

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 23-0021**

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



August 11, 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) 23-0021

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0021. This amendment proposes to temporarily extend the reimbursement rates for Adult Family Care Homes and to suspend cost-sharing requirements for home health, hospital, laboratory, medical supplies, durable medical equipment, pharmacy, medical imaging and rural health clinic services originally approved in Disaster Relief SPAs 21-0005 and 23-0005 with the following modifications: cost-sharing suspension is not being extended after May 11, 2023 for psychology, mental health clinic, substance abuse treatment facility, private duty nursing and personal care services.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Maine's Medicaid SPA Transmittal Number 23-0021 is approved effective May 12, 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,

**Alissa M. Deboy -S**  
Digitally signed by  
Alissa M. Deboy -S  
Date: 2023.08.11  
07:28:41 -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

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b></p> <p><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	<p>1. TRANSMITTAL NUMBER <b>23 0021</b></p>	<p>2. STATE <b>Maine (ME)</b></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID &amp; CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION <b>Sections 7.4.B and 7.4.C</b></p>	<p>4. PROPOSED EFFECTIVE DATE <b>May 12, 2023</b></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>7.4.B Page 1 and 7.4.C Page 1</b></p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2023</u> \$ <u>0</u> \$45,089</p> <p>b. FFY <u>2024</u> \$ <u>0</u> \$114,758</p>	
<p>9. SUBJECT OF AMENDMENT <b>Continuing temporary coverage of provisions previously approved under Maine Covid-19 Disaster Relief authority.</b></p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>NEW</b></p>	

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:

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p> <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	<p>15. RETURN TO</p> <p><b>Michelle Probert</b>  <b>Director, MaineCare Services</b>  <b>#11 State House Station</b>  <b>109 Capitol Street</b>  <b>Augusta, Maine 04333-0011</b></p>
<p>12. TYPED NAME <b>Michelle Probert</b></p>	
<p>13. TITLE <b>Director, MaineCare Services</b></p>	
<p>14. DATE SUBMITTED <b>June 30, 2023</b></p>	

<b>FOR CMS USE ONLY</b>	
<p>16. DATE RECEIVED <b>June 30, 2023</b></p>	<p>17. DATE APPROVED <b>August 11, 2023</b></p>

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL <b>May 12, 2023</b></p>	<p>19. SIGNATURE OF APPROVING OFFICIAL <b>Alissa M. Deboy -S</b></p>
<p>20. TYPED NAME OF APPROVING OFFICIAL <b>Alissa Mooney DeBoy On Behalf of Anne Marie Costello</b></p>	<p>21. TITLE OF APPROVING OFFICIAL <b>Deputy Director Center for Medicaid and CHIP Services</b></p>

22. REMARKS

**07/31/2023 - ME agreed to provide pen-and-ink authority to revise the fiscal impact amounts in Box 6.**

**OFFICIAL**

**State/Territory: Maine**

**Extension to Disaster Relief SPA #1**

**Page 1**

**7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency**

*Effective the day after the end of the PHE until 09/30/2024, or until the agency permanently adopts the following changes, the agency temporarily extends the following election(s) of section 7.4 (approved on 06/16/2023 in SPA Number ME-23-0005) of the state plan:*

Section E. Payments:

  X   The agency makes the following adjustments to payments currently covered in the state plan as follows:

E.2.b.ii – an increase to reimbursement rates through modification to a published fee schedule:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%200002%20-%20Adult%20Family%20Care%20Services/Section%202%20-%20Adult%20Family%20Care%20Homes%202024.pdf>

TN No: 23-0021  
Supersedes  
TN No: NEW

Approval Date  
**08/11/2023**

Effective Date 5/12/23

OFFICIAL

State/Territory: Maine

Extension to Disaster Relief SPA #1

Page 1

**7.4.C Temporary Policies in Effect Following the COVID-19 National Emergency**

*Effective the day after the end of the PHE until 09/30/2024, the agency temporarily extends the following election(s) of section 7.4 (approved on 09/16/2021 in SPA Number ME-21-0005) of the state plan, with modifications:*

Section C. Premium and Cost Sharing:

  X   The agency suspends deductibles, copayments, coinsurance, and other cost sharing changes as follows:

Waiver for the following through September 30, 2024:

- Home Health Services
- Hospital Services
- Laboratory Services
- Medical Supplies and Durable Medical Equipment
- Pharmacy Services
- Medical Imaging Services
- Rural Health Clinic Services

TN No: 23-0021  
Supersedes  
TN No: NEW

Approval Date  
**08/11/2023**

Effective Date 5/12/23