

Table of Contents

State/Territory Name: ME

State Plan Amendment (SPA): ME-11-005B

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

March 19, 2024

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

RE: TN 11-005B

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-11-005B which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 17, 2011. This SPA describes the reimbursement methodology for certain rehabilitative services, including those provided by Private Non-Medical Institutions (PNMIs), and for personal care services provided by PNMIs.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2011. 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.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
11 -005B

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
04/01/2011

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE 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 435

SSA 1905(a)(13) and 1905(a)(24)

7. FEDERAL BUDGET IMPACT
Cost neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Supplement 1 to Attachment 4.19-B pages 4(a)(v),
4(a)(vi), 4(a)(vii), 4(a)(viii), 4(a)(xvi), 4(a)(xvii), 4(a)(xviii),
4(a)(xix), 4(a)(xxii), 4(a)(xxiii), 5(vi), 5(vii), 5(viii), 5(ix),
5(x), and 5(xi)**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
**Supplement 1 to Attachment 4.19-B page
4a and 5
N/A**

10. SUBJECT OF AMENDMENT
COVERAGE OF MEDICALLY NEEDY CATEGORY

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:
**Michelle Probert, Director,
MaineCare Services**

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME
Michelle Probert

14. TITLE
Director, MaineCare Services

15. DATE SUBMITTED
Original submission 05/13/11 – correction 01/30/2020

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
05/17/2011

18. DATE APPROVED
March 19, 2024

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
04/01/2011

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME
Todd McMillion

22. TITLE
Director, Division of Reimbursement Review

23. REMARKS

3/7/24: State concurs with pen and ink changes to Boxes 6 and 9.

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(v)

OMP No: 0938

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

REHABILITATIVE SERVICES

i. Community Integration Services

Description	Code	Unit	Rate
Comprehensive Community Support Services	H2015	¼ hour	\$20.66

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(vi)

OMP No: 0938

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

ii. Community Rehabilitation Services (CRS)

Description	Code	Unit	Rate
Psychosocial Rehabilitation Service	H2018	Per diem	\$73.69

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(vii)

OMP No: 0938

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

iii. Assertive Community Treatment (ACT)**a. Adult ACT services**

Description	Code	Unit	Rate
Assertive Community Treatment program	H0040	Per diem	By report
Community Health and Counseling Services	H0040	Per diem	\$76.54
Sweetser	H0040	Per diem	\$58.44
Catholic Charities Maine	H0040	Per diem	\$58.44
Counseling Services Inc.	H0040	Per diem	\$58.44
Tri-County Mental Health Services	H0040	Per diem	\$58.44
Spurwink Corporation	H0040	Per diem	\$58.44
HealthReach Network	H0040	Per diem	\$58.44
Spring Harbor Community Services	H0040	Per diem	\$58.44
Riverview Psychiatric Center	H0040	Per diem	\$62.92
Spring Harbor Hospital	H0040	Per diem	\$58.44

b. Children's ACT services

Description	Code	Unit	Rate
Children's Assertive Community Treatment (ACT)	H0040 HA	Per diem	104.13

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(viii)

