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State/Territory Name: Maine

State Plan Amendment (SPA) #: 24-0020

This file contains the following documents in the order listed:

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

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

July 23, 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) 24-0020

Dear Director Probert:

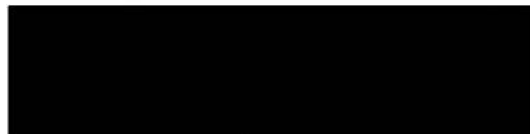
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0020. This amendment proposes to amend requirements for individuals receiving targeted case management (TCM) services, specifically for members experiencing homelessness, by adding the allowance that a member may also have a history of homelessness and a Service Prioritization Decision Assistance Tool (SPDAT) score of 20 - 60 and qualify for this level of TCM services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act in Section 1905(a)(19). This letter informs you that Maine's Medicaid SPA TN 24-0020 was approved on July 23, 2024, with an effective of July 1, 2024.

Enclosed are copies of Form CMS-179 and the approved SPA page 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.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kristin Merrill, Acting Policy Director, Office of MaineCare Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 24 0020	2. STATE Maine (ME)
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(19)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024</u> \$ <u>0</u> b FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 3.1-A, Page 2d Page 2a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Supplement 1 to Attachment 3.1-A, Page 2d Page 2a	

9. SUBJECT OF AMENDMENT
Adding coverage allowance for individuals receiving targeted case management services for individuals experiencing homelessness.

10. 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	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011
12. TYPED NAME Michelle Probert	
13. TITLE Director, MaineCare Services	
14. DATE SUBMITTED June 28, 2024	

FOR CMS USE ONLY	
16. DATE RECEIVED 06/28/2024	17. DATE APPROVED 07/23/2024

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2024	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

07/16/2024 - ME agreed to P&I change revising boxes 7 and 8 to show Page 2a instead of 2d.

TARGETED CASE MANAGEMENT SERVICES

Members Experiencing Homelessness**Target Group 42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9):****Members Experiencing Homelessness must meet the following criteria:**

Members experiencing homelessness must meet the following Eligibility Criteria to be eligible for TCM under this Section.

A member who;

1. currently resides or has in the past ninety (90) days resided in an emergency shelter in the State of Maine
OR
2. has a history of homelessness and has a Service Prioritization Decision Assistance Tool (SPDAT) score of 20-60, OR
3. does not otherwise have a permanent address, residence, or facility in which they could reside.
AND
4. requires treatment or services from a variety of agencies and providers to meet the individual's medical, social, educational, and other needs,
AND
5. will access needed services only if assisted by a qualified targeted comprehensive case manager who in accordance with the individual plan of care, locates, coordinates, and regularly monitors the services.
6. Additionally, members experiencing homelessness must meet one or more of the following criteria to be eligible for TCM under this section;
 - a. is in need of immediate medical care. OR
 - b. is in need of an immediate crisis evaluation or mental health assessment to address a behavioral health issue, OR
 - c. has a current medical or mental health condition and is at risk of losing or has lost access to medically necessary services, OR
 - d. has an immediate need for medications to address an existing medical and/or behavioral health condition. OR
 - e. is demonstrating physical or mental impairment such that services are necessary to improve, restore or maintain health and well-being, OR
 - f. has experienced immediate or recent trauma and is demonstrating a need for assistance with gaining and coordinating access to necessary care and services appropriate to their needs.

Target group includes individuals transitioning to a community setting and are consistent with all federal guidelines. Case-management services will be made available for up to 30 days consecutive days of a covered stay in a medical institution. Reimbursement is made to community-based case managers and not the medical institution for this service. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease