

Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-26-0009

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

June 16, 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: TN 26-0009

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-26-0009, which was submitted to CMS on March 31, 2026. This plan amendment updates the payment methodology for Rural Health Clinics (RHCs).

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, 2026. 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 used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review


Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER 26 0009</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)(2)(b)</p>	<p>4. PROPOSED EFFECTIVE DATE 01/01/2026</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to attachment 4.19-B Page 1.1 1.2</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2026</u> \$ <u>68,104</u></p> <p>b. FFY <u>2027</u> \$ <u>270,189</u></p>	
<p>9. SUBJECT OF AMENDMENT A one-time cost-of-living adjustment (COLA) for RHC's effective 1/1/2026, as directed by the Maine State Legislature.</p>		

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:

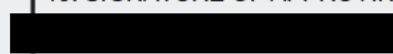
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p> <p></p>	<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>13. TITLE Director, MaineCare Services</p>	
<p>14. DATE SUBMITTED 03/31/2026</p>	

FOR CMS USE ONLY

<p>16. DATE RECEIVED 03/31/2026</p>	<p>17. DATE APPROVED June 16, 2026</p>
--	---

PLAN APPROVED - ONE COPY ATTACHED

<p>18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2026</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p> <p></p>
<p>20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion</p>	<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review</p>

22. REMARKS

6/10/2026: State concurs with a pen and ink change to Boxes 7 and 8.

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

- vii. A change in office hours; or,
- viii. An increase or decrease in the number of encounters.

It is the RHC's responsibility to notify the Department of any "change in the scope of services" and provide proper documentation to support the rate change request. The RHC must submit either at least six (6) months of actual cost data for changes that have already taken place, or twelve (12) months of projected costs for anticipated changes. A change in the 'scope of services' is defined as a change in the type, intensity, duration and/or amount of services. A change in the cost of a service is not considered in and of itself a change in the scope of services.

When a site submits projected costs for an anticipated change that amounts to a PPS rate change that is greater than or equal to 5%, the Department may request data for a subsequent rate adjustment when at least six (6) months of actual data becomes available. The site must also submit a narrative describing the change. Requests for a rate adjustment based on a prior change must be received no later than one hundred and fifty (150) days after the RHC's fiscal year end in which the "change in scope of services" occurred. The Department will respond to a rate adjustment request within sixty (60) days of receiving a completed application.

Adjustments to the PPS rate for the increase or decrease in scope of services will be reflected in the PPS rate beginning with services provided the first day of the month immediately following either the date the Department approves the "change in scope of services" adjustment or the date an anticipated change will begin, whichever is later.

ii. Fee for Service-based (FFS) Methodology for RHC's:

The State reimburses for out-of-scope RHC services through a fee for service payment as reflected on a fee schedule. State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of 1/1/2020 and is effective for services provided on or after that date. All fee for service rates are published at:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20103%20%2D%20Rural%20Health%20Clinic%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

The services located on this fee schedule may be billed in conjunction with the PPS, APM or as a stand-alone visit based on the provider type that delivers these services.

iii. Encounter-Based Alternate Payment Methodology (APM) for RHC's:

Effective 1/1/2020, RHC's may elect to be reimbursed per the PPS methodology at Paragraph 2.b.i and 2.b.iv, with the following changes: 1) reimbursement will be on the basis of 100% of the average of the reasonable cost of providing MaineCare-covered services during fiscal years 2016 and 2017. 2) The scope of service adjustment will be based on services furnished during FY 2018. Reimbursement will be no less than reimbursement received under the prospective payment system described in section 1902(bb) of the United States Social Security Act. Each RHC must be given the option to be reimbursed under the methodology required by this section or under the existing prospective payment system methodology. The individual health centers receiving payment under the APM methodology must agree to receive the APM. Effective 1/1/2026 provides a one-time cost-of-living adjustment (COLA) as authorized by the Maine State Legislature. The COLA will equal 1.00%.