OMP No: 0938

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

iv. Behavioral Health Skills Training and Development Services

Description	Code	Unit	Rate
Psychosocial Rehabilitation	H2017	¼ hour	\$7.70
Skills Training and Development	H2014	¼ hour	\$12.09
Skills Training and Development (group)	H2014 HQ	¼ hour	\$3.02
Ongoing Support to Maintain Employment	H2025	1/4 hour	\$12.09
Behavioral Health Day Treatment	H2012	Per hour	By report
Aroostook Mental Health Services, Inc	H2012	Per hour	\$15.31
Charlotte White Center	H2012	Per hour	\$15.31
Community Concepts Inc.	H2012	Per hour	\$15.31
Maine Behavioral Health - Elderworks	H2012	Per hour	\$41.39
Community Health & Counseling Services	H2012	Per hour	\$15.31
Counseling Services, Inc.	H2012	Per hour	\$15.31
Goodwill Industries of Northern NE	H2012	Per hour	\$15.31
Independence Association, Inc	H2012	Per hour	\$15.31
Kennebec Valley Mental Health Center	H2012	Per hour	\$23.63
Maine Vocational & Rehabilitation Assoc	H2012	Per hour	\$15.31
Mid-Coast Mental Health Assoc	H2012	Per hour	\$15.31
Northeast Occupational Exchange	H2012	Per hour	\$15.31
Tri-County Mental Health Services	H2012	Per hour	\$15.31
Victorian Villa	H2012	Per hour	\$15.31
Behavioral health; long-term residential, without room and board, per diem (Appendix E – PNMI services)	H0019	Per diem	By report
<p>Each PNMI is paid a per diem “PNMI” rate for Behavioral Health Skills Training and Development Services.</p> <p>The per diem is calculated using costs from a Department approved budget for direct care staff plus an overhead allowance. To determine allowable cost, each provider completes their own time study to determine direct care staff for calculation of their “PNMI” rate interim/cap service rate. This is updated annually, or with changes in member’s needs or new admissions. Allowable costs include salaries and wages for rehabilitation service staff and clinical consultants. Behavioral Health Skills Training and Development Services only. Allowable costs also include the taxes and fringe benefits, and the contract fee paid for use of exchange fellows in lieu of direct service staff.</p> <p>Overhead is up to 35% of direct care costs, not to exceed total program cost.</p> <p>Providers must report actual costs on a cost report annually. The provider is paid the lesser of the actual allowable costs or the PNMI care interim rate/cap service rate. The provider’s rates are reviewed annually upon submission of provider’s cost report data and staffing models. All rates have been set as of July 1, 2010, and are effective for services on or after that date. Rates are available here: http://www.maine.gov/dhhs/audit/rate-setting/documents/S97ER07012010.pdf</p>			

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xvi)

OMP No: 0938

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

**v. Clinically Managed Residential Services (includes high-intensity adult criteria and
medium-intensity adolescent criteria) * room and board is not included in the rate**

Description	Code	Unit	Rate
Alcohol and/or drugs abuse halfway house services (Residential Rehabilitations Type II)	H2034 HF	Per diem	\$116.07
Alcohol and/or other drug treatment program (Residential Rehabilitation Type I)	H2036 HF	Per diem	\$217.17
Alcohol and/or other drug treatment program (Adolescent Residential Rehabilitation)	H2036 HA	Per diem	\$182.04

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xvii)

OMP No: 0938

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

vi. Medically Monitored Inpatient Programs (intensive for adults, high-intensity for adolescents) * room and board is not included in the rate

Description	Code	Unit	Rate
Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Detoxification services, non-hospital based)	H0010	Per diem	\$210.96

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xviii)

OMP No: 0938

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

vii. Clinically Managed Population- Specific High Intensity Residential Programs (specified for adults only) * room and board is not included in the rate

Description	Code	Unit	Rate
Alcohol and/or other drug treatment program (Extended Care)	H2036	Per diem	\$113.38

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xix)

OMP No: 0938

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

viii. **Clinically Managed Low-Intensity Residential Services*** room and board is not included in the rate

Description	Code	Unit	Rate
Alcohol and/or drug abuse halfway house services	H2034	Per diem	\$102.91

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xxii)

OMP No: 0938

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

PREVENTIVE SERVICES

i. Residential Services for Children* room and board is not included in the rate

Description	Code	Unit	Rate
Child Mental Health Level I	H0019-HE	Per diem	\$324.64
Child Mental Health Level II	H0019-CG	Per diem	\$427.98
Mental Retardation and Pervasive Developmental Disorder Level I	H0019-SE	Per diem	\$391.26
Mental Retardation and Pervasive Developmental Disorder Level II	H0019-U9	Per diem	\$574.88
Crisis Residential	H0019-HA	Per diem	\$532.08
Treatment Foster Care	H0019-HU	Per diem	\$101.45
Treatment Foster Care- Multidimensional (Juvenile Justice)	H0019-HY	Per diem	\$148.05
Temporary High Intensity Service for Children in ITRT Setting.	S9485	Per hour	\$16.03

