

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #: 20-0021

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

September 22, 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 20-0021

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-20-0021, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2020. This plan amendment increases the reimbursement rates for certain medication management services and home and community-based behavioral therapy services.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2020. 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 used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER
20 - 0021

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
4/1/2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

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 447.205

7. FEDERAL BUDGET IMPACT

a. FFY **2020** \$ **869,269**

b. FFY **2021** \$ **1,736,027**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Supplement 1 to Attachment 4.19-B Page 4(a)(xi) and
Page 4(a)(xxiv)**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

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

10. SUBJECT OF AMENDMENT

Increase reimbursement rates for certain psychiatric medication management services and home and community-based behavioral therapy service rates

11. 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

June 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

18. DATE APPROVED

9/22/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

4/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

09/17/20: State provided concurrences for the following pen and ink changes: Boxes 8 and 9: from "4(a)(xxiv)" to "4(a)(xxi)". Box 6: from "42.CFR 447.205" to "42 CFR 447 Subpart B"

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**

i. Enhanced Family Treatment

Description	Code	Modifier	Modifier	Unit	Rate
Comprehensive Community Support Services – Bachelor’s level	H2021	HN		¼ hour	\$16.58
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	U1	¼ hour	\$16.58
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
Collateral Services - Bachelor’s level	G9007	HN		¼ hour	\$16.58

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**

ii. Medication management

Description	Code	Modifier	Modifier	Unit	Rate
Medication management services	H2010			¼ hour	\$55.77
Medication management services	H2010	HA		¼ hour	\$63.75
Medication management services	H2010	AF		¼ hour	\$74.56
Medication management services	H2010	AF	HA	¼ hour	\$80.20