

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 23-0014-BHH**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page

# ME - Submission Package - ME2023MS00030 - (ME-23-0014-BHH) - Health Homes

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   **Approval Letter**   Transaction Logs   News   Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, IL 60601



## Center for Medicaid & CHIP Services

June 20, 2023

Michelle Probert  
Director  
Office of MaineCare Services  
242 State St.  
SHS 11  
Augusta, ME 04330

Re: Approval of State Plan Amendment ME-23-0014-BHH Behavioral Health Homes

Dear Michelle Probert,

On March 31, 2023, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME-23-0014-BHH for Behavioral Health Homes. This BHH SPA amendment updates the reimbursement plan pages to identify two distinct PMPM rates: an adult PMPM rate and a child PMPM rate. This was due to in part a recently completed rate study performed by a contracted vendor for MaineCare Rate System Reform codification.

We approve Maine State Plan Amendment (SPA) ME-23-0014-BHH with an effective date of January 01, 2023.

If you have any questions regarding this amendment, please contact joseph raymundo at [joseph.raymundo@cms.hhs.gov](mailto:joseph.raymundo@cms.hhs.gov)

Sincerely,  
Todd McMillion  
Director, Division of Reimbursement  
Review  
Center for Medicaid & CHIP Services

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[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | ME2023MS00030 | ME-23-0014-BHH | Behavioral Health Homes

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	ME2023MS00030	<b>SPA ID</b>	ME-23-0014-BHH
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/31/2023
<b>Approval Date</b>	06/20/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Maine

**Medicaid Agency Name:** Office of MaineCare Services

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | ME2023MS00030 | ME-23-0014-BHH | Behavioral Health Homes

### Package Header

**Package ID** ME2023MS00030

**SPA ID** ME-23-0014-BHH

**Submission Type** Official

**Initial Submission Date** 3/31/2023

**Approval Date** 06/20/2023

**Effective Date** N/A

**Superseded SPA ID** N/A

### SPA ID and Effective Date

**SPA ID** ME-23-0014-BHH

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Payment Methodologies	1/1/2023	ME-22-0010-BHH

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | ME2023MS00030 | ME-23-0014-BHH | Behavioral Health Homes

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### Executive Summary

**Summary Description Including Goals and Objectives** Identifies distinct adult and child Per Member Per Month (PMPM) rates as a result of a recently completed rate study performed by a vendor contracted by the Department and pursuant to P.L. 2021 Ch. 639, An Act to Codify MaineCare Rate System Reform.

### Federal Budget Impact and Statute/Regulation Citation


#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$13946986
Second	2024	\$18425080

#### Federal Statute / Regulation Citation

1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

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### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

*This view was generated on 7/12/2023 7:23 PM EDT*

# ME - Submission Package - ME2023MS00030 - (ME-23-0014-BHH) - Health Homes

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- Versions
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- Analyst Notes
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## Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | ME2023MS00030 | ME-23-0014-BHH | Behavioral Health Homes

CMS-10434 OMB 0938-1188

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<b>Superseded SPA ID</b>	ME-22-0010-BHH		
	User-Entered		

### Payment Methodology

The State's Health Homes payment methodology will contain the following features

- Fee for Service
  - Individual Rates Per Service
  - Per Member, Per Month Rates
  - Fee for Service Rates based on
    - Severity of each individual's chronic conditions
    - Capabilities of the team of health care professionals, designated provider, or health team
    - Other
  - Comprehensive Methodology Included in the Plan
  - Incentive Payment Reimbursement

**Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided**

Pay-for- Performance Provisions: One percent of total BHH PMPM payments are subject to recoupment based on the performance measure below. BHH performance will be assessed every six (6) months, using twelve (12) months of claims data. Of the twelve (12) months of data used to measure performance, at least six (6) months of claims data will be drawn from a time period following the implementation of a new or adjusted performance measure or threshold.

The Department will provide interim performance data throughout the assessment period. Providers will have the opportunity to review and refute Department findings on their performance score before recoupment. Notice of recoupment and the right to appeal will be provided in accordance with 22 M.R.S. §1714-A and MBM, Section 1, Chapter 1, General Administrative Policies and Procedures. Recoupment will be pursuant to 22 M.R.S. §1714-A and recoupment shall not occur until any appeals have been exhausted.

Providers will receive at least one-hundred and eighty (180) days' notice prior to a change to pay-for-performance stipulations.

Recoupment under the pay-for-performance provision of this chapter shall not interfere with the ability of the Department to enforce compliance with any other requirements of the MaineCare Benefits Manual (MBM).

Performance Measure:

Numerator: MaineCare members assigned to the BHH who had two (2) or more prescriptions filled for an anti-psychotic medication (anti-psychotic medications are those included in the most recently published HEDIS Listing which is available at [www.ncqa.org](http://www.ncqa.org)) AND who had an HbA1c or blood glucose test during the twelve (12)-month time period.

Denominator: MaineCare members assigned to the BHH who had two or more prescriptions filled for an anti-psychotic medication during the twelve (12)-month period.

Performance Threshold for Recoupment:

The current threshold for the BHH pay-for-performance will be listed on: <http://www.maine.gov/dhhs/oms/vbp>

The Department will set a performance threshold based on at least twelve (12) months of data from members in existing BHHs. The performance threshold will be set so that at least 70% of eligible BHHs are expected to be above the recoupment threshold based on the data available at the time of the calculation. The Department cannot anticipate the percent of providers that will, during the performance period, fail to meet the performance threshold.

