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State/Territory Name: Maine

State Plan Amendment (SPA) #: 20-0024

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

August 21, 2020

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

Reference: TN 20-0024

Dear Commissioner Lambrew:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0024. Effective April 1, 2020 and for state fiscal year beginning July 1, 2020, this amendment makes changes to the reimbursement calculation for nursing facility services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.


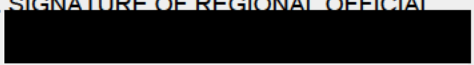
This is to inform you that Medicaid State plan amendment TN 20-0024 is approved effective April 1, 2020. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or Novena.JamesHailey@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Karen Shields.

For
Karen Shields
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 20 - 0024	2. STATE Maine
	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 April 1, 2020	
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 42 CFR §447.205	7. FEDERAL BUDGET IMPACT a. FFY <u>2020</u> \$ N/A _____ b. FFY <u>2021</u> \$ N/A _____	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-D Page 2	
10. SUBJECT OF AMENDMENT Nursing Facilities		
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 Michelle Probert, Director, <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL MaineCare Services		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO: Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011	
13. TYPED NAME Michelle Probert		
14. TITLE Director, MaineCare Services		
15. DATE SUBMITTED 06/30/2020		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED 06/20/2020	18. DATE APPROVED 08/21/20	
PLAN APPROVED - ONE COPY		
19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Karen Shields	22. TITLE Acting Director, FMG	
23. REMARKS		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 4.19-D

Nursing Facility Services Detailed Description of Reimbursement

AICPA is the American Institute of Certified Public Accountants.

Allowable Costs are costs that MaineCare will reimburse under these Principles of Reimbursement and that are below the caps (upper limits).

Ancillary Services are Medical items or services identifiable to a specific resident furnished at the direction of a physician and for which charges are customarily made in addition to the per diem charge.

Base Year is a fiscal period for which the allowable costs are the basis for the case mix prospective rate. For the state fiscal year beginning July 1, 2018, the base year for each facility is its fiscal year that ended in the calendar year 2016. For state fiscal years beginning on or after July 1, 2020, subsequent rebasing must be based on the most recently filed cost report available by June 1st of the re-basing year.

Base Year Cost shall be the costs as shown on the cost report for based year as audited by the Department.

Capital Asset is defined as services, equipment, supplies or purchases which have a value of \$500 or greater.

Case Mix Weight is a relative evaluation of the nursing resources used in the care of a given class of residents.

Cash Method of Accounting means that revenues are recognized only when cash is received and expenditures for expense and asset items are not recorded until cash is disbursed for them.

Centers for Medicare and Medicaid Services (CMS) is the agency within the U.S. Department of Health and Human Services (HHS) responsible for developing and implementing policies governing the Medicare and Medicaid programs.

Common Ownership exists when an individual possesses significant ownership or equity in the provider and the institution or organization serving the provider.

Compensation means total benefit provided for the administration and policy-planning services rendered to the provider. It includes:

- (a) Fees, salaries, wages, payroll taxes, fringe benefits, contributions to deferred compensation plan, and other increments paid to or for the benefit of, those providing the administration and policy-planning services;
- (b) The cost of services provided by the provider to, or for the benefit of, those providing the administration and policy planning services, including, but not limited to food, lodging, and the use of the provider's vehicles,

Tn. No.:20-0024
Supersedes
Tn. No.: 18-023

Approval 8/21/20

Effective: 4/1/2020