

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 15-0022**

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



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**Financial Management Group**

September 10, 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 15-0022

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-15-0022, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 31, 2015. This plan amendment increases the reimbursement rates for Personal Care Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 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 415-744-3754 or [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).


Sincerely,

[Redacted Signature]

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 15-022	2. STATE Maine
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	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 October 1, 2015	
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.	7. FEDERAL BUDGET IMPACT: a. FFY increase in 2016 of \$ 218,058 b. FFY increase in 2017 of \$ 237,908	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 1 to Attachment 4.19-B Page 10; 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  New page	
10. SUBJECT OF AMENDMENT: Reimbursement for Personal Care 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		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: DIRECTOR, OFFICE OF MAINECARE SERVICES         </div> </div>		
12. SIGNATURE OF STATE OFFICIAL:   Stefanie Nadeau	16. RETURN TO:  Stefanie Nadeau Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
14. TITLE: Director, MaineCare Services	15. DATE SUBMITTED: 12/31/2015	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: 9/10/2020
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2015	20. SIGNATURE OF REGIONAL OFFICIAL:  
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review
23. REMARKS: Concurrences: 7 10/20: Box 8 from "Supplement 1 to Attachment 4.19B Page 10; 5" to "Supplement 1 to Attachment 4.19B Page 5 (iii), 5 (iv) and 5 (xiii)" and box 9 from NEW to "Supplement 1 to Attachment 4.19B Page 5 (iii), 5 (iv) and 5 (xiii)." See below for further changes to this concurrence.  On 09/10/20, the state concurred with further changes: Boxes 8 and 9 references from "5(xiii)" to "5(v)"	

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

### a. 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, 2015 effective for services provided on or after that date.

Code	Description	Unit	Rate
<b>S5125 U2</b>	<b>Attendant care services</b>	<b>¼ hour</b>	<b>\$2.93</b>
<b>H2014</b>	<b>Skills Training Service</b>	<b>¼ hour</b>	<b>\$14.03</b>
<b>G9001</b>	<b>Care coordination services – initial visit</b>	<b>¼ hour</b>	<b>\$17.00</b>
<b>G9002</b>	<b>Care coordination service - ongoing</b>	<b>¼ hour</b>	<b>\$17.00</b>

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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STATE: Maine

Supplement 1 to Attachment 4.19-B

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

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## 2. Personal Care Agency Services

Personal care agency services are reimbursed on the basis of a fixed fee schedule, which was set as of October 1, 2015, 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

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### 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. Eligible providers located on remote island locations receive 15% additional reimbursement through an adjusted resource-adjusted price. The agency's fee schedule rate for Personal Care Services to residents of Adult Family Care Homes is set as of October 1, 2015 and is effective for services on or after that date.

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20002%20%2D%20Adult%20Family%20Care%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

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

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.