

Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-18-0017

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

December 19, 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 18-0017

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-18-0017, which was submitted to CMS on September 28, 2018. This plan amendment updates the payment methodology for certain rehabilitative and personal care services.

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.

Based upon the information provided by the state, we have approved the amendment with an effective date of August 1, 2018. We are enclosing the approved CMS-179 and a copy of the new state plan pages.


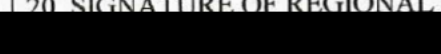
If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or via email at blake.holt@cms.hhs.gov.

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: 18-0017	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE July 1, 2018 <i>August 1</i>	
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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201 <i>1905(a)(13) and 1905(a)(24)</i> Maine PL 2017 ch. 459 and Maine PL 2017 ch. 460		7. FEDERAL BUDGET IMPACT: a. FFY 2018 increase: \$ 6,800,748 b. FFY 2019 increase: \$ 27,182,694	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to attachment 4.19B pages 2c, 4a, 4a(1), 4a(2), 4a(3), 4a(4), 5 and 10 <i>See Box 23</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 1 to attachment 4.19B pages 2c, 4a, 5 and 10 <i>See Box 23</i>	
10. SUBJECT OF AMENDMENT: Rate increases resulting from Maine P.L. 2017, ch. 459 and Maine P.L. 2017, ch. 460			
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, 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 28, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 28, 2018		18. DATE APPROVED: December 19, 2024	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS: 11/19/24: State concurs with pen and ink changes to Boxes 4 and 6. 12/11/24: In additions to the struck pages, state concurs with the following pen and ink additions to Box 8: "and 4(a)(i), 4(a)(i)(1), 4(a)(v), 4(a)(vi), 4(a)(vii), 4(a)(viii), 4(a)(xx), 4(a)(xxiii), 5(iii), 5(iv), and 5(v)." And to Box 9: "and 4(a)(i), 4(a)(v), 4(a)(vi), 4(a) (vii), 4(a)(viii), 4(a)(xx), 4(a)(xxiii), 5(iii), 5(iv), and 5(v)."			

8. ¹Private Duty Nursing – Nursing services furnished by a licensed home health agency or an independent professional registered nurse. Payment is made on the basis of a fixed fee schedule. State-developed fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rate was set as of August 1, 2018 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&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

Levels of care I through V have financial caps as follows below. For individuals qualifying under EPSDT, the service cap may be exceeded if services are determined medically necessary. Reimbursement of care coordination and skills training do not count towards the monthly cost caps.

LEVEL I	\$1,124/month
LEVEL II	\$1,415/month
LEVEL III	\$2,314/month
LEVEL IV (under 21 years of age only)	\$4,160/month
LEVEL V	\$28,222/month
LEVEL VIII	\$966/month
LEVEL IX	\$2,149/month

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(i)

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

DIAGNOSTIC**i. Assessment**

Description	Code	Unit	Rate
Psychologist - Independent	H2000	¼ hour	\$22.00
Mental Health Agency	H2000	¼ hour	\$21.00
Mental Health Agency - co-occurring	H2000 HH	¼ hour	\$21.00
Mental Health Agency – Deaf & Home Based Treatment for Adults	H2000	¼ hour	\$30.75
Substance Abuse Agency	H2000	¼ hour	\$21.00
Substance Abuse Agency- Non Master's Level LADC	H2000	¼ hour	\$20.00
Substance Abuse Agency- CADAC	H2000	¼ hour	\$14.50
Independent LCSW, LCPC, LMFT- Non Agency	H2000	¼ hour	\$13.75

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Page 4(a)(i)(1)

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

Covered Service	Service Code	Unit of Service	Rate
Developmental and Behavioral Evaluation	T1026	Per Hour	\$78.57
Child Abuse Evaluation	T1026 HK	Per Hour	\$97.07

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Supplement 1 to Attachment 4.19-B
Page 4(a)(v)

