Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #: 20-0023

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

September 22, 2020

Michelle Probert, Director
Office of MaineCare Services
Department of Health and Human Services
109 Capitol Street, 11 State House Station
Augusta, ME 04333-0011

Re: Maine State Plan Amendment (SPA) 20-0023

Dear Director Probert:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 20-0023. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq*.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Maine requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

The State of Maine also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Under section 1135(b)(5) of the Act, CMS is also approving the State of Maine's request for flexibility to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

These waivers or modifications of the requirements related to SPA submission timelines, public notice, and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations, which included the issuance of a request for additional information (RAI) on August 27, 2020. Maine submitted its response to our request on September 17, 2020. Based on our review of the state's response, this letter is to inform you that Maine Medicaid SPA Transmittal Number 20-0023 is approved effective March 1, 2020.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Gilson DaSilva at (617) 565-1227 or by email at gilson.dasilva@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Maine and the health care community.

Sincerely,

Alissa M. Deboy -S

Digitally signed by Alissa M. Deboy -S
Date: 2020 09.22 12:18 30 -04'00'

Alissa Mooney DeBoy
Acting Deputy Director
Center for Medicaid & CHIP Services

Enclosures

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

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **20 - 0023**

2. STATE: **Maine**

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
3/1/2020

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION
~~**42 CFR 447**~~ Title XIX, Section 1135 of Social Security Act

7. FEDERAL BUDGET IMPACT
a. FFY **2020** $ 45,442
b. FFY **2021** $ 43,045

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 7.4, pages 89a-89n

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Section 7.4, pages 89a-89n

10. SUBJECT OF AMENDMENT
Amends section 7.4 - Medicaid Disaster Relief for the COVID-19 National Emergency to provide the state additional flexibilities to address the COVID-19 pandemic.

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

13. TYPED NAME
Michelle Probert

14. TITLE
Director, MaineCare Services

15. DATE SUBMITTED
5/29/2020

16. RETURN TO
Michelle Probert
Director, MaineCare Services
#11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 05/29/2020

18. DATE APPROVED 09/22/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 03/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL Alissa M. Deboy -S
Digitally signed by Alissa M. Deboy -S
Date: 2020 09.22 12:19:14 -04'00'

21. TYPED NAME Alissa Mooney DeBoy

22. TITLE Acting Deputy Director, Center for Medicaid & CHIP Services

23. REMARKS

06/04/2020 - State agreed to pen-and-ink change to strike-through the original entry in box 6, replacing it with "Section 1135 of the Social Security Act."

07/17/2020 - State agreed to pen-and-ink change to page 89a, adding an "X" in the first 1135 section.
07/21/2020 - State agreed to pen-and-ink change to include "Title XIX" to the text in Box 6.
08/21/2020 & 8/25/2020 - State agreed to pen-and-ink change to revise page numbers and to split SPA creating 20-0023-A.

Instructions on Back

Section 7 – General Provisions
7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

_X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

a. ____X__SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

b. __X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

c. _X_ Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in MAINE Medicaid state plan, as described below:

Please describe the modifications to the timeline. The State requests that the following tribal consultation be acceptable: Notification to all federally recognized tribes via either call OR letter only, no later than August 14, 2020 in order to obtain a first calendar quarter effective date.

Section A – Eligibility

1. _ X__ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard. All uninsured individuals as defined under 1902(ss) of the Act pursuant to Section 1902(a)(10)(A)(ii)(XXIII) of the Act effective March 18, 2020.

2. ___The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

   a. ____All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

      Income standard: _____

      -or-

   b. ____Individuals described in the following categorical populations in section 1905(a) of the Act:

      Income standard: _____

3. _____The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

   Less restrictive income methodologies:

Less restrictive resource methodologies:

4. _ _X__ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. _ ____The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. _ ____The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistences or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. _ ____The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. _ ____The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. ____The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. ____The agency adopts a total of ____ months (not to exceed 12 months) continuous eligibility for children under age enter age ____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.

