

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 16-0008**

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

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September 6, 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) 16-0008

Dear Director Probert:

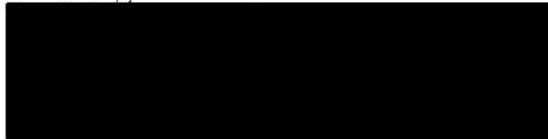
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0008. This amendment proposes to add mental health clubhouse services and specialized group services to the State Plan.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations. As discussed in the December 6, 2023 letter from the CMS Deputy Administrator and Director, approval of the subject SPA does not relieve the state of its responsibility to comply with federal laws and regulations, and to ensure that claims for federal funding are consistent with all applicable requirements. This letter informs you that Maine Medicaid SPA 16-0008 was approved on September 6, 2024, with an effective of May 10, 2016. This SPA approval does not represent CMS approval of the private non-medical institution (PNMI) service provider tax as a permissible source of funding.

Enclosed are copies of form CMS-179 and 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, State Plan and Policy Development Manager, Office of MaineCare Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 16-008	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 May 10, 2016	
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 and Section 1905(a)(13)		7. FEDERAL BUDGET IMPACT: a. FFY 16: \$504.90 b. FFY 17: \$ 1,037.36	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 5(a)(vi) Supplemental 1 to attachment 4.19-B, Page 4a (vi)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Supplemental 1 to attachment 4.19-B, Page 4a (vi) Attachment 3.1-A, page 5(a)(vi)	
10. SUBJECT OF AMENDMENT: Mental Health Clubhouse and Specialized Group Services			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<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		COMMISSIONER, DEPT. OF HEALTH AND HUMAN SERVICES	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF REGIONAL 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: 6/30/2016			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 06/30/2016		18. DATE APPROVED: 09/06/2024	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 05/10/2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:  07/24/2024 - ME agreed to P&I revisions to box 6 to include reference to Section 1905(a)(13) and to list Attachment 3.1-A, page 5(a)(vi) and Supplement 1 to Attachment 4.19-B, page 4(a)(vi) in boxes 8 and 9.			

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

STATE: Maine

Attachment 3.1A

Page 5(a)(vi)

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

**2) Community Rehabilitation Services (CRS):** Includes individualized combinations of Community Integration Services, and Behavioral Health Skills Training and Development and must be available 24 hours per day, 7 days a week. Services are performed by a MHRT/C and Mental Health Rehabilitation Technician - Level One (MHRT-I). These services are prior authorized to avoid duplication of services. These services are for adults.

**2(a) Mental Health Psychosocial Clubhouse Services:** Services delivered through a community-based International Center for Clubhouse Development (ICCD) accredited clubhouse setting in which the member, with staff assistance, engages in operating all aspects of the program. Covered services include:

- Symptom management to improve community living skills and independent self-management;
- Psychoeducation to increase wellness skills, and community living skills;
- Psychosocial Rehabilitation interventions which support the individual's recovery by helping the individual restore skills needed to function successfully in the community to the fullest extent possible; and
- Coordinating or assisting in community and recovery resources.

Services are provided by certified Mental Health Rehabilitation Technician/Community (MHRT/C) as defined on plan page Attachment 3.1-A Page(a)(xxv).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(vi)

OMP No: 0938

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

ii. Community Rehabilitation Services (CRS)

Description	Code	Unit	Rate
Psychosocial Rehabilitation Service	H2018	Per diem	\$73.69

ii.a. Mental Health Psychosocial Clubhouse Services:

Description	Code	Unit	Rate
Mental Health Clubhouse Services	H2030	15 min	\$5.91