Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-18-0017-A

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

November 3, 2026

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 18-0017-A

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-18-0017-A, which was submitted to CMS on September 28, 2018. This plan amendment updates the payment methodology for certain rehabilitative services.

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.

Based upon the information provided by the state, we have approved the amendment with an effective date of August 1, 2018. 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,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 18-0017 *18-0017-A*

2. STATE: Maine

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
July 1, 2018
August 1

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:
42 CFR 447.201 *1905(a)(13)*
Maine PL 2017 ch. 459 and Maine PL 2017 ch. 460

7. FEDERAL BUDGET IMPACT:
a. FFY 2018 increase: $ 6,800,748 *5,989,558*
b. FFY 2019 increase: $ 27,182,694 *5,990,449*

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 1 to attachment 4.19B pages 2c, 4a, 4a(1), 4a(2), 4a(3), 4a(4) , 5 and 10 4(a)(i), 4(a)(ix), 4(a)(x), 4(a)(xii), 4(a)(xiii), 4(a)(xiv), 4(a)(xxiv), and 4a1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Supplement 1 to attachment 4.19B pages 2c , 4a, 5 and 10 4(a)(i), 4(a)(ix), 4(a)(x), 4(a)(xii), 4(a)(xiii), 4(a)(xiv), 4(a)(xxiv), and 4a1

10. SUBJECT OF AMENDMENT:
Rate increases resulting from Maine P.L. 2017, ch. 459 and Maine P.L. 2017, ch. 460

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: Stefanie Nadeau, Director, MaineCare Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME:
Stefanie Nadeau

14. TITLE:
Director, MaineCare Services

15. DATE SUBMITTED:
September 28, 2018

16. RETURN TO:
Stefanie Nadeau
Director, MaineCare Services
#11 State House Station
242 State Street
Augusta, Maine 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 28, 2018

18. DATE APPROVED:
November 3, 2026

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
August 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME:
Todd McMillion

22. TITLE:
Director, Division of Reimbursement Review

23. REMARKS:

8/18/25: State concurs with pen and ink change to Box 4 and 6.
9/25/25: State concurs with pen and ink change to Box 7.
9/03/26: State concurs with pen and ink change to Box 1, 8, and 9.

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

DIAGNOSTIC

i. Assessment

Description	Code	Unit	Rate
Psychologist - Independent	H2000	¼ hour	$22.44
Mental Health Agency	H2000	¼ hour	$21.42
Mental Health Agency - co-occurring	H2000 HH	¼ hour	$21.42
Mental Health Agency – Deaf & Home Based Treatment for Adults	H2000	¼ hour	$31.37
Substance Abuse Agency	H2000	¼ hour	$21.42
Substance Abuse Agency- Non Master's Level LADC	H2000	¼ hour	$20.40
Substance Abuse Agency- CADC	H2000	¼ hour	$14.79
Independent LCSW, LCPC, LMFT- Non Agency	H2000	¼ hour	$14.03

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

i. **Crisis Services**

Description	Code	Unit	Rate
Section 65 - Crisis Resolution	H2011	¼hour	$58.91
Section 65 -Crisis Resolution - Children's	H2011 HA	¼ hour	$58.36
Section 65 - Crisis Residential			
Aroostook Mental Health Services	H00l8	Per diem	$531.74
Community Health & Counseling Services	H0018	Per diem	$464.59
Crisis and Counseling	H0018	Per diem	$520.56
Mid-Coast Mental Health Assoc	H00l8	Per diem	$520.10
Oxford County Mental Health Services	H0018	Per diem	$391.85
Spring Harbor Community Service	H0018	Per diem	$520.10
Sweetser	H0018	Per diem	$460.84
Tri-County Mental Health Services	H0018	Per diem	$476.19
Opportunity Alliance	H0018	Per diem	$487.19
Section 65 - Crisis Residential-Children's			
Aroostook Mental Health Services	H0018 HA	Per diem	$468.93
Crisis and Counseling	H0018 HA	Per diem	$553.80
Rumford Group Homes, Inc.	H0018 HA	Per diem	$477.65
Sweetser	H0018 HA	Per diem	$525.78
Section 65 - Crisis Residential - in home	S9482	¼ hour	$17.77
Section 65 - Crisis Residential - in home-Children's	S9482 HA	¼ hour	$17.77

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

i. Medication Assisted Treatment (MAT)

Description	Code	Unit	Rate
Opioid Treatment	H0020	Weekly	$81.60

SPA ME-21-0003 was approved out of order on November 10, 2021, with an effective date of October 1, 2020. The out-of-order approval of ME-21-0003, including its identification of ME-12-0008 as the superseded SPA on this page, does not supersede, alter, or reduce the reimbursement rate approved on this page in ME-18-0017-A. The reimbursement rate approved in ME-18-0017-A remains in effect from July 1, 2018, until superseded by SPA ME-19-0020.