5. ____The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every ____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).

6. ____The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).

    a. ____The agency uses a simplified paper application.

    b. ____The agency uses a simplified online application.

    c. ____The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. __X__ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g). The State is waiving Copayments for the following services: • Pharmacy • Hospital • Medical Supplies and Equipment • Home Health Services • Medical Imaging

- Laboratory
- Rural Health Clinics
- Psychology
- Mental Health Clinic
- Substance Abuse Treatment Facility
- Private Duty Nursing and Personal Care Services

2. _ X__ The agency suspends enrollment fees, premiums and similar charges for:

   a. __X__ All beneficiaries

   b. ____The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

3. _ ____The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. ____ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

CPT Code	Long Description	Short Description

2. _X_ The agency makes the following adjustments to benefits currently covered in the state plan

Pursuant to 42 CFR 440.30(d), the state covers laboratory tests (including self-collected tests authorized by the FDA for home use) that do not meet one or more conditions specified in 42 CFR 440.30(a) and (b).

3. _ X_ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the state-wideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. _X_Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

   a. X The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.

   b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

Telehealth:

5. _ X_ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Services rendered by a qualified professional actively enrolled in MaineCare or contracted through an enrolled MaineCare provider. Telephone evaluation and management (E/M) services are not to be billed if clinical decision-making dictates a need to see the member for an office visit within 24 hours or at the next available appointment. In those circumstances, the telephone service shall be considered a part of the subsequent office visit. If the telephone call follows an office visit performed and reported within the past seven (7) days for the same diagnosis, then the telephone services are considered part of the previous office visit and are not separately billable. The services are as follows:

	Description	Unit
	Telephone assessment and management service provided by a qualified non-physician health care professional	5-10 minutes of medical discussion

	Telephone assessment and management service provided by a qualified non-physician health care professional	11-20 minutes of medical discussion
	Telephone assessment and management service provided by a qualified non-physician health care professional	21-30 minutes of medical discussion
	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days;	5-10 minutes
	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days;	11-20 minutes
	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days;	21 or more minutes
	Telephone evaluation and management service;	5-10 minutes of medical
	Telephone evaluation and management service;	11-20 minutes of medical
	Telephone evaluation and management service;	21-30 minutes of medical
	Brief check-in between provider & established pt via telephone or other telecommunications device to decide whether office visit or other svc is needed	(5-10 min)
	Remote evaluation of recorded video and/or images submitted by established pt (e.g. "store & forward") including interpretation with follow up with patient within 24hrs	
	Qualified non-physician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days;	5-10 minutes
	Qualified non-physician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days;	11-20 minutes
	Qualified non-physician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days;	21 or more minutes
	Payment for communication technology-based services for 5 minutes or more of a virtual (not face-to-face) communication between an RHC or FQHC practitioner and RHC or FQHC patient.	

Drug Benefit:

6. _ ____The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

7. _ ____Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. _ ____The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. _ X_ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. _ ____Newly added benefits described in Section D are paid using the following methodology:

   a. ____Published fee schedules -

      ____Effective date (enter date of change): _

      ____Location (list published location): _

   b. __X_ Other:

CPT Code	Long Description	Short Description	Rate
U0002	2019-ncov coronavirus, SARS-COV-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-CDC	Covid-19 lab test non-CDC	35.92

U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.		$70.00
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.		$70.00
D0190	screening of a patient. A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.		$14.42
D0191	assessment of a patent. A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.		$14.55

Increases to state plan payment methodologies:

2. _ ____The agency increases payment rates for the following services:

Please list all that apply.

a. ____Payment increases are targeted based on the following criteria:

Please describe criteria.

b. __X__Payments are increased through:

i. X__ A supplemental payment or add-on within applicable upper payment limits:

The Department will allocate a special supplemental pool for COVID-19 among the privately and publicly owned and operated Acute Care Non-Critical Access hospitals and Critical Access hospitals operating in the State of Maine. Effective April 16, 2020, the total pool shall equal ten million dollars ($10,000,000). It will be allocated proportional to the 2016 MMIS base data distribution of MaineCare payments for inpatient and outpatient services to Acute Care Non-Critical Access hospitals and Critical Access hospitals, not to exceed the total supplemental pool amount and not to exceed allowable aggregate upper payment limits. This emergency supplemental payment will not be subject to cost settlement by the Department.

