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State/Territory Name: Maine

State Plan Amendment (SPA) #: 20-0031

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

March 17, 2021

Jeanne Lambrew, Commissioner
Department of Health and Human Services
221 State Street
Augusta, Maine 04333-0011

Reference: TN 20-0031

Dear Commissioner Lambrew:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0031. This amendment extends the timeline for uniform desk review completion from one hundred eighty days to one calendar year.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of October 1, 2020. We are enclosing the CMS-179 and the approved plan pages.

If you have any additional questions or need further assistance, please contact Fredrick Sebree at Fredrick.sebree@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For
Rory Howe
Acting Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 20 - 0031	2. STATE Maine
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/01/2020
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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 447 subpart C	7. FEDERAL BUDGET IMPACT a. FFY <u>2021</u> \$ <u>N/A</u> b. FFY <u>2022</u> \$ <u>N/A</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D Page 14	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-D Page 14
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10. SUBJECT OF AMENDMENT
Extends the timeline for uniform desk review completion from one hundred eighty days to one calendar year

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 Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011
13. TYPED NAME Michelle Probert	
14. TITLE Director, MaineCare Services	
15. DATE SUBMITTED 12/21/2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 12/21/2020	18. DATE APPROVED 3/17/21
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/2020	20. SIGNATURE OF REGIONAL OFFICIAL or
21. TYPED NAME Rory Howe	agement Group

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 4.19-D

Page 14

Nursing Facility Services Detailed Description of Reimbursement

13.2.6. The following supporting documentation is required to be submitted with the cost report:

- 13.2.6.1. Financial Statements
- 13.2.6.2. Most recently filed Medicare Cost Report (if a participant in the Medicare Program),
- 13.2.6.3. Reconciliation of the financial statements to the cost report.
- 13.2.6.4. Any other financial information requested by the Department.

13.2.7. Cents are omitted in the preparation of all schedules except when inclusion is required to properly reflect per diem costs or rates.

13.3. **ADEQUACY AND TIMELINESS OF FILING**

13.3.1. The cost report and financial statements for each facility shall be filed not later than five months after the fiscal year end of the provider. When a provider fails to file an acceptable cost report by the due date, the Department may send the provider a notice by certified mail, return receipt requested, advising the provider that all payments are suspended on receipt of the notice until an acceptable cost report is filed. Reimbursement will then be reinstated at the full rate from that time forward but, reimbursement for the suspension period shall be made at the deficiency rate of 90%.

13.3.2. The Division of Audit may reject any filing that does not comply with these regulations. In such case, the report shall be deemed not filed, until re-filed and in compliance.

13.3.3. Extensions to the filing deadline will only be granted under the regulations stated in the Medicare Provider Reimbursement Manual (HIM-15).

13.4. **REVIEW OF COST REPORTS BY THE DIVISION OF AUDIT**

13.4.1. **Uniform Desk Review**

13.4.1.1. The Division of Audit shall perform a uniform desk review on each cost report submitted.

13.4.1.2. The uniform desk review is an analysis of the provider's cost report to determine the adequacy and completeness of the report, accuracy and reasonableness of the data recorded thereon, allowable costs and a summary of the results of the review. The Division of audit will schedule an on-site audit or will prepare a settlement based on the findings determined by the uniform desk review.

13.4.I .3. Uniform desk reviews shall be completed within one calendar year (365 days) after receipt of an acceptable cost report filing, including financial statements and other information requested from the provider except in unusual situations, including but not limited to, delays in obtaining necessary information from a provider.

Tn. No.: 20-0031
Supersedes
Tn. No.: 15-016

Approval Date: 3/17/21

Effective: 10/1/2020