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xxiii)

OMP No: 0938

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

ii. Day Habilitation for Children with Cognitive Impairments and Functional Limitation

a. Specialized Services for Children with Cognitive Impairments and Functional Limitations

Description	Code	Unit	Rate
Community-based wrap around services – 1:1	H2021 HI	¼ hour	\$8.94
Community-based wrap around services – Group – 2 patients	H2021 HQ HI UN	¼ hour	\$4.72
Community-based wrap around services – Group – 3 patients	H2021 HQ HI UP	¼ hour	\$3.23
Community-based wrap around services – Group – four patients	H2021 HQ HI UQ	¼ hour	\$2.49
Community-based wrap around services – Specialized Services - 1:1	H2021 HK	¼ hour	\$12.02
Community-based wrap around services – Specialized Services – 2 patients	H2021 HQ HK UN	¼ hour	\$6.27
Community-based wrap around services – Specialized Services – 3 patients	H2021 HQ HK UP	¼ hour	\$4.26
Community-based wrap around services – Specialized Services – 4 patients	H2021 HQ HK UQ	¼ hour	\$3.26

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(vi)

OMB No: 0938

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

4. Private Non-Medical Institutions

The fee used for Private Non-Medical Institution (PNMI) providers of personal care services is a provider specific rate established by DHHS. Such regulations are entitled: MaineCare Benefits Manual, Chapter III, Section 97, Principles of Reimbursement for Private Non-Medical Institutions. There are three different reimbursement models used for the various classifications of PNMIs. Under all models, costs for room and board and other unallowable costs are excluded from the rates used to pay for direct and personal care delivery.

1. Appendix C facilities:

Each Appendix C PNMI rate is an all-inclusive per diem rate for the provision of personal care services and is based on annual provider cost reports which delineate costs for direct care services and necessary administrative activities.

Appendix C rates are calculated by making adjustments to a provider-specific base year. The base year is 1998 or the year the provider opened. Direct care provider costs are split into two rate components, direct care and personal care.

“Direct care” component

The direct care component price is set based on provider data for their peer group (peer groups are established based on number of beds, and whether the PNMI is for Alzheimer’s care).

The peer group prices are as follows:

Peer Group	Price
1-24 beds	\$33.83
25+ beds	\$32.92
Alzheimer’s	\$36.17
1-15 beds (freestanding)	\$36.23

Provider direct care rates are then case-mix adjusted based on the average patient acuity as determined by the Minimum Data Set– Residential Care Assessment instrument for the provider’s own patients. Case mix is determined and applied twice a year.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(vii)

OMB No: 0938

**METHODS AND STRANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE**

The Department assigns each case mix classification group a specific case mix weight, as follows:

MEMBER CLASSIFICATION GROUP CASE MIX WEIGHT

Patient Group	Order	Short description	MaineCare Weight
IC1	1	IMPAIRED 15-28	2.25
IB1	2	IMPAIRED 12-14	1.568
IA1	3	IMPAIRED 0-11	1.144
CD1	4	COMPLEX 12+	1.944
CC1	5	COMPLEX 7-11	1.593
CB1	6	COMPLEX 2-6	1.205
CA1	7	COMPLEX 0-1	0.938
MC1	8	BEHAVIORAL HEALTH 16+	1.916
MB1	9	BEHAVIORAL HEALTH 5-15	1.377
MA1	10	BEHAVIORAL HEALTH 0-4	0.98
PD1	11	PHYSICAL 11+	1.418
PC1	12	PHYSICAL 8-10	1.019
PB1	13	PHYSICAL 4-7	1.004
PA1	14	PHYSICAL 0-3	0.731
BC1	15	NOT CLASSIFIED	0.731

“Personal care” component

The personal care component is set using provider-specific base year costs, using only personal care service provider salary and benefit costs. This rate is used to reimburse providers whenever personal care services are provided within a facility consistent with a patient’s plan of care. The base year costs have been inflated as described below for the following state fiscal years, resulting in an interim rate/cap service rate.