*rate increases and supplemental pool payments will sunset at the end of the public health emergency

ii. __X An increase to rates as described below.

Rates are increased:

_____ Uniformly by the following percentage: _____

____ Through a modification to published fee schedules –_____

Effective date (enter date of change): _____

Location (list published location): _____

____Up to the Medicare payments for equivalent services.

_X__ By the following factors:

Private Non-Medical Institution Reimbursement for Substance Abuse Treatment Facilities is increased uniformly by 23.9% effective 3/1/2020.*
Private Non-Medical Institution Reimbursement for Child Care Facilities is increased uniformly by 17.2% effective 6/1/2020.*

*The Department reserves the right to cease payment of rateincreases at any time, with proper provider notification, to ensure that the providers identified above do not receive duplicate reimbursement for COVID-related costs in the event that other state and/or federal funding opportunities become available.

**rate increases and supplemental pool payments will sunset at the end of the public health emergency

NOTE: The above PNMI payment provisions have been amended in Section 7.4.A by ME-20-0023-A effective June 1, 2020.

Payment for services delivered via telehealth:

3. _ X__ For the duration of the emergency, the state authorizes payments for telehealth services that:

   a. X___ Are not otherwise paid under the Medicaid state plan;

   b. ____Differ from payments for the same services when provided face to face;

   c. ____Differ from current state plan provisions governing reimbursement for telehealth;

CPT/HCPC Code	Description	Unit	Non- Facility Rate	Facility Rate
98966	Telephone assessment and management service provided by a qualified non-physician health care professional	5-10 minutes of medical discussion	$10.33	$8.95
98967	Telephone assessment and management service provided by a qualified non-	11-20 minutes of medical discussion	$20.59	$18.29

	physician health care professional			
98968	Telephone assessment and management service provided by a qualified non-physician health care professional	21-30 minutes of medical discussion	$33.27	$29.13
99421	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days;	5-10 minutes	$10.33	$8.95
99422	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days;	11-20 minutes	$20.59	$18.29
99423	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days;	21 or more minutes	$33.27	$29.13
99441	Telephone evaluation and management service;	5-10 minutes of medical discussion	$11.89	
99442	Telephone evaluation and management service;	11-20 minutes of medical discussion	$23.16	
99443	Telephone evaluation and management service;	21-30 minutes of medical discussion	$33.95	
G2012	Brief check-in between provider & established pt via telephone or other telecommunications device to decide whether office visit or other svc is needed	(5-10 min)	$9.90	$8.97
G2010	Remote evaluation of recorded video		$8.43	$6.34

	and/or images submitted by established pt (e.g. "store & forward") including interpretation with follow up with patient within 24hrs			
G2061	Qualified non- physician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days;	5-10 minutes	$8.32	
G2062	Qualified non- physician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days;	11-20 minutes	$14.67	
G2063	Qualified non- physician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days;	21 or more minutes	$22.99	$22.76
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (not face-to- face) communication between an RHC or FQHC practitioner and RHC or FQHC patient.		$9.17	

D9995	teledentistry – **synchronous; real-time encounter.** Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.		$0	$0
D9996	teledentistry – **asynchronous; information stored and forwarded to dentist for subsequent review.** Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.		$0	$0

d. _____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:

i. _____Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.

ii. _____Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. _____ Other payment changes:

Please describe.

