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State/Territory Name: Maine

State Plan Amendment (SPA) #: 23-0030

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



Medicaid and CHIP Operations Group

March 15, 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) 23-0030

Dear Director Probert:

Enclosed please find a corrected approval package for your Maine State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0030. This SPA, submitted to implement Maine's new preventative Medicaid National Diabetes Prevention Program (NDPP), was originally approved on March 11, 2024. The approval package sent to Maine included the following error:

• Page 5(a)(iv)(ii) - The approved SPA page inadvertently has the same page number used in ME SPA 23-0028, which was previously approved.

The CMS-179 summary form has been updated to show the correct SPA page number. The enclosed corrected package contains the original approval letter, the corrected CMS-179, and the approved SPA pages to include the corrected SPA page number, which is 5(a)(iv)(iii).

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at Gilson DaSilva &cms.hhs.gov.



James G. Scott, Director Division of Program Operations

Enclosures

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

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

March 11, 2024

Michelle Probert, Director Office of MaineCare Services Department of Health and Human Services 109 Capitol Street, 11 State House Station Augusta, Maine 64333-0011

Re: Maine State Plan Amendment (SPA) 23-0030

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0030. This amendment was submitted to implement Maine's new preventative Medicaid National Diabetes Prevention Program.

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 informs you that Maine's Medicaid SPA 23-0030 was approved on March 11, 2024, with an effective of January 1, 2024.

Enclosed are copies of the approved CMS-179 Summary Form and the approved SPA pages 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.

Sincerely,

James G. Scott. Director

James G. Scott, Director Division of Program Operations

Enclosures

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1 TRANSMITTAL NUMBER 23 0030	Maine (ME)
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION; TITLE XIX OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4 PROPOSED EFFECTIVE DATE 1/1/24	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(13)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ 750,759 b. FFY 2025 \$ 942,849	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page-5(a)(iv)(ii) and 5(a)(iv)(iii) and Attachment 4.19-B Page 4(a)(iv)(2)	8 PAGE NUMBER OF THE SUPERSED OR ATTACHMENT (If Applicable) NEW	DED PLAN SECTION
9. SUBJECT OF AMENDMENT Implementing the new preventative Maine Medicaid I	National Diabetes Prevention Prog	gram (NDPP).
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, ASSPECIFIED:	
11. SIGNATURE OF STATE 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		
December 26, 2023 FOR CMS U	SE ONLY	
16 DATE RECEIVED 12/26/2023	17 DATE APPROVED 03/11/2024	
PLAN APPROVED - ON	IE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL D1/01/2024	19. SIGNATURE OF APPROVING OFFICIA	1
20 TYPED NAME OF APPROVING OFFICIAL	21 TITLE OF APPROVING OFFICIAL	
James G. Scott	Director, Division of	Pregram Operations
22 REMARKS		
03/14/2024 - ME provided ₱&I authority to revise Box 7 to amend the	e approved page number in Attachment 3.1-	A to Page 5(a)(iv)(iii).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine Attachment 3.1-A Page 5(a)(iv)(iii)

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

4. Diabetes Prevention Program

The Maine Medicaid National Diabetes Prevention Program (NDPP) reimburses providers for delivering the National Diabetes Prevention Program Lifestyle Change Program (National DPP LCP). The National DPP LCP is an evidence-based, intensive lifestyle behavior change program designed and overseen by the United States Centers for Disease Control and Prevention (CDC) to teach participants the skills to change and maintain physical activity levels and dietary habits to prevent or delay type 2 diabetes. Providers must have recognition awarded by the CDC's Diabetes Prevention Recognition Program (DPRP) and adhere to the Centers for Disease Control and Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures.

Services are recommended by a physician or other licensed practitioner of the healing arts within their scope of practice.

TN No. 23-0030 Approval Date: 3/11/24 Effective Date: 1/1/24

Supersedes TN No. NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine Attachment 4.19-B
Page 4(a)(iv)(2)

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

4. Diabetes Prevention Program

Session Rate:

The allowed amount for each National DPP LCP session is 100% of Medicare's current total reimbursement for all sessions in the Medicare Diabetes Prevention Program (MDPP), without reimbursement related to weight loss included, divided by the total number of sessions required by the most current version of the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures (DPRP Standards).

Performance Payment:

Providers are also eligible for no more than two performance payments per member if the member achieves associated weight loss or HbA1C goals. The allowed amount for each performance payment is 100% of Medicare's current maximum reimbursement for additional payments related to weight loss in the MDPP, divided by two (2).

- A. First Performance Payment. Providers may bill once for the first performance payment for each member who achieves one of the following:
 - 1. At least 5% weight loss from the first recorded weight compared to the weight recorded at any session during months seven (7) to eleven (11); or
 - 2. At least a 0.2% reduction in HbA Ic achieved at any point during months seven (7) to eleven (11) as compared to the HbA Ic level indicated by a test taken no more than twelve (12) months prior to the date of the first session.
- B. Second Performance Payment. Providers may bill once for a second performance payment for each member who achieves one of the following:
 - 1. At least 5% weight loss from the first recorded weight compared to the weight recorded at the twelfth month session; or
 - 2. At least a 0.2% reduction in HbA1e achieved at any point during the twelfth month as compared to the 11bA1e level indicated by a test taken no more than twelve (12) months prior to the date of the first session.

The twelfth month performance payment is billable regardless of whether the member met the minimum 5% weight loss or the minimum 0.2% reduction in HbA1c required for the first performance payment in months 7-11. Providers may bill both performance payments regardless of the number of sessions members attend, as long as the weight loss or HbA1c reduction is achieved during the applicable program month(s).

TN No. 23-0030 Approval Date: 3/11/24 Effective Date: 1/1/24

Supersedes TN No. NEW