

Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-15-018

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

May 20, 2024

Michelle Probert, Director Office of MaineCare Services
Department of Health and Human Services
109 Capitol Street
11 State House Station
Augusta, Maine 04333-0011

RE: TN 15-018

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Maine state plan amendment (SPA) to Attachment 4.19-B ME-15-018, which was submitted to CMS on September 24, 2015. This plan amendment updates the payment methodology for rehabilitative services and personal care services provided by Private Non-Medical Institutions (PNMIs).

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations. As discussed in the December 6, 2023 letter from the CMS Deputy Administrator and Director, approval of the subject SPA does not relieve the state of its responsibility to comply with federal laws and regulations, and to ensure that claims for federal funding are consistent with all applicable requirements. This SPA approval does not represent CMS approval of the PNMI service provider tax as an permissible source of funding.

Based upon the information provided by the state, we have approved the amendment with an effective date of August 8, 2015. 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 303-844-6218 or via email at blake.holt@cms.hhs.gov,

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15-018	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE July 1, 2015 August 8	
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 §447.201; 42 CFR §440.130 Public Law, Chapter 267, Part A, Section A-32. SSA 1905(a)(13) and 1905(a)(24)	7. FEDERAL BUDGET IMPACT: a. FFY increase in 2016 of \$5,519,772 2015 of \$919,962 b. FFY increase in 2017 of \$5,519,772 2016	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B pages 4(a) (viii), 5(vi), 5(vii), 5(viii), 5(ix), and 5(x) Attachment 4.19-B page 4a. 4a1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 4.19-B pages 4(a)(viii), 5(vi), 5(vii), 5(viii), 5(ix), and 5(x)	
10. SUBJECT OF AMENDMENT: Private Non-Medical Institution 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 and Human Services <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Commissioner, Dept. of Health		
12. SIGNATURE OF STATE/AGENCY OFFICIAL: 	16. RETURN TO: Stefanie Nadeau Director, 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: 09-11-2015	17. DATE RECEIVED: 09/24/2015	
FOR REGIONAL OFFICE USE ONLY		
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 08/08/2015	18. DATE APPROVED: May 20, 2024	
21. TYPED NAME: Todd McMillion	20. SIGNATURE OF REGIONAL OFFICIAL: 	
23. REMARKS: State concurred with page 5 pen and ink changes to Boxes 8 and 9 on 04/05/2024. State concurred with pen and ink changes to Boxes 4, 6, 7, and additional page 4 edits to Boxes 8 and 9 on 4/25/24.		

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

i. Behavioral Health Skills Training and Development Services

Description	Code	Unit	Rate
Psychosocial Rehabilitation	H2017	¼ hour	\$7.70
Skills Training and Development	H2014	¼ hour	\$12.09
Skills Training and Development (group)	H2014 HQ	¼ hour	\$3.02
Ongoing Support to Maintain Employment	H2025	1/4 hour	\$12.09
Behavioral Health Day Treatment	H2012	Per hour	By report
Aroostook Mental Health Services, Inc	H2012	Per hour	\$15.31
Charlotte White Center	H2012	Per hour	\$15.31
Community Concepts Inc.	H2012	Per hour	\$15.31
Maine Behavioral Health - Elderworks	H2012	Per hour	\$41.39
Community Health & Counseling Services	H2012	Per hour	\$15.31
Counseling Services, Inc.	H2012	Per hour	\$15.31
Goodwill Industries of Northern NE	H2012	Per hour	\$15.31
Independence Association, Inc	H2012	Per hour	\$15.31
Kennebec Valley Mental Health Center	H2012	Per hour	\$23.63
Maine Vocational & Rehabilitation Assoc	H2012	Per hour	\$15.31
Mid-Coast Mental Health Assoc	H2012	Per hour	\$15.31
Northeast Occupational Exchange	H2012	Per hour	\$15.31
Tri-County Mental Health Services	H2012	Per hour	\$15.31
Victorian Villa	H2012	Per hour	\$15.31
Behavioral health; long-term residential, without room and board, per diem (Appendix E – PNMI services)	H0019	Per diem	By report

Each PNMI is paid a per diem “PNMI” rate for Behavioral Health Skills Training and Development Services.

The per diem is calculated using costs from a Department approved budget for direct care staff plus an overhead allowance. To determine allowable cost, each provider completes their own time study to determine direct care staff for calculation of their “PNMI” rate interim/cap service rate. This is updated annually, or with changes in member’s needs or new admissions. Allowable costs include salaries and wages for rehabilitation service staff and clinical consultants. Behavioral Health Skills Training and Development Services only. Allowable costs also include the taxes and fringe benefits, and the contract fee paid for use of exchange fellows in lieu of direct service staff.

Overhead is up to 35% of direct care costs, not to exceed total program cost.

Providers must report actual costs on a cost report annually. The provider is paid the lesser of the actual allowable costs or the PNMI care interim rate/cap service rate. The provider’s rates are reviewed annually upon submission of provider’s cost report data and staffing models. All rates have been set as of August 8, 2015, and are effective for services on or after that date. Rates are available here:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20097%20%2D%20Private%20Non%2DMedical%20Institutional%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

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

4. Private Non-Medical Institutions

The fee used for Private Non-Medical Institution (PNMI) providers of personal care services is a provider specific rate established by DHHS. Such regulations are entitled: MaineCare Benefits Manual, Chapter III, Section 97, Principles of Reimbursement for Private Non-Medical Institutions. There are three different reimbursement models used for the various classifications of PNMI's. Under all models, costs for room and board and other unallowable costs are excluded from the rates used to pay for direct and personal care delivery.

