

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 25-0007**

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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March 23, 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) - 25-0007

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0007. This amendment proposes to add coverage for clinic services outside of the “four walls” of IHS/Tribal Clinics.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act in Section 1905(a)(9). This letter informs you that Maine’s Medicaid SPA TN 25-0007 was approved on March 23, 2026, with an effective date of January 1, 2025.

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,

A solid black rectangular box redacting the signature of Nicole McKnight.

Nicole McKnight  
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Kristin Merrill, Acting Associate Policy Director, 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>25 0007</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>1905(a)(9)</b></p>	<p>4. PROPOSED EFFECTIVE DATE <b>01/01/2025</b></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A and 3.1-B Pages 4-6</b></p> <p><b>Pages 4.1, 4.2, 4.3, 4.4, 4.5 and 4.6</b></p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <b>2025</b> \$ <b>0</b></p> <p>b. FFY <b>2026</b> \$ <b>0</b></p>	
<p>9. SUBJECT OF AMENDMENT <b>Coverage for clinic services outside of the "four walls" of IHS/Tribal clinics</b></p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) <b>NEW</b></p>	

10. GOVERNOR'S REVIEW (Check One)

<p><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</p> <p><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>	<p><input checked="" type="checkbox"/> OTHER, AS SPECIFIED:</p>
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<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </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>
<p>12. TYPED NAME <b>Michelle Probert</b></p>	
<p>13. TITLE <b>Director, MaineCare Services</b></p>	
<p>14. DATE SUBMITTED <b>March 31, 2025</b></p>	

FOR CMS USE ONLY	
<p>16. DATE RECEIVED <b>03/31/2025</b></p>	<p>17. DATE APPROVED <b>03/23/2026</b></p>

PLAN APPROVED - ONE COPY ATTACHED	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL <b>01/01/2025</b></p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </p>
<p>20. TYPED NAME OF APPROVING OFFICIAL <b>Nicole McKnight</b></p>	<p>21. TITLE OF APPROVING OFFICIAL <b>On Behalf of Courtney Miller, MCOG Director</b></p>

22. REMARKS

**03/20/2026 - ME agreed to P&I change to revise Box 7 by deleting pages 1 - 6 and adding pages 4.1, 4.2, 4.3, 4.4, 4.5 and 4.6**

State Plan under Title XIX of the Social Security Act

State/Territory: MA NE

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

[Select all three checkboxes below.]

- The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

- Limitations apply to all services within the benefit category.

[Empty text box for describing limitations]

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0007

Approval Date: 03/23/2026

Supersedes TN: NEW

Effective: 01/01/2025

State Plan under Title XIX of the Social Security Act

State/Territory: MA NE

Section 1905(a)(9) Clinic Services

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

- Behavioral Health Clinics [Describe the types of behavioral health clinics below and select below if applicable.]:

[Empty text box for describing behavioral health clinics]

- Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

No limits

- IHS and Tribal Clinics [Select below if applicable.]:

- Limitations apply only to this clinic type within the benefit category. [describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].

No limits

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State Plan under Title XIX of the Social Security Act

State/Territory: MA NE

Section 1905(a)(9) Clinic Services

Renal Dialysis Clinics [Select below if applicable.]:

Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

No limits

Other Clinics [Describe the types of clinics, if any limitations apply, and select below if applicable.]:

Ambulatory Care Clinic  
Ambulatory Surgical Center

Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

No limits

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Effective: 01/01/2025

State Plan under Title XIX of the Social Security Act

State/Territory: MA NE

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. [Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]:

- Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
- Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic [Select all that apply.]:

- Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) [Describe the types of behavioral health clinics such exception applies to below.]:

[Empty text box for describing behavioral health clinics]

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TN: 25-0007

Approval Date: 03/23/2026

Supersedes TN: N E W

Effective: 01/01/2025

State Plan under Title XIX of the Social Security Act

State/Territory: MA NE

Section 1905(a)(9) Clinic Services

Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) [Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]:

A definition adopted and used by a federal governmental agency for programmatic purposes [Describe below.]:

[Empty text box for describing federal agency definition]

A definition adopted by a state governmental agency with a role in setting state rural health policy [Describe below.]:

[Empty text box for describing state agency definition]

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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[Enter Supplement or Addendum if applicable]

Attachment 3.1-A and 3.1-B

4.6

**State Plan under Title XIX of the Social Security Act**

State/Territory: MA NE

**Section 1905(a)(9) Clinic Services**

The state attests that [Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]:

The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:

- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
- The population experiences issues accessing services due to lack of transportation;
- The population experiences a historical mistrust of the health care system; and
- The population experiences high rates of poor health outcomes and mortality.

**Additional Benefit Description (Optional)**

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. [Describe below.]:

[Empty box for Additional Benefit Description]

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