2002	2003	2004	2005	2006	2007	2008	2009	2010
2.85%	0.00%	0.00%	0.00%	2.00%	2.00%	0.00%	0.00%	0.00%

Providers must report actual costs on a cost report annually. The provider is paid the lesser of actual allowable costs from the cost report or the inflated facility specific interim rate/cap service rate.

Thirty-five percent of the direct care rate component is allocated to cover overhead associated with the provision of a service.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(viii)

OMB No: 0938

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

The provider's rates are reviewed annually upon submission of provider's cost report data and staffing models. All rates have been set as of July 1, 2011, and are effective for services on or after that date. Rates are available here:

<http://www.maine.gov/dhhs/audit/rate-setting/documents/S97CR07012011.pdf>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(ix)

OMB No: 0938

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

2. Appendix E facilities:

Each PNMI is paid a per diem rate for personal care services. The per diem is calculated using costs from a Department-approved budget for direct care staff plus an overhead allowance. To determine allowable cost, each provider completes their own time study to determine personal care time of direct care staff for calculation of their direct care rate interim/cap service rate. This rate is updated annually, or with changes in members' needs or new admissions. Allowable costs include salaries and wages for personal care service staff and clinical consultants for the delivery of personal care services only. Allowable costs also include the related taxes and fringe benefits, and the contract fee paid for use of exchange fellows in lieu of direct service staff.

Overhead is 35% of direct care costs.

Providers must report actual costs on a cost report annually. The provider is paid the lesser of the actual allowable costs or the direct care interim rate/cap service rate. The provider's rates are reviewed annually upon submission of provider's cost report data and staffing models. All rates have been set as of July 1, 2010, and are effective for services on or after that date. Rates are available here:

<http://www.maine.gov/dhhs/audit/rate-setting/documents/S97ER07012010.pdf>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(x)

OMB No: 0938

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

3. Appendix F facilities:

Each Appendix F PNMI rate is an all-inclusive per diem rate for the provision of personal care.

Appendix F direct care interim rate/cap service rate are calculated by making adjustments to provider-specific base year costs for personal care service personnel only, consisting of only personal care service provider salary and benefit costs plus an overhead allowance. This rate is used to reimburse providers whenever personal care services are provided within a facility consistent with a patient's plan of care. The base year is the year the facility opened, as stated in the pro forma cost report.

Staffing patterns are submitted separately and are used to determine approved staffing ratios. Appendix F PNMI's can request changes to the direct care interim rate/cap service rate if there is an approved change in staffing ratios based on member need. In this case, the base year would remain the same, but the approved staffing ratios would change based on changes to member needs.

Direct care provider cost components are facility specific.

Thirty-five percent of the direct care rate component is allocated to cover overhead associated with direct care delivery.

Providers must report actual costs on a cost report annually. The provider is paid the lesser of the actual allowable costs or the direct care interim rate/cap service rate. The provider's rates are reviewed annually upon submission of provider's cost report data and staffing models. All rates have been set as of July 1, 2011, and are effective for services on or after that date. Rates are available here:

<http://www.maine.gov/dhhs/audit/rate-setting/documents/S97FR07012011.pdf>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5 (xi)

OMB No: 0938

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

As part of this methodology for PNMI providers, the state assures that:

1. Providers of a bundled service maintain data that supports a conclusion that the rate developed by the Medicaid agency is economic and efficient. That data normally consists of information:
 - showing the provision by practitioner of the individual covered Medicaid services included in the bundled payment and;
 - cost by practitioner and type of service actually delivered under the bundled rate.
2. Each provider or organization furnishing services agrees to keep any records necessary to disclose the extent of services the provider furnishes to beneficiaries and, on request, furnish the Maine Medicaid agency any information maintained and any information regarding payments claimed by the provider for furnishing services under the plan, including a record of date of service; name of recipient; Maine Medicaid identification number; name of provider agency and person providing the service; nature, extent or units of service; and the place of service. The state will review that data in order to develop and revise as necessary, economic and efficient rates.
3. The State will monitor the provision of services paid under a bundled rate to ensure that beneficiaries receive the types, quantity and intensity services required to meet their medical needs.