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State/Territory Name: Maine

State Plan Amendment (SPA) #:12-006B

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 4) Approved SPA Page

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



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

April 24, 2018

Ricker Hamilton, Commissioner
Department of Health and Human Services
221 State Street
Commissioner's Office
Augusta, Maine 04333-0011

Dear Commissioner Hamilton:

We are pleased to enclose a copy of approved Maine State Plan Amendment (SPA) No. 12-006B, which was submitted to my office on June 29, 2012. This SPA transmitted a proposed amendment to Maine's approved Title XIX State Plan to amend the optometrist services coverage section of the state plan. As requested by the State, the SPA has been approved effective April 1, 2012.

This SPA is estimated to have a Federal budget savings of \$43,782.21 in state fiscal year 2012 and \$234,852.74 in state fiscal year 2013.

If you have any questions you may contact Aimee Campbell-O'Connor at (617) 565-1642 or by email at Aimee.Campbell-Oconnor@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 12-006B	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) 4/1/12	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60, 440.70, 440.110		7. FEDERAL BUDGET IMPACT: SFY 12: -\$43,782.21 SFY 13: -\$234,852.74	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-A, PAGE 3D		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 3.1-A, PAGES 3D	
SUBJECT OF AMENDMENT: REDUCTION IN COVERAGE OF OPTOMETRISTS' SERVICES			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED COMMISSIONER, DEPT. OF HUMAN SERVICES <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		16. RETURN TO: STEFANIE NADEAU Director, MaineCare Services #11 State House Station 242 STATE STREET Augusta, ME 04333-0011	
13. TYPED NAME: Stefanie Nadeau			
14. TITLE: Director, MaineCare Services			
15. DATE SUBMITTED: 06/29/12 (RESUBMITTED 4/11/2018)			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/29/12		18. DATE APPROVED: 4/24/2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/12		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard McGreal		22. TITLE: Associate Regional Administrator	
23. REMARKS			

State/Territory: _____

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

Item 6b - Optometrists' Services

Adults ages twenty-one (21) and older are limited to one routine exam every three (3) years. This limitation may be exceeded based on medical necessity.

Children, under age twenty-one (21) are limited to one annual routine eye exam per one (1) year. Individuals covered under EPSDT may exceed limitations based on medical necessity.

TN No. 12-006B

Supersedes

Approval Date: 4/24/18

Effective Date: 4/1/12

TN No 10-012