

Table of Contents State/Territory Name: ME

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

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 21, 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 24-0005

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, which was submitted to CMS on March 29, 2024. This plan amendment updates the payment methodology for case management 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 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 used to redact 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	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)(12) and 1905(a)(19)		4. PROPOSED EFFECTIVE DATE 01/01/24							
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 (5b only)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ 4,043,200 511,044 b. FFY <u>2025</u> \$ 10,284,894 688,754							
9. SUBJECT OF AMENDMENT January 1 cost-of-living adjustments (COLAs)		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 (5b only)							
10. GOVERNOR'S REVIEW (Check One) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</td> <td style="width: 50%;"><input checked="" type="checkbox"/> OTHER, AS SPECIFIED:</td> </tr> <tr> <td><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</td> <td></td> </tr> </table>				<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
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<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 March 29, 2024									
FOR CMS USE ONLY									
16. DATE RECEIVED March 29, 2024	17. DATE APPROVED March 21, 2025								
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 1/8/2025: State concurs with pen and ink changes to Boxes 5, 6, 7, and 8.									

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

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19. Case Management Services - Payments for all Targeted Case Management services are made in accordance with 42 CPR 441.18 and will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. All payment rates for Targeted Case Management services are based on an established fee schedule using a standardized unit of service and a maximum per unit rate. The same level of provider furnishes all of the targeted case management services.
- Targeted Case Management Services are paid at the lesser of the following: the fee established by MaineCare, the lowest payment allowed by Medicare or 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 January 1, 2024 and is effective for services provided on or after that date. All rates are published

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20013%20%2D%20Targeted%20Case%20Management%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>