

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

**State Plan Amendment (SPA): ME-24-0007**

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 24-0007

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-24-0007, which was submitted to CMS on March 29, 2024. This plan amendment updates the payment methodology for certain personal care 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, 2024. 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,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<p align="center"><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b></p> <p align="center"><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	<p>1. TRANSMITTAL NUMBER <b>24 0007</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>§1905(a)(12) and 1905(a)(19)</b> <i>1905(a)(24)</i></p>	<p>4. PROPOSED EFFECTIVE DATE <b>01/01/24</b></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Supplement 1 to Attachment 4.19-B pages 5(v)</b></p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2024</u> \$ <u>116,171</u></p> <p>b. FFY <u>2025</u> \$ <u>117,289</u></p>	
<p>9. SUBJECT OF AMENDMENT <b>January 1 cost-of-living adjustments (COLAs)</b></p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Supplement 1 to Attachment 4.19-B pages 5(v)</b></p>	

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
  OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p> <p></p>	<p>15. RETURN TO</p> <p><b>Michelle Probert</b> Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</p>
<p>12. TYPED NAME <b>Michelle Probert</b></p>	<p>14. DATE SUBMITTED <b>March 29, 2024</b></p>
<p>13. TITLE <b>Director, MaineCare Services</b></p>	

**FOR CMS USE ONLY**

<p>16. DATE RECEIVED <b>March 29, 2024</b></p>	<p>17. DATE APPROVED <b>December 19, 2024</b></p>
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**PLAN APPROVED - ONE COPY ATTACHED**

<p>18. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 1, 2024</b></p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p> <p></p>
<p>20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b></p>	<p>21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b></p>

22. REMARKS

**11/26/24: State concurs with pen and ink change to Box 5.**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(v)

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

**3. Adult Family Care Homes**

Reimbursement to licensed Adult Family Care Homes for personal care services furnished to Medicaid eligible patients is based on the per diem resource-adjusted (case- mix) price for each member, according to the resource group the member is assigned as a result of the Minimum Data Set- Assisted Living Services (MDS-ALS) patient assessment. Eligible providers located on remote island locations receive 15% additional reimbursement through an adjusted resource- adjusted price. The agency's fee schedule rate for Personal Care Services to residents of Adult Family Care Homes is set as of January 1, 2024 and is effective for services on or after that date.

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20002%20%2D%20Adult%20Family%20Care%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

The Department of Health and Human Services (DHHS) will reassess members twice each year.

For new facilities without a resource grouping already calculated, DHHS will apply a MaineCare weight of .924 to the unadjusted price for the first-rate setting period.