

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #: 24-0028

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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

January 3, 2025

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) 24-0028

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0028. This amendment was submitted to remove electronic visit verification (EVV) for hospice services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act in Section 1905(a)(18). This letter informs you that Maine's Medicaid SPA TN 24-0028 was approved on January 3, 2025, effective October 25, 2024.

Enclosed are copies of Form CMS-179 and the 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.

Sincerely,

A solid black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Kristin Merrill, State Plan and Policy Development Manager, Office of MaineCare Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 24 0028	2. STATE Maine (ME)						
		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 10/25/2024							
5. FEDERAL STATUTE/REGULATION CITATION § 1905(a)(18)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ <u>0</u> b. FFY 2025 \$ <u>0</u>							
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 7		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 7							
9. SUBJECT OF AMENDMENT To remove Electronic Visit Verification (EVV) effective 10/25/2024.									
10. GOVERNOR'S REVIEW (Check One) <table style="width:100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</td> <td><input checked="" type="checkbox"/> OTHER, AS SPECIFIED:</td> </tr> <tr> <td><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</td> <td></td> </tr> </table>				<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	
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<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL									
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 27, 2024									
FOR CMS USE ONLY									
16. DATE RECEIVED 12/27/2024		17. DATE APPROVED 01/03/2025							
PLAN APPROVED - ONE COPY ATTACHED									
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/25/2024		19. SIGNATURE OF APPROVING OFFICIAL 							
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations							
22. REMARKS									

State/Territory: Maine

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

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

- Provided: No limitations With limitations*
 Not Provided.

b. Including such services in a public Institution (or distinct part thereof) for the mentally retarded or parsons with related conditions.

- Provided: No limitations With limitations*
 Not Provided.

16. Inpatient psychiatric facility services for Individuals under 22 years of age.

- Provided: No limitations With limitations*
 Not Provided.

17. Nurse-midwife services.

- Provided: No limitations With limitations*
 Not Provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

- Provided: No limitations With limitations*
 Not Provided.
 Provided in accordance with section 2302 of the Affordable Care Act

•Description provided on attachment.