## **Table of Contents**

## **State/Territory Name: Maine**

## State Plan Amendment (SPA) #: ME 21-0001

This file contains the following documents in the order listed:

- Approval Letter
   CMS 170 Form/Summ
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages



Medicaid and CHIP Operations Group

April 30, 2021

VIA E-MAIL Michelle Probert, Director Office of MaineCare Services Department of Health and Human Services 109 Capitol Street, 11 State House Station Augusta, Maine 04333-0011

Dear Ms. Probert:

Enclosed is an approved copy of the Maine State Plan Amendment (SPA) 21-0001, received on March 25, 2021 to comply with Electronic Visit Verification (EVV) requirements in Section 12006 of the 21<sup>st</sup> Century CURES Act. The effective date for this SPA is January 1, 2021, as requested by your agency.

If you have questions concerning this letter, please contact Gilson DaSilva, Division of Program Operations (South Branch) at (617) 565-1227 or via e-mail at Gilson.dasilva@cms.hhs.gov.

Sincerely,



James G. Scott, Director Division of Program Operations

cc: Kristin Merrill, State Plan Manager, Office of MaineCare Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB No. 0938-0193		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 21 - 0001	2. STATE Maine		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX ACT (MEDICAID)	OF THE SOCIAL SECURITY		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND	4. PROPOSED EFFECTIVE DATE 01/01/2021			
5. TYPE OF PLAN MATERIAL (Check One)				
Image: New State Plan   Image: Amendment to be compared by the state plan	NSIDERED AS NEW PLAN			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for each ar	mendment)		
6. FEDERAL STATUTE/REGULATION CITATION section 12006 of the 21st Century CURES Act	7. FEDERAL BUDGET IMPACT a. FFY2021\$ b. FFY2022\$	N/A N/A		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 3(a), 5(a)(iv) and Page 10	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 3(a), 5(a)(iv) and Page 10			
10. SUBJECT OF AMENDMENT Compliance with Electronic Visit Verification (EVV) requ Act 11. GOVERNOR'S REVIEW (Check One)	uirements in section 12006 of the	e 21st Century CURES		
	⊠ OTHER, AS SPECIFIED			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO			
13. TYPED NAME       Michelle Probert       14. TITLE	Aichelle Probert Director, MaineCare Services 11 State House Station 09 Capitol Street Augusta, Maine 04333-0011			
15. DATE SUBMITTED	Augusta, Maine 04353-0011			
3/24/21				
17. DATE RECEIVED 03/25/2021	18. DATE APPROVED 04/29/2021			
PLAN APPROVED - OI				
19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2021	20. SIGNATURE OF REGIONAL OFFICIA			
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations			

23. REMARKS

04/13/2021 - ME agreed to pen-and-ink change to keep only page 10 in boxes 8 and 9.

22. TITLE Director, Division of Program Operations

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## AMOUNT. DURATION, AND SCOPE OF MEDICAL AND REMEDIAL SERVICES AND CARE PROVIDED TO THE CATEGORICALLY

Maine

- 25. Home and Community care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.
  Provided Not Provided
- 26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the Individual by a physician or the State Agency or its authorized agent in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who Is not a member of the Individual's family, and (C) furnished in a home.\*\*

 $\boxtimes$  Provided  $\boxtimes$  State approved (not physician) service plan allowed

 $\boxtimes$  Services outside the home also allowed

 $\square$  Limitations described on attachment

Not Provided

Revision HCFA-PA-94-9 (MB)

December 1994

State:

\*\*The state will comply with the applicable Electronic Visit Verification System (EVV) requirements effective January 1, 2021 in accordance with section 12006 of the 21st Century Cures Act.