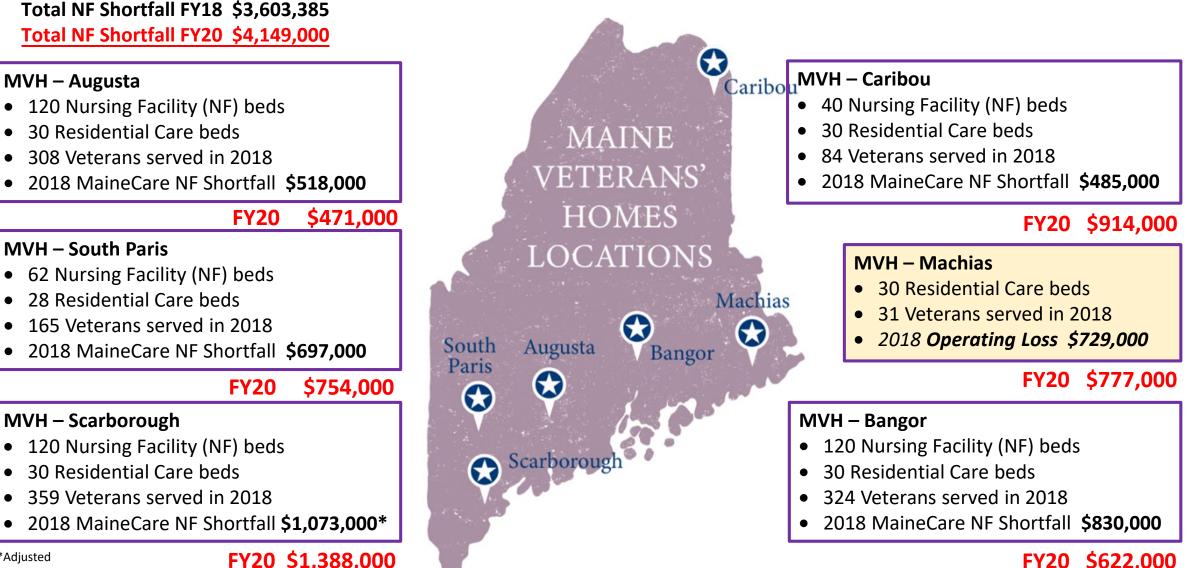
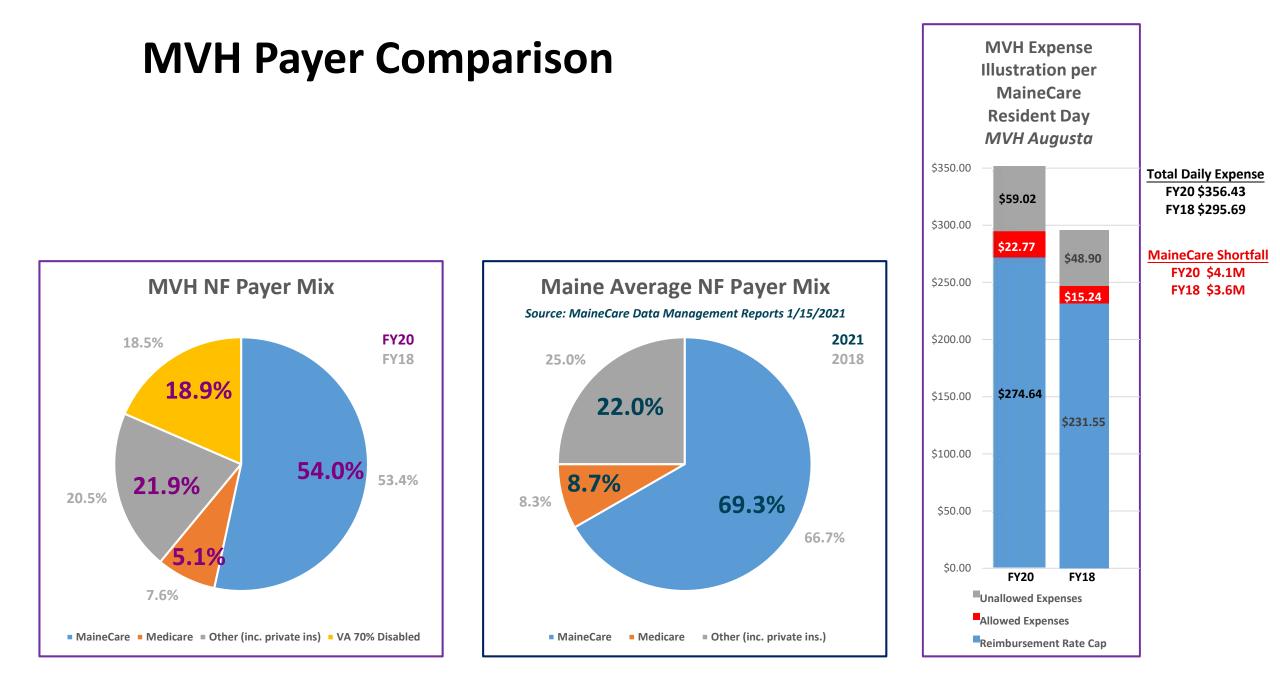
MaineCare NF Shortfall by MVH Location



*Adjusted

FY20 \$1,388,000



			Reside	ents serv	ed				
	FY 19				FY 20				
	Vets		Non-Vets	Total	Vets		Non-Vets	Total	
Augusta		276	53	329		212	49		261
Bangor		319	74	393		276	70		346
Caribou		80	20	100		68	18		86
Machias		29	7	36		21	6		27
Scarborough		315	20	335		277	15		292
So Paris		129	37	166		105	24		129

