

## **Table of Contents**

**State/Territory Name: ME**

**State Plan Amendment (SPA): ME-22-0001**

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



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**Financial Management Group**

March 22, 2022

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

RE: TN 22-0001

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-22-0001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 18, 2022. This plan amendment adjusts the Accountable Communities (AC) Total Cost of Care (TCOC) reconciliation for Performance Year 6 (PY6).

Based upon the information provided by the State, we have approved the amendment with an effective date January 1, 2022. 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](mailto:blake.holt@cms.hhs.gov).

Sincerely,

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<p align="center"><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	1. TRANSMITTAL NUMBER <b>22 0001</b>	2. STATE <b>Maine (ME)</b>
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>1905 (t)</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <b>2021</b> \$ <u>N/A</u> b. FFY <b>2022</b> \$ <u>N/A</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B Page 7g</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-B Page 7g</b>	

9. SUBJECT OF AMENDMENT  
**Adjustments to the Accountable Communities (AC) Total Cost of Care (TCOC) reconciliation for Performance Year 6 (PY6).**

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO <b>Michelle Probert</b> <b>Director, MaineCare Services</b> <b>#11 State House Station</b> <b>109 Capitol Street</b> <b>Augusta, Maine 04333-0011</b>
12. TYPED NAME <b>Michelle Probert</b>	
13. TITLE <b>Director, MaineCare Services</b>	
14. DATE SUBMITTED <b>January 18, 2022</b>	

<i>FOR CMS USE ONLY</i>	
16. DATE RECEIVED <b>January 18, 2022</b>	17. DATE APPROVED <b>March 22, 2022</b>
<i>PLAN APPROVED - ONE COPY ATTACHED</i>	
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 1, 2022</b>	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>

22. REMARKS

State Plan Title XIX of the Social Security Act  
**Integrated Care Model**

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**G. Core Service Costs**

Costs for the following MaineCare services are included in the TCOC calculations: Physician Services; Advanced Practice Registered Nurse Services; Federally Qualified Health Centers; Rural Health Clinic; Indian Health Centers; Targeted Case Management Services (excluding services provided by Department employees); Mental Health Services; Substance Use Disorder Treatment Services; Rehabilitative and Community Support Services; Home Health Services; Pharmacy Services; Hospice Care Services; Other Laboratory and X-ray Services; Ambulance Services; Medical Supplies Equipment, and Appliances(DME); Family Planning Services; Occupational Therapy Services; Physical Therapy Services; Speech Therapy Services; Chiropractic Services; Optometrist's Services; Hearing Aids; Audiology Services; Podiatrist's Services; Clinic Services; Early and Periodic Screening, Diagnostic and Treatment Services; Inpatient Hospital Services; Outpatient Hospital Services; Inpatient Psychiatric Facilities Services, including Psychiatric Residential Treatment Facilities; Opioid Health Home Services; Behavioral Health Home Services; Private Non-Medical Institution Services (specifically Substance Use Disorder residential treatment services and children's residential treatment services).

**H. Optional Service Costs**

The AC may also elect to include costs for the following MaineCare services in its TCOC calculations: HCBS waiver services (excluding the Other Related Conditions waiver); Nursing Facility Services; Intermediate Care Facilities for Individuals with Intellectual Disability (ICF-IID); Private Duty Nursing and Personal Care Services; and Dental Services.

**I. Excluded Service Costs**

The following service costs are excluded from the TCOC calculation: other PNMI, services not listed under "Core Service Costs" (above); Non-Emergency Transportation; TCM provided by Department employees, and Other Related Conditions HCBS Waiver.

**J. COVID-19 Adjustments to the Total Cost of Care Reconciliation for the Performance Year covering August 1, 2019 – July 31, 2020**

To ensure the Accountable Communities program captures the savings related to locating, coordinating, and monitoring of attributed members while minimizing either beneficial or negative impact on savings due to the effects of the COVID-19 pandemic, the following adjustments will be made to the Total Cost of Care

1. For the purposes of Total Cost of Care Calculations used to establish the shared loss or shared savings rate (i.e. the per member per month rate), the Performance Year will be shortened to a seven-month period covering August 2019–February 2020. This amount is then multiplied times the total number of member months for the full twelve-month period to equal the total annual Shared Savings Payment. The Base Year (BY) would remain unchanged as the twelve-month period (August 2016 – July 2017).
2. Maine will update trend, policy, and claims cap adjustments to reflect the seven-month assessment period.