

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

December 23, 2011

Mary C. Mayhew, Commissioner
Department of Health and Human Services
Commissioner's Office
11 State House Station
August, Maine 04333-0011

Dear Commissioner Mayhew:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 10-012 with an effective date of September 1, 2011, as requested by your Agency.

This SPA transmitted a proposed amendment to Maine's approved Title XIX State plan to amending its State Plan to clarify the amount, duration, and scope of medical and remedial care and services to the categorically needy. Specifically, the description for the following services were clarified and updated:

- Home Health Services
- Physical and Occupational Therapies
- Speech and Hearing Services
- Dental Services
- Podiatry
- Optometry
- Private Duty Nursing

This SPA also incorporates Affordable Care Act – Section 6407. Section 6407 of the Affordable Care Act requires the physician to document the existence of a face-to-face encounter (including the use of telehealth) with the Medicaid eligible individual prior to ordering the provision of home health services.

A companion letter to this SPA approval will address the reimbursement issues discovered during the review of this SPA.

We reviewed this SPA for compliance with §1902(a)(73) of the Social Security Act, as added by §5006(e) of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. This SPA was also reviewed in conjunction with provisions of the Affordable Care Act, Public Law 111-148.

Page 2 – Mary C. Mayhew Commissioner

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

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Richard R. McGreal
Associate Regional Administrator

Enclosures

cc: Stefanie Nadeau, Director, Office of Maine Care Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 10-012	2. STATE: MAINE
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE(S) 9/1/10	

5. TYPE OF PLAN MATERIAL (CHECK ONE):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §§ 440.50, 440.60, 440.70, 440.80, 440.100, 440.110	7. FEDERAL BUDGET IMPACT: Cost Neutral
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT TO 3.1-A, PAGES 1, 2, 3 - 3(i), and 4 - 4(h)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT TO 3.1-A, PAGE 1-4A
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SUBJECT OF AMENDMENT: **COVERAGE OF CATEGORICALLY NEEDY CATEGORY**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
COMMISSIONER, DEPT. OF HUMAN SERVICES
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGN _____ OFFICIAL:

13. TYPED NAME:
MARY C. MAYHEW

14. TITLE:
Commissioner, Maine Department of Health and Human Services

15. DATE SUBMITTED: 09/24/10

16. RETURN TO:

STEFANIE NADEAU

Director, MaineCare Services
#11 State House Station

442 CIVIC CENTER DRIVE
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 09/27/11	18. DATE APPROVED: 12/23/11
19. EFFECTIVE DATE OF APPROVED MATERIAL: 9/1/10	20. SIGNATURE OF REGIONAL OFFICIAL: _____
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS: State and CMS representatives agreed via e-mail dated 12/16/11 to the following pen & ink changes:

- Box 8 of the 179 was updated to reflect the correct plan pages
- Attachment 3.1-A, page 1, TN Supersedes changed to 91-14
- Attachment 3.1-A, page 2, TN Supersedes changed to 02-011
- Attachment 3.1-A, page 3d, TN Supersedes changed to 04-015
- Attachment 3.1-A, page 4d, removed text that says "Supplement 1 to" in the page description
- Attachment 3.1-A, page 4e, removed text that says "Supplement 1 to" in the page description

State/Territory: Maine

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

1. Inpatient hospital services other than those provided in an institution for mental diseases.
Provided: No limitations With limitations
- 2.a. Out patient hospital services
Provided: No limitations With limitations*
- b. Rural health clinic services and other ambulatory serviced furnished by a rural health clinic (which are otherwise included in the State Plan).
Provided: No limitations With limitations*
- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).
Provided: No limitations With limitations*
3. Other laboratory and x-ray services.
Provided: No limitations With limitations*

TN No. 10-012

Supersedes

Approval Date: 12/23/11

Effective Date: 9/1/10

TN No 91-14

State/Territory: Maine

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations With limitations*

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services

Provided: No limitations With limitations*

b. Optometrists' services.

Provided: No limitations With limitations*

c. Chiropractors' services.

Provided: No limitations With limitations*

TN No. 10-012

Supersedes

Approval Date: 12/23/11

Effective Date: 9/1/10

TN No. 02-011

State/Territory: Maine

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED OT THE CATEGORICALLY NEEDY

d. Other practitioners' services.

Provided: Identified on attached sheet with description of limitations, if any.

7. Home Health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

d. Physical therapy services provided by a licensed and Medicare certified home health agency.

Provided: No limitations With limitations*

e. Speech-language pathology services provided by a licensed and Medicare certified home health agency

Provided: No limitations With limitations*

f. Occupational therapy services provided by a licensed and Medicare certified home health agency.

