

Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-24-0005-A

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

December 19, 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: TN 24-0005-A

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-24-0005-A, which was submitted to CMS on March 29, 2024. This plan amendment updates the payment methodology for private duty nursing and personal care 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.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2024. 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 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

24 0005 -A

2. STATE

Maine (ME)

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/24

5. FEDERAL STATUTE/REGULATION CITATION

§1905(a)(12) and 1905(a)(19)

1905(a)(24)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY **2024** \$ **4,043,200** \$2,711,051

b. FFY **2025** \$ **10,284,894** \$3,625,209

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 4.19-B pages 2(c), 4(a)(i), 4(a)(v), 4(a)(x), 4(a)(xiii), 4(a)(xiv), 4(a)(xiv), 4(a)(xx), 4(a)(vi), 4(a)(vii), 4(a)(vii), 4(a)(xxi), 4(a)(xxii), 4(a)(xxiv), 5(b), 5(iii) NEW and 5(iv)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Supplement 1 to Attachment 4.19-B pages 2(c), 4(a)(i), 4(a)(v), 4(a)(x), 4(a)(xiii), 4(a)(xiv), 4(a)(xiv), 4(a)(xx), 4(a)(vi), 4(a)(vii), 4(a)(vii), 4(a)(xxi), 4(a)(xxii), 4(a)(xxiv), 5(b), 5(iii), NEW and 5(iv)

9. SUBJECT OF AMENDMENT

January 1 cost-of-living adjustments (COLAs)

10. GOVERNOR'S REVIEW (Check One)

☐
☐
☐

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

☒

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Michelle Probert

13. TITLE

Director, MaineCare Services

14. DATE SUBMITTED

March 29, 2024

15. RETURN TO

**Michelle Probert
Director, MaineCare Services
#11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011**

FOR CMS USE ONLY

16. DATE RECEIVED

March 29, 2024

17. DATE APPROVED

December 19, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

11/26/24: State concurs with pen and ink change to Box 5.
12/09/24: State concurs with pen and ink change to Boxes 6a and 6b.
12/10/24: State concurs with pen and ink changes to Boxes 7 and 8.
12/10/24: Box 1: State requests split of submitted ME-24-0005, the pages in this SPA are ME-24-0005-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplemental 1 to Attachment 4.19-B
Page 2c

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

8. Private Duty Nursing – Nursing services furnished by a licensed home health agency or an independent professional registered nurse. Payment is made on the basis of a fixed fee schedule. State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of January 1 2024 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%20096%20%2D%20Private%20Duty%20Nursing%20and%20Personal%20Care%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

Levels of care I through V have financial caps as follows below. For individuals qualifying under EPSDT, the service cap may be exceeded if services are determined medically necessary. Reimbursement of care coordination and skills training do not count towards the monthly cost caps.

LEVEL I	\$1,929/month
LEVEL II	\$2,350/month
LEVEL III	\$3,974/month
LEVEL IV (under 21 years of age only)	\$5,754/month
LEVEL V	\$33,749/month
LEVEL VIII	\$1,077/month
LEVEL IX	\$3,463/month

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(iii)

OMB No: 0938

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

The following sections describe the methods and standards used to set reimbursement rates for personal care services delivered by four different provider groups. State developed fee schedules are the same for both governmental and private providers.

1. Personal Care Attendant Services

Personal care attendant services are provided in the consumer-directed personal care model. Personal care attendants are reimbursed on the basis of a fixed fee schedule, set as of January 1, 2024 effective for services provided on or after that date.

Code	Description	Unit	Rate
S5125 U2	Attendant care services	¼ hour	\$ 6.81
S5125 U2 UN	Attendant Care Services, 15 Min, 2 members	¼ hour	\$3.74
S5125 U2 UP	Attendant Care Services, 15 Min, 3 members	¼ hour	\$2.72
H2014	Skills Training Service	¼ hour	\$16.33
G9001	Care coordination services – initial visit	¼ hour	\$19.80
G9002	Care coordination service - ongoing	¼ hour	\$19.80

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(iv)

OMB No: 0938

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

2. Personal Care Agency Services

Personal care agency services are reimbursed on the basis of a fixed fee schedule, which was set as of January 1, 2024, and is effective for services provided on or after that date.

All rates are published

at: <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20096%20->

[%20Private%20Duty%20Nursing%20and%20Personal%20Care%20Services/Section%20096%20-](https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20096%20-)

[%20Private%20Duty%20Nursing%20and%20Personal%20Care%20Services%202020.](https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20096%20-)

[pdf](https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20096%20-). Reimbursement varies by provider type delivering the service (including personal support specialists delivering services under the Family Provider Service Option) and by number of members served by the same provider.