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State/Territory Name: Maine

State Plan Amendment (SPA) #: 20-0013

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

June 24, 2020

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

Reference: TN 20-0013

Dear Commissioner Lambrew:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0013. This amendment adds provisions for two legislatively mandated special supplemental wage allowances for nursing facilities services between January 1, 2020 and June 30, 2020. Specifically, contract labor and allowable wages with associated benefits and taxes, will be increased by 10% based on each facility's most recent as filed cost report for the fiscal year ending in calendar year 2016.

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.

This is to inform you that Medicaid State plan amendment TN 20-0013 is approved effective January 1, 2020. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or Novena.JamesHailey@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Karen Shields.

Karen Shields
Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER
20 - 00182. STATE
Maine3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
04/01/20205. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)6. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.205

7. FEDERAL BUDGET IMPACT

a. FFY **2020** ~~\$1,321,823~~ **\$1,457,524**b. FFY **2021** ~~\$1,321,823~~ **\$1,319,544**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-D page 69(a)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)
NEW10. SUBJECT OF AMENDMENT
Supplemental payment to certain Nursing Facilities11. GOVERNOR'S REVIEW (*Check One*)☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Michelle Probert

14. TITLE

Director, MaineCare Services

15. DATE SUBMITTED

5/7/2020

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

18. DATE APPROVED

6/24/20**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

1/1/20

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Karen Shields

22. TITLE

Acting Director, FMG

23. REMARKS

Pen and ink change in box 7 per state request on 6/10/2020.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 4.19-D
Page 69(a)

Nursing Facility Services Detailed Description of Reimbursement

42. Supplemental Payments

For state fiscal years 2020 and 2021 only, an annual temporary payment adjustment is established to ensure access to nursing facilities that provide comprehensive care to MaineCare veterans to meet their unique needs. In order to receive payment, a nursing facility must meet the following criteria:

1. The facility provides critical access to veteran-focused care, including specialized training and care of war-related injuries and conditions, such as Post Traumatic Stress Disorder (PTSD) and service-connected disabilities;
2. The nursing facility is subject to Department of Veterans Affairs (VA) regulations, oversight, and reporting requirements;
3. The nursing facility board of directors is appointed by the governor; and
4. The nursing facility participates in the Maine Public Employees Retirement System.

Principle. A nursing facility that qualifies under this section will be reimbursed annually for services provided to residents covered under Title XIX of the United States Social Security Act based on audited cost reports.

Rate Setting. For fiscal years 2020 and 2021, the temporary adjustment will be paid annually within the state fiscal year's fourth quarter and no later than June 30th each fiscal year. The payment adjustment will be calculated using the uniform cost reports filed by the facilities in November of each year, using the following methodology:

1. The difference between the MaineCare payments and actual allowed MaineCare costs as reported on the most recent and filed cost reports for all eligible nursing facility services delivered by eligible nursing facilities as defined above;
2. For each year the temporary payment adjustment across all eligible facilities shall not exceed the lesser of \$2,082,177 for 2020 and \$2,071,823 for 2021, or the difference as calculated under Step 1;
3. Each facility's annual payment adjustment shall be proportionate to its overall share of the amount calculated under Step 1 and limited to the aggregate amount across all facilities available under Step 2; and
4. For each facility, if the amount calculated under Step 1 is greater than or equal to zero, the facility is not eligible for the temporary adjustment.

Audit. The annual payment is subject to the year-end uniform desk review audit and will be adjusted not to exceed the actual allowable costs of providing services to eligible residents.