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State/Territory Name: Maine

State Plan Amendment (SPA) #: 23-0029

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

February 29, 2024

Michelle Probert
Director, MaineCare Services
11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011

RE: State Plan Amendment (SPA) ME-23-0029

Dear Director Probert:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 23-0029. This amendment establishes a one-time payment adjustment for fiscal year 2024 and an ongoing annual payment adjustment beginning fiscal year 2024. These payment adjustments are established to ensure access to nursing facilities that provide comprehensive care to MaineCare veterans to meet their unique needs.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State Plan Amendment ME-23-0029 is approved effective December 15, 2023. The CMS-179 and the plan pages are attached.

If you have any additional questions or need further assistance, please contact James Francis at 857-357-6378 or james.francis@cms.hhs.gov.

Sincerely,




Rory Howe
Director

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER 23 0029</p>	<p>2. STATE Maine (ME)</p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(4)(a)</p>	<p>4. PROPOSED EFFECTIVE DATE 12/15/23</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D Page 69(b)</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY 2023 2024 \$ <u>11,054,322</u></p> <p>b. FFY 2024 2025 \$ <u>2,442,200</u></p>	
<p>9. SUBJECT OF AMENDMENT Addition of a one-time and ongoing Nursing Facility supplemental payments.</p>		

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:

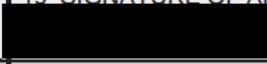
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</p>
<p>12. TYPED NAME Michelle Probert</p>	
<p>13. TITLE Director, MaineCare Services</p>	
<p>14. DATE SUBMITTED December 26, 2023</p>	

FOR CMS USE ONLY

<p>16. DATE RECEIVED December 26, 2023</p>	<p>17. DATE APPROVED February 29, 2024</p>
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PLAN APPROVED - ONE COPY ATTACHED

<p>18. EFFECTIVE DATE OF APPROVED MATERIAL December 15, 2023</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </p>
<p>20. TYPED NAME OF APPROVING OFFICIAL Rory Howe</p>	<p>21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group</p>

22. REMARKS

Pen-and-ink change requested by Maine on 1/17/24: "Update box 6a to indicate FFY 2024 and box 6b to indicate FFY 2025." (JGF)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 4.19-D

Page 69(b)

Nursing Facility Services Detailed Description of Reimbursement

43. Supplemental Payments

Establishment of a one-time payment adjustment for fiscal year 2024 and an ongoing annual payment adjustment beginning fiscal year 2024. These payment adjustments are established to ensure access to nursing facilities that provide comprehensive care to MaineCare veterans to meet their unique needs. In order to receive payment, a nursing facility must meet the following criteria:

1. The facility provides critical access to veteran-focused care, including specialized training and care of war-related injuries and conditions, such as Post Traumatic Stress Disorder (PTSD) and service-connected disabilities;
2. The nursing facility is subject to Department of Veterans Affairs (VA) regulations, oversight, and reporting requirements;
3. The nursing facility board of directors is appointed by the governor; and
4. The nursing facility participates in the Maine Public Employees Retirement System.

Principle. A nursing facility that qualifies under this section will be reimbursed annually for services provided to residents covered under Title XIX of the United States Social Security Act based on audited cost reports.

Rate Setting. These payment adjustments will be calculated using the uniform cost reports filed by the facilities in November of each year, using the following methodology:

1. The difference between the MaineCare payments and actual allowed MaineCare costs as reported on the most recent and filed cost reports for all eligible nursing facility services delivered by eligible nursing facilities as defined above;
2.
 - a. For fiscal year 2024, the total of the one-time and ongoing payment adjustments across all eligible facilities shall not exceed the lesser of \$11,054,332 (equal to the sum of \$8,612,122 for the one-time payment and \$2,442,200 for the ongoing payment) or the difference as calculated under Step 1; and
 - b. Beginning fiscal year 2025 and ongoing each year thereafter the payment adjustment across all eligible facilities shall not exceed the lesser of \$2,442,200 or the difference as calculated under Step 1.
3. Each facility's annual payment adjustment shall be proportionate to its overall share of the amount calculated under Step 1 and limited to the aggregate amount across all facilities available under Step 2; and
4. For each facility, if the amount calculated under Step 1 is greater than or equal to zero, the facility is not eligible for the temporary adjustment.

Audit. These payments are subject to the year-end uniform desk review audit and will be adjusted not to exceed the actual allowable costs of providing services to eligible residents.

TN No.: 23-0029

Approval Date: February 29, 2024 Effective Date: 12/15/23

Superseded

TN No.: NEW