DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

JUL 07 2003

FORM APPROVE
OMB NO. 0938-019

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 03 -- 003

2. STATE: MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOC SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S) 5/1/03

5. TYPE OF PLAN MATERIAL *(CHECK ONE)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:
a. FFY 03 $ 120,000
b. FFY 04 $ 480,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT TO ATTACHMENT 3.1A P. 3A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIO OR ATTACHMENT *(If Applicable)*:
ATTACHMENT TO ATTACHMENT 3.1A P. 3A

SUBJECT OF AMENDMENT: ADD AN ADDITIONAL COVERED LEVEL TO PRIVATE DUTY NURSING

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED
COMMISSIONER, DEPT. OF HUMAN SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL: Peter E. Walsh

13. TYPED NAME:
PETER WALSH

14. TITLE:
Acting Commissioner, Maine Department of Human Services

15. DATE SUBMITTED: JUNE 26, 2003

16. RETURN TO:

EUGENE GESSOW
Director, Bureau of Medical Services
#11 State House Station

442 CIVIC CENTER DRIVE
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 7-7-03

18. DATE APPROVED: 9/15/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 5/1/03

20. SIGNATURE OF REGIONAL OFFICIAL: Margaret Dunn for Bruce Greenstein

21. TYPED NAME: Bruce D. Greenstein

22. TITLE: Associate Regional Administrator

23. REMARKS

Maine (03-003)
approved: 09/15/03
effective: 05/01/03

FORM HCFA-179 (07-92)

Instructions on Back

State/Territory: **Maine**

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

7. Home Health Services

Prior authorization for services is required in order to continue services after the initial certification period, except for: A) psychiatric medication administration and monitoring (exempt), and B) a limited number of physical, occupational and speech language therapy visits per state fiscal year. Additional therapy visits can be obtained with prior authorization.

8. Private duty nursing services.

These nursing services are those provided by a licensed home health agency or an independent professional registered nurse. Private duty nursing services are provided under the direction of the client's physician. Some services require prior authorization by the State Agency or its authorized agent. Services are limited to an annual or monthly cap according to the level of care, as determined by the State Agency. Home Health nursing and aide services shall count toward the cap. Individuals under the age of 21 may be eligible for any level of Private Duty Nursing Services as described in § 96 of the Mainecare Benefits Manual (MBM). Individuals age 21 and over may be eligible for only Levels I, II, III, V, VI, VII.

Monthly Caps:
Level I $800
Level II $1,060
Level III $1,800
Level IV (<21 yrs)$4,341.07
Level V $20,682

Covered Nursing Services:
Levels I, II, III, IV, and V cover skilled nursing services.
Level VI covers medication and venipuncture services for the severely mentally disabled.
Level VII covers venipuncture services only.

Eligibility Criteria:
Level I: need hands on assistance w/ at least 2 ADLs (out of 7) or cueing 7 days/wk; or 1 ADL (out of 7) & 2 IADLs; or 1 skilled nursing service 1 time per month
Level II: need 1 skilled nursing service at least 1 time per month AND hands on assistance w/2 ADLs (out of 7) and/or cuing 7 days/wk
Level III: need 2 ADLs (out of 5) and skilled nursing service at least 1 time per month
Level IV: must meet the eligibility requirements in § 96 of the MBM (Nursing Facility Services); recipients under age 21
Level V: must be ventilator dependent; OR require specific skilled nursing services at least once every 8 hours plus other skilled nursing needs.
Level VI: must meet eligibility requirements for severe and disabling mental illness as described in §17 of the MBM (Community Support Services)
Level VII - must have physician orders for venipuncture services on a regular basis