

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 22-0006**

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

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March 30, 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) 22-0006

Dear Director Probert:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 22-0006. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

The State of Maine requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section

1135(b)(1)(C) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

The State of Maine also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also approving states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

These waivers or modifications of the requirements related to public notice and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that Maine Medicaid SPA Transmittal Number 22-0006 is approved effective January 1, 2022.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Gilson DaSilva at (617) 565-1227 or by email at [gilson.dasilva@cms.hhs.gov](mailto:gilson.dasilva@cms.hhs.gov) if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Maine and the health care community.

Sincerely,

**Alissa M. Deboy** -S  
Digitally signed by  
Alissa M. Deboy -S  
Date: 2022.03.30  
08:14:41 -04'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services


Enclosures

|   |  |                                       |
|---|--|---------------------------------------|
| <p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b></p> <p><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>   | <p>1. TRANSMITTAL NUMBER<br/><b>22 0006</b></p>  | <p>2. STATE<br/><b>Maine (ME)</b></p> |
| <p>TO: CENTER DIRECTOR<br/>CENTERS FOR MEDICAID &amp; CHIP SERVICES<br/>DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>   | <p>3. PROGRAM IDENTIFICATION: TITLE <b>XIX</b> OF THE<br/>SOCIAL SECURITY ACT</p>  |                                       |
| <p>5. FEDERAL STATUTE/REGULATION CITATION<br/><b>Title XIX, Section 1135 of the Social Security Act</b></p>   | <p>4. PROPOSED EFFECTIVE DATE<br/><del>3/1/2020</del> <b>01/01/2022</b></p>  |                                       |
| <p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br/><b>Section 7.4 Page 89a, 89b, 89j(0)(c) and 89j(0)(d)</b></p>   | <p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <b>2022</b> \$2,972,522</p> <p>b. FFY <b>2023</b> \$5,283,533</p> |                                       |
| <p>9. SUBJECT OF AMENDMENT<br/><b>Amends section 7.4 - Medicaid Disaster Relief for the COVID-19 National Emergency to provide the state additional flexibilities to address the COVID-19 pandemic.</b></p> | <p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION<br/>OR ATTACHMENT (If Applicable)<br/><b>Section 7.4 Page 89a and 89b</b></p>         |                                       |

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

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

| FOR CMS USE ONLY             |                              |
|------------------------------|------------------------------|
| 16. DATE RECEIVED 02/11/2022 | 17. DATE APPROVED 03/30/2022 |

| PLAN APPROVED - ONE COPY ATTACHED  |  |
|--|--|
| <p>18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2022</p>                  | <p>19. SIGNATURE OF APPROVING OFFICIAL <b>Alissa M. Deboy -S</b></p> <p style="font-size: small;">Digitally signed by Alissa M. Deboy -S<br/>Date: 2022.03.30 08:15:04 -04'00'</p> |
| <p>20. TYPED NAME OF APPROVING OFFICIAL<br/><b>Alissa Mooney DeBoy</b></p> | <p>21. TITLE OF APPROVING OFFICIAL<br/><b>On behalf of Anne Marie Costello, Deputy Director<br/>Center for Medicaid and CHIP Services</b></p>                                      |

22. REMARKS

03/17/2022 - ME provided pen-and-ink authority to change the effective from 03/01/2020 to 01/01/2022.

**Section 7 – General Provisions****7.4. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

*Describe shorter period here.*

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

**Request for Waivers under Section 1135**

X  The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a.   SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b.  X  Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

- c. X Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in MAINE Medicaid state plan, as described below:

*Please describe the modifications to the timeline.*  
 The State requests that the following tribal consultation be acceptable:  
  
 Notification to all federally recognized tribes via either call OR letter only, no later than March 31, 2022 in order to obtain a first calendar quarter in 2020 effective date.

**Section A – Eligibility**

- 1. X The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

*Include name of the optional eligibility group and applicable income and resource standard.*  
All uninsured individuals as defined under 1902(ss) of the Act pursuant to Section 1902(a)(10)(A)(ii)(XXIII) of the Act effective March 18, 2020.

