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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**

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February 4, 2014

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

RE: ME 13-005

Dear Commissioner Mayhew:

As you are aware, CMS approved Maine SPA 13-005 on December 20, 2013. As part of the approval package, CMS included an executed CMS Form 179. It has come to our attention that an incorrect and early version of the CMS Form 179, indicating a cost savings rather than cost increase, was included in the approval package. We apologize for this clerical error. The purpose of this letter is to provide the State with the correct CMS Form 179.

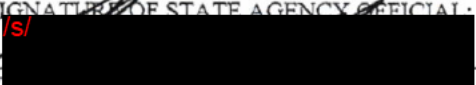

Please replace the incorrect document with the enclosed CMS Form 179, which properly indicates the estimated fiscal impact for Federal Fiscal Years 2013 and 2014 (see Block 7); please discard the incorrect version.

CMS appreciates the significant amount of work your staff dedicated to preparing this State plan amendment. Please contact Kathryn Holt, [kathryn.holt@cms.hhs.gov](mailto:kathryn.holt@cms.hhs.gov), or at 617/565-1246, if you have any questions.

A black rectangular redaction box covering the signature of Richard R. McGreal. A small red "s/" is visible in the top left corner of the redaction.

Richard R. McGreal  
Associate Regional Administrator

cc: Stefanie Nadeau, MaineCare Director

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|---|--|---|-------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  |  | 1. TRANSMITTAL NUMBER:<br>13-005  | 2. STATE<br>Maine |
| FOR: HEALTH CARE FINANCING ADMINISTRATION   |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |                   |
| TO: REGIONAL ADMINISTRATOR<br>Centers for Medicare and Medicaid Services<br>Department of Health and Human Services   |  | 4. PROPOSED EFFECTIVE DATE<br>January 1, 2013   |                   |
| 5. TYPE OF PLAN MATERIAL (Check One):<br><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:<br>42 CFR 440.230<br>42 CFR 440.225   |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2013      \$ 100,856<br>b. FFY 2014      \$ 144,309   |                   |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Attachment 3.1-A page 4b   |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><br>Attachment 3.1-A page 4b                                  |                   |
| 10. SUBJECT OF AMENDMENT:<br>Physical therapy and Pain Management   |  |   |                   |
| 11. GOVERNOR'S REVIEW (Check One):<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Commissioner, Dept. of Health and Human Services<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  |  |   |                   |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>  |  | 16. RETURN TO:<br>Stefanie Nadeau<br>Director, MaineCare Services<br>#11 State House Station<br>242 State Street<br>Augusta, Maine 04333-0011 |                   |
| 13. TYPED NAME:<br>Mary C. Mayhew   |  |   |                   |
| 14. TITLE:<br>Commissioner, Department of Health and Human Services   |  |   |                   |
| 15. DATE SUBMITTED:<br>3/29/2013  |  |   |                   |
| <b>FOR REGIONAL OFFICE USE ONLY</b>   |  |   |                   |
| 17. DATE RECEIVED: March 29, 2013   |  | 18. DATE APPROVED: December 20, 2013  |                   |
| PLAN APPROVED - ONE COPY ATTACHED   |  |   |                   |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2013   |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br>                   |                   |
| 21. TYPED NAME: Richard R. McGreal  |  | 22. TITLE: Associate Regional Administrator   |                   |
| 23. REMARKS: This CMS-Form 179 replaces a previously-executed CMS-Form 179 that was erroneously included in the approval package for this SPA. This CMS-Form 179 correctly reflects the Federal Budget Impact of FFY 2013: \$100, 856.00 and FFY 2014: \$144, 309. The previous CMS-Form 179 incorrectly identified a savings in the Federal Budget of \$104, 179. The previous CMS-Form 179 should be replaced with this document. |  |   |                   |



**State/Territory: Maine****AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

Item 11a. Physical Therapy Services Prescribed by a physician of the healing arts within the scope of his or her practice under state law and provided to a recipient by or under the direction of a qualified physical therapist. All physical therapy services are furnished by or under the direction of qualified therapists. Eligibility for adults is limited to those with rehabilitation potential and to treatment following certain hospital stays, after certain procedures, and in cases of required extensive assistance in activities of daily living. One initial evaluation is provided, without prior authorization, in order to determine "rehab potential". Medically necessary services are provided without limitations for children under ESPDT.

All professional staff must be conditionally, temporarily, or fully licensed as documented by written evidence from the appropriate governing body. All professional staff must provide services only to the extent permitted by licensure. The following professionals are qualified professional staff:

- Physical Therapist
  - A physical therapist may be self-employed or employed by an agency or business. Agencies, schools or businesses may enroll as a provider of service and bill directly for services provided by qualified staff. A physical therapy assistant may not enroll as an independent billing provider.
- Physical Therapy Assistant

The qualifications for Physical Therapists and Physical Therapy Assistants comports with the requirements of 42 CFR 440.110.

MaineCare will reimburse for covered medically necessary services in all outpatient settings, including the home. Services must be of such a level, complexity, and sophistication that the judgment, knowledge, and skills of a licensed therapist are required. All services must be in accordance with acceptable standards of medical practice and be a specific and effective treatment for the member's condition. Services related to activities for the general good and welfare of members (for example, general exercises to promote overall fitness and flexibility, and activities to provide diversion or general motivation) are not MaineCare covered physical therapy services.

Members receiving physical therapy may receive up to five (5) treatment visits and one (1) evaluation within twelve months (12) based on medical necessity. This limit may be exceeded with prior authorization based on a demonstration that the service is medically necessary.

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TN No. 13-005

Supersedes

Approval Date: 12/20/13

Effective Date: 1/1/13

TN No. 10-012