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State/Territory Name: Maine

State Plan Amendment (SPA) #: 23-0020

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 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 9, 2024

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: Maine State Plan Amendment (SPA) 23-0020

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0020. This amendment proposes to continue provisions previously approved through disaster relief SPAs.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 1902(a)(42)(B)(i). This letter is to inform you that Maine's Medicaid SPA 23-0020 was approved on February 9, 2024, with an effective of May 12, 2023.

Enclosed are copies of the approved CMS-179 summary form and the approved SPA pages to be incorporated into the Maine State Plan.

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at Gilson.DaSilva@cms.hhs.gov.



James G. Scott, Director Division of Program Operations

Enclosures

cc: Kristin Merrill, Acting Policy Director, Office of MaineCare Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 23 0020				
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIALSECURITY ACT				
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE May 12, 2023				
5. FEDERAL STATUTE/REGULATION CITATION Title XIX of the Social Security Act §1905(a)(7), (8), and (13)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2023 \$ 0 b. FFY 2024 \$-0 \$1,085,026				
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A pages 3(h), 3(i), 3(j), 5(a)(ix) and 5(a)(xxiv)(1) Supplement 1 to Attachment 4.19-B Page 4(a)(xxi) Attachment 4.19-B Page 9	8. PAGE NUMBER OF THE SUPERSEDEDPLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A pages 3(h), 3(i), 3(j), 5(a)(ix) and 5(a)(xxiv)(1) Supplement 1 to Attachment 4.19-B Page 4(a)(xxi) Attachment 4.19-B Page 9				
9. SUBJECT OF AMENOMENT Continuation of provisions previously approved unde	r Maine COVID-19 Disaster Relief authority.				
10. GOVERNOR'S REVIEW (Check One)					
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:				
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	_				
N● REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL					
11. SIGNATURE OF STATE AGENCY OFFICIAL	5. RETURN TO				
	Michelle Probert				
	Director, MaineCare Services #11 State House Station				
12. TYPED NAME	109 Capitol Street				
Michelle Probert 13. TITLE	Augusta, Maine 04333-0011				
Director, MaineCare Services					
14. DATE SUBMITTED					
June 30, 2023					
FOR CMS US	E ONLY 7. DATE APPROVED 02/00/2024				
16. DATE RECEIVED 06/30/2023	02/09/2024				
PLAN APPROVED - ONE	COPY ATTACHED				
18. EFFECTIVE DATE OF APPROVED MATERIAL 05/12/2023	9. SIGNATURE OF ARRESOVING OFFICIAL				
5671272525					
20. TYPED NAME OF APPROVING OFFICIAL 2:	1. TITLE OF APPROVING OFFICIAL				
James G. Scott	Director, Division of Program Operations				
22. REMARKS					
08/29/23 - ME provided pen-and-ink authority to delete Page 3(j) from 09/07/23 - ME provided pen-and-ink authority to add Attachment 3.09/08/23 - ME provided pen-and-ink authority to revise the fiscal impact.	1A, Page 5(a)(xxiv)(1) in boxes 7 and 8.				

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT ATTACHMENT 3.1-A

Page	3(h)	
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Effective Date: 5/12/23

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State/Territory:	Maine		
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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Item 7. Home Health

All Home Health Services are provided in accordance with 42 CFR 440.70 and are provided to members based on medical necessity. The State does not limit the number of medically necessary visits for services.

Home Health skilled nursing and home health aide services, physical and occupational therapy services, and speech language pathology services needed on an intermittent basis, which are not contingent upon therapy or nursing services. Home Health Services must be provided by a Medicare certified home health agency.

The State has a process for determination of medical necessity for start of services and for periodic, systematic review and recertification of services that require continuation.

Intermittent in general shall mean skilled nursing care needed on fewer than seven (7) days per week or less than eight (8) hours each day for periods of up to twenty-one (21) days as defined in CMS publication 11 "Medicare Home Health Agency Manual".

The amount, duration and scope of Home Health services (skilled nursing, home health aide services, physical and occupational therapy services, and speech language pathology services) are determined by the written orders from the qualified provider identified in 42 C.F.R 440.70(a)(2) and defined in the plan of care. The written order must describe services in the amount, scope and for the duration they deem necessary based on their assessment of the medical necessity of the service. Each member is eligible to receive as many covered services as are medically necessary as long as the member meets the eligibility requirements, and services are provided in accordance with a valid, authorized certification period, and there is a valid prior authorization where prior authorization is required. The qualified provider identified in 42 C.F.R 440.70(a)(2) orders the Home Health service based on evaluation of the medical necessity for the services initially and through on-going periodic systematic review of the Member needs.

OFFICIAL STATE PLAN UNDER TITLE XIX OFTHE SOCIAL SECURITY ACT

ATTACHMENT 3.1-A

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age	2(1)	

Effective Date: 5/12/23

State/Territory:	Maine	
AMOUNT, DUR	ATION AND SCOPE OF MEDICAL AND REME	DIAL CARE AND

SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

For Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place, as defined at § 440.70(c)(1) - To make the determination of necessity and certification for Home Health Services and for medical supplies and equipment suitable for use in any setting in which normal life activities take place, as defined at 440.70(c)(1), there will be a face-to-face encounter (including the use of Telehealth) between the member receiving Home Health Service and qualified provider, as required in the Patient Protection and Affordable Care Act, P.L. 111-148, Section 6407.

