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State Plan Amendment (SPA): ME-17-013

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 17-013

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-17-013, which was submitted to CMS on September 29, 2017. This plan amendment updates the payment methodology for personal care services provided by Adult Family Care Homes and Private Non-Medical Institutional "Appendix C" facilities.

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, 2017. 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: 17-0013	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 07/01/2017	
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(b) <i>1902(a)(24)</i>		7. FEDERAL BUDGET IMPACT: AN ADDITIONAL COST OF a. FFY 17 \$3,184,380 b. FFY 18 \$6,611,050	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplemental 1 to attachment 4.19-B Pages 4a, 5 and 10 <i>5(v) and 5(viii)</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplemental 1 to attachment 4.19-B Pages 4a, 4a1a, 5 and 10 <i>5(v) and 5(viii)</i>	
10. SUBJECT OF AMENDMENT: Cost of Living Adjustments for select personal care service providers			
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		Stefanie Nadeau, Director,	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		MaineCare Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Stefanie Nadeau Director, Office of MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
13. TYPED NAME: Stefanie Nadeau			
14. TITLE: Director, MaineCare Services			
15. DATE SUBMITTED: September 29, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 29, 2017		18. DATE APPROVED: September 6, 2024	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017		OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS: <i>9/04/24: State concurs with pen and ink changes to Box 6, 8, and 9.</i>			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(v)

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

3. Adult Family Care Homes

Reimbursement to licensed Adult Family Care Homes for personal care services furnished to Medicaid eligible patients is based on the per diem resource-adjusted (case- mix) price for each member, according to the resource group the member is assigned as a result of the Minimum Data Set- Assisted Living Services (MDS-ALS) patient assessment. Eligible providers located on remote island locations receive 15% additional reimbursement through an adjusted resource- adjusted price. The agency's fee schedule rate for Personal Care Services to residents of Adult Family Care Homes is set as of July 1, 2017 and is effective for services on or after that date.

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20002%20%2D%20Adult%20Family%20Care%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>. The Department of Health and Human Services (DHHS) will reassess members twice each year.

For new facilities without a resource grouping already calculated, DHHS will apply a MaineCare weight of .924 to the unadjusted price for the first-rate setting period.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

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

Remote Island Locations, are facilities that are located on an island that is not connected to a mainland by a bridge, receive a 15% increase to reimbursement above regular Appendix C reimbursement.

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, 2017, and are effective for services on or after that date. Rates are available here:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RotFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20097%20%2D%20Private%20Non%2DMedical%20Institutional%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>