

Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-24-0013

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



Financial Management Group

December 5, 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 24-0013

Dear Director Probert:

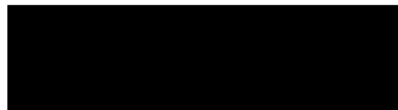
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Maine state plan amendment (SPA) to Attachment 4.19-B ME-24-0013, which was submitted to CMS on September 30, 2024. This plan amendment authorizes a payment to supplement personal care services provided by qualified Private Non-Medical Institutional "Appendix C" facilities.

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. As discussed in the December 6, 2023 letter from the CMS Deputy Administrator and Director, approval of the subject SPA does not relieve the state of its responsibility to comply with federal laws and regulations, and to ensure that claims for federal funding are consistent with all applicable requirements. This SPA approval does not represent CMS approval of the PNMI service provider tax as an permissible source of funding.

Based upon the information provided by the state, we have approved the amendment with an effective date of August 30, 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.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
24 0013

2. STATE
Maine (ME)

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
August 30, 2024

5. FEDERAL STATUTE/REGULATION CITATION
1905(a)(24)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2025** \$ **9,908,897** **\$4,339,063**
b. FFY **2026** \$ **0**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 1 to Attachment 4.19-B Page 5(viii)(a)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
NEW

9. SUBJECT OF AMENDMENT
Establishes two one-time supplemental payments, in fiscal year 2025, for certain eligible PNMI, App C providers.

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Michelle Probert

13. TITLE

Director, MaineCare Services

14. DATE SUBMITTED

September 30, 2024

15. RETURN TO

**Michelle Probert
Director, MaineCare Services
#11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011**

FOR CMS USE ONLY

16. DATE RECEIVED

September 30, 2024

17. DATE APPROVED

December 5, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

August 30, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

11/21/2024: State concurs with pen and ink change to Box 6a.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5(viii)(a)

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

a. Supplemental Payments -

Establishment of two one-time supplemental payments, to supplement services provided in state fiscal year 2025, for certain eligible providers.

One supplemental payment will total \$3,828,063 and the other will total \$3,028,707.

Eligible providers are those Private Non-Medical Institution (PNMI) providers delivering services through Appendix C, Principles of Reimbursement for Medical and Remedial Service Facilities and that provide comprehensive care to MaineCare veterans to meet their unique needs, including critical access to veteran-focused care, including specialized training and care of war-related injuries and conditions, such as Post Traumatic Stress Disorder (PTSD) and service-connected disabilities.

This supplemental payment will be reconciled at the same time as the provider's annual cost report audit. These payments may not exceed the difference between the MaineCare payments and actual allowed MaineCare costs, as reported on the most recently filed cost reports.