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**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 15-017**

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



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**Financial Management Group**

November 17, 2020

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


Reference: TN 15-0017

Dear Commissioner Lambrew:

We are resending the state plan amendment package for transmittal number (TN) 15-0017. The approved page inadvertently contained a typographical error in describing Private Duty Nursing Level IV reimbursement at \$11,570 per month—the correct reimbursement amount of \$1,570 per month is included in the attached pages. The official approval date remains May 24, 2018.

If you have any additional questions or need further assistance, please contact Blake Holt at (415) 744-3754 or [Blake.Holt@cms.hhs.gov](mailto:Blake.Holt@cms.hhs.gov).

Sincerely,

  
Todd McMillion  
Director  
Division of Reimbursement Review

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- 1) Approval Letter
- 2) CMS 179 Form
- 4) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

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May 24, 2018

Ricker Hamilton, Commissioner  
Department of Health and Human Services  
221 State Street  
Commissioner's Office  
Augusta, Maine 04333-0011

RE: Maine ME 15-0017

Dear Commissioner Hamilton:



We are now ready to approve State Plan Amendment (SPA) No. ME 15-0017. Attached you will find an approved copy of the SPA. This SPA is effective July 1, 2015.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to increase rates and limits for private duty nursing services under the state plan. This SPA is estimated to have a Federal budget impact of \$2,181,782 in FFY16 and \$2,190,536 in FFY17.

If you have any questions regarding this SPA, please contact Aimee Campbell-O'Connor, Maine State Lead, at 617/565-1642, or at [Aimee.Campbell-O'Connor@cms.hhs.gov](mailto:Aimee.Campbell-O'Connor@cms.hhs.gov).



Richard R. McGreal  
Associate Regional Administrator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 15-017	2. STATE Maine
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of Health and Human Services		4. PROPOSED EFFECTIVE DATE July 1, 2015	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §447.201; 42 CFR §440.80 Public Law, Chapter 267, Part A, Section A-32.		7. FEDERAL BUDGET IMPACT: a. <u>FFY increase in 2016 of \$2,181,782</u> b. <u>FFY increase in 2017 of \$2,190,536</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B page 2c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 4.19-B page 2c	
10. SUBJECT OF AMENDMENT: Update to Personal Support Services in Private Duty Nursing			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED and Human Services <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Commissioner, Dept. of Health	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Stefanie Nadeau Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
13. TYPED NAME: Mary C. Mayhew			
14. TITLE: Commissioner, Department of Health and Human Services			
15. DATE SUBMITTED: 09-11-2015			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 9/21/15		18. DATE APPROVED: 5/24/18	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/15		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard McGreal		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplemental 1 to Attachment 4.19-B

Page 2c

OMB No: 0938

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

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8. Private Duty Nursing – Nursing services furnished by a licensed home health agency or an independent professional registered nurse. Payment is made on the basis of a fixed fee schedule. State-developed fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rate was set as of July 1, 2015 and is effective for services provided on or after that date. All rates are published at <http://www.maine.gov/dhhs/audit/rate-setting/documents/S96P07012015.pdf>

Levels of care I through V have financial caps as follows below. For individuals qualifying under EPSDT, the service cap may be exceeded if services are determined medically necessary. Reimbursement of care coordination and skills training do not count towards the monthly cost caps.

LEVEL I	\$820/month
LEVEL II	\$1,035/month
LEVEL III	\$1,690/month
LEVEL IV (under 21 years of age only)	\$3,133/month
LEVEL V	\$22,233/month
LEVEL VIII	\$750/month
LEVEL IX	\$1,570/month