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State/Territory Name: Maine

State Plan Amendment (SPA) #: 25-0006-A

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

February 25, 2026

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

RE: ME-25-0006-A

Dear Director Probert:

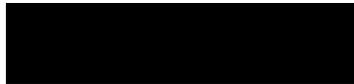
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Maine state plan amendment (SPA) to Attachment 4.19-D ME-25-0006-A, which was submitted to CMS on March 31, 2025. This plan amendment enacts a Quality Bonus Pool based on performance measures and promotes access to care and quality of care by incorporating Value-Based Payment.

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 January 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Francis at 617-531-7575 or via email at James.Francis@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

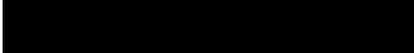
Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER 25 0006 -A</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)(4)(A)</p>	<p>4. PROPOSED EFFECTIVE DATE 01/01/2025</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D Pages 1-75 Attachment 4.19-D Pages 58-60</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2025</u> \$ 46,169,476 \$4,964,490</p> <p>b. FFY <u>2026</u> \$ 55,730,490 \$4,964,490</p>	
<p>9. SUBJECT OF AMENDMENT Amending Nursing Facility reimbursement effective January 1, 2025.</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-D Pages i-71 NEW</p>	

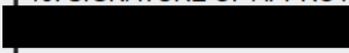
10. GOVERNOR'S REVIEW (Check One)

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>	<p>15. RETURN TO 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>13. TITLE Director, MaineCare Services</p>	
<p>14. DATE SUBMITTED March 31, 2025</p>	

FOR CMS USE ONLY	
<p>16. DATE RECEIVED 3 / 31 / 2025</p>	<p>17. DATE APPROVED February 25, 2026</p>

PLAN APPROVED - ONE COPY ATTACHED	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL 1 / 1 / 2025</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </p>
<p>20. TYPED NAME OF APPROVING OFFICIAL Rory Howe</p>	<p>21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group</p>

22. REMARKS

12/15/25: State gave permission to make the following changes: update box 6a to \$4,964,490; update box 6b to \$4,964,490; update Box 7 to Attachment 4.19-D Pages 58-60; update Box 8 to NEW. (JGF)

1/27/26: State gave permission to change to add "-A" to the SPA number in Box 1. (JGF)

Nursing Facility services Detailed Description of Reimbursement

22.6.3 **Quality Bonus Pool**

The Quality Bonus Pool awards and distributes \$8,100,000 each year from Calendar Year 2025 through Calendar Year 2027 to Nursing Facilities that meet the eligibility criteria below. Each awarded Nursing Facility will receive its relative share of this supplemental payment, based on performance and/or MaineCare Bed Days, distributed annually by 12/31/2025, and by that same date in the years thereafter (i.e. 2026 and 2027).

Facility allocations will not exceed the total Quality Bonus Pool amount and will not exceed allowable aggregate upper payment limits. Nursing Facility may appeal these findings pursuant to MBM, Chapter 1.

Nursing Facilities must meet the following criteria to be eligible for the Quality Bonus Pool:

Year 1 (Calendar Year 2025)

- A. Identify a staff quality champion within the service location;
- B. Engage with DHHS, DHHS partners, and peer NFs in specified peer-learning and technical assistance activities around quality improvement efforts, including familiarization with the measure specifications and the process for successfully collecting and submitting required data; and
- C. Meet with the statewide, state-designated health information exchange to explore how the HIE can support the Nursing Facility;

Allocation of pool proportional to MaineCare Bed Days by facility.

Year 2 (Calendar Year 2026)

Meet the minimum threshold on two of the three Performance Measures.

Allocation of pool proportional to MaineCare Bed Days by facility.

Year 3 (Calendar Year 2027)

Meet the minimum threshold on all three of the Performance Measures

Distribution based on Performance Measures and Performance Weighting (Section 22.9) and MaineCare Bed Days.

Nursing Facility services Detailed Description of Reimbursement

22.7 Value-Based Withhold

Withheld from Rate – Effective July 1, 2026, a portion of the Routine Rate and Direct Care Rate will be withheld from regular payments and redistributed after each quarterly cycle, in accordance with the Value-Based Repayment provision below. The withheld amount by year is described in the table below. Withheld amounts vary by year and by the proportion of the Nursing Facility’s occupancy held by MaineCare members and/or residents that are part of the Maine Veterans’ Home “70% Program.” For any given Nursing Facility, the withhold for CY 2026 will not apply if the Nursing Facility’s previous three quarterly reports show that the Nursing Facility has been above the minimum threshold on all three measures.