Section F – Post-Eligibility Treatment of Income

1. _____The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:

a. _____The individual's total income

b. _____300 percent of the SSI federal benefit rate

c. _____Other reasonable amount:

2. _____The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

Staffing/Qualifications:

1. Adds Direct Support Professional (DSP) as a qualified provider to provide the following services:

A. Residential Care Services (item 1) on Attachment 3.1A Page 5(a)(iii); Items 1(e). Emotional development skills training, 1(f). Daily living skills training, 1(g). Interpersonal skills training, and 1(h). Community skills training.
B. Enhanced Family Treatment (item 7) on Attachment 3.1A Page 5(a)(xi): Behavior modification services.
C. Crisis Services (item 5) on Attachment 3.1A Page 5(a)(ix): all service components of these therapeutic interventions.
D. PNMI (item 26) on Attachment to Attachment 3.1-A Page 10(a)(ii): direct care services.

A DSP is a person who:
A. Successfully completed the Direct Support Professional curriculum as adopted by DHHS, or demonstrated proficiency through DHHS's approved Assessment of Prior Learning, or has successfully completed the curriculum from the Maine College of Direct Support within six (6) months of date of hire.
Prior to providing services to a member alone, a DSP must have completed the following four modules from the College of Direct Support, including computer based and live sessions:

i. Introduction to Developmental Disabilities
ii. Professionalism
iii. Individual Rights and Choice
iv. Maltreatment

B. Completed the following Department-approved trainings, within the first six (6) months from date of hire and thereafter every thirty-six (36) months;

i. The Regulations Regarding Reportable Events, Adult Protective Investigations and Substantiation Hearings (14-197, Ch. 12)
ii. Regulations Governing Behavioral Support, Modification and Management for People with Intellectual Disabilities or Autism in Maine (14-197, Ch. 5)
iii. Rights and Basic Protections of a Person with an Intellectual Disability or Autism (Title 34-B §5605)
iv. Grievance Training (must be completed before working with members).

C. Has a background check consistent with Section 21.10-10;
D. Has an adult protective and child protective record check;
E. Is at least eighteen (18) years of age;
F. Graduated from high school or acquired a GED;
G. Has current CPR and First Aid Certification.
H. Prior to administering medication, a DSP is legally authorized to assist with the administration of medication if the DSP is certified as a Certified Nursing Assistant-Medications (CNA-M); as a Certified Residential Medication Aide (CRMA), or a Registered Nurse (RN), or otherwise has been trained to administer medications through a training program specifically for Family-Centered or Shared Living model homes and authorized, certified, or approved by DHHS.
All new staff or subcontractors shall have six (6) months from their date of hire to obtain DSP certification.

2. Adds MHRT-I (approved on Attachment 3.1-A Page 5(a)(xxiv)(1)) and MHRT-C (approved on Attachment 3.1-A Page 5(a)(xxv)) a qualified providers to provide PNMI services (item 26) on Attachment to Attachment 3.1-A Page 10(a)(ii):

3. Behavioral Health Professional (BHP):
A. Allows additional 90 days to the allotted one year for completing BHP training after completing Module as approved on Attachment 3.1-A Page 5(a)(xxiv) BHP's provide: Residential Services for Children (item 1) on Attachment 3.1A Page 5(a)(iii); Items 1(e). Emotional development skills training, 1(f). Daily living skills training, 1(g). Interpersonal skills training, and 1(h). Community skills training, Enhanced Family Treatment (item 7) on Attachment 3.1A Page 5(a)(xi): Behavior modification services, Day Habilitation for Children with Cognitive Impairments and Functional Limitations on Attachment 3.1-A Page 5(a)(iv): all services in Day habilitation for Children with Cognitive Impairments and Functional Limitations (item 2) and Specialized Services for Children with Cognitive Impairments and Functional Limitations (item 2a) as well as Children's Behavioral Health Day Treatment (item 2b): behavioral strategies and interventions.

4. Reimbursement for Hospital leave days (Bed Hold days) is limited to an additional 7 days for individuals with a confirmed diagnosis of COVID. Reimbursement is consistent with NFs regular rate of reimbursement as detailed in sections 14, 15, 16, 17 and 18 of Maine's approved section 4.19-D.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.