

## **Table of Contents State/Territory Name: ME**

### **State Plan Amendment (SPA): ME-22-0015**

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



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**Financial Management Group**

December 19, 2024

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 22-0015

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-22-0015, which was submitted to CMS on September 30, 2022. 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, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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](mailto:blake.holt@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER  
**22 0015**2. STATE  
**Maine (ME)**3. PROGRAM IDENTIFICATION: TITLE **XIX** OF THE  
SOCIAL SECURITY ACTTO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
**7/1/22**5. FEDERAL STATUTE/REGULATION CITATION  
**1905(a)(13)**6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY **2022** \$ **388,136**  
b. FFY **2023** \$ **1,538,412**7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Supplement 1 to Attachment 4.19-B Page 4a, 4(a)(i),  
4(a)(iv)(1), 4(a)(vii)(1), 4(a)(ix), 4(a)(i), 4(a)(xi), 4(a)(xiii),  
4a1,  
4(a)(i)(1)**8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
**Supplement 1 to Attachment 4.19-B Page 4a  
4(a)(i)(1)**

## 9. SUBJECT OF AMENDMENT

**To implement reimbursement recommendations from the Department's comprehensive rate system evaluation completed by the independent firm Myers and Stauffer in 2021**

## 10. 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:

## 11. SIGNATURE OF STATE AGENCY OFFICIAL

## 12. TYPED NAME

**Michelle Probert**

## 13. TITLE

**Director, MaineCare Services**

## 14. DATE SUBMITTED

**9/30/2022**

## 15. RETURN TO

**Michelle Probert  
Director, MaineCare Services  
#11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011**

## FOR CMS USE ONLY

## 16. DATE RECEIVED

**September 30, 2022**

## 17. DATE APPROVED

**December 19, 2024**

## PLAN APPROVED - ONE COPY ATTACHED

## 18. EFFECTIVE DATE OF APPROVED MATERIAL

**July 1, 2022**

## 19. SIGNATURE OF APPROVING OFFICIAL

## 20. TYPED NAME OF APPROVING OFFICIAL

**Todd McMillion**

## 21. TITLE OF APPROVING OFFICIAL

**Director, Division of Reimbursement Review**

## 22. REMARKS

**11/19/24: State concurs with pen and ink change to Boxes 7 and 8.**

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

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STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(i)(1)

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

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<b>Covered Service</b>	<b>Service Code</b>	<b>Unit of Service</b>	<b>Rate</b>
Developmental and Behavioral Evaluation	T1026	Per Hour	\$82.30
Child Abuse Evaluation	T1026 HK	Per Hour	\$101.69