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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:

- 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
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.

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	1. TRANSMITTAL NUMBER: 18-0019	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE July 1, 2018	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):		
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201 Maine PL 2017 ch. 460	7. FEDERAL BUDGET IMPACT: a. FFY 2018 increase: \$ 145,029 b. FFY 2019 increase: \$ 581,741	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19B pages 5b, 5b(1), 5b(2), 5b(3), 5b(4), and 5b(5)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 1 to Attachment 4.19B page 5b	
10. SUBJECT OF AMENDMENT: Rate increases resulting from Maine P.L. 2017, ch. 460		
11. GOVERNOR'S REVIEW (<i>Check One</i>):		
<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 Stefanie Nadeau, Director, <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL MaineCare Services		
12. SIGNATURE _____ 	16. RETURN TO: Stefanie Nadeau Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
13. TYPED NAME <u>Stefanie Nadeau</u>		
14. TITLE: <u>Director, MaineCare Services</u>		
15. DATE SUBMITTED: <u>September 28, 2018</u>		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: <u>September 28, 2018</u>	18. DATE APPROVED: <u>August 12, 2022</u>	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>August 1, 2018</u>	20. OFFICIAL: 	
21. TYPED NAME: <u>Todd McMillion</u>	22. TITLE: <u>Director, Division of Reimbursement Review</u>	
23.		

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"

**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, 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 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?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20013%20%2D%20Targeted%20Case%20Management%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>