

Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-16-010

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

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: TN 16-010

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Maine state plan amendment (SPA) to Attachment 4.19-B ME-16-010, which was submitted to CMS on July 1, 2016. This plan amendment updates the payment methodology for certain rehabilitative services.

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 SPA approval does not represent CMS approval of the PNMI service provider tax as an permissible source of funding.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2016. We are enclosing the approved CMS-179 and a copy of the new state plan pages.


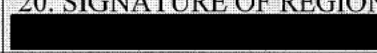
If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or via email at blake.holt@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-010	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 June 17, 2016 July 1, 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 SSA 1905(a)(13)		7. FEDERAL BUDGET IMPACT: a. FFY 16: \$1,075,739 b. FFY 17: \$ \$2,652,218	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplemental 1 to attachment 4.19-B, Page 4a, , Page 4a1a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplemental 1 to attachment 4.19-B, Page 4a See Box 23.	
10. SUBJECT OF AMENDMENT: Rate Increase for Select Rehabilitative Services			
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 <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: COMMISSIONER, DEPT. OF HEALTH AND HUMAN SERVICES	
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: 6/30/2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 07/01/2016		18. DATE APPROVED: September 6, 2024	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS: Added to Boxes 8 and 9 with 7/26/24 state concurrence: Supplement 1 to 4.19-B Pages 4(a)(v), 4(a)(vi), 4(a)(vii), 4(a)(viii), 4(a)(xvi), 4(a)(xvii), 4(a)(xviii), 4(a)(xix), 4(a)(xxii), and 4(a)(xxiii). 7/26/24: State concurs with pen and ink change to Boxes 4 and 6.			

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Supplement 1 to Attachment 4.19-B

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OMP No: 0938

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

REHABILITATIVE SERVICES

i. Community Integration Services

Description	Code	Unit	Rate
Comprehensive Community Support Services	H2015	¼ hour	\$20.86

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**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	\$74.39

ii.a. Mental Health Psychosocial Clubhouse Services:

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

STATE: Maine

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

iii. Assertive Community Treatment (ACT)

a. Adult ACT services

Description	Code	Unit	Rate
Assertive Community Treatment program	H0040	Per diem	By report
Community Health and Counseling Services	H0040	Per diem	\$77.27
Sweetser	H0040	Per diem	\$59.00
Catholic Charities Maine	H0040	Per diem	\$59.00
Counseling Services Inc.	H0040	Per diem	\$59.00
Tri-County Mental Health Services	H0040	Per diem	\$59.00
Spurwink Corporation	H0040	Per diem	\$59.00
HealthReach Network	H0040	Per diem	\$59.00
Spring Harbor Community Services	H0040	Per diem	\$59.00
Spring Harbor Hospital	H0040	Per diem	\$59.00

b. Children's ACT services

Description	Code	Unit	Rate
Children's Assertive Community Treatment (ACT)	H0040 HA	Per diem	104.13

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE****iv. Behavioral Health Skills Training and Development Services**

Description	Code	Unit	Rate
Psychosocial Rehabilitation	H2017	¼ hour	\$7.77
Skills Training and Development	H2014	¼ hour	\$12.20
Skills Training and Development (group)	H2014 HQ	¼ hour	\$3.05
Ongoing Support to Maintain Employment	H2025	1/4 hour	\$12.20
Behavioral Health Day Treatment	H2012	Per hour	By report
Aroostook Mental Health Services, Inc	H2012	Per hour	\$15.31
Charlotte White Center	H2012	Per hour	\$15.31
Community Concepts Inc.	H2012	Per hour	\$15.31
Maine Behavioral Health - Elderworks	H2012	Per hour	\$41.39
Community Health & Counseling Services	H2012	Per hour	\$15.31
Counseling Services, Inc.	H2012	Per hour	\$15.31
Goodwill Industries of Northern NE	H2012	Per hour	\$15.31
Independence Association, Inc	H2012	Per hour	\$15.31
Kennebec Valley Mental Health Center	H2012	Per hour	\$23.63
Maine Vocational & Rehabilitation Assoc	H2012	Per hour	\$15.31
Mid-Coast Mental Health Assoc	H2012	Per hour	\$15.31
Northeast Occupational Exchange	H2012	Per hour	\$15.31
Tri-County Mental Health Services	H2012	Per hour	\$15.31
Victorian Villa	H2012	Per hour	\$15.31
Behavioral health; long-term residential, without room and board, per diem (Appendix E – PNMI services)	H0019	Per diem	By report
<p>Each PNMI is paid a per diem “PNMI” rate for Behavioral Health Skills Training and Development Services.</p> <p>The per diem is calculated using costs from a Department approved budget for direct care staff plus an overhead allowance. To determine allowable cost, each provider completes their own time study to determine direct care staff for calculation of their “PNMI” rate interim/cap service rate. This is updated annually, or with changes in member’s needs or new admissions. Allowable costs include salaries and wages for rehabilitation service staff and clinical consultants. Behavioral Health Skills Training and Development Services only. Allowable costs also include the taxes and fringe benefits, and the contract fee paid for use of exchange fellows in lieu of direct service staff. Overhead is up to 35% of direct care costs, not to exceed total program cost. Providers must report actual costs on a cost report annually. The provider is paid the lesser of the actual allowable costs or the PNMI care interim rate/cap service rate. The provider’s rates are reviewed annually upon submission of provider’s cost report data and staffing models. All rates have been set as of July 1, 2016, and are effective for services on or after that date. Rates are available here:</p> <p>https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20097%20%2D%20Private%20Non%2DMedical%20Institutional%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2B247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D</p>			

