

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 24-0034**

This file contains the following documents in the order listed:

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

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May 29, 2026

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) - 24-0034

Dear Director Probert:

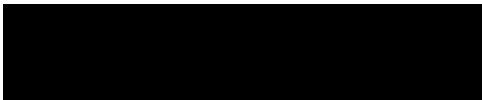
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0034. This amendment proposes to permanently remove co-payments for substance use services, mental health clinic services and rural health clinic services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act in Section 1905(a), 1916 and 1916A and regulatory citations in 42 CFR 447.50 through 447.54, 447.56 and 447.57. This letter informs you that Maine's Medicaid SPA TN 24-0034 was approved on May 29, 2026, with an effective date of October 1, 2024.

Enclosed are copies of Form CMS-179 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](mailto:Gilson.DaSilva@cms.hhs.gov).

Sincerely,

  
Nicole McKnight  
Acting Director, Division of Program Operations

Enclosures

cc: Kristin Merrill, Associate Director of Program Implementation, Office of MaineCare Services

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b></p> <p><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	<p>1. TRANSMITTAL NUMBER <b>24 0034</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>SSA 1905(a), 1916 and 1916A</b> <b>42 CFR 447.50 - 447.54, 447.56 and 447.57</b></p>	<p>4. PROPOSED EFFECTIVE DATE <del>10/1/2025</del> <b>10/01/2024</b></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <del>Attachment 4.18-A pages 1(Cont.) and 3a</del>  G1, G2a, G2b, G2c and G3</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2025</u> \$ <u>0</u></p> <p>b. FFY <u>2026</u> \$ <u>0</u></p>	
<p>9. SUBJECT OF AMENDMENT <b>Permanently removes copayments for Substance Use Services, Mental Health Clinic Services and Rural Health Clinic Services which were turned off during the COVID-19 Pandemic.</b></p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.18-A pages 1(Cont.) and 3a</b></p>	

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	

<p>12. TYPED NAME <b>Michelle Probert</b></p> <p>13. TITLE <b>Director, MaineCare Services</b></p> <p>14. DATE SUBMITTED <b>December 27, 2024</b></p>	<p>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></p>
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FOR CMS USE ONLY	
16. DATE RECEIVED <b>12/31/2024</b>	17. DATE APPROVED <b>05/29/2026</b>

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>10/01/2024</b>	19. [REDACTED]
20. TYPED NAME OF APPROVING OFFICIAL <b>Nicole McKnight</b>	21. TITLE OF APPROVING OFFICIAL <b>Acting Director, Division of Program Operations</b>

22. REMARKS

03/10/2026 - ME agreed to P&I change to correct the effective date in Box 4 from 10/01/2025 to 10/01/2024.

03/26/2026 - ME agreed to P&I change to correct the citations in Box 5 and to revise the pages in Box 7, as noted.



# Medicaid Premiums and Cost Sharing

State Name: Maine

OMB Control Number: 0938-1148

Transmittal Number: ME - 24 - 0034

## Cost Sharing Requirements G1

1916  
1916A  
42 CFR 447.50 through 447.57 (excluding 447.55)

The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid. Yes

- The state assures that it administers cost sharing in accordance with sections 1916 and 1916A of the Social Security Act and 42 CFR 447.50 through 447.57.

### General Provisions

- The cost sharing amounts established by the state for services are always less than the amount the agency pays for the service.
- No provider may deny services to an eligible individual on account of the individual's inability to pay cost sharing, except as elected by the state in accordance with 42 CFR 447.52(e)(1).
- The process used by the state to inform providers whether cost sharing for a specific item or service may be imposed on a beneficiary and whether the provider may require the beneficiary to pay the cost sharing charge, as a condition for receiving the item or service, is (check all that apply):
  - The state includes an indicator in the Medicaid Management Information System (MMIS)
  - The state includes an indicator in the Eligibility and Enrollment System
  - The state includes an indicator in the Eligibility Verification System
  - The state includes an indicator on the Medicaid card, which the beneficiary presents to the provider
  - Other process

Description:

Providers are notified via provider manuals and agreements. This information can also be found on publicly accessible websites.

- Contracts with managed care organizations (MCOs) provide that any cost-sharing charges the MCO imposes on Medicaid enrollees are in accordance with the cost sharing specified in the state plan and the requirements set forth in 42 CFR 447.50 through 447.57.

### Cost Sharing for Non-Emergency Services Provided in a Hospital Emergency Department

The state imposes cost sharing for non-emergency services provided in a hospital emergency department. No

### Cost Sharing for Drugs

The state charges cost sharing for drugs. Yes

The state has established differential cost sharing for preferred and non-preferred drugs. No



# Medicaid Premiums and Cost Sharing

- All drugs will be considered preferred drugs.

## Beneficiary and Public Notice Requirements

- Consistent with 42 CFR 447.57, the state makes available a public schedule describing current cost sharing requirements in a manner that ensures that affected applicants, beneficiaries and providers are likely to have access to the notice. Prior to submitting a SPA which establishes or substantially modifies existing cost sharing amounts or policies, the state provides the public with advance notice of the SPA, specifying the amount of cost sharing and who is subject to the charges, and provides reasonable opportunity for stakeholder comment. Documentation demonstrating that the notice requirements have been met are submitted with the SPA. The state also provides opportunity for additional public notice if cost sharing is substantially modified during the SPA approval process.

## Other Relevant Information

Note the above pre-fill indicating "All drugs will be considered preferred drugs." is not accurate but the State is unable to un-check this box. Cost-sharing is the same for preferred and non-preferred. Not all drugs are considered preferred.

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C 4-26-05, Baltimore, Maryland 21244-1850.

V.20160722



# Medicaid Premiums and Cost Sharing

State Name:

●MB Control Number: ●938-1148

Transmittal Number: ME - 24 - ●034

## Cost Sharing Amounts - Categorically Needy Individuals G2a

1916  
1916A  
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals. Yes

### Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Ambulance	3.00	\$	Day	The cumulative maximum copayment shall not exceed \$30 per calendar month per individual.	Remove
Add	Chiropractic	2.00	\$	Day	The cumulative maximum copayment shall not exceed \$20 per calendar month per individual.	Remove
Add	Home Health	3.00	\$	Day	The cumulative maximum copayment shall not exceed \$30 per calendar month per individual.	Remove
Add	Hospital Outpatient	3.00	\$	Day	The cumulative maximum copayment shall not exceed \$30 per calendar month per individual.	Remove
Add	Medical Supplies and Equipment	3.00	\$	Day	The cumulative maximum copayment shall not exceed \$30 per calendar month per individual.	Remove
Add	Occupational Therapy	2.00	\$	Day	The cumulative maximum copayment shall not exceed \$30 per calendar month per individual.	Remove
Add	Physical Therapy	2.00	\$	Day	The cumulative maximum copayment shall not exceed \$20 per calendar month per individual.	Remove
Add	Podiatry	2.00	\$	Day	The cumulative maximum copayment shall not exceed \$20 per calendar month per individual.	Remove
Add	Private Duty Nursing & Personal Care Services (Combined)	3.00	\$	Day	The cumulative maximum copayment shall not exceed \$5 per calendar month per individual.	Remove
Add	Speech & Hearing Clinic Services	2.00	\$	Day	The cumulative maximum copayment shall not exceed \$20 per calendar month per individual.	Remove
Add	Speech Pathology	2.00	\$	Day	The cumulative maximum copayment shall not exceed \$20 per calendar month per individual.	Remove
Add	Laboratory	1.00	\$	Day	The cumulative maximum copayment shall not exceed \$10 per calendar month per individual.	Remove
Add	Medical Imaging	1.00	\$	Day	The cumulative maximum copayment shall not exceed \$10 per calendar month per individual.	Remove
Add	Psychology	1.00	\$	Day	The cumulative maximum copayment shall not exceed \$20 per calendar month per individual.	Remove
Add	Optical	2.00	\$	Day	The cumulative maximum copayment shall not exceed \$20 per calendar month per individual.	Remove
Add	Optometry	3.00	\$	Day	The cumulative maximum copayment shall not exceed \$20 per calendar month per individual.	Remove



# Medicaid Premiums and Cost Sharing

## Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
<b>Add</b>				<input type="text"/>	<input type="text"/>		<b>Remove</b>

Add Service or Item

### Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

No

### Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C 4-26-05, Baltimore, Maryland 21244-1850.

V.20181119



# Medicaid Premiums and Cost Sharing

State Name:

●MB Control Number: ●938-1148

Transmittal Number: ME - 24 - ●034

Cost Sharing Amounts - Medically Needy Individuals	G2b
1916 1916A 42 CFR 447.52 through 54	
The state charges cost sharing to <u>all</u> medically needy individuals.	<input type="text" value="Yes"/>
The cost sharing charged to medically needy individuals is the same as that charged to categorically needy individuals.	<input type="text" value="Yes"/>

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid ●MB control number for this information collection is ●938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 75●● Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C 4-26-●5, Baltimore, Maryland 21244-1850.

V.20181119



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: ME - 24 - 0034

Cost Sharing Amounts - Targeting	G2c
1916 1916A 42 CFR 447.52 through 54	
The state targets cost sharing to a specific group or groups of individuals.	<input type="text" value="No"/>

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C 4-26-05, Baltimore, Maryland 21244-1850.

V.20181119



# Medicaid Premiums and Cost Sharing

State Name: Maine

OMB Control Number: 0938-1148

Transmittal Number: ME - 24 - 0034

## Cost Sharing Limitations

G3

42 CFR 447.56  
1916  
1916A

- The state administers cost sharing in accordance with the limitations described at 42 CFR 447.56, and 1916(a)(2) and (j) and 1916A(b) of the Social Security Act, as follows:

### Exemptions

#### Groups of Individuals - Mandatory Exemptions

The state may not impose cost sharing upon the following groups of individuals:

- Individuals ages 1 and older, and under age 18 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118).
- Infants under age 1 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118), whose income does not exceed the higher of:
  - 133% FPL; and
  - If applicable, the percent FPL described in section 1902(1)(2)(A)(iv) of the Act, up to 185 percent.
- Disabled or blind individuals under age 18 eligible for the following eligibility groups:
  - SSI Beneficiaries (42 CFR 435.120).
  - Blind and Disabled Individuals in 209(b) States (42 CFR 435.121).
  - Individuals Receiving Mandatory State Supplements (42 CFR 435.130).
- Children for whom child welfare services are made available under Part B of title IV of the Act on the basis of being a child in foster care and individuals receiving benefits under Part E of that title, without regard to age.
- Disabled children eligible for Medicaid under the Family Opportunity Act (1902(a)(10)(A)(ii)(XIX) and 1902(cc) of the Act).
- Pregnant women, during pregnancy and through the postpartum period which begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends, except for cost sharing for services specified in the state plan as not pregnancy-related.
- Any individual whose medical assistance for services furnished in an institution is reduced by amounts reflecting available income other than required for personal needs.
- An individual receiving hospice care, as defined in section 1905(o) of the Act.
- Indians who are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services.
- Individuals who are receiving Medicaid because of the state's election to extend coverage to the Certain Individuals Needing Treatment for Breast or Cervical Cancer eligibility group (42 CFR 435.213).



# Medicaid Premiums and Cost Sharing

## Groups of Individuals - Optional Exemptions

The state may elect to exempt the following groups of individuals from cost sharing:

The state elects to exempt individuals under age 19, 20 or 21, or any reasonable category of individuals 18 years of age or over.

Yes

Indicate below the age of the exemption:

- Under age 19
- Under age 20
- Under age 21
- Other reasonable category

The state elects to exempt individuals whose medical assistance for services furnished in a home and community-based setting is reduced by amounts reflecting available income other than required for personal needs.

Yes

## Services - Mandatory Exemptions

The state may not impose cost sharing for the following services:

- Emergency services as defined at section 1932(b)(2) of the Act and 42 CFR 438.114(a).
- Family planning services and supplies described in section 1905(a)(4)(C) of the Act, including contraceptives and pharmaceuticals for which the state claims or could claim federal match at the enhanced rate under section 1903(a)(5) of the Act for family planning services and supplies.
- Preventive services, at a minimum the services specified at 42 CFR 457.520, provided to children under 18 years of age regardless of family income, which reflect the well-baby and well child care and immunizations in the Bright Futures guidelines issued by the American Academy of Pediatrics.
- Pregnancy-related services, including those defined at 42 CFR 440.210(a)(2) and 440.250(p), and counseling and drugs for cessation of tobacco use. All services provided to pregnant women will be considered pregnancy-related, except those services specifically identified in the state plan as not being related to pregnancy.
- Provider-preventable services as defined in 42 CFR 447.26(b).

## Enforceability of Exemptions

The procedures for implementing and enforcing the exemptions from cost sharing contained in 42 CFR 447.56 are (check all that apply):

- To identify that American Indians/Alaskan Natives (AI/AN) are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services in accordance with 42 CFR 447.56(a)(1)(x), the state uses the following procedures:
  - The state accepts self-attestation
  - The state runs periodic claims reviews
  - The state obtains an Active or Previous User Letter or other Indian Health Services (IHS) document
  - The Eligibility and Enrollment and MMIS systems flag exempt recipients



# Medicaid Premiums and Cost Sharing

Other procedure

Additional description of procedures used is provided below (optional):

To identify all other individuals exempt from cost sharing, the state uses the following procedures (check all that apply):

- The MMIS system flags recipients who are exempt
- The Eligibility and Enrollment System flags recipients who are exempt
- The Medicaid card indicates if beneficiary is exempt
- The Eligibility Verification System notifies providers when a beneficiary is exempt
- Other procedure

Additional description of procedures used is provided below (optional):

Provider manuals and public documentation describe exempt individuals.

## Payments to Providers

- The state reduces the payment it makes to a provider by the amount of a beneficiary's cost sharing obligation, regardless of whether the provider has collected the payment or waived the cost sharing, except as provided under 42 CFR 447.56(c).

## Payments to Managed Care Organizations

The state contracts with one or more managed care organizations to deliver services under Medicaid.

Yes

- The state calculates its payments to managed care organizations to include cost sharing established under the state plan for beneficiaries not exempt from cost sharing, regardless of whether the organization imposes the cost sharing on its recipient members or the cost sharing is collected.

## Aggregate Limits

- Medicaid premiums and cost sharing incurred by all individuals in the Medicaid household do not exceed an aggregate limit of 5 percent of the family's income applied on a quarterly or monthly basis.
- The percentage of family income used for the aggregate limit is:



# Medicaid Premiums and Cost Sharing

- 5%
- 4%
- 3%
- 2%
- 1%
- Other:  %

The state calculates family income for the purpose of the aggregate limit on the following basis:

- Quarterly
- Monthly

The state has a process to track each family's incurred premiums and cost sharing through a mechanism that does not rely on beneficiary documentation. Yes

Describe the mechanism by which the state tracks each family's incurred premiums and cost sharing (check all that apply):

As claims are submitted for dates of services within the family's current monthly or quarterly cap period, the state applies the incurred cost sharing for that service to the family's aggregate limit. Once the family reaches the aggregate limit, based on incurred cost sharing and any applicable premiums, the state notifies the family and providers that the family has reached their aggregate limit for the current monthly or quarterly cap period, and are no longer subject to premiums or cost sharing.

Managed care organization(s) track each family's incurred cost sharing, as follows:

Other process:

As claims are submitted for dates of services within the current monthly cap period, the state applies the incurred cost sharing for that service to the aggregate limit. Once the aggregate limit is reached, based on incurred cost sharing and any applicable premiums, the individual/family is no longer subject to premiums or cost sharing for that period.

Describe how the state informs beneficiaries and providers of the beneficiaries' aggregate family limit and notifies beneficiaries and providers when a beneficiary has incurred premiums and cost sharing up to the aggregate family limit and individual family members are no longer subject to premiums or cost sharing for the remainder of the family's current monthly or quarterly cap period:

On a monthly basis, the state will generate and send a notification for those who have reached the aggregate limit/cap during that month.

The state has a documented appeals process for families that believe they have incurred premiums or cost sharing over the aggregate limit for the current monthly or quarterly cap period. Yes

Describe the appeals process used:

A member contacts the department directly to request review/appeal.



# Medicaid Premiums and Cost Sharing

- Describe the process used to reimburse beneficiaries and/or providers if the family is identified as paying over the aggregate limit for the month/quarter:

The state does not reimburse beneficiaries directly.  Providers are expected to refund overpaid copayments to members if/when their claims have been reprocessed or when they are made aware of the members overpayment.

- Describe the process for beneficiaries to request a reassessment of their family aggregate limit if they have a change in circumstances or if they are being terminated for failure to pay a premium:

Beneficiaries are required to report changes of income or circumstances to the Maine Office for Family Independence and are required to update this information during eligibility determination and renewal; any changes to this information would result in adjustments in the system to reflect changes in their family aggregate limit, if indicated.

The state imposes additional aggregate limits, consistent with 42 CFR 447.56(f)(5).

No

## PRA Disclosure Statement

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V.20160722