

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 22-0044**

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

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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February 6, 2023

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: Maine State Plan Amendment (SPA) 22-0044

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0044. This amendment proposes to comply with Electronic Visit Verification System (EVV) requirements by January 1, 2023, in accordance with Section 12006 of the 21<sup>st</sup> Century CURES Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations described in Section 12006 of the 21<sup>st</sup> Century Cures Act. This letter is to inform you that Maine Medicaid SPA 22-0044 was approved on February 6, 2023, with an effective date of January 1, 2023.

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

Enclosures

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**22 0044**

2. STATE  
**Maine (ME)**

3. PROGRAM IDENTIFICATION: TITLE **XIX** OF THE  
SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**section 12006 of the 21st Century CURES Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY **2022** \$ **0**  
b. FFY **2023** \$ **0**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 3.1-A page 3 and page 7**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
**Attachment 3.1-A page 3 and page 7**

9. SUBJECT OF AMENDMENT  
**To comply with Electronic Visit Verification System (EVV) requirements by January 1, 2023, in accordance with section 12006 of the 21st Century CURES Act.**

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

[Redacted Signature]

12. TYPED NAME

**Michelle Probert**

13. TITLE

**Director, MaineCare Services**

14. DATE SUBMITTED

**12/30/2022**

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 **12/30/2022**

17. DATE APPROVED **02/06/2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL **01/01/2023**

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

**James G. Scott**

21. TITLE OF APPROVING OFFICIAL

**Director, Division of Program Operations**

22. REMARKS

State/Territory: MaineAMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED OT THE CATEGORICALLY NEEDY

d. Other practitioners' services.

 Provided: Identified on attached sheet with description of limitations, if any.

## 7. Home Health services.

The state will comply with the Electronic Visit Verification System (EVV) requirements for home health services by January 1, 2023, in accordance with section 12006 of the 21st Century Cures Act.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

 Provided:  No limitations  With limitations\*

b. Home health aide services provided by a home health agency.

 Provided:  No limitations  With limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the home.

 Provided:  No limitations  With limitations\*

d. Physical therapy services provided by a licensed and Medicare certified home health agency.

 Provided:  No limitations  With limitations\*

e. Speech-language pathology services provided by a licensed and Medicare certified home health agency

 Provided:  No limitations  With limitations\*

f. Occupational therapy services provided by a licensed and Medicare certified home health agency.

 Provided:  No limitations  With limitations\*

State/Territory: MaineAMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED OT THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
- Provided:                       No limitations                       With limitations\*  
 Not Provided.
- b. Including such services in a public Institution (or distinct part thereof) for the mentally retarded or parsons with related conditions.
- Provided:                       No limitations                       With limitations\*  
 Not Provided.
16. Inpatient psychiatric facility services for Individuals under 22 years of age.
- Provided:                       No limitations                       With limitations\*  
 Not Provided.
17. Nurse-midwife services.
- Provided:                       No limitations                       With limitations\*  
 Not Provided.
18. Hospice care (in accordance with section 1905(o) of the Act).
- Provided:                       No limitations                       With limitations\*  
 Not Provided.  
 Provided in accordance with section 2302  
of the Affordable Care Act

The state will require Electronic Visit Verification System (EVV) requirements for in-home services effective January 1, 2023.

•Description provided on attachment.