

Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-24-0035

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

March 20, 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 24-0035

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-24-0035, which was submitted to CMS on December 27, 2024. This plan amendment removes the approved annual inflationary increases for certain home health items.

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 December 31, 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,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

<p style="text-align: center;">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p style="text-align: center;">FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER 24 0035</p>	<p>2. STATE Maine (ME)</p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & 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 §1905(a)(7)(b)</p>	<p>4. PROPOSED EFFECTIVE DATE 12/31/2024</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 4.19-B Page 2b(1)</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2025</u> <u>2025</u> \$ <u>0</u> <u>(288,631)</u></p> <p>b. FFY <u>2026</u> <u>2024</u> \$ <u>0</u> <u>(1,144,181)</u></p>	
<p>9. SUBJECT OF AMENDMENT Removal of annual Cost-of-living adjustment (COLA) language.</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1 to Attachment 4.19-B Page 2b(1)</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> <div style="background-color: black; width: 100%; height: 20px;"></div>	<p>15. RETURN TO</p> <p>Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</p>
<p>12. TYPED NAME Michelle Probert</p>	<p>16. DATE RECEIVED December 27, 2024</p>
<p>13. TITLE Director, MaineCare Services</p>	
<p>14. DATE SUBMITTED December 27, 2024</p>	

FOR CMS USE ONLY

<p>16. DATE RECEIVED December 27, 2024</p>	<p>17. DATE APPROVED March 20, 2025</p>
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PLAN APPROVED - ONE COPY ATTACHED

<p>18. EFFECTIVE DATE OF APPROVED MATERIAL 12/31/2024</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p> <div style="background-color: black; width: 100%; height: 20px;"></div>
<p>20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion</p>	<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review</p>

22. REMARKS

3/4/2025: State concurs with pen and ink change to Box 5.
3/06/2025: State concurs with pen and ink change to Box 6.

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

- b. Medical Supplies, Equipment and appliances for use of patients in the home, except as otherwise noted in the plan, payments are the lowest of:
1. The reimbursement for “non-miscellaneous” Medical Supplies, Durable Medical Equipment and services, unless provided pursuant to a contract between the Department and the provider (this contract would be in addition to a MaineCare Provider Agreement), shall be as follows:
 - a. Medicare covered Durable Medical Equipment, prosthetics, orthotics, supplies and services shall be reimbursed at the lowest of:
 1. 100% of the current Medicare rate; or
 11. The provider’s usual and customary charge.
 - b. Non-Medicare covered items, excluding incontinence supplies, are paid the lowest of:
 1. the average cost of the relevant services/codes from all other state Medicaid agencies that have a rate for those services, effective the date reimbursement is added to the MaineCare fee schedule referenced at Paragraph 2 below; or
 11. The provider's usual and customary charge.
 2. For services on or after January 1, 2023, except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers, incontinence supplies are reimbursed based on invoice cost (excluding shipping) plus 40% (forty percent), not to exceed the maximum amount allowed on the MaineCare fee schedule published on the Department’s website at: <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20060%20%2D%20Medical%20Supplies%20and%20Durable%20Medical%20Equipment&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>