

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 23-0020**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

February 9, 2024

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

Re: Maine State Plan Amendment (SPA) 23-0020

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0020. This amendment proposes to continue provisions previously approved through disaster relief SPAs.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 1902(a)(42)(B)(i). This letter is to inform you that Maine's Medicaid SPA 23-0020 was approved on February 9, 2024, with an effective of May 12, 2023.

Enclosed are copies of the approved CMS-179 summary form and the approved SPA pages to be incorporated into the Maine State Plan.

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at [Gilson.DaSilva@cms.hhs.gov](mailto:Gilson.DaSilva@cms.hhs.gov).



Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Kristin Merrill, Acting Policy Director, Office of MaineCare Services

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>		<p>1. TRANSMITTAL NUMBER <b>23 0020</b></p>	<p>2. STATE <b>Maine (ME)</b></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID &amp; CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE <b>XIX</b> OF THE SOCIAL SECURITY ACT</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION <b>Title XIX of the Social Security Act §1905(a)(7), (8), and (13)</b></p>		<p>4. PROPOSED EFFECTIVE DATE <b>May 12, 2023</b></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A pages 3(h), 3(i), 3(j), 5(a)(ix) and 5(a)(xxiv)(1) Supplement 1 to Attachment 4.19-B Page 4(a)(xxi) Attachment 4.19-B Page 9</b></p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <b>2023</b> \$ <u>0</u> b. FFY <b>2024</b> \$ <del>0</del> <u>\$1,085,026</u></p>	
<p>9. SUBJECT OF AMENDMENT <b>Continuation of provisions previously approved under Maine COVID-19 Disaster Relief authority.</b></p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 3.1-A pages 3(h), 3(i), 3(j), 5(a)(ix) and 5(a)(xxiv)(1) Supplement 1 to Attachment 4.19-B Page 4(a)(xxi) Attachment 4.19-B Page 9</b></p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>		<p>15. RETURN TO <b>Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</b></p>	
<p>12. TYPED NAME <b>Michelle Probert</b></p>		<p>13. TITLE <b>Director, MaineCare Services</b></p>	
<p>14. DATE SUBMITTED <b>June 30, 2023</b></p>		<p>16. DATE RECEIVED <b>06/30/2023</b></p>	
<p>17. DATE APPROVED <b>02/09/2024</b></p>		<p><b>FOR CMS USE ONLY</b></p>	
<p><b>PLAN APPROVED - ONE COPY ATTACHED</b></p>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL <b>05/12/2023</b></p>		<p>19. SIGNATURE OF APPROVING OFFICIAL </p>	
<p>20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b></p>		<p>21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b></p>	
<p>22. REMARKS</p> <p>08/29/23 - ME provided pen-and-ink authority to delete Page 3(j) from boxes 7 and 8. 09/07/23 - ME provided pen-and-ink authority to add Attachment 3.1A, Page 5(a)(xxiv)(1) in boxes 7 and 8. 09/08/23 - ME provided pen-and-ink authority to revise the fiscal impact amount for FFY 2024 in box 6.</p>			





STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 3.1A  
Page 5(a)(ix)

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 5) **Crisis Services:** Crisis services must be recommended by a physician or other licensed practitioner. Services consists of immediate crisis-oriented therapeutic intervention services oriented toward the amelioration and stabilization of these acute emotional disturbances to ensure the safety of a member or society. Crisis services are available twenty-four (24) hours a day, seven (7) days a week and are available to both children and adults. The state assures that crisis services delivered in residential settings do not include institutions for mental diseases as described in 42 CFR §435.1009.

Services:

- Screening: Early testing to identify diseases and health conditions in individuals at risk.
- Assessment/evaluation: An assessment/evaluation of a patient and/or their condition by a qualified professional(s).
- Treatment planning: Planning that documents and describes the patient's condition and procedures that will be needed, and the expected outcome and duration of the treatment prescribed by the qualified professional(s).
- Intervention: Activity undertaken by qualified professional(s) with the objective of improving human health
- Disposition: Destination of the patient within the care pathway following early assessment and treatment, and/or discharge.

Providers are contracted with DHHS. Services must be performed by a certified Mental Health Rehabilitation Technician (MHRT) or Direct Support Professionals (DSPs) as described on Attachment 3.1A Page 5(a)(xxiv)(1).

TN No. 23-0020

Approval Date: 2/9/24

Effective Date: 5/12/23

Supersedes

TN No. 10-014

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 3.1 A  
Page 5(a)(xxiv)(1)

## AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- Certified Residential Medication Aide: certification from DHHS as CRMA, which requires 40-hour certified CRMA training program.
- Certified Therapeutic Recreation Specialist: completed 4-year program in therapeutic recreation from accredited college or university and be certified as a therapeutic recreation specialist under National Council for Therapeutic Recreation Certification
- Direct Support professional (DSP): All new staff or subcontractors shall have six (6) months from their date of hire to obtain DSP certification. DSPs must be at least 18 years old, have high school diploma or GED, be CPR and First Aid certified, have completed background and record checks, complete Department approved curriculum and trainings within six (6) months of date of hire, and complete Department approved training every thirty-six (36) months thereafter.
  - A. 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 the Department.
- Employment Specialist: other qualified individual who has completed DHHS approved employment specialist training.
- Mental Health Rehabilitation Technician (MHRT/1): Be at least 18 years old, Complete 35-hour Mental Health Support Specialist training program, complete an approved behavioral intervention program, Complete the 40-hour Certified Residential Medication Aide (CRMA) training program, Complete CPR and first-aid training

TN No. 23-0020  
Supersedes  
TN No. 20-0010

Approval Date: 2/9/2024

Effective Date: 5/12/2023

STATE: **Maine**

Supplement 1 to Attachment 4.19-B

Page 4(a)(xxi)

OMP No: 0938

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

**ii. Medication management**

Description	Code	Modifier	Modifier	Unit	Rate
Medication management services	H2010			¼ hour	\$82.64
Medication management services, Children's	H2010	HA		¼ hour	\$94.46
Medication management services, Physicians	H2010	AF		¼ hour	\$82.64
Medication management services, Children's Physicians	H2010	AF	HA	¼ hour	\$94.46
Medication management, Suboxone	H2010	HF		¼ hour	\$82.64
Medication management, Suboxone Physician	H2010	HF	AF	¼ hour	\$82.64



**State Plan Title XIX of the Social Security Act  
Methods and Standards for Establishing Payments rates**

**30. Telemedicine and Telemonitoring**

For telehealth visits in which a patient is with a provider at the originating site and a provider at the distant site is delivering the actual service, the GT modifier will be used and the payment to the distant site provider will be the same as if the service is provided face to face. The originating site provider is not paid at all for the underlying service but will receive an originating site fee (Q3014) for providing the support necessary to allow for the telehealth visit to take place (ie room, equipment, staff).

Qualifying distant site providers are reimbursed in accordance with the standard Medicaid reimbursement methodology.

With the application of the GT modifier, the distant site provider uses telemedicine to provide a service to the patient at the originating site.

Effective May 12, 2023, reimbursement for the originating site fee (Q3014) is as follows:

\$15.86/visit

Telemonitoring is a service in which a home health agency sets up equipment that allows for a members vital stats to be monitored daily. This can include things like blood pressure, pulse, weight etc. The data is monitored remotely by a licensed healthcare provider. This is the sole payment for this service. The fee is for professional services, as opposed to equipment. Any necessary in person visits would be billed separately.

- S9110— Telemonitoring of Patient in their Home \$88.73/month