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State/Territory Name: Maine

State Plan Amendment (SPA) #: 17-0016

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

August 16, 2021

Michelle Probert, Director
Maine Department of Health and Human Services
MaineCare Services
Policy Division
11 State House Station
Augusta, Maine 04333-0011

RE: TN 17-0016

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-17-0016, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2017. This plan amendment updates the rates for personal care services.

Based upon the information provided by the State, we have approved the amendment with an effective date of September 6, 2017. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

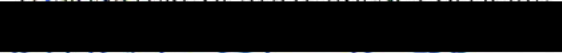
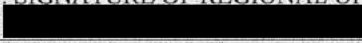
If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

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: 17-0016	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE 09/6/2017	
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 447.201(b)		7. FEDERAL BUDGET IMPACT: AN ADDITIONAL COST OF a. FFY 17 \$520,403 b. FFY 18 \$1,560,238	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplemental 1 to attachment 4.19-B Pages 5 and 10		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplemental 1 to attachment 4.19-B Pages 5 and 10	
10. SUBJECT OF AMENDMENT: Personal Care Services Reimbursement			
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: Stefanie Nadeau, Director, MaineCare 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: Stefanie Nadeau			
14. TITLE: Director, MaineCare Services			
15. DATE SUBMITTED: September 29, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 29, 2017		18. DATE APPROVED: August 16, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 6, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS:			
State pen and ink concurrences: 6/15/21 (in RAI response): Boxes 8 and 9 from "Supplement 1 to attachment 4.19-B Pages 5 and 10" to "Supplement 1 to Attachment 4.19-B pages 5(iii) and 5(iv)". 7/30/21: Box 4 from "42 CFR 447.201(b)" to "42 CFR 447 Subpart F".			

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

d. 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 September 6, 2017¹ effective for services provided on or after that date.

Code	Description	Unit	Rate
S5125 U2	Attendant care services	¼ hour	\$ 3.66
S5125 U2 UN	Attendant Care Services, 15 Min, 2 members	¼ hour	\$2.01
S5125 U2 UP	Attendant Care Services, 15 Min, 3 members	¼ hour	\$1.47
H2014	Skills Training Service	¼ hour	\$14.03
G9001	Care coordination services – initial visit	¼ hour	\$17.00
G9002	Care coordination service - ongoing	¼ hour	\$17.00

¹ The language on this SPA page does not affect the previous out-of-order approval of SPA 20-0019, approved on 9/17/2020, which remains in effect from its effective date of 4/1/2020 until otherwise superseded. The effective date(s) and superseded SPA are listed in order to be consistent with the language and effective dates.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B
Page 5(iv)

OMB No: 0938

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

2. Personal Care Agency Services²

Personal care agency services are reimbursed on the basis of a fixed fee schedule, which was set as of September 6, 2017, and is effective for services provided on or after that date. All rates are published

at: <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20096%20%2D%20Private%20Duty%20Nursing%20and%20Personal%20Care%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>.

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.

² The language on this SPA page does not affect the previous out-of-order approval of SPA 20-0019, approved on 9/17/2020, which remains in effect from its effective date of 4/1/2020 until otherwise superseded. The effective date(s) and superseded SPA are listed in order to be consistent with the language and effective dates.