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

i. Therapy and Counseling Services

Description	Code	Unit	Rate
Behavioral Health counseling and therapy – psychologist independent	H0004	¼ hour	$22.44
Behavioral Health counseling and therapy – mental health agency	H0004	¼ hour	$21.42
Behavioral Health counseling and therapy –mental health agency co-occurring	H0004 HH	¼ hour	$21.42
Behavioral Health counseling and therapy – mental health agency – deaf & home based treatment for adults	H0004	¼ hour	$31.37
Behavioral Health counseling and therapy – substance abuse agency	H0004	¼ hour	$21.42
Behavioral Health counseling and therapy – substance abuse agency – non-master's level LADC	H0004	¼ hour	$20.40
Behavioral Health counseling and therapy – CADC	H0004	¼ hour	$14.79
Behavioral Health counseling and therapy – independent LCSW, LCPC, LMFT- non-agency	H0004	¼ hour	$14.03
Behavioral Health counseling and therapy – Group – psychologist independent	H0004 HQ	¼ hour	$5.61
Behavioral Health counseling and therapy – Group – mental health agency	H0004 HQ	¼ hour	$5.36
Behavioral Health counseling and therapy – Group - mental health agency co-occurring	H0004 HQ HH	¼ hour	$5.36
Behavioral Health counseling and therapy – Group – substance abuse agency	H0004 HQ	¼ hour	$9.18
Behavioral Health counseling and therapy – Group – substance abuse agency non-Master's level LADC	H0004 HQ	¼ hour	$8.67
Behavioral Health counseling and therapy – Group – substance abuse agency CADC	H0004 HQ	¼ hour	$7.14
Behavioral Health counseling and therapy – Group – Independent LCSW, LCPC, LMFT– non-agency	H0004 HQ	¼ hour	$3.51
Specialized Group Services	H2019	¼ hour	$10.68

*Effective October 1, 2020 MAT for OUD services are exclusively covered and reimbursed under the 1905(a)(29) benefit.

SPA ME-21-0003 was approved out of order on November 10, 2021, with an effective date of October 1, 2020. The out-of-order approval of ME-21-0003, including its identification of ME-13-019 as the superseded SPA on this page, does not supersede, alter, or reduce the reimbursement rate approved on this page in ME-18-0017-A. The reimbursement rate approved in ME-18-0017-A remains in effect from July 1, 2018, until superseded by SPA ME-22-0015-A.

iii. Family Psychoeducational Treatment

Description	Code	Unit	Rate
Family Psychoeducation Treatment Program Services - Children's	H0025	Monthly	$75.31
Family Psychoeducation Treatment Program Services - Children's	H2027	¼ hour	$9.64

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

iv. **Intensive Outpatient Services**

Description	Code	Unit	Rate
Intensive Outpatient Program	H0015	Per Diem	$102.00

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

a. Children's Behavioral Health Day Treatment

Description	Code	Unit	Rate
Children's Behavioral Health Day Treatment- BHP Level	H2012 HN	hourly	59.77
Children's Behavioral Health Day Treatment- BHP Level; two patients served	H2012 HN UN	hourly	29.89
Children's Behavioral Health Day Treatment - BHP Level; three patients served	H2012 HN UP	hourly	$19.92
Children's Behavioral Health Day Treatment – BHP Level; four patients served	H2012 HN UQ	hourly	$14.94
Children's Behavioral Health Day Treatment - Master's Level	H2012 HO	hourly	$96.90
Children's Behavioral Health Day Treatment- Master's Level; two patients served	H2012 HO UN	hourly	$48.45
Children's Behavioral Health Day Treatment - Master's Level; three patients served	H2012 HO UP	hourly	$32.24
Children's Behavioral Health Day Treatment-Master's Level; four patients served	H2012 HO UQ	hourly	$24.23

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

f. Tobacco Cessation Counseling Services for all non-pregnant individuals - State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as ofAugust 1, 2018. and is effective for services provided on or after that date. All rates are published at: https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20065%20%2D%20Behavioral%20Health%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D.

* The language on this SPA page does not affect the previous out-of-order approval of SPA ME-23-0012, which remains in effect from its effective date until otherwise superseded. The effective date(s) and superseded SPA are listed here in order to be consistent with the language and effective date. This page was effective 01/01/2023 in SPA ME-23-0012.