

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 23-0028**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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February 14, 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: Maine State Plan Amendment (SPA) 23-0028

Dear Director Probert:

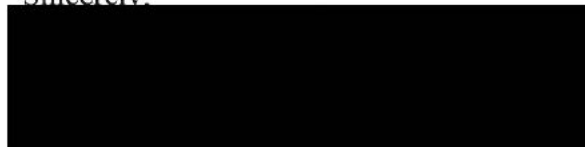
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0028. This amendment was submitted to comply with the mandatory Medicaid program coverage of adult vaccinations under the Inflation Reduction Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 1902(a)(42)(B)(i). This letter is to inform you that Maine's Medicaid SPA 23-0028 was approved on February 14, 2024, with an effective of October 1, 2023.

Enclosed are copies of the CMS-179 Summary Form and approved SPA page to be incorporated into the Maine State Plan.

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

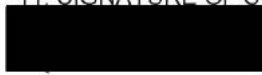
cc: Kristin Merrill, Acting Policy Director, Office of MaineCare Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>23 0028</b>	2. STATE <b>Maine (ME)</b>
	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 <b>10/01/23</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>Section 11405 of the Inflation Reduction Act</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <b>2023</b> \$ <u>0</u> b. FFY <b>2024</b> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A Page 5 Page 5(a)(iv)(ii) New</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 3.1-A Page 5 New</b>	

9. SUBJECT OF AMENDMENT  
**Update plan page to indicate compliance with Mandatory Medicaid Program Coverage of Adult Vaccinations under the Inflation Reduction Act.**

10. GOVERNOR'S REVIEW (Check One)

<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>	
13. TITLE <b>Director, MaineCare Services</b>	
14. DATE SUBMITTED December 26, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED 12/26/2023	17. DATE APPROVED 02/14/2024
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS  
01/31/2024 - ME provided P&I authority to revise boxes 7 and 8 as noted above.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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STATE: Maine

Attachment 3.1-A Page  
5(a)(iv)(ii)

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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**13. Other diagnostic, screening, preventive, and rehabilitative services CONT.**

Maine provides coverage of vaccines and vaccine administration described in section 1905(a)(13)(B) of the Act. The state assures that as changes are made to ACIP recommendations, it will continue to update coverage and billing codes to comply with revisions.