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State/Territory Name: Maine

State Plan Amendment (SPA) #: 13-0008

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

June 12, 2020

Jeanne Lambrew Commissioner Department of Health and Human Services 221 State Street Augusta, Maine 04333-0011

Reference TN 13-0008

Dear Commissioner Lambrew:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B, ME 13-0008, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 29, 2013. This amendment reduces rates for Licensed Clinical Professional Counselors and Licensed Marriage and Family Therapists.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 3, 2013. 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 Charlene Holzbaur at 609-882-4796 or Charlene.Holzbaur@cms.hhs.gov

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures

The state of the s			
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	13-008	Maine	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
Centers for Medicare and Medicaid Services	March 3, 2013		
Department of Health and Human Services			
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	NSIDEDED AS NEW DIAN - MANG	ENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	mendment)	
42 CFR 440.169	a. FFY 2013 savings of	\$100.856	
SOCIAL SECURITY ACT §1915(G)		f \$1,286,527.95	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSE		
6. TAGE NONDER OF THE FEATURE FROM OR ATTACHIVENT,	OR ATTACHMENT (If Applicable):	DEDITERN SECTION	
Supplemental 1 to attachment 4.19-B Page XaX	ott iii iii ott (ij iippiieuoie),		
· · ·	Supplemental 1 to attachment 4.19-B I	age XaX	
4(a)(i), 4(a)(xi), 4(a)(xii), 4(a)(xxiv)	4(a)(i), 4(a)(xi), 4(a)(xii),	•	
	4(a)(1), 4(a)(X1), 4(a)(X11),	4(a)(XXIV)	
10. SUBJECT OF AMENDMENT:			
Rate Reduction to LCPC and LMFT			
11 COMPRIADIO PRIMERI (CH. L.O.)			
11. GOVERNOR'S REVIEW (Check One):	M ATHER AS AREATEVER		
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☐ OTHER, AS SPECIFIED:		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Commissioner, Dept. of	Health and Human Service	
I NO REPET RECEIVED WITHIN 43 DATS OF SOBMITTAD			
12. SIGNATURE OF COLOR OF THE ACTIVITY OF THE	16. RETURN TO:		
12. 5030	16. RETURN TO:		
	Stefanie Nadeau		
13. TYPED NAME:	Director, MaineCare Services		
Mary C. Mayhew	#11 State House Station		
14. TITLE:	242 State Street		
Commissioner, Department of Health and Human Services	Augusta, Maine 04333-0011		
15. DATE SUBMITTED:	Trugusus, France 0-1222 0011		
3/29/2013			
FOR REGIONAL O	######################################	erana er	
17. DATE RECEIVED: 3/29/13	18. DATE APPROVED: 06/12/2020		
PLAN APPROVED - ON			
	20. SIGNATURE OF REGIONAL OFF	CTAT •	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/3/13	E SEE SEE		
21. TYPED NAME: Todd McMillion	22. TITLE: Director, DRR		
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23. REMARKS:			
,我没有一个人,这一会一个人,我们还不是有效的,我们就是这个人的,我们就是这个人,我们就是这个人的,我们就是这个人的,我们就是这个人的,我们就是这个人的,我们就	"我们,我们还没有这些,我们还是有一个,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是		

Supplement 1 to Attachment 4.19-B

Page 4(a)(i)

OMP No: 0938 TABLISHING PAYMENT RATES

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

DIAGNOSTIC

i. Assessment

Description	Code	Unit	Rate
Developmental and Behavioral Evaluation	T1026	Per hour	\$76.89
Child Abuse Evaluation	T1026 HK	Per hour	\$95.00
Psychologist - Independent	H2000	1/4 hour	\$22.00
Mental Health Agency	H2000	¼ hour	\$21.00
Mental Health Agency LCPC and LMFT	H2000	1/4 hour	\$19.95
Mental Health Agency - co-occurring	H2000 HH	¼ hour	\$21.00
Mental Health Agency - Co-occurring LCPC and LMFT	H2000	¼ hour	\$19.95
Mental Health Agency – Deaf & Home Based Treatment for Adults	H2000	1/4 hour	\$30.75
Mental Health Agency - Deaf & Home Based Treatment for Adults	H2000	1/4 hour	\$29.21
- LCPC and LMFT			
Substance Abuse Agency	H2000	¼ hour	\$21.00
Independent LCPC and LMFT – Non Agency	H2000	¼ hour	\$19.95
Substance Abuse Agency- Non Master's Level LADC	H2000	¼ hour	\$20.00
Substance Abuse Agency- CADC	H2000	¼ hour	\$14.50
Independent LCSW- Non Agency	H2000	1/4 hour	\$13.75
Independent LCPC and LMFT- Non Agency	H2000	¼ hour	\$13.06

Supplement 1 to Attachment 4.19-B Page 4(a)(xi)

