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State/Territory Name: ME

State Plan Amendment (SPA): ME-23-0019

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



Financial Management Group

December 19, 2023

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

RE: TN 23-0019

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-23-0019 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2023. This SPA updates the reimbursement methodology for family planning services and supplies, home health services, dental services, and certain rehabilitative services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. 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 blake.holt@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER 23 0019</p>	<p>2. STATE Maine (ME)</p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION § 1905(a)(4)(c), (7), (10), and (13)</p>	<p>4. PROPOSED EFFECTIVE DATE 7/1/23</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 4.19-B pages 1.7(a), 2b, 2e, 4(a)(i), and 4(a)(xv)</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2023</u> \$ <u>1,296,194 444,987</u></p> <p>b. FFY <u>2024</u> \$ <u>5,005,999 1,722,327</u></p>	
<p>9. SUBJECT OF AMENDMENT Annual July Cost-Of-Living Adjustments</p>		

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:

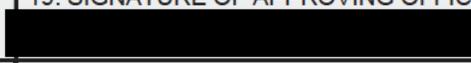
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p> <p></p>	<p>15. RETURN TO</p> <p>Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</p>
<p>12. TYPED NAME</p> <p style="text-align: center;">Michelle Probert</p>	
<p>13. TITLE</p> <p style="text-align: center;">Director, MaineCare Services</p>	
<p>14. DATE SUBMITTED</p> <p style="text-align: center;">September 29, 2023</p>	

FOR CMS USE ONLY

<p>16. DATE RECEIVED</p> <p style="text-align: center;">September 29, 2023</p>	<p>17. DATE APPROVED</p> <p style="text-align: center;">December 19, 2023</p>
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PLAN APPROVED - ONE COPY ATTACHED

<p>18. EFFECTIVE DATE OF APPROVED MATERIAL</p> <p style="text-align: center;">July 1, 2023</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p> <p></p>
<p>20. TYPED NAME OF APPROVING OFFICIAL</p> <p style="text-align: center;">Todd McMillion</p>	<p>21. TITLE OF APPROVING OFFICIAL</p> <p style="text-align: center;">Director, Division of Reimbursement Review</p>

22. REMARKS

12/18/23: State concurs with pen and ink changes made to Boxes 6,7, and 8

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B
Page 1.7(a)

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

- b. Early and Periodic Screening, Diagnosis and Treatment Services -- The State-agency will apply the rates currently in effect for the item of service provided, except the rates of payment for agencies participating in the EPSDT program under special agreements Is made on the basis of a negotiated fee schedule, if no other approved methodology is available, not to exceed the amount allowed by Medicare.
- c. Family Planning Services and Supplies: The State agency will apply the payment rate as described below
 1. Where Medicare provides a reimbursement rate the Department will reimburse the lowest of the following:
 - a. Seventy-two point four percent (72.4%) of the current year's Medicare rate per code, including appropriate Medicare fee adjustments for place-of-service modifiers in effect at the time of service; or
 - b. The provider's usual or customary charge.
 2. For services where Medicare does not provide a reimbursement rate, the Department will reimburse according to an agency fee schedule. State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of July 1, 2023 and each July 1 thereafter the Department will apply an annual COLA proportional to the percentage increase in the Maine minimum wage, as determined by the Maine Department of Labor, so long as the service has not received any other adjustments within the previous twelve months. The Maine Department of Labor determines the percentage increase, if any, as of August of the previous year over the level as of August of the year preceding that year in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for the Northeast Region, as published by the United States Department of Labor, Bureau of Labor Statistics, with the amount of the minimum wage increase rounded to the nearest multiple of 5¢. All rates are published at:
<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20030%20%2D%20Family%20Planning%20Agency%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

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

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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 July 1, 2022 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&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 July 1, 2023 and each July 1 thereafter the Department will apply an annual COLA proportional to the percentage increase in the Maine minimum wage, as determined by the Maine Department of Labor, so long as the service has not received any other adjustments within the previous twelve months. The Maine Department of Labor determines the percentage increase, if any, as of August of the previous year over the level as of August of the year preceding that year in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for the Northeast Region, as published by the United States Department of Labor, Bureau of Labor Statistics, with the amount of the minimum wage increase rounded to the nearest multiple of 5¢. 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&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

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

10. Dental services –

Reimbursement for diagnostic, endodontic, periodontic, preventive, and limited orthodontic treatment services will be based on 67% of the Maine Commercial Median Benchmark, or 133% of the Medicaid State Average Benchmark, if the Maine Commercial Median Benchmark rate is unavailable or unreliable. Medicament will be reimbursed at 133% of the Medicaid State Average Benchmark.

