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## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: ME 21-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

**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

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April 30, 2021

**VIA E-MAIL**

Michelle Probert, Director  
Office of MaineCare Services  
Department of Health and Human Services  
109 Capitol Street, 11 State House Station  
Augusta, Maine 04333-0011

Dear Ms. Probert:

Enclosed is an approved copy of the Maine State Plan Amendment (SPA) 21-0001, received on March 25, 2021 to comply with Electronic Visit Verification (EVV) requirements in Section 12006 of the 21<sup>st</sup> Century CURES Act. The effective date for this SPA is January 1, 2021, as requested by your agency.

If you have questions concerning this letter, please contact Gilson DaSilva, Division of Program Operations (South Branch) at (617) 565-1227 or via e-mail at [Gilson.dasilva@cms.hhs.gov](mailto:Gilson.dasilva@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

cc: Kristin Merrill, State Plan Manager, Office of MaineCare Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>21 - 0001</b>	2. STATE <b>Maine</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND	4. PROPOSED EFFECTIVE DATE <b>01/01/2021</b>
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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 <b>section 12006 of the 21st Century CURES Act</b>	7. FEDERAL BUDGET IMPACT a. FFY <b>2021</b> \$ <b>N/A</b> b. FFY <b>2022</b> \$ <b>N/A</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A Page 3(a), 5(a)(iv) and Page 10</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) <b>Attachment 3.1-A Page 3(a), 5(a)(iv) and Page 10</b>
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10. SUBJECT OF AMENDMENT  
**Compliance with Electronic Visit Verification (EVV) requirements in section 12006 of the 21st Century CURES Act**

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

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO <b>Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</b>
13. TYPED NAME <b>Michelle Probert</b>	
14. TITLE <b>Director, MaineCare Services</b>	
15. DATE SUBMITTED <b>3/24/21</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>03/25/2021</b>	18. DATE APPROVED <b>04/29/2021</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>01/01/2021</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>James G. Scott</b>	22. TITLE <b>Director, Division of Program Operations</b>

23. REMARKS

04/13/2021 - ME agreed to pen-and-ink change to keep only page 10 in boxes 8 and 9.

