

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 21-0013**

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 Page

**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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December 15, 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:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0013. This amendment proposes to amend estate recovery rules to align with the mandatory federal minimum requirements. This letter is to inform you that Maine's Medicaid SPA Transmittal Number 21-0013 was approved November 15, 2021 and effective July 1, 2021.

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email 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 - 0013</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 HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 1, 2021</b>	

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>1902(a)(18) and 1917(a) and (b)</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>53a</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) <b>53a</b>
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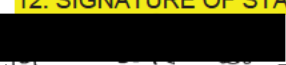
10. SUBJECT OF AMENDMENT  
**Amends Estate Recovery rules** (Changes are pursuant to state law and adjust estate recovery practices to that of the required federal minimum)

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>9/30/2021</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>09/30/2021</b>	18. DATE APPROVED <b>11/15/2021</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>07/01/2021</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

**10/13/2021 - State provided pen-and-ink authority for CMS to revise the information described in Block 10.**

OFFICIAL

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maine

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36(h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

(1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

\_\_\_\_\_ Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

(2) X The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under 1917(a)(1)(B) (even if it does not impose those liens).

(3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

\_\_\_\_\_ In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below: