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State/Territory Name: Maine

State Plan Amendment (SPA) #: 14-0021

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 8, 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 14-0021

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-14-0021, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 4, 2014. This plan amendment updates the reimbursement rates for day health services.

Based upon the information provided by the State, we have approved the amendment with an effective date of November 1, 2014. 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,

[Redacted Signature]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-021	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE 11/01/2014	
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 447.200		7. FEDERAL BUDGET IMPACT: AN ADDITIONAL COST OF a. \$ 76,570.34 for FFY 2015 b. \$ 83,706.77 for FFY 2016	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplemental 1 to Attachment 4.19-B page 4a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplemental 1 to Attachment 4.19-B page 4a	
10. SUBJECT OF AMENDMENT: Change in Reimbursement for Day Health Services			
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: Commissioner, Dept. of Health and Human 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: Mary C. Mayhew			
14. TITLE: Commissioner, Department of Health and Human Services			
15. DATE SUBMITTED: December 1, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 9/8/2020	
PLAN APPROVED ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/1/2014		20. S 	
21. TYPED NAME: Todd McMillon		22. 	
23. REMARKS: In its 7/10/20 RAI response, the state provided the state provided concurrence for a pen and ink change to Box 8 from "Supplement 1 to Attachment 4.19-B, page 4a" to "Supplement 1 to Attachment 4.19-B, page 4(a)(xx)." On 9/1/20, the state provided the following concurrence for pen and ink changes: Box 9 from "Supplement 1 to Attachment 4.19-B page 4a," to "Supplement 1 to Attachment 4.19-B, page 4(a)(xx)." The state also confirm that the impact above is in whole dollars.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xx)

OMB No: 0938

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

xvi. Adult Day Health

Description	Code	Unit	Rate
Day Care Services	S5100	¼ hour	\$3.14