

## **Table of Contents**

**State/Territory Name: ME**

**State Plan Amendment (SPA): ME-22-0034**

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  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

January 26, 2023

Michelle Probert, Director  
Maine Department of Health and Human Services  
MaineCare Services  
Policy Division  
11 State House Station  
Augusta, Maine 04333-0011

RE: TN 22-0034

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-22-0034 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2022. This plan amendment authorizes a 4.9% rate increase for Family Planning and Supplies services that do not have a Medicare rate.

Based upon the information provided by the State, we have approved the amendment with an effective date July 1, 2022. 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 [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

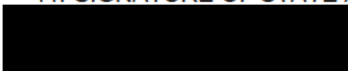
Enclosures

<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>22 0034</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)(4)(c)</b></p>	<p>4. PROPOSED EFFECTIVE DATE <b>July 1, 2022</b></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Supplement 1 to Attachment 4.19-B Page 1.7(a)</b></p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2022</u> \$ <u>1,020</u></p> <p>b. FFY <u>2023</u> \$ <u>4,044</u></p>	
<p>9. SUBJECT OF AMENDMENT Amends reimbursement, effective July 1, 2022, of certain services through a cost-of-living adjustment (COLA). The COLA will be equal to an increase of 4.94% above the currently established rate(s).</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Supplement 1 to Attachment 4.19-B Page 1.7(a)</b></p>	

10. GOVERNOR'S REVIEW (Check One)

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


OTHER, AS SPECIFIED:

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO <b>Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street 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>6/30/2022</b></p>	

**FOR CMS USE ONLY**

<p>16. DATE RECEIVED June 30, 2022</p>	<p>17. DATE APPROVED January 26, 2023</p>
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**PLAN APPROVED - ONE COPY ATTACHED**

<p>18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2022</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B  
Page 1.7(a)

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

- b. Early and Periodic Screening, Diagnosis and Treatment Services -- The State-agency will apply the rates currently in effect for the item of service provided, except the rates of payment for agencies participating in the EPSDT program under special agreements Is made on the basis of a negotiated fee schedule, if no other approved methodology is available, not to exceed the amount allowed by Medicare.
- c. Family Planning Services and Supplies: The State agency will apply the payment rate as described below
  1. Where Medicare provides a reimbursement rate the Department will reimburse the lowest of the following:
    - a. Seventy-two point four percent (72.4%) of the current year's Medicare rate per code, including appropriate Medicare fee adjustments for place-of-service modifiers in effect at the time of service; or
    - b. The provider's usual or customary charge.
  2. For services where Medicare does not provide a reimbursement rate, the Department will reimburse according to an agency fee schedule. State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of July 1, 2022 and were effective for services provided on or after that date. All rates are published at:  
<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20030%20%2D%20Family%20Planning%20Agency%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>