Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-19-0020

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 19-0020

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-19-0020, which was submitted to CMS on September 30, 2019. 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 July 1, 2019. 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **19-0020**

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: **07/01/2019**

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE ☐ 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 430.10 *1905(a)(13)*

7. FEDERAL BUDGET IMPACT
a. SFY **2020** $ 2,159,724 2019: $544,488
b. SFY **2021** $ 2,153,648 2020: $2,153,648

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 1 to Attachment 4.19-B Page 5a Page 4(a)(x)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Supplement 1 to Attachment 4.19-B Page 5a Page 4(a)(x)

10. SUBJECT OF AMENDMENT
Medication Assisted Treatment (MAT) rate increase to $110.00 per week, pursuant to Maine P.L. 2019, ch. 343

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:
Michelle Probert, Director, MaineCare Services

12. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

13. TYPED NAME
Michelle Probert

14. TITLE
Director, MaineCare Services

15. DATE SUBMITTED
09/30/2019

16. RETURN TO:
Michelle Probert
Director, MaineCare Services
#11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
09/30/2019

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2019

20. SIGNATURE OF REGIONAL OFFICIAL
[redacted]

21. TYPED NAME
Todd McMillion

22. TITLE
Director, Division of Reimbursement Review

23. REMARKS

10/16/26: State concurs with pen and ink change to Boxes 8 and 9.
10/19/26: State concurs with pen and ink change to Box 6.
10/27/26: State concurs with pen and ink change to Box 7

Type text here

FORM CMS-179 (07/92)

Instructions on Back

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

i. Medication Assisted Treatment (MAT)

Description	Code	Unit	Rate
Opioid Treatment	H0020	Weekly	$110.00

*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-12-0008 as the superseded SPA on this page, does not supersede, alter, or reduce the reimbursement rate approved on this page in ME-19-0020. The reimbursement rate approved in ME-19-0020 remains in effect from July 1, 2019, until superseded by SPA ME-22-0015-A.