Reimbursement for adjunctive, oral and maxillofacial surgery, orthodontics (except for limited orthodontic treatment services), prosthodontics, and restorative services will be based on 50% of the Maine Commercial Median Benchmark or 100% of the Medicaid State Average Benchmark if the Maine Commercial Median Benchmark rate is unavailable or unreliable. This methodology will also apply to codes for extraction of an erupted or exposed root only through June 30, 2024. Notwithstanding this methodology for these services generally reimbursement for deep and intravenous moderate sedation service is equal to 50% of the Commercial Median Benchmark for the CDT code that represents the first fifteen (15) minutes of deep sedation.

For orthodontics - Any provider delivering services through a bundle will be paid through that bundle's payment rate and cannot bill separately; and, that Medicaid providers delivering separate services outside of the bundle may bill for those separate services in accordance with the state's Medicaid billing procedures. At least one of the services included in the bundle must be provided within the service payment unit in order for providers to bill the bundled rate. For limited and comprehensive orthodontic treatment, the Department sets the MaineCare rates for each code in the same series (limited or comprehensive) at the rate for the code in the series that represents orthodontic treatment of the adolescent dentition.

The Commercial Median Benchmark for each CDT code is the median of Maine commercial payer dental claim allowed amounts when the claim is paid as primary with an allowed amount greater than zero (0) based on data from the Maine Health Data Organization's All Payer Claims Database. The Commercial Median Benchmark rate for a CDT code must have equal to or greater than one-hundred (100) claims billed in the source data used to set the benchmarks in order for the Department to consider it reliable.

The Medicaid State Average Benchmark (Medicaid Benchmark) is the average of all other states' Medicaid rates for a CDT code, where rates are available and reliable. The Department excludes any rates as unreliable in the determination of the Medicaid Benchmark when they represent outliers in comparison to the other state rates, or when there is excessive variation across all state rates available. If a Medicaid agency uses different child and adult rates, the Department uses the average of the rates.

Effective July 1, 2023, and thereafter final rates can be found on the Department's [website](#) under Section 25 - Dental Services.

The Department applies an inflation adjustment to all rates based on the Consumer Price Index (CPI) for dental services in U.S. city average, all urban consumers, seasonally adjusted (CUSR0000SEMC02) to adjust rates to the current year on an annual basis. Commercial Median and Medicaid State Average Benchmarks are updated every two (2) years. Commercial Median Benchmarks utilize claims from the most recent Maine state fiscal year, and data can be requested from the Maine Health Data Organization (MHDO). Medicaid State Average Benchmarks utilize current rates available at the time of the update and data can be requested from the Maine Medicaid Agency.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xv)

OMP No: 0938

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

vii. Neurorehabilitation/Neurobehavioral Services*

Description	Code	Unit	Rate
Health behavior assessment or reassessment – includes health-focused clinical interviews, behavioral observations, and clinical decision making	96156	¼ hour	\$23.44
Therapeutic interventions that focus on cognitive function (e.g. attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g. managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	97129 ST	¼ hour	\$29.56
Add on code: each additional 15 minutes	97130 ST	¼ hour	\$29.56
Neurobehavioral Rehabilitation- 1:1 with member	96165	¼ hour	\$23.75
Neurobehavioral Rehabilitation- 1:1 with member, initial 30	96158	½ hour	\$47.66
Intensive Integrated Neurorehabilitation	96159	¼ hour	\$23.83
Neurobehavioral Rehabilitation- group	96168	¼ hour	\$222.81
Neurobehavioral Rehabilitation- group	96164	½ hour	\$47.51
Neurobehavioral Rehabilitation- family	96167	½ hour	\$45.59
Self Care/Home Management Reintegration	97535	¼ hour	\$16.34
Self Care/Home Management Reintegration- group	97535 HQ	¼ hour	\$ 16.34
Community/Work Reintegration	97537	¼ hour	\$ 15.95
Community/Work Reintegration- group	97537 HQ	¼ hour	\$ 15.95

* Each July 1 the Department will apply an annual COLA proportional to the percentage increase in the Maine minimum wage, as determined by the Maine Department of Labor, so long as the service has not received any other adjustments within the previous twelve months. The Maine Department of Labor determines the percentage increase, if any, as of August of the previous year over the level as of August of the year preceding that year in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for the Northeast Region, as published by the United States Department of Labor, Bureau of Labor Statistics, with the amount of the minimum wage increase rounded to the nearest multiple of 5¢.