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

**v. Clinically Managed Residential Services (includes high-intensity adult criteria and
medium-intensity adolescent criteria) * room and board is not included in the rate**

Description	Code	Unit	Rate
Alcohol and/or drugs abuse halfway house services (Residential Rehabilitations Type II)	H2034 HF	Per diem	\$117.17
Alcohol and/or other drug treatment program (Residential Rehabilitation Type I)	H2036 HF	Per diem	\$219.78
Alcohol and/or other drug treatment program (Adolescent Residential Rehabilitation)	H2036 HA	Per diem	\$183.77

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

vi. Medically Monitored Inpatient Programs (intensive for adults, high-intensity for adolescents) * room and board is not included in the rate

Description	Code	Unit	Rate
Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Detoxification services, non-hospital based)	H0010	Per diem	\$212.96

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

vii. Clinically Managed Population- Specific High Intensity Residential Programs (specified for adults only) * room and board is not included in the rate

Description	Code	Unit	Rate
Alcohol and/or other drug treatment program (Extended Care)	H2036	Per diem	\$114.46

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

viii. **Clinically Managed Low-Intensity Residential Services*** room and board is not included in the rate

Description	Code	Unit	Rate
Alcohol and/or drug abuse halfway house services	H2034	Per diem	\$103.89

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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PREVENTIVE SERVICES

i. Residential Services for Children* room and board is not included in the rate

Description	Code	Unit	Rate
Child Mental Health Level I	H0019-HE	Per diem	\$330.72
Child Mental Health Level II	H0019-CG	Per diem	\$435.40
Mental Retardation and Pervasive Developmental Disorder Level I	H0019-SE	Per diem	\$396.47
Mental Retardation and Pervasive Developmental Disorder Level II	H0019-U9	Per diem	\$585.60
Crisis Residential	H0019-HA	Per diem	\$539.89
Treatment Foster Care	H0019-HU	Per diem	\$103.51
Treatment Foster Care- Multidimensional (Juvenile Justice)	H0019-HY	Per diem	\$150.45
Temporary High Intensity Service for Children in ITRT Setting.	S9485	Per hour	\$16.03

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
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ii. Day Habilitation for Children with Cognitive Impairments and Functional Limitation

a. Specialized Services for Children with Cognitive Impairments and Functional Limitations

Description	Code	Unit	Rate
Community-based wrap around services – 1:1	H2021 HI	¼ hour	\$9.02
Community-based wrap around services – Group – 2 patients	H2021 HQ HI UN	¼ hour	\$4.77
Community-based wrap around services – Group – 3 patients	H2021 HQ HI UP	¼ hour	\$3.26
Community-based wrap around services – Group – four patients	H2021 HQ HI UQ	¼ hour	\$2.51
Community-based wrap around services – Specialized Services - 1:1	H2021 HK	¼ hour	\$12.46
Community-based wrap around services – Specialized Services – 2 patients	H2021 HQ HK UN	¼ hour	\$6.48
Community-based wrap around services – Specialized Services – 3 patients	H2021 HQ HK UP	¼ hour	\$4.40
Community-based wrap around services – Specialized Services – 4 patients	H2021 HQ HK UQ	¼ hour	\$3.36