

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

**State Plan Amendment (SPA): ME-24-0033**

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**

March 26, 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: TN 24-0033

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-24-0033, which was submitted to CMS on December 31, 2024. This plan amendment updates the payment methodology for certain rehabilitative 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. 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 January 1, 2025. 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,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>24 0033</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>01/01/2025</b>
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5. FEDERAL STATUTE/REGULATION CITATION <b>1905(a)(13) and 24</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Supplement 1 to Attachment 4.19-B Pages 4(a)(xvi), 4(a)(xvii), 4(a)(xviii), 4(a)(xix), 4(a)(xxii), 4(a)(xxii), 4(a)(xxiii), 4(a)(v), 4(a)(vi), 4(a)(vii), 4(a)(viii), 5(viii), 5(ix), 5(x)</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Supplement 1 to Attachment 4.19-B Pages 4(a)(xvi), 4(a)(xvii), 4(a)(xviii), 4(a)(xix), 4(a)(xxii), 4(a)(xxii), 4(a)(xxiii), 4(a)(v), 4(a)(vi), 4(a)(vii), 4(a)(viii), 5(viii), 5(ix), 5(x)</b>
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9. SUBJECT OF AMENDMENT <b>Elimination of Maine Service Provider Tax</b>
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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</b> <b>Director, MaineCare Services</b> <b>#11 State House Station</b> <b>109 Capitol Street</b> <b>Augusta, Maine 04333-0011</b>
12. TYPED NAME <b>Michelle Probert</b>	
13. TITLE <b>Director, MaineCare Services</b>	
14. DATE SUBMITTED <b>December 31, 2024</b>	

<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED December 31, 2024	17. DATE APPROVED March 26, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2025	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 3/4/25: State concurs with pen and ink changes to Box 5, 7, and 8.
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(v)

OMP No: 0938

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

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REHABILITATIVE SERVICES

**i. Community Integration Services**

<b>Description</b>	<b>Code</b>	<b>Unit</b>	<b>Rate</b>
Comprehensive Community Support Services	H2015	¼ hour	\$23.93

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(vi)

OMP No: 0938

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

**ii. Community Rehabilitation Services (CRS)**

Description	Code	Unit	Rate
Psychosocial Rehabilitation Service	H2018	Per diem	\$110.93

STATE: Maine

Supplement 1 to Attachment 4.19-B

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OMP No: 0938

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

iii. Assertive Community Treatment (ACT)

a. Adult ACT services

Description	Code	Unit	Rate
Assertive Community Treatment program* unless otherwise specified below	H0040	Weekly	\$477.93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

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OMP No: 0938

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

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iv. Behavioral Health Skills Training and Development Services

Description	Code	Unit	Rate
Psychosocial Rehabilitation	H2017	¼ hour	\$17.18
Skills Training and Development	H2014	¼ hour	\$21.50
Skills Training and Development (group)	H2014 HQ	¼ hour	\$7.25
Ongoing Support to Maintain Employment	H2025	1/4 hour	\$13.05
Behavioral Health Day Treatment * unless otherwise specified below	H2012	Per hour	23.00

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 4(a)(xxiii)

OMP No: 0938

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

**ii. Day Habilitation for Children with Cognitive Impairments and Functional Limitation**

**a. Specialized Services for Children with Cognitive Impairments and Functional Limitations**

Code	Modifier(s)	Code Description	Unit	Rate
<b>Children's Rehabilitation and Community Support</b>				
H2021	TJ HI	Home and Community, One-to-One (BHP)	15 min.	\$19.92
H2021	TJ HI UN	Home and Community, 2 person group (BHP)	15 min.	\$10.87
H2021	TJ HI UP	Home and Community, 3 person group (BHP)	15 min.	\$7.74
H2021	TJ HI UQ	Home and Community, 4 person group (BHP)	15 min.	\$6.26
<b>Children's Specialized Rehabilitation and Community Support</b>				
H2021	TR HI	School-Related, One-to-One (BHP)	15 min.	\$16.86
H2021	TR HI UN	School-Related, 2 person group (BHP)	15 min.	\$9.31
H2021	TR HI UP	School-Related, 3 person group (BHP)	15 min.	\$6.58
H2021	TR HI UQ	School-Related, 4 person group (BHP)	15 min.	\$5.24
<b>Children's Specialized Rehabilitation and Community Support</b>				
H2021	U1 HK	Specialized Home and Community, One-to-One	15 min.	\$27.06
H2021	U1 HK UN	Specialized Home and Community, 2 person group	15 min.	\$14.75
H2021	U1 HK UP	Specialized Home and Community, 3 person group	15 min.	\$10.51
H2021	U1 HK UQ	Specialized Home and Community, 4 person group	15 min.	\$8.50
H2021	U2 HK	Specialized School-Related, One-to-One	15 min.	\$22.76
H2021	U2 HK UN	Specialized School-Related, 2 person group	15 min.	\$12.58
H2021	U2 HK UP	Specialized School-Related, 3 person group	15 min.	\$8.88
H2021	U2 HK UQ	Specialized School-Related, 4 person group	15 min.	\$7.08
G9007	HA AF	BCBA Services (Community Based Wrap Around Services)	15 min.	\$23.05