

Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-23-0012

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



Financial Management Group

March 21, 2025

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 23-0012

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-23-0012, which was submitted to CMS on March 31, 2023. This plan amendment updates the payment methodology for case management services and 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 January 1, 2023. 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.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

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
23 00122. 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
01/01/20235. FEDERAL STATUTE/REGULATION CITATION
1905(a)(13) and 1905(a)(19)6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2023** \$ **62,357,209** **1,292,010**
b. FFY **2024** \$ **82,534,174** **1,706,856**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 4.19-B Page 4a and 4a1
Supplement 1 to Attachment 4.19-B Page 5b8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Supplement 1 to Attachment 4.19-B Page 4a and 4a1
Supplement 1 to Attachment 4.19-B Page 5b9. SUBJECT OF AMENDMENT
Updated reimbursement for TCM and Rehabilitative Services.

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

March 31, 2023

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

March 31, 2023

17. DATE APPROVED

March 21, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

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

1/08/25: State concurs with pen and ink changes to Boxes 6, 7, and 8,

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

OFFICIAL

Supplemental 1 to attachment 4.19-B

Page 4a1

OMB No: 0938

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES or CARE

- f. Tobacco Cessation Counseling Services for all non-pregnant individuals - are reimbursed as described in Item 5. Physicians' Services.

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

-
19. Case Management Services - Payments for all Targeted Case Management services are made in accordance with 42 CPR 441.18 and will not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. All payment rates for Targeted Case Management services are based on an established fee schedule using a standardized unit of service and a maximum per unit rate. The same level of provider furnishes all of the targeted case management services.
- Targeted Case Management Services are paid at the lesser of the following: the fee established by MaineCare, the lowest payment allowed by Medicare or the provider's usual and customary charge.

State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of January 1, 2023 and is effective for services provided on or after that date. All rates are published

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20013%20%2D%20Targeted%20Case%20Management%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%2F7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>