

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

**State Plan Amendment (SPA): ME-23-0019-B**

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 23-0019-B

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-23-0019-B, which was submitted to CMS on September 29, 2023. 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, 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](mailto:blake.holt@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>23 0019 --B</b>	2. STATE <b>Maine (ME)</b>						
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT							
5. FEDERAL STATUTE/REGULATION CITATION <b>§ 1905(a)(4)(c), (7), (10), and (13)</b>		4. PROPOSED EFFECTIVE DATE <b>7/1/23</b>							
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Supplement 1 to Attachment 4.19-B pages 1.7(a), 2b, 2e, 4(a)(i), and 4(a)(xv) 4(a)(i)(1)</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>1,296,194</u> <b>\$10,752</b> b. FFY <u>2024</u> \$ <u>5,005,999</u> <b>\$41,245</b>							
9. SUBJECT OF AMENDMENT <b>Annual July Cost-Of-Living Adjustments</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Supplement 1 to Attachment 4.19-B pages 1.7(a), 2b, 2e, 4(a)(i), and 4(a)(xv) 4(a)(i)(1)</b>							
10. GOVERNOR'S REVIEW (Check One) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</td> <td style="width: 50%;"><input checked="" type="checkbox"/> OTHER, AS SPECIFIED:</td> </tr> <tr> <td><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</td> <td></td> </tr> </table>				<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:								
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED									
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL									
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO <b>Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</b>							
12. TYPED NAME <b>Michelle Probert</b>		15. RETURN TO <b>Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</b>							
13. TITLE <b>Director, MaineCare Services</b>									
14. DATE SUBMITTED <b>September 29, 2023</b>									
FOR CMS USE ONLY									
16. DATE RECEIVED <b>September 29, 2023</b>		17. DATE APPROVED <b>December 19, 2024</b>							
PLAN APPROVED - ONE COPY ATTACHED									
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>July 1, 2023</b>		19. SIGNATURE OF APPROVING OFFICIAL 							
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>		21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>							
22. REMARKS  12/18/23: State requests split of submitted SPA ME-23-0019, creating SPA ME-23-0019-B in Box 1. 11/25/24: State concurs with pen and ink changes to Boxes 6,7, and 8. 11/26/24: State concurs with pen and ink change to Box 5.									

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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	\$89.08
Child Abuse Evaluation	T1026 HK	Per Hour	\$110.07

Each July 1 the Department will apply an annual COLA proportional to the percentage increase in the Maine minimum wage, as determined by the Maine Department of Labor, so long as the service has not received any other adjustments within the previous twelve months. The Maine Department of Labor determines the percentage increase, if any, as of August of the previous year over the level as of August of the year preceding that year in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for the Northeast Region, as published by the United States Department of Labor, Bureau of Labor Statistics, with the amount of the minimum wage increase rounded to the nearest multiple of 5¢.