
Behavioral Health counseling and therapy – Group – psychologist independent	H0004 HQ	¼ hour	\$5.50
Behavioral Health counseling and therapy – Group – mental health agency	H0004 HQ	¼ hour	\$5.25
Behavioral Health counseling and therapy – Group - mental health agency co-occurring	H0004 HQ HH	¼ hour	\$5.25
Behavioral Health counseling and therapy – Group – substance abuse agency	H0004 HQ	¼ hour	\$9.00
Behavioral Health counseling and therapy – Group – substance abuse agency non-Master’s level LADC	H0004 HQ	¼ hour	\$8.50
Behavioral Health counseling and therapy – Group – substance abuse agency CADC	H0004 HQ	¼ hour	\$7.00
Behavioral Health counseling and therapy – Group – Independent LCSW, LCPC, LMFT – non-agency	H0004 HQ	¼ hour	\$3.44
Specialized Group Services	H2019	¼ hour	\$10.08

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xiii)

OMP No: 0938

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE****v. Family Psychoeducational Treatment**

Description	Code	Unit	Rate
Family Psychoeducation Treatment Program Services – Children's	H0025	Monthly	\$73.83
Family Psychoeducation Treatment Program Services – Children's	H2027	¼ hour	\$9.45

TN No. 11-005A
Supersedes
TN No. 09-011

Approval Date 2/12/20

Effective Date 4/1/11

STATE: Maine

Supplement 1 to Attachment 4.19-B
Page 4(a)(xiv)

OMP No: 0938

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

vi. Intensive Outpatient Services (IOP)

Description	Code	Unit	Rate
Intensive Outpatient Program	H0015	Per diem	\$100.00

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xv)

OMP No: 0938

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

vii. Neurorehabilitation/Neurobehavioral Services

Description	Code	Unit	Rate
Clinical Assessment-Initial	96150	¼ hour	\$20.64
Clinical Reassessment	96151	¼ hour	\$20.36
Intensive Integrated Neurorehabilitation	97532	¼ hour	\$26.02
Neurobehavioral Rehabilitation- 1:1 with member	96152	¼ hour	\$20.98
Neurobehavioral Rehabilitation- group	96153	¼ hour	\$20.91
Neurobehavioral Rehabilitation- family	96154	¼ hour	\$20.07
Self Care/Home Management Reintegration	97535	¼ hour	\$14.39
Self Care/Home Management Reintegration- group	97535 HQ	¼ hour	\$ 14.39
Community/Work Reintegration	97537	¼ hour	\$ 14.05
Community/Work Reintegration- group	97537 HQ	¼ hour	\$ 14.05

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xx)

OMP No: 0938

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE****viii. Adult Day Health**

Description	Code	Unit	Rate
Day Care Services	S5100	¼ hour	\$2.36

STATE: Maine

Supplement 1 to Attachment 4.19-B
Page 4(a)(xxi)

OMP No: 0938

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

ix. Medication management

Description	Code	Unit	Rate
Medication management services	H2010	¼ hour	\$55.77
Medication management services	H2010 HA	¼ hour	\$63.75

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xxiv)

OMP No: 0938

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

a. Children's Behavioral Health Day Treatment

Description	Code	Unit	Rate
Children's Behavioral Health Day Treatment – BHP Level	H2012 HN	hourly	\$58.60
Children's Behavioral Health Day Treatment – BHP Level; two patients served	H2012HN UN	hourly	\$29.30
Children's Behavioral Health Day Treatment – BHP Level; three patients served	H2012 HN UP	hourly	\$19.53
Children's Behavioral Health Day Treatment – BHP Level; four patients served	H2012 HN UQ	hourly	\$14.65
Children's Behavioral Health Day Treatment – Master's Level	H2012 HO	hourly	\$95.00
Children's Behavioral Health Day Treatment – Master's Level; two patients served	H2012 HO UN	hourly	\$47.50
Children's Behavioral Health Day Treatment – Master's Level; three patients served	H2012 HO UP	hourly	\$31.67
Children's Behavioral Health Day Treatment – Master's Level; four patients served	H2012 HO UQ	hourly	\$23.75

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT **OFFICIAL**

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5

OMB No: 0938

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

17. Any other medical care and any other type of remedial care recognized under State law:

a. Ambulance Services – State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of August 1, 2010 and were effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/SS5R08012010.pdf>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT **OFFICIAL**

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(i)

OMB No: 0938

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

- b. Skilled Nursing Facility Services to patients under 21 – See Attachment 4.19-D.

TN No. 11-005A
Supersedes
TN No. 09-011

Approval Date: 2/12/20

Effective Date: 4/1/11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OFFICIAL

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(ii)

OMB No: 0938

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

c. Emergency Hospital Services -The State agency will apply the payment rate as described in Attachment 4.19-A.

TN No. 11-005A
Supersedes
TN No. 09-011

Approval Date: 2/12/20

Effective Date: 4/1/11

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

d. 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

Personal 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 October 1, 2010 effective for services provided on or after that date.

Code	Description	Unit	Rate
S5125 U2	Attendant care services	¼ hour	\$2.72
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

STATE: Maine

Supplement 1 to Attachment 4.19-B
Page 5(iv)

OMB No: 0938

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

2. Personal Care Agency Services

Personal care agency services are reimbursed on the basis of a fixed fee schedule, which was set as of January 9, 2011, and is effective for services provided on or after that date. All rates are published at: <http://www.maine.gov/dhhs/audit/rate-setting/documents/S96R01092011.pdf>. 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.

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(v)

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. The Department of Health and Human Services (DHHS) will reassess members twice each year.

Resource Group	MaineCare Weight	Resource Adjusted Price (Based on \$43.26 Unadjusted Price Multiplied by MaineCare weight)
1	1.657	\$ 71.68
2	1.210	\$ 52.34
3	1.360	\$ 58.83
4	1.027	\$ 44.43
5	.924	\$ 39.97
6	.804	\$ 34.78
7	.551	\$ 23.84
8	.551	\$ 23.84

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.

STATE: Maine

Supplement 1 to Attachment 4.19-B
Page 5(xiii)

OMB No: 0938

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

- e. Hospice Services – 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 6, 2010 and is effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S43R10062010.pdf>.