Eligible Behavioral Health Homes are those in which at least ten percent (10%) of their member panel is clinically eligible for inclusion in the performance measure.

The State will consider reporting this measure annually to the Health Homes Quality Measure portal, as an additional measurement of program effectiveness and improvement.

- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)



# Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | ME2023MS00030 | ME-23-0014-BHH | Behavioral Health Homes

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## Agency Rates

### Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

# Health Homes Payment Methodologies

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## Rate Development

### Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
  - the frequency with which the state will review the rates, and
  - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

**Comprehensive Description** Individuals with SPMI and SED have significant and inter-related behavioral and physical health care costs. Recent studies in Maine indicate that this population incurs higher than average physical health care costs that could be avoided through more integrated and comprehensive care management of both behavioral and physical health care needs. MaineCare currently reimburses its behavioral health providers on a FFS basis. Behavioral Health Homes, a team of health care professionals supported by a PMPM payment, will facilitate achievement of key goals for this population by addressing both physical and behavioral health care issues for individuals with significant behavioral health needs within a unified plan of care. The PMPM payment will allow providers with expertise in the needs of this population to move away from volume-driven care and focus on the development of services and systems that support specified quality outcomes.  
Payment as of July 1, 2022 (for cost assumptions, see below):  
• Member with SED or SMI: \$394.40 PMPM

#### Rate Model: BHH

MaineCare will pay for reimbursement of the cost of staff associated with the delivery of Behavioral Health Home services to Health Home-eligible members not covered by other reimbursement under MaineCare.

#### Health Home Coordinator

- Monthly Cost of Wages and Benefits: \$4,306.75
- Number of Cases per Health Home Coordinator 24
- Monthly Health Home Coordinator Cost per Case \$179.45

#### Clinical Team Leader

- Monthly Cost of Wages and Benefits: \$6,892.51
- Number of Cases per Clinical Team Leader: 192
- Monthly Clinical Team Leader Cost per Case: \$35.90

#### Nurse Care Manager

- Monthly Cost of Wages and Benefits: \$6,185.09
- Number of Cases per Nurse Care Manager: 200
- Monthly Nurse Care Manager Cost per Case: \$30.93

#### Peer Support Specialist/Family or Youth Support Specialist

- Monthly Cost of Wages and Benefits: \$2,756.00
- Number of Cases per Peer/Family or Youth Support Specialist: 100
- Monthly Peer/Family or Youth Support Specialist Cost per Case: \$27.56

#### Psychiatric Consultant

- Hourly Cost of Wages and Benefits: \$101.29
- Annual Psychiatric Consultant Hours per 200 Cases: 42
- Monthly Psychiatric Consultant Cost per Case: \$1.76

#### Medical Consultant

- Hourly Cost of Wages and Benefits: \$91.20
- Annual Medical Consultant Hours per 200 Cases: 42
- Monthly Medical Consultant Cost per Case: \$1.58

#### Administrative Support

- Monthly Cost of Wages and Benefits for Administrative Support: \$3,723.18
- Number of Cases per Administrative Support Staff: 200
- Monthly Administrative/Support Cost per Case: \$18.62

#### Operating/Overhead

- Monthly Operating/Overhead Cost per Case: \$98.60
- Total Operating and Overhead Costs: \$117.22
- Total Operating and Overhead Rate: 29.7%

Monthly Case Rate: \$394.40

#### Minimum billable services

BHH:

The member is identified as meeting BHH eligibility criteria through the state/vendor prior authorization process; Individual is enrolled as a Behavioral Health Home member at that location; The BHH has performed the following functions per

member per month:

- The BHH, in collaboration with the member will develop a plan of care or has updated this plan of care within the last 90 days or more frequently (with monthly activities or developments, when appropriate);
- The BHH has submitted required reports on cost/utilization;
- The BHH has delivered at least one BHH service during the reporting month. At least one of the services must include a face-to-face or telehealth member encounter. While a covered BHH service is always required for payment, there may be an exception to the requirement of a face-to-face or telehealth encounter for one month during a twelve-month period, to allow for covered services that were delivered but where there was not a face-to-face or telehealth encounter (e.g. telephone based covered BHH services).

Beginning July 1, 2022, BHH reimbursement rates will receive an annual cost of living adjustment (COLA) equal to the percentage increase in the U.S. Department of Labor's Bureau of Labor Statistics cost-of-living index (CPI-W) for the Northeast Region. Services that receive an increase to their rate within the previous 12-month period will not receive the annual July 1 COLA increase. Annual updates will be posted on the Department's website at:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?>

RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20092%20%2D%20Behavioral%20Health%20Home%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D.

Effective January 1, 2023 the PMPM is as follows:

Adult Members: \$558.31

Child Members: \$625.18

# Health Homes Payment Methodologies

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## Assurances

- The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

**Describe below how non-duplication of payment will be achieved** Members must receive a prior authorization/certification for BHH services. Authorization for the service will include utilization review of other services, such as Targeted Case Management (TCM) and Community Support. Members will have the choice to either continue receiving existing services or to receive this care through their BHH.

MaineCare already has in place tracking systems to ensure that no member is enrolled in more than one Health Home SPA at a time, and is tracking Health Home service utilization across the Health Home initiatives to ensure that no member receives more than eight quarters of enhanced match through any combination of Health Home SPA options.

- The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).
- The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.
- The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

## Optional Supporting Material Upload

Name	Date Created
No items available	

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

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