Provided: No limitations With limitations*

TN No. 10-012

Supersedes

Approval Date: 12/23/11

Effective Date: 9/1/10

TN No 04-002

State/Territory: Maine

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED OT THE CATEGORICALLY NEEDY

g. Audiology services

Provided: No limitations With limitations*
 Not Provided

8. Private duty nursing services.

Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 10-012

Supersedes

Approval Date: 12/23/11

Effective Date: 9/1/10

TN No 04-002

State/Territory: Maine

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

6a. Podiatrists' Services

After an initial visit, routine podiatric care will only be covered for members who have any illness, diagnosis, or condition that if left untreated may cause loss of function or may risk loss of limb; and for whom self-care or foot care by a non-professional person would be hazardous and pose a threat to the member's condition.

TN No. 10-012

Supersedes

Approval Date: 12/23/11

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TN No. 04-002

State/Territory: Maine

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED

Item 10. Dental Services

- A. Persons under EPSDT not limited, except that PA is required for orthodontic services and some others.
- B. For persons aged 21 years of age and over limited to selected procedures as necessary to relieve or eradicate acute pain, control bleeding, eliminate acute infection and prevent imminent tooth loss:
1. acute surgical care directly related to an accident where traumatic injury has occurred;
 2. diagnostic procedures to identify the acute problem;
 3. medications necessary to eliminate infection and control acute pain;
 4. pulpotomies, and root canal treatments for acutely painful teeth;
 5. restorations necessary to restore previously endodontically treated teeth during the same period of treatment as the original endodontic services;
 6. restorations necessary to prevent eminent tooth loss;
 7. extraction of teeth as necessary to treat acute pulpitis or acute periodontal abscess;
 8. extraction of teeth when provided in connection with medically necessary oral surgery, or when radiographic evidence indicates tooth decay into the pulp or periapical bone loss; and
 9. oral surgical and related medical procedures not involving the dentition and gingiva.

Other adult dental services are only available for qualifying medical conditions with prior authorization.

TN No. 10-012

Supersedes

Approval Date: 12/23/11

Effective Date: 9/1/10

TN No. 04-019

State/Territory: Maine

- **Therapeutic Procedures:** Therapeutic procedures effect change through the application of clinical skills and/or services that attempt to improve function.
- **Tests and measurements:** The therapist is required to have direct (one-on-one) continuous patient contact in performing testing and measurement
- **Supplies:** Covered supplies under this section include items such as splinting and supplies necessary for the provision of physical therapy services. Providers may not bill for supplies under other Sections of the MaineCare Benefits Manual, unless they are enrolled as providers and comply with the appropriate Section requirements. Covered supplies under this Section must be billed at acquisition cost and be documented by an invoice in the member's file. Routine supplies used in the course of treatment are not separately reimbursable. Take-home supplies are not reimbursable.

***All physical therapy services, physical therapy providers and practitioners meet the requirements at 42 CFR 440.110.**

TN No. 10-012

Supersedes

Approval Date: 12/23/11

Effective Date: 9/1/10

TN No. 04-019

State/Territory: Maine

- **Therapeutic Procedures:** Therapeutic procedures effect change through the application of clinical skills and/or services that attempt to improve function.
- **Tests and measurements:** The therapist is required to have direct (one-on-one) continuous patient contact in performing testing and measurement.
- **Supplies:** Covered supplies under this Section include items such as splinting and supplies necessary for the provision of occupational therapy services. Providers may not bill for supplies under other Sections of the MaineCare Benefits Manual, unless they are enrolled as providers and comply with the appropriate Section requirements. Covered supplies under this Section must be billed at acquisition cost and be documented by an invoice in the member's file. Routine supplies used in the course of treatment are not separately reimbursable. Take-home supplies are not reimbursable.

All ages:

- MaineCare will not reimburse for more than two (2) hours of occupational therapy services per day.
- Supervised modalities (those without direct one-to-one continuous contact) that are provided on the same day as modalities requiring constant attendance or on the same day as any other therapeutic procedure are not billable. Billing for supervised modalities as stand-alone treatment is limited to one (1) unit per modality per day.

Adults (age twenty-one (21) and over):

- Services for adults who meet the specific eligibility requirements must be initiated within sixty (60) days from the date of physician or PCP certification. Eligibility requirements include: Services for members of all ages must be medically necessary. The Department or its authorized agent has the right to perform eligibility determination and/or utilization review to determine if services provided are medically necessary. Adult members (age twenty-one (21) and over) in an outpatient setting must have rehabilitation potential documented by a physician or PCP.
- Services for palliative care and maintenance care are limited to one (1) visit per year to design a plan of care, to train the member or caretaker of the member to implement the plan, or to reassess the plan of care, except that this limitation does not apply to maintenance care for members who would otherwise experience a deterioration in function that would result in an extended length of stay or placement in an institutional or hospital setting, as documented by the physician or PCP.

TN No. 10-012

Supersedes

Approval Date: 12/23/11

Effective Date: 9/1/10

TN No. 04-019

