

Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-24-0016

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 24-0016

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-24-0016, which was submitted to CMS on September 30, 2024. This plan amendment updates the payment methodology for certain rehabilitative services and establishes authority for a bundled rate methodology for Comprehensive Health Assessment (CHA) 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 July 4, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

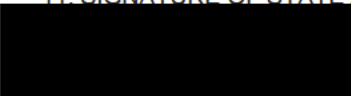
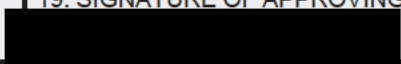
If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or via email at blake.holt@cms.hhs.gov.

Sincerely,



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 24-0016	2. STATE Maine (ME)
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2024 <i>July 4</i>	
5. FEDERAL STATUTE/REGULATION CITATION § 1905(a)(13)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>273,447</u> b. FFY <u>2025</u> \$ <u>1,084,731</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 5(a)(1), Supplement 1 to Attachment 4.19-B Page 4(a)(i) and 4(a)(i)(1)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1 to attachment 4.19-B Page 4(a)(i) and NEW <i>4(a)(i)(1)</i>	
9. SUBJECT OF AMENDMENT Amending reimbursement for Child Abuse and Development and Behavioral Evaluation services and adding Foster Care Comprehensive Health Assessment services.			
10. GOVERNOR'S REVIEW (Check One)			
<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			
11. SIGNATURE OF STATE AGENCY OFFICIAL  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 September 30, 2024			
FOR CMS USE ONLY			
16. DATE RECEIVED September 30, 2024		17. DATE APPROVED December 19, 2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL July 4, 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 12/09/24: State concurs with pen and ink change to Box 4. 12/10/24: State concurs with pen and ink change to Boxes 7 and 8.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(i)(1)

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

Covered Service	Service Code	Unit of Service	Rate
Developmental and Behavioral Evaluation	T1026	Per Hour	\$91.34
Child Abuse Evaluation	T1026 HK	Per Hour	\$209.48
Foster Care Comprehensive Health Assessment (CHA) Initial Assessment	H0041	Per Assessment	\$1,462.48
CHA Follow-up Evaluation	H0041 HA	Per Evaluation	\$357.01

All services within the CHA bundle must be provided in order for a provider to bill for the bundle. Any provider delivering services through a bundle will be paid through that bundle’s payment rate and cannot bill separately; providers delivering separate services outside of the bundle may bill for those separate services in accordance with applicable sections of the MaineCare Benefits Manual. The CHA services above are paid a bundled rate for the provision of 1905(a)(5) and 1905(a)(13) benefit services. The state will periodically monitor the actual provision of services paid under a bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

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¢.