OMP No: 0938 METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

i. Enhanced Family Treatment

Description	Code	Unit	Rate
Comprehensive Community Support Services – Bachelor's level	H2021 HN	¼ hour	\$14.36
Comprehensive Community Support Services – Master's level	H2021 HO	1/4 hour	\$23.28
Comprehensive Community Support Services – Master's level – LCPC and LMFT	H2021 HO	1/4 hour	\$22.12
Comprehensive Community Support Services – Functional Family Therapy	H2021 HY	¼ hour	\$39.04
Comprehensive Community Support Services – Functional Family Therapy– LCPC and LMFT	H2021 HY	¼ hour	\$27.30
Comprehensive Community Support Services – Master's level OCFS	H2021 HU	1/4 hour	\$23.28
Comprehensive Community Support Services – Master's level OCFS – LCPC and LMFT	H2021 HU	1/4 hour	\$22.12
Comprehensive Community Support Services – Bachelor's level OCFS	H2021 HU UI	1/4 hour	\$14.36
Multi-systemic Therapy for juveniles	H2033	1/4 hour	\$31.07
Multi-systemic Therapy for juveniles – LCPC and LMFT	H2033	¼ hour	\$29.52
Multi-systemic Therapy for juveniles – Problem Sexualized Behavior (MST-PSB)	H2033 HK	1/4 hour	\$38.73
Multi-systemic Therapy for juveniles – Problem Sexualized Behavior (MST-PSB)– LCPC and LMFT	H2033 HK	¼ hour	\$36.79

Supplement 1 to Attachment 4.19-B Page 4(a)(xii)

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ii. Therapy and Counseling Services

Description	Code	Unit	Rate
Behavioral Health counseling and therapy – psychologist independent	H0004	¼ hour	\$22.00
Behavioral Health counseling and therapy – mental health agency	H0004	1/4 hour	\$21.00
0 1	H0004	¼ hour	\$19.95
	H0004 HH	¼ hour	\$21.00
	H0004	¼ hour	\$19.95
LCPC and LMFT			
	H0004	¼ hour	\$30.75
based treatment for adults			
	H0004	⅓ hour	\$29.21
based treatment for adults – LCPC and LMFT			
0 17	10004	¼ hour	\$21.00
	H0004	¼ hour	\$19.95
LMFT	2111		
	10004	¼ hour	\$20.00
level LADC	70004		044.50
0 17	H0004	¼ hour	\$14.50
0 17 1	10004	¼ hour	\$13.75
,	10004	¼ hour	\$13.06
agency	10004 110	17.1	Φ.C. C.O.
	10004 HQ	1/4 hour	\$5.50
	10004 HQ	1/4 hour	\$5.25
	H0004 HQ	¼ hour	\$4.99
and LMFT Behavioral Health counseling and therapy – Group - mental health agency co-	10004 110	¼ hour	\$5.25
	H0004 HQ HH	74 Hour	\$3.23
	10004 HQ	1/4 hour	\$4.99
	10004 HQ 1H	74 HOUI	φ4.22
9	10004 HQ	¼ hour	\$9.00
	10004 HQ	1/4 hour	\$8.55
and LMFT	10004110	/4 HOUI	ψ0.55
	10004 HQ	¼ hour	\$8.50
Master's level LADC	1000 1112	74 110 61	ψ0.50
	10004 HQ	1/4 hour	\$7.00
	10004 HQ	1/4 hour	\$3.44
agency			
	10004 HQ	1/4 hour	\$3.27
agency – LCPC and LMFT	`		•
	12019	¼ hour	\$10.08

Approval Date 6/12/20

Effective Date 3/3/13

TN No.13-008 Supersedes TN No. 11-005A

Supplement 1 to Attachment 4.19-B Page 4(a)(xxiv)

OMP No: 0938

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

a. Children's Behavioral Health Day Treatment

Description	Code	Unit	Rate
Children's Behavioral Health Day Treatment – BHP Level	H2012 HN	hourly	\$58.60
Children's Behavioral Health Day Treatment – BHP	H2012HN UN	hourly	\$29.30
Level; two patients served			
Children's Behavioral Health Day Treatment – BHP	H2012 HN UP	hourly	\$19.53
Level; three patients served			
Children's Behavioral Health Day Treatment – BHP	H2012 HN UQ	hourly	\$14.65
Level; four patients served			
Children's Behavioral Health Day Treatment - Master's	H2012 HO	hourly	\$95.00
Level			
Children's Behavioral Health Day Treatment - Master's	H2012 HO	hourly	\$90.25
Level – LCPC and LMFT			
Children's Behavioral Health Day Treatment – Master's	H2012 HO UN	hourly	\$47.50
Level; two patients served			
Children's Behavioral Health Day Treatment - Master's	H2012 HO UN	hourly	\$45.13
Level; two patients served—LCPC and LMFT			
Children's Behavioral Health Day Treatment - Master's	H2012 HO UP	hourly	\$31.67
Level; three patients served			
Children's Behavioral Health Day Treatment – Master's	H2012 HO UP	hourly	\$30.09
Level; three patients served- LCPC and LMFT			
Children's Behavioral Health Day Treatment - Master's	H2012 HO UQ	hourly	\$23.75
Level; four patients served			
Children's Behavioral Health Day Treatment - Master's	H2012 HO UQ	hourly	\$22.56
Level; four patients served– LCPC and LMFT			