OMP No: 0938

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

REHABILITATIVE SERVICES

i. Community Integration Services

Description	Code	Unit	Rate
Comprehensive Community Support Services	H2015	¼ hour	\$21.28

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(vi)

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE****ii. Community Rehabilitation Services (CRS)**

Description	Code	Unit	Rate
Psychosocial Rehabilitation Service	H2018	Per diem	\$75.88

ii.a. Mental Health Psychosocial Clubhouse Services:

Description	Code	Unit	Rate
Mental Health Clubhouse Services	H2030	15 min	\$5.91

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(vii)

OMP No: 0938

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE****iii. Assertive Community Treatment (ACT)****a. Adult ACT services**

Description	Code	Unit	Rate
Assertive Community Treatment program* unless otherwise specified below	H0040	Per diem	60.25
Community Health and Counseling Services	H0040	Per diem	\$78.91
Riverview	H0040	Per diem	\$64.87
Spring Harbor Community Services - Shalom	H0040	Per diem	\$158.80

b. Children's ACT services

Description	Code	Unit	Rate
Children's Assertive Community Treatment (ACT)	H0040 HA	Per diem	104.13

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

iv. Behavioral Health Skills Training and Development Services

Description	Code	Unit	Rate
Psychosocial Rehabilitation	H2017	¼ hour	\$7.97
Skills Training and Development	H2014	¼ hour	\$12.44
Skills Training and Development (group)	H2014 HQ	¼ hour	\$3.11
Ongoing Support to Maintain Employment	H2025	1/4 hour	\$12.44
Behavioral Health Day Treatment * unless otherwise specified below	H2012	Per hour	\$15.78
*Maine Behavioral Health - Elderworks	H2012	Per hour	\$42.68
Behavioral health; long-term residential, without room and board, per diem (Appendix E – PNMI services)	H0019	Per diem	By report
<p>Each PNMI is paid a per diem “PNMI” rate for Behavioral Health Skills Training and Development Services.</p> <p>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 July 1, 2016, and are effective for services on or after that date. Rates are available here:</p> <p>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</p>			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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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	\$3.48

For the state fiscal year ending June 30, 2020 and each year thereafter reimbursement will be increased by a cost-of-living in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index.

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

ii. Day Habilitation for Children with Cognitive Impairments and Functional Limitation

a. Specialized Services for Children with Cognitive Impairments and Functional Limitations

Description	Code	Unit	Rate
Community-based wrap around services – 1:1	H2021 HI	¼ hour	\$10.67
Community-based wrap around services – Group – 2 patients	H2021 HQ HI UN	¼ hour	\$5.35
Community-based wrap around services – Group – 3 patients	H2021 HQ HI UP	¼ hour	\$3.68
Community-based wrap around services – Group – four patients	H2021 HQ HI UQ	¼ hour	\$2.85
Community-based wrap around services – Specialized Services - 1:1	H2021 HK	¼ hour	\$14.77
Community-based wrap around services – Specialized Services – 2 patients	H2021 HQ HK UN	¼ hour	\$7.46
Community-based wrap around services – Specialized Services – 3 patients	H2021 HQ HK UP	¼ hour	\$5.10
Community-based wrap around services – Specialized Services – 4 patients	H2021 HQ HK UQ	¼ hour	\$3.96

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4.19-B Page 5(iii)
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**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

¹Personal 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 August 1, 2018 effective for services provided on or after that date.

Code	Description	Unit	Rate
S5125 U2	Attendant care services	¼ hour	\$4.07
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

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

2. Personal Care Agency Services

¹Personal care agency services are reimbursed on the basis of a fixed fee schedule, which was set as of August 1, 2018, 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&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.

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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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 August 1, 2018 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%2FArchive&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>.

For the state fiscal year ending June 30, 2020 and each year thereafter reimbursement will be increased by a cost-of-living in accordance with the United States Department of Labor, Bureau of Labor Statistics Consumer Price Index medical care services index.

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.