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State/Territory Name: ME

State Plan Amendment (SPA): ME-18-0019

This file contains the following documents in the order listed:

Approval Letter
 CMS 179 Form/Summary Form (with 179-like data)
 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

August 12, 2022

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

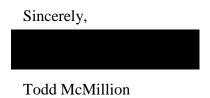
RE: TN 18-0019

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-18-0019, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 28, 2018. This plan amendment clarifies the fee schedule methodology for Case Management services and updates the effective date of the Case Management fee schedule rates.

Based upon the information provided by the State, we have approved the amendment with an effective date August 1, 2018. 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 blake.holt@cms.hhs.gov.



Director Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0019	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION SOCIAL SECURITY ACT (ME	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATI	E
Centers for Medicare and Medicaid Services	July 1,2018	
Department of Health and Human Services		
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMEN	TTO BE CONSIDERED AS NEW PLA	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN A		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447.201	a. FFY 2018 increase: \$ 145,029	
Maine PL 2017 ch. 460	b. FFY 2019 increase: \$ 581,741	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUP	ERSEDED PLAN
ATTACHMENT:	SECTION OR ATTACHMENT (If Applicable):	
Supplement 1 to Attachment 4.19B pages 5b, 5b(I), 5b(2), 5b(
5b(4), and 5b(5)		
Rate increases resulting from Maine P.L. 2017, ch. 460		
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REMARKS:

8/08/22: State concurs with pen and ink change to: Box 4: From "July 1, 2018 " to "August 1, 2018"; Box 8, from "Supplement 1 to Attachment 4.19B pages 5b, 5b(1), 5b(2), 5b(3), 5b(4), and 5b(5) to Supplement 1" to "Attachment 4.19B pages 5b"

OMBNo:0938

Page5b

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

- 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, tile 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 August 1, 2018 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?Root Folder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20013%20 %2D%20Targeted%20Case%20Management%20Services%2FArchive&FolderCTID=0x0 12000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC% 2D4DAE%2D93B6%2D72A66DE366E0%7D