State/Territory Name: Maine

State Plan Amendment (SPA) #: 18-0027

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
September 27, 2022

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

Re: Maine State Plan Amendment (SPA) 18-0027

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0027. This amendment proposes to update the coverage criteria for home health services as well as medical social services and to increase the reimbursement rates for those services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations concerning 42 CFR 440.70 and 42 CFR 440.60. This letter is to inform you that Maine's Medicaid SPA 18-0027 was approved on September 27, 2022, with an effective date of January 1, 2019. Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at gilson.dasilva@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Kristin Merrill, State Plan Manager, Office of MaineCare Services
TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)
   □ NEW STATE PLAN  □ AMENDMENT TO BE CONSIDERED AS NEW PLAN  X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

FEDERAL BUDGET IMPACT

| a | FFY 2019 | $195,984 |
| b | FFY 2020 | $261,312 |

To amend coverage pursuant to 42 CFR 440.70 and increase reimbursement pursuant to 2017 Maine PL ch. 61
(and 42 CFR 440.60)

GOVERNOR'S REVIEW (Check One)
   □ GOVERNOR'S OFFICE REPORTED NO COMMENT  □ OTHER, AS SPECIFIED
   □ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

SIGNATURE OF STATE AGENCY OFFICIAL

RETURN TO
Stefanie Nadeau
Director, MaineCare Services
#11 State House Station
242 State Street
Augusta, Maine 04333-0011

DATE SUBMITTED
December 10, 2018

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED
12/20/2018

DATE APPROVED
09/27/2022

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2019

SIGNATURE OF REGIONAL OFFICIAL

TITLE
Director, Division of Program Operations

REMARKS
09/21/2022 - State provided pen-and-ink authority to add "42 CFR 440.60" in boxes 6 and 10. Additionally, the footer reference in Supplement 1 to Attachment 4.19-B, page 2(b) was corrected to show 18-0008 as the superseded SPA.
09/26/2022 - State provided pen-and-ink authority to add page 3(f)(1) to box 8.

Instructions on Back
State/Territory: Maine

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Other Licensed Practitioner services (42 CFR 440.60):
Medical social services, provided in conjunction with home health services, may be provided by Licensed Master Social Workers (LMSW), Licensed Clinical Professional Counselor (LCPC), Licensed Social Worker (LSW), or Licensed Social Worker (Conditional) (LSWe) within their scopes of practice as defined by state law.

Approval Date: 09/27/2022  Effective Date 1/1/19
AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Item 7. Home Health

Home Health Services are provided in accordance with 42 CFR 440.70 and are provided to members based on medical necessity.

Home Health Services are skilled nursing and home health aide services, physical and occupational therapy services, and speech language pathology services needed on an intermittent basis, which are not contingent upon therapy or nursing services.

Intermittent in general shall mean skilled nursing care needed on fewer than seven (7) days per week or less than eight (8) hours each day for periods of up to twenty-one (21) days as defined in CMS publication 11 "Medicare Home Health Agency Manual".

The amount, duration and scope of Home Health services is determined by the written orders from the ordering physician and defined in the physician ordered plan of care reviewed and approved by the ordering physician. The physician orders services in the amount, scope and for the duration they deem necessary based on their assessment of the medical necessity of the service. Each member is eligible to receive as many covered services as are medically necessary as long as the member meets the eligibility requirements, and services are provided in accordance with a valid, authorized certification period, and there is a valid prior authorization where prior authorization is required. The physician or designated provider working with the physician orders the Home Health service based on evaluation of the medical necessity for the services initially and through on-going periodic systematic review of the Member needs.
6. d. Other Licensed Practitioner services (42 CFR 440.60)

5. Medical social services provided in conjunction with home health services - Payment is made on the basis of the lowest of:

i. state developed fee schedule; or

ii. the provider's usual and customary charge. State-developed fee schedule rates are the same for both governmental and private providers.

The agency's fee schedule rate was set as of January 1, 2019 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%20040%20%2D%20Home%20Health%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D

7. a. Home Health Care Services - Intermittent or part time nursing home health aide services, physical therapy, speech-language pathology, occupational therapy, furnished by a licensed and Medicare certified home health agency. Payment is made on the basis of the lowest of:

iii. state developed fee schedule; or

iv. the provider's usual and customary charge. State-developed fee schedule rates are the same for both governmental and private providers.

The agency's fee schedule rate was set as of January 1, 2019 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%20040%20%2D%20Home%20Health%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D

TN No. 18-0027
Supersedes TN No. 15-01318-0008
Approval Date 09/27/2022 Effective Date 1/1/2019