

## **Table of Contents**

**State/Territory Name: ME**

**State Plan Amendment (SPA) #: 19-0010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

October 2, 2019

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

RE: State Plan Amendment 19-0010

Dear Commissioner Lambrew:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 19-0010. Effective January 1, 2019, this amendment creates an annual pool amount, of no more than \$500,000, for reimbursement to acute care non-critical access hospital for patients awaiting placement in nursing facilities after the 10th day. Payment authority ends on 12/31/2023.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447. We are pleased to inform you that Medicaid State plan amendment 19-0010 is approved effective January 1, 2019. We are enclosing the CMS-179 and the amended plan pages.

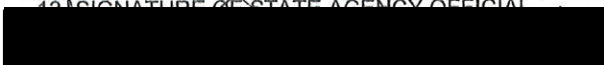

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,



Kristin Fan  
Director

cc:  
Avery Stahlecker  
Novena James-Hailey

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>19 - 0010</b>	2. STATE <b>Maine</b>
	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 <b>01/01/2019</b>	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION <b>Maine P.L. 2017, ch. 454</b>	7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$ <u>31,932</u> b. FFY <u>2020</u> \$ <u>63,584</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-A, page 4</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-A, page 4</b>	
10. SUBJECT OF AMENDMENT <b>Reimbursement to acute care non-critical access hospitals, after the 10<sup>th</sup> day, for patients awaiting placement in nursing facilities. Changes to be repealed December 31, 2023.</b>		
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Michelle Probert, Director,</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <b>MaineCare Services</b>		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO: <b>Michelle Probert Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011</b>	
13. TYPED NAME <b>Michelle Probert</b>		
14. TITLE <b>Director, MaineCare Services</b>		
15. DATE SUBMITTED <b>03/29/2019</b>		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED	18. DATE APPROVED <b>OCT 02 2019</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>		
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>JAN 01 2019</b>	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>Kristin Fan</b>	22. TITLE <b>Director, FMG</b>	
23. REMARKS		

**C-1 Department's Inpatient Obligation to the Hospital**

The Department of Health and Human Services' total annual obligation to a hospital will be the sum of MaineCare's obligation for the following: inpatient services + inpatient capital costs + inpatient hospital based physician costs + graduate medical education costs + Disproportionate Share Payments (for eligible hospitals) and supplemental pool reimbursements + until July 1 2011, days awaiting placement.

**A. Inpatient Services** (not including distinct psychiatric or substances abuse unit discharges)

The Department pays using DRG-based discharge rates, which include estimated capital and medical education costs (see Appendix for full description). As explained in the Appendix, the payment is comprised of three components: the capital expense and graduate medical education components both of which will be subject to interim and final cost settlement, and the DRG direct rate component which will not be cost settled.

**B. Distinct Psychiatric Unit**

MaineCare pays a distinct psychiatric unit discharge rate equal to \$6,438.72, except for Northern Maine Medical, for (1) which the distinct psychiatric discharge unit rate will be \$15,679.94, and (2) effective July 1, 2013, \$9128.31 per psychiatric discharge for members under 18 years of age from hospitals in the Lewiston-Auburn area. MaineCare will only reimburse at the distinct unit psychiatric rate when the member has spent the majority of his or her stay in the distinct unit. MaineCare will only reimburse for one (1) discharge for a single hospital for one episode of care.

Distinct psychiatric unit discharge rates will not be adjusted annually for inflation.

The Department will reimburse hospitals based on UB-04 and/or CMS 1500 billing forms. This payment is not subject to cost settlement.

**C. Distinct Substance Abuse Unit**

Effective April 1, 2013 MaineCare will pay a distinct substance abuse unit discharge rate equal to \$4,898. MaineCare will only reimburse at the distinct unit substance abuse rate when the member has spent the majority of his or her stay in the distinct unit. MaineCare will only reimburse for one (1) discharge for a single hospital for one (1) episode of care.

**D. Inpatient Hospital Based Physician**

MaineCare will reimburse 93.3% of its share of inpatient hospital based physicians.

**E. MaineCare Member Days Awaiting Placement (DAP) at a Nursing Facility (NF)**

Reimbursement will be made for each day after the 10th day that a MaineCare-eligible individual is inpatient while awaiting placement in a NF. Reimbursement will be the statewide average rate per MaineCare member day for NF services. The statewide average rate per MaineCare member day is based on the simple average of the nursing facility rate per MaineCare member day for the applicable state fiscal year, or years prorated for the hospital's fiscal year. Reimbursement for days awaiting placement for this section is limited to a maximum of \$500,000 yearly. This section will be repealed on 12/31/2023.