		Withheld from Rate Table		
		2026	2027	2028 forward
Low Priority Population Nursing Facility	Less than 50% MaineCare and/or Maine Veterans’ Home 70% Program Occupancy	1% withheld	2% withheld	4% withheld
Medium Priority Population Nursing Facility	50% to under 70% MaineCare and/or Maine Veterans’ Home 70% Program Occupancy	1% withheld	1% withheld	3% withheld
High Priority Population Nursing Facility	70% or more MaineCare and/or Maine Veterans’ Home 70% Program Occupancy	1% withheld	1% withheld	2% withheld

Value-Based Repayment

Beginning March 31, 2025, all Nursing Facilities, regardless of performance, will receive a quarterly report indicating their performance on the Performance Measures (Section 22.8), as data is available. The report will indicate whether the Nursing Facility qualifies for receipt of any applicable withheld amount or withheld amount and an additional amount, based on whether Nursing Facility satisfies the Performance Thresholds (22.8). Nursing Facility may appeal these findings pursuant to MBM, Chapter 1.

For CY 2026, Nursing Facilities (NFs) earn back the withhold if they meet the Minimum Performance Thresholds (22.8) on two of the three Performance Measures.

In CY 2027 and beyond, NFs earn back the withhold if they meet the Minimum Performance Thresholds (22.8) on all three Performance Measures.

In CY 2026 and 2027, the withholds that are not distributed to Nursing Facilities due to failure to meet the Minimum Performance Thresholds (22.8), will be distributed to Nursing Facilities that met the High Achiever Performance Threshold (22.8).

Beginning Calendar Year 2028, the withholds that are not distributed to Nursing Facilities due to failure to meet the Minimum Performance Threshold will be distributed to Medium or High Priority Population Nursing Facilities that meet the High Achiever Performance Threshold (22.8).

Hence, the amount of funds available to distribute to eligible Nursing Facility providers that meet the High Achiever Performance Threshold depends on the number of Nursing Facilities that fail to meet the minimum performance threshold. If all Nursing Facilities meet the Minimum Performance Threshold, then there will be no funds under this provision to distribute to eligible Nursing Facilities that meet the

Nursing Facility services Detailed Description of Reimbursement

High Achiever Performance Threshold.

22.8 Performance Thresholds

The thresholds for Nursing Facility pay-for-performance are:

Performance Measure	Minimum Performance Threshold	High Achiever Performance Threshold	Data Source for Thresholds
Total Nursing Staff Turnover	20 th Percentile (nationally)	Better of national or state median	CareCompare (www.medicare.gov)
Percentage of long-stay residents who got an antipsychotic medication			CareCompare (www.medicare.gov)
CoreQ Satisfaction Questionnaire			Long Term Care Trend Tracker (www.ahcancal.org)

Minimum and High Achiever performance thresholds for Nursing Facilities are designated in advance of performance periods using nationally available performance data, as described in the table above. If the performance threshold(s) change, facilities will not be scored on an adjusted threshold until six (6) months after the change is implemented.

22.9 Performance Measures and Performance Weighting

Measure Type	Performance Measure	Performance Weighting (CY 2027)	Associated Dollars for Performance Measure
Staffing	Total Nursing Staff Turnover	50%	\$4,050,000
Clinical	Percentage of long-stay residents who got an antipsychotic medication	25%	\$2,025,000
Satisfaction	CoreQ Satisfaction Questionnaire	25%	\$2,025,000

For Calendar Year 2027 Quality Bonus Pool, the Associated Dollars for Performance Measures shall be distributed to Nursing Facilities that meet Minimum or High Achiever Thresholds. The Per-bed Payment shall be determined by dividing the Associated Dollars for Performance Measure by the total number of High Achiever and Minimum Achiever bed days.

$$\text{Per-bed Payment} = \frac{\text{Associated Dollars for Performance Measure}}{((\text{High Achiever beds} \times 2) + \text{Minimum Achiever Beds})}$$

Minimum Achiever facilities shall be paid the Per-bed Payment. High Achiever facilities shall be paid double the Per-bed Payment.

Interested parties may request a paper copy of the measures by calling (207) 624-4050 or Maine Relay number 711. The Department will notify Nursing Facilities at least one hundred twenty (120) days prior to any changes to the Performance Measure(s). Nursing Facilities will not be scored on a new or adjusted Performance Measure at least six (6) months after the change is implemented.