- 2. \_\_\_ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. \_\_\_ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)  
 Income standard: \_\_\_

-or-

- b. \_\_\_ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: \_\_\_

- 3. \_\_\_ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.  
 Less restrictive income methodologies:

- I. Temporarily increases personal care attendant rates effective January 1, 2022, through Disaster Relief authority, to the levels identified below until the end of the federal PHE.

| PERSONAL CARE ATTENDANT |  |        |         |
|-------------------------|--|--------|---------|
| Code                    | Description                                | Unit   | Rate    |
| S5125 U2                | Attendant careservices                     | ¼ hour | \$ 6.13 |
| S5125 U2 UN             | Attendant Care Services, 15 Min, 2 members | ¼ hour | \$3.37  |
| S5125 U2 UP             | Attendant Care Services, 15 Min, 3 members | ¼ hour | \$2.45  |
| H2014                   | Skills Training Service                    | ¼ hour | \$14.72 |
| G9001                   | Care coordination services - initial visit | ¼ hour | \$17.84 |
| G9002                   | Care coordination services- ongoing        | ¼ hour | \$17.84 |

- J. Temporarily increases private duty nursing and personal care service rates and private duty nursing caps effective January 1, 2022, through Disaster Relief authority, to the levels identified below until the end of the federal PHE. Reimbursement of care coordination and skills training do not count towards the monthly cost caps. For beneficiaries under 21, the service cap may be exceeded if services are determined medically necessary.

| PRIVATE DUTY NURSING CAPS             |                |
|---------------------------------------|----------------|
| LEVEL I                               | \$1,738/month  |
| LEVEL II                              | \$2,170/month  |
| LEVEL III                             | \$3,580/month  |
| LEVEL IV (under 21 years of age only) | \$6,528/month  |
| LEVEL V                               | \$30,500/month |
| LEVEL VIII                            | \$975/month    |
| LEVEL IX                              | \$3,377/month  |

| PRIVATE DUTY NURSING AND PERSONAL CARE SERVICES                          |         |
|--|---------|
| Proc Code/Modifiers/Rev Code/Description                                 | Rate    |
| G0299, TD, 0551-RN 1:1   | \$14.42 |
| G0299, TD, UN,0551-RN 2:1  | \$7.93  |
| G0299, TD, UP,0551-RN 3:1  | \$5.77  |
| G0300, TE,0559-LPN 1:1   | \$10.23 |
| G0300, TE, UN,0559-LPN 2:1   | \$5.64  |
| G0300, TE, UP,0559-LPN 3:1   | \$4.09  |
| G9001-Care Coordination  | \$17.84 |
| G9002-Care Coordination Maint.   | \$17.84 |
| H2014-Skills Training  | \$14.72 |
| S5120-Chore Services - 15 min  | \$6.13  |
| S5125 TF 0589 PCA Supervisit   | \$30.26 |
| S5125 TF PCA Supervisit (for PCA Agencies only)                          | \$30.26 |
| S5125 TF UN 0589 PCA Supervisit – multiple patients (2)                  | \$16.64 |
| S5125 TF UN PCA Supervisit (for PCA Agencies only) multiple patients (2) | \$16.64 |
| S5125 TF UP 0589 PCA Supervisit – multiple patients (3)                  | \$12.10 |

| <b>PRIVATE DUTY NURSING AND PERSONAL CARE SERVICES continued</b>              |             |
|---|-------------|
| <b>Proc Code/Modifiers/Rev Code/Description CONTINUED</b>                     | <b>Rate</b> |
| T1000, TD, UN-Independent RN 2:1  | \$7.93      |
| T1000, TD, UP-Independent RN 3:1  | \$5.77      |
| T1000, TD -Independent RN 1:1   | \$14.42     |
| T1004, UN, 0571 - CNA 15 min 2 person   | \$4.14      |
| T1004, UP, 0571 - CNA 15 min 3 person   | \$3.01      |
| T1004-CNA, 15 Min   | \$7.53      |
| T1019 - Personal Support Services (PSS) – (for PCA Agencies only)             | \$7.53      |
| T1019 UN - Personal Support Services (PSS) – (for PCA Agencies only) 2 person | \$4.14      |
| T1019 UP - Personal Support Services (PSS) – (for PCA Agencies only) 3 person | \$3.01      |
| T1502-Med Administration  | \$7.79      |