Examples of State Supplemental Funding/Savings

For Their State Veterans Homes

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Maine Veterans' Homes COVID-19 Financial Impact Analysis As of January 31, 2021

		FY 2021			
		FYE	7/1/2020 -		
		6/30/2020	1/31/2021	Grand	
		Total	Total	Total	
Revenue					
	Medicare Stimulus Payment	\$1,778,406	\$2,609,782	\$4,388,188	
	MaineCare Rate Increase Impact	689,343	89,604	778,947	
	VA Stipend Increase Impact	184,198	125,391	309,590	
	Donations / Grants	33,290	500,044	533,334	
				<u></u>	
	Total Additional Revenue	2,685,238	3,324,821	6,010,059	
Lost Reve	nue (est.)				
	Nursing Facility	(3,386,464)	(4,235,548)	(7,622,012)	
	Residential Care	(230,743)	(386,178)	(616,921)	
	Other/Meals	(28,534)	(22,339)	(50,873)	
	Total Lost Revenue	(3,645,741)	(4,644,064)	(8,289,805)	
Expenses					
	Wages	(1,134,657)	(842,857)	(1,977,514)	
	Benefits/Taxes	(96 <i>,</i> 009)	(89 <i>,</i> 808)	(185,817)	
	Supplies	(812,911)	(1,435,421)	(2,248,332)	
	Other	(40,318)	(81,731)	(122,049)	
	Total Additional Expenses	(2,083,894)	(2,449,818)	(4,533,711)	
	Total Financial Impact	<u>(\$3,044,397)</u>	<u>(\$3,769,061)</u>	<u>(\$6,813,458)</u>	

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #: 20-0018

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

June 24, 2020

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

Reference: TN 20-0018

Dear Commissioner Lambrew:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0018. This amendment adds provisions for fiscal years 2020 and 2021 fourth quarter supplemental payments to qualifying nursing facilities that provide comprehensive care to serve veteran's unique needs.

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 20-0018 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 <u>Novena.JamesHailey@cms.hhs.gov.</u>

Sincerely,

Karen Shields Director

TRANSMITTAL AND NOTICE OF APPROVAL OI STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE 20 - 0018 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 04/01/2020	4. PROPOSED EFFECTIVE DATE					
5. TYPE OF PLAN MATERIAL (Check One)							
Image: New State Plan Image: Amendment to be considered as New Plan Image: Amendment							
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM		nendment)					
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.205	a FFY <u>2020_\$1.3</u>	7. FEDERAL BUDGET IMPACT a FFY 2020 \$ 1.321.823 \$1,457.524 b. FFY 2021 \$,1,321,823 \$1,319,544					
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D page 69(a)	9. PAGE NUMBER OF THE SUPERSEI OR ATTACHMENT (If Applicable) NEW	DED PLAN SECTION					
10. SUBJECT OF AMENDMENT Supplemental payment to certain Nursing Facilities							
11. GOVERNOR'S REVIEW (Check One)							
□ GOVERNOR'S OFFICE REPORTED NO COMMENT	⊠OTHER, AS SPECIFIED						
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED							
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL						
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO						
	Michelle Probert						
	Director, MaineCare Services						
Michelle Probert	#11 State House Station	,					
14. TITLE Director, MaineCare Services	109 Capitol Street						
Director, MaineCare Services Augusta, Maine 04333-0011 15. DATE SUBMITTED 5/7/2020							
FOR REGIONAL OFFICE USE ONLY							
17. DATE RECEIVED							
6/24/20							
PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL							
4/1/20	23. SIGNATURE OF REGIONAL OFFICIAL						
21. TYPED NAME	22. TITLE						
Karen Shields	Acting Director						
23. REMARKS							

Pen and ink change in box 7 per state request on 6/10/2020.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 4.19-D Page 69(a)

Nursing Facility Services Detailed Description of Reimbursement

42. Supplemental Payments

For state fiscal years 2020 and 2021 only, an annual temporary payment adjustment is established to ensure access to nursing facilities that provide comprehensive care to MaineCare veterans to meet their unique needs. In order to receive payment, a nursing facility must meet the following criteria:

- 1. The facility provides critical access to veteran-focused care, including specialized training and care of war-related injuries and conditions, such as Post Traumatic Stress Disorder (PTSD) and service-connected disabilities;
- 2. The nursing facility is subject to Department of Veterans Affairs (VA) regulations, oversight, and reporting requirements;
- 3. The nursing facility board of directors is appointed by the governor; and
- 4. The nursing facility participates in the Maine Public Employees Retirement System.

Principle. A nursing facility that qualifies under this section will be reimbursed annually for services provided to residents covered under Title XIX of the United States Social Security Act based on audited cost reports.

Rate Setting. For fiscal years 2020 and 2021, the temporary adjustment will be paid annually within the state fiscal year's fourth quarter and no later than June 30th each fiscal year. The payment adjustment will be calculated using the uniform cost reports filed by the facilities in November of each year, using the following methodology:

- 1. The difference between the MaineCare payments and actual allowed MaineCare costs as reported on the most recent and filed cost reports for all eligible nursing facility services delivered by eligible nursing facilities as defined above;
- 2. For each year the temporary payment adjustment across all eligible facilities shall not exceed the lesser of \$2,082,177 for 2020 and \$2,071,823 for 2021, or the difference as calculated under Step 1;
- 3. Each facility's annual payment adjustment shall be proportionate to its overall share of the amount calculated under Step 1 and limited to the aggregate amount across all facilities available under Step 2; and
- 4. For each facility, if the amount calculated under Step 1 is greater than or equal to zero, the facility is not eligible for the temporary adjustment.

Audit. The annual payment is subject to the year-end uniform desk review audit and will be adjusted not to exceed the actual allowable costs of providing services to eligible residents.