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State/Territory Name: Maine

State Plan Amendment (SPA) #: 23-0004-A

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
7500 Security Boulevard, Mail Stop S2-26-
12 Baltimore, Maryland 21244-1850



June 28, 2023

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

Re: Maine State Plan Amendment (SPA) 23-0004-A

Dear Director Probert:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to Maine's Medicaid state plan, as submitted under transmittal number (TN) 23-0004-A. This amendment proposes to rescind temporary policies in Section 7.4 Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 23-0004-A is approved effective January 1, 2023.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Gilson DaSilva at (617) 565-1227 or by email at Gilson.DaSilva@cms.hhs.gov if you have any questions about this approval.

Sincerely,

**Alissa M.
Deboy -S**

Digitally signed by
Alissa M. Deboy -S
Date: 2023.06.28
08:18:26 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

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 23 0004 - A	2. STATE Maine (ME)
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT		

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 01/01/2023
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5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(8) and 1905(a)(23) Title XIX of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>449,622</u> (\$449,622) b. FFY <u>2024</u> \$ <u>2,018,394</u> (\$2,018,394)
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplemental 1 to Attachment 4.19 B Page 2c and Supplement 1 to Attachment 4.19-B Pages 5(iii) and 5(iv) Attachment 7.4.A	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplemental 1 to Attachment 4.19 B Page 2c and Supplement 1 to Attachment 4.19 B Pages 5(iii) and 5(iv) Attachment 7.4.A
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9. SUBJECT OF AMENDMENT
~~Cost of living adjustment for Personal Care and Private Duty Nursing services and level of care CAP increases for Private Duty Nursing services.~~
Rescission of temporary policies in Section 7.4 Medicaid Disaster Relief for the National Emergency.

10. 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

[REDACTED] AGENCY OFFICIAL	15. RETURN TO Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011
12. TYPED NAME Michelle Probert	
13. TITLE Director, MaineCare Services	
14. DATE SUBMITTED March 30, 2023	

FOR CMS USE ONLY	
16. DATE RECEIVED 03/30/2023	17. DATE APPROVED 06/28/2023

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2023	19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy -S <small>Digitally signed by Alissa M. Deboy -S Date: 2023.06.28 08:18:44 -04'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services

22. REMARKS

06/20/2023 - ME provided P&I authority to update this form with the correct information for SPA ME-23-0004-A, revising Boxes 1, 5, 6, 7, 8 and 9 as shown.

7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency

Effective June 1, 2020, the agency rescinds the following language in E.2.b.ii of Section 7.4 (approved on April 24, 2020, in SPA Number ME 20-0020) of the state plan:

Private Non-Medical Institution Reimbursement for Substance Abuse Treatment Facilities is increased uniformly by 23.9% effective 3/1/2020*.
Private Non-Medical Institution Reimbursement for Child Care Facilities is increased uniformly by 17.2% effective 6/1/2020*.

*The Department reserves the right to cease payment of rate increases at any time, with proper provider notification, to ensure that the providers identified above do not receive duplicate reimbursement for COVID-related costs in the event that other state and/or federal funding opportunities become available.

**rate increases and supplemental pool payments will sunset at the end of the public health emergency

Effective January 1, 2023, the agency rescinds the temporary rate increases found in sections E.2.b.i.I and the temporary rate increases and rate caps found in section E.2.b.i.J of Section 7.4 (approved on March 30, 2022, and effective January 1, 2022, in SPA number ME-22-0006) of the state plan.