

Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-22-0041

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

March 26, 2025

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

RE: TN 22-0041

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Maine state plan amendment (SPA) to Attachment 4.19-B ME-22-0041, which was submitted to CMS on September 30, 2022. This plan amendment updates the payment methodology for certain rehabilitative services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations. As discussed in the December 6, 2023 letter from the CMS Deputy Administrator and Director, approval of the subject SPA does not relieve the state of its responsibility to comply with federal laws and regulations, and to ensure that claims for federal funding are consistent with all applicable requirements. This SPA approval does not represent CMS approval of the PNMI service provider tax as an permissible source of funding.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

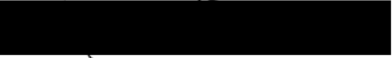

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or via email at blake.holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 22 0041	2. STATE Maine (ME)
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(13)		4. PROPOSED EFFECTIVE DATE 7/1/22	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 4.19-B Pages 4(a)(v), 4(a)(vi), 4(a)(vii), 4(a)(viii), 4(a)(xxii), and 4(a)(xxiii) , 4(a)(vi)(1), 4(a)(vii)(1), and 4(a)(viii)(1)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>1,010,660</u> <u>983,866</u> b. FFY <u>2023</u> \$ <u>2,565,949</u> <u>2,459,418</u>	
9. SUBJECT OF AMENDMENT Cost-of-Living adjustments for several sections, also adjusting per unit increment for Aftercare Services.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1 to Attachment 4.19-B page 4a 4(a)(v), 4(a)(vi), 4(a)(vii), 4(a)(viii), and 4(a)(xxiii)	
10. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011	
12. TYPED NAME Michelle Probert		15. RETURN TO Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011	
13. TITLE Director, MaineCare Services			
14. DATE SUBMITTED 9/30/2022			
FOR CMS USE ONLY			
16. DATE RECEIVED 9/30/2022		17. DATE APPROVED March 26, 2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2022		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillon		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS 2/13/25: State concurs with pen and ink changes to Boxes 7 and 8. 3/03/25: State concurs with pen and ink change to Box 6.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(v)

OMP No: 0938

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

REHABILITATIVE SERVICES

i. Community Integration Services

Description	Code	Unit	Rate
Comprehensive Community Support Services	H2015	¼ hour	\$22.33

STATE: Maine

Supplement 1 to Attachment 4.19-B

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

ii. Community Rehabilitation Services (CRS)

Description	Code	Unit	Rate
Psychosocial Rehabilitation Service	H2018	Per diem	\$79.63

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(vi)(1)

OMP No: 0938

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

ii.a. Mental Health Psychosocial Clubhouse Services:

Description	Code	Unit	Rate
Mental Health Clubhouse Services	H2030	15 min	\$6.33

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(vii)

OMP No: 0938

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

iii. Assertive Community Treatment (ACT)

a. Adult ACT services

Description	Code	Unit	Rate
Assertive Community Treatment program* unless otherwise specified below	H0040	Per diem	63.23
Community Health and Counseling Services	H0040	Per diem	\$82.81

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B
Page 4(a)(vii)(1)

OMP No: 0938

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

b. Children's ACT services

Description	Code	Unit	Rate
Children's Assertive Community Treatment (ACT)	H0040 HA	Per diem	111.46

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

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OMP No: 0938

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

iv. Behavioral Health Skills Training and Development Services

Description	Code	Unit	Rate
Psychosocial Rehabilitation	H2017	¼ hour	\$8.32
Skills Training and Development	H2014	¼ hour	\$13.05
Skills Training and Development (group)	H2014 HQ	¼ hour	\$3.26
Ongoing Support to Maintain Employment	H2025	1/4 hour	\$13.05
Behavioral Health Day Treatment * unless otherwise specified below	H2012	Per hour	\$16.07
*Maine Behavioral Health - Elderworks	H2012	Per hour	\$44.79

STATE: Maine

Supplement 1 to Attachment 4.19-B

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OMP No: 0938

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

Description	Code	Unit	Rate
Behavioral health; long-term residential, without room and board, per diem (Appendix E – PNMI services)	H0019	Per diem	By report
<p>Each PNMI is paid a per diem “PNMI” rate for Behavioral Health Skills Training and Development Services.</p> <p>The per diem is calculated using costs from a Department approved budget for direct care staff plus an overhead allowance. To determine allowable cost, each provider completes their own time study to determine direct care staff for calculation of their “PNMI” rate interim/cap service rate. This is updated annually, or with changes in member’s needs or new admissions. Allowable costs include salaries and wages for rehabilitation service staff and clinical consultants. Behavioral Health Skills Training and Development Services only. Allowable costs also include the taxes and fringe benefits, and the contract fee paid for use of exchange fellows in lieu of direct service staff. Overhead is up to 35% of direct care costs, not to exceed total program cost. Providers must report actual costs on a cost report annually. The provider is paid the lesser of the actual allowable costs or the PNMI care interim rate/cap service rate. The provider’s rates are reviewed annually upon submission of provider’s cost report data and staffing models. All rates have been set as of July 1, 2016, and are effective for services on or after that date. Rates are available here:</p> <p>https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20097%20%2D%20Private%20Non%2DMedical%20Institutional%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2B B247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D</p>			

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Supplement 1 to Attachment 4.19-B

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

ii. Day Habilitation for Children with Cognitive Impairments and Functional Limitation

a. Specialized Services for Children with Cognitive Impairments and Functional Limitations

Description	Code	Unit	Rate
Community-based wrap around services – 1:1	H2021 HI	¼ hour	\$11.06
Community-based wrap around services – Group – 2 patients	H2021 HQ HI UN	¼ hour	\$5.58
Community-based wrap around services – Group – 3 patients	H2021 HQ HI UP	¼ hour	\$3.84
Community-based wrap around services – Group – four patients	H2021 HQ HI UQ	¼ hour	\$2.97
Community-based wrap around services – Specialized Services - 1:1	H2021 HK	¼ hour	\$15.31
Community-based wrap around services – Specialized Services – 2 patients	H2021 HQ HK UN	¼ hour	\$7.74
Community-based wrap around services – Specialized Services – 3 patients	H2021 HQ HK UP	¼ hour	\$5.30
Community-based wrap around services – Specialized Services – 4 patients	H2021 HQ HK UQ	¼ hour	\$4.10