

## **Table of Contents**

**State/Territory Name: ME**

**State Plan Amendment (SPA): ME-22-0032**

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



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**Financial Management Group**

September 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 22-0032

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-22-0032 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2022. This plan amendment authorizes a 4.9% rate increase for specified Neuro-rehabilitation/ Neurobehavioral Services.

Based upon the information provided by the State, we have approved the amendment with an effective date July 1, 2022. 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 [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

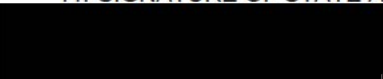
Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>22 0032</b>	2. STATE <b>Maine (ME)</b>
	3. PROGRAM IDENTIFICATION: TITLE <b>XIX</b> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 1, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>1905(a)(13)</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <b>2022</b> \$ <b>69,411</b> b. FFY <b>2023</b> \$ <b>275,116</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Supplement 1 to Attachment 4.19-B Page 4(a)(xv)</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) <b>Supplement 1 to Attachment 4.19-B Page 4(a)(xv)</b>	


9. SUBJECT OF AMENDMENT  
Amends reimbursement, effective July 1, 2022, of certain services through a cost-of-living adjustment (COLA). The COLA will be equal to an increase of 4.94% above the currently established rate(s).

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, ASSPECIFIED:
<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 <b>Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</b>
12. TYPED NAME <b>Michelle Probert</b>	
13. TITLE <b>Director, MaineCare Services</b>	
14. DATE SUBMITTED <b>6/30/2022</b>	

<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED <b>6/30/2022</b>	17. DATE APPROVED <b>September 12, 2022</b>

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>July 1, 2022</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xv)

OMP No: 0938

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

vii. Neurorehabilitation/Neurobehavioral Services

Description	Code	Unit	Rate
Health behavior assessment or reassessment – includes health-focused clinical interviews, behavioral observations, and clinical decision making	96156	¼ hour	\$21.66
Therapeutic interventions that focus on cognitive function (e.g. attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g. managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	97129 ST	¼ hour	\$27.31
<b>Add on code:</b> each additional 15 minutes	97130 ST	¼ hour	\$27.31
Neurobehavioral Rehabilitation- 1:1 with member	96165	¼ hour	\$21.94
Neurobehavioral Rehabilitation- 1:1 with member, initial 30	96158	½ hour	\$44.03
Intensive Integrated Neurorehabilitation	96159	¼ hour	\$22.02
Neurobehavioral Rehabilitation- group	96168	¼ hour	\$21.06
Neurobehavioral Rehabilitation- group	96164	½ hour	\$43.89
Neurobehavioral Rehabilitation- family	96167	½ hour	\$42.12
Self Care/Home Management Reintegration	97535	¼ hour	\$15.10
Self Care/Home Management Reintegration- group	97535 HQ	¼ hour	\$ 15.10
Community/Work Reintegration	97537	¼ hour	\$ 14.74
Community/Work Reintegration- group	97537 HQ	¼ hour	\$ 14.74