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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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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**

1. TRANSMITTAL NUMBER 18-0027	2. STATE Maine
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2019	

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 AMENDMENT


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

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR. 440.70 and 42 CFR 440.60 2017 Maine PL Ch. 61	7. FEDERAL BUDGET IMPACT a FFY 2019 \$ 195,984 b FFY 2020 \$ 261,312
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A page 3(h), Attachment 3.1-A page 3(f)(i) (New) Supplement 1 to attachment 4.19 B page 2b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A page 3(h) Supplement 1 to attachment 4.19 B page 2b

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

11. GOVERNOR'S REVIEW (Check One)

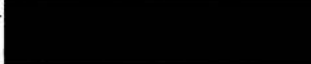
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 December 10, 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 12/20/2018	18. DATE APPROVED 09/27/2022
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. 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)(i) to box 8.

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) (LSWc) within their scopes of practice as defined by state law.

State/Territory: Maine

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.

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

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>