

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 25-0010**

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 S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

June 15, 2026

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

RE: ME-25-0010

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Maine state plan amendment (SPA) to Attachment 4.19-A ME-25-0010, which was submitted to CMS on August 1, 2025. This plan amendment amends the inpatient hospital reimbursement methodology for adjusting the occurrence of supplemental payments for acute care hospitals converting from acute care critical access hospital reimbursement to acute care non-critical access hospital reimbursement from two payments annually to weekly payments.

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 July 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](mailto:James.Francis@cms.hhs.gov).

Sincerely,



Rory Howe  
Director  
Financial Management Group

Enclosures

<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 0010</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)(1)</b></p>	<p>4. PROPOSED EFFECTIVE DATE <b>7/1/2025</b></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-a Page 8(a)</b></p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2025</u> \$ <del>0</del> <b>(1,903,818)</b></p> <p>b. FFY <u>2026</u> \$ <del>0</del> <b>(1,900,424)</b></p>	
<p>9. SUBJECT OF AMENDMENT <b>Adjusting the occurrence of supplemental payments for acute care hospitals converting from acute care critical access hospital reimbursement to acute care non-critical access hospital reimbursement from two payments annually to weekly payments.</b></p>		

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:
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<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p> <p></p>	<p>15. RETURN TO</p> <p><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>August 1, 2025</b></p>	

FOR CMS USE ONLY	
<p>16. DATE RECEIVED <b>August 1, 2025</b></p>	<p>17. DATE APPROVED <b>June 15, 2026</b></p>

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

22. REMARKS

**On 9/15/25, Maine gave permission to make a pen-and-ink change to Blocks 7 and 8 to read: "Attachment 4.19-a Page 8(a)." JGF**

**SUPPLEMENTAL PAYMENTS FOR ACUTE CARE HOSPITALS CONVERTING FROM ACUTE CARE CRITICAL ACCESS HOSPITAL REIMBURSEMENT TO ACUTE CARE NON-CRITICAL ACCESS HOSPITAL REIMBURSEMENT**

Acute Care Hospitals Converting from Acute Care Critical Access Hospital Reimbursement to Acute Care Non-Critical Access Hospital Reimbursement are eligible to receive a supplemental payment of five million seven hundred thirty-six thousand and three hundred twenty-five dollars (\$5,736,325) for each State Fiscal Year beginning July 1, 2025 and ending June 30, 2029. Subject to compliance with all applicable federal rules and payment limits, including 42 CFR 447.271 and 42 CFR 447.272, the amount allocated to inpatient services will not exceed the allowable aggregate upper payment limits. For each year eligible providers receive the supplemental payment, providers are required to be enrolled in Medicaid and providing Medicaid inpatient services. Effective July 1, 2025, the payments will be distributed to eligible hospitals in equal weekly payments. This supplemental payment is not subject to cost settlement.