1. Appendix C facilities:

Each Appendix C PNMI rate is an all-inclusive per diem rate for the provision of personal care services and is based on annual provider cost reports which delineate costs for direct care services and necessary administrative activities.

Appendix C rates are calculated by making adjustments to a provider-specific base year. The base year is 1998 or the year the provider opened. Direct care provider costs are split into two rate components, direct care and personal care.

"Direct care" component

The direct care component price is set based on provider data for their peer group (peer groups are established based on number of beds, and whether the PNMI is for Alzheimer's care).

The peer group prices are as follows:

Peer Group	Price
1-24 beds	\$33.83
25+ beds	\$32.92
Alzheimer's	\$36.17
1-15 beds (freestanding)	\$36.23

Provider direct care rates are then case-mix adjusted based on the average patient acuity as determined by the Minimum Data Set- Residential Care Assessment instrument for the provider's own patients. Case mix is determined and applied twice a year.

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The Department assigns each case mix classification group a specific case mix weight, as follows:

MEMBER CLASSIFICATION GROUP CASE MIX WEIGHT

Patient Group	Order	Short description	MaineCare Weight
IC1	1	IMPAIRED 15-28	2.25
IB1	2	IMPAIRED 12-14	1.568
IA1	3	IMPAIRED 0-11	1.144
CD1	4	COMPLEX 12+	1.944
CC1	5	COMPLEX 7-11	1.593
CB1	6	COMPLEX 2-6	1.205
CA1	7	COMPLEX 0-1	0.938
MC1	8	BEHAVIORAL HEALTH 16+	1.916
MB1	9	BEHAVIORAL HEALTH 5-15	1.377
MA1	10	BEHAVIORAL HEALTH 0-4	0.98
PD1	11	PHYSICAL 11+	1.418
PC1	12	PHYSICAL 8-10	1.019
PB1	13	PHYSICAL 4-7	1.004
PA1	14	PHYSICAL 0-3	0.731
BC1	15	NOT CLASSIFIED	0.731

“Personal care” component

The personal care component is set using provider-specific base year costs, using only personal care service provider salary and benefit costs. This rate is used to reimburse providers whenever personal care services are provided within a facility consistent with a patient’s plan of care.

Providers must report actual costs on a cost report annually. The provider is paid the lesser of actual allowable costs from the cost report or the inflated facility specific interim rate/cap service rate.

Thirty-five percent of the direct care rate component is allocated to cover overhead associated with the provision of a service.

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The provider's rates are reviewed annually upon submission of provider's cost report data and staffing models. All rates have been set as of August 8, 2015, and are effective for services on or after that date. Rates are available here:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20097%20%2D%20Private%20Non%2DMedical%20Institutional%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

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

2. Appendix E facilities:

Each PNMI is paid a per diem rate for personal care services. The per diem is calculated using costs from a Department-approved budget for direct care staff plus an overhead allowance. To determine allowable cost, each provider completes their own time study to determine personal care time of direct care staff for calculation of their direct care rate interim/cap service rate. This rate is updated annually, or with changes in members' needs or new admissions. Allowable costs include salaries and wages for personal care service staff and clinical consultants for the delivery of personal care services only. Allowable costs also include the related taxes and fringe benefits, and the contract fee paid for use of exchange fellows in lieu of direct service staff.

Overhead is 35% of direct care costs.

Providers must report actual costs on a cost report annually. The provider is paid the lesser of the actual allowable costs or the direct care interim rate/cap service rate. The provider's rates are reviewed annually upon submission of provider's cost report data and staffing models. All rates have been set as of August 8, 2015, and are effective for services on or after that date. Rates are available here:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20097%20%2D%20Private%20Non%2DMedical%20Institutional%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

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3. Appendix F facilities:

Each Appendix F PNMI rate is an all-inclusive per diem rate for the provision of personal care.

Appendix F direct care interim rate/cap service rate are calculated by making adjustments to provider-specific base year costs for personal care service personnel only, consisting of only personal care service provider salary and benefit costs plus an overhead allowance. This rate is used to reimburse providers whenever personal care services are provided within a facility consistent with a patient's plan of care. The base year is the year the facility opened, as stated in the pro forma cost report.

Staffing patterns are submitted separately and are used to determine approved staffing ratios. Appendix F PNMI's can request changes to the direct care interim rate/cap service rate if there is an approved change in staffing ratios based on member need. In this case, the base year would remain the same, but the approved staffing ratios would change based on changes to member needs.

Direct care provider cost components are facility specific.

Thirty-five percent of the direct care rate component is allocated to cover overhead associated with direct care delivery.

Providers must report actual costs on a cost report annually. The provider is paid the lesser of the actual allowable costs or the direct care interim rate/cap service rate. The provider's rates are reviewed annually upon submission of provider's cost report data and staffing models. All rates have been set as of August 8, 2015, and are effective for services on or after that date. Rates are available here:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20097%20%2D%20Private%20Non%2DMedical%20Institutional%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>