Ordering provider for DME can be either the physician or licensed practitioner of the healing arts acting within the scope of practice authorized under state law. DME must be reviewed annually.

Approval Date: 2/9/24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine Attachment 3.1A

Page 5(a)(ix)

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

5) Crisis Services: Crisis services must be recommended by a physician or other licensed practitioner. Services consists of immediate crisis-oriented therapeutic intervention services oriented toward the amelioration and stabilization of these acute emotional disturbances to ensure the safety of a member or society. Crisis services are available twenty-four (24) hours a day, seven (7) days a week and are available to both children and adults. The state assures that crisis services delivered in residential settings do not include institutions for mental diseases as described in 42 CFR §435.1009.

Services:

- Screening: Early testing to identify diseases and health conditions in individuals at risk.
- Assessment/evaluation: An assessment/evaluation of a patient and/or their condition by a qualified professional(s).
- Treatment planning: Planning that documents and describes the patient's condition and procedures that will be needed, and the expected outcome and duration of the treatment prescribed by the qualified professional(s).
- Intervention: Activity undertaken by qualified professional(s) with the objective of improving human health
- Disposition: Destination of the patient within the care pathway following early assessment and treatment, and/or discharge.

Providers are contracted with DHHS. Services must be performed by a certified Mental Health Rehabilitation Technician (MHRT) or Direct Support Professionals (DSPs) as described on Attachment 3.1A Page 5(a)(xxiv)(1).

TN No. <u>23-0020</u> Approval Date: <u>2/9/24</u> Effective Date: <u>5/12/23</u>

Supersedes
TN No. 10-014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine Attachment 3.1 A
Page 5(a)(xxiv)(1)

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- <u>Certified Residential Medication Aide:</u> certification from DHHS as CRMA, which requires 40-hour certified CRMA training program.
- <u>Certified Therapeutic Recreation Specialist</u>: completed 4-year program in therapeutic recreation from accredited college or university and be certified as a therapeutic recreation specialist under National Council for Therapeutic Recreation Certification
- Direct Support professional (DSP): All new staff or subcontractors shall have six (6) months from their date of hire to obtain DSP certification. DSPs must be at least 18 years old, have high school diploma or GED, be CPR and First Aid certified, have completed background and record checks, complete Department approved curriculum and trainings within six (6) months of date of hire, and complete Department approved training every thirty-six (36) months thereafter.
 - A. Prior to administering medication, a DSP is legally authorized to assist with the administration of medication if the DSP is certified as a Certified Nursing Assistant Medications (CNA-M); as a Certified Residential Medication Aide (CRMA), or a Registered Nurse (RN), or otherwise has been trained to administer medications through a training program specifically for Family-Centered or Shared Living model homes and authorized, certified, or approved by the Department.
- <u>Employment Specialist:</u> other qualified individual who has completed DHHS approved employment specialist training.
- Mental Health Rehabilitation Technician (MHRT/1): Be at least i 8 years old, Complete 35-hour Mental Health Support Specialist training program, complete an approved behavioral intervention program, Complete the 40-hour Certified Residential Medication Aide (CRMA) training program, Complete CPR and first-aid training

TN No. 23-0020 Approval Date: 2/9/2024 Effective Date: 5/12/2023 Supersedes

TN No. 20-0010

STATE: Maine

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

OMP No: 0938 METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES = OTHER TYPES OF CARE

ii. Medication management

Description	Code	Modifier	Modifier	Unit	Rate
Medication management services	H2010			1/4 hour	\$82.64
Medication management services, Children's	H2010	HA		¼ hour	\$94.46
Medication management services, Physicians	H2010	AF		¼ hour	\$82.64
Medication management services, Children's Physicians	H2010	AF	HA	¼ hour	\$94.46
Medication management, Suboxone	H2010	HF		1/4 hour	\$82.64
Medication management, Suboxone Physician	H2010	HF	AF	1/4 hour	\$82.64

TN No. 23-0020 Supersedes TN No. 20-0021

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State/Territory: Maine Attachment 4.19-B
Page 9

State Plan Title XIX of the Social Security Act Methods and Standards for Establishing Payments rates

30. Telemedicine and Telemonitoring

For telehealth visits in which a patient is with a provider at the originating site and a provider at the distant site is delivering the actual service, the GT modifier will be used and the payment to the distant site provider will be the same as if the service is provided face to face. The originating site provider is not paid at all for the underlying service but will receive an originating site fee (Q3014) for providing the support necessary to allow for the telehealth visit to take place (ie room, equipment, staff).

Qualifying distant site providers are reimbursed in accordance with the standard Medicaid reimbursement methodology.

With the application of the GT modifier, the distant site provider uses telemedicine to provide a service to the patient at the originating site.

Effective May 12, 2023, reimbursement for the originating site fee (Q3014) is as follows:

\$15.86/visit

Telemonitoring is a service in which a home health agency sets up equipment that allows for a members vital stats to be monitored daily. This can include things like blood pressure, pulse, weight etc. The data is monitored remotely by a licensed healthcare provider. This is the sole payment for this service. The fee is for professional services, as opposed to equipment. Any necessary in person visits would be billed separately.

• S9110— Telemonitoring of Patient in their Home \$88.73/month

TN: No 23-0020 Approval Date: 2/9/24 Effective Date: 5/12/23

Supersedes TN: 22-0031