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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

August 5, 2014

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

RE: Maine 13-035

Dear Commissioner Mayhew:

We have approved State Plan Amendment (SPA) No. 13-035; attached you will find an approved copy of the SPA. As requested, this SPA is effective October 1, 2013.

The purpose of this SPA is to amend the State Plan with the addition of four provider types to the Other Licensed Providers section. Those provider types are:

1. Independent Practice Dental Hygienist;
2. Independent Practice Dental Hygienist practicing under Public Health Supervision;
3. Dental Hygienist and,
4. Denturist

As approved, this SPA has no budgetary impact for Federal Fiscal Year (FFY) 2013, a cost of \$172, 822 in FFY 2014, and a cost of \$362, 007 in FFY 2015.

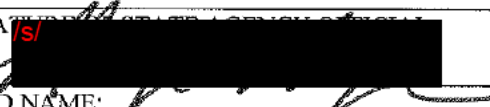
If you have any questions regarding this SPA, please contact Kathryn Holt, Maine State Lead, at 617/565-1246, or at kathryn.holt@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-035	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 October 1, 2013 XXXXXXXXXXXX	
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(A); 22 M.R.S. §3174-RR; TITLE 32 M.R.S. §1094-I		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$0 b. FFY 2014 cost of \$172,822 c. FFY 2015 cost of \$362,007	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B Page 2a Attachment 3.1-A Pages 3(f), 3(g), 3(h) 3(h) Attachment 3.1-A Pages 3(f), 3(g), 3(i), 3(j)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 4.19-B Page 2a Attachment 3.1-A Page 3(f), new pages Attachment 3.1-A Page 3(f), 3(g), 3(h), 3(i) new page	
10. SUBJECT OF AMENDMENT: New Provider Type to Other Practitioners' 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 Health and Human Services <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE: 		16. RETURN TO: Stefanie Nadeau Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
13. TYPED NAME: Mary C. Mayhew			
14. TITLE: Commissioner, Department of Health and Human Services			
15. DATE SUBMITTED: 12-20-13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/26/2013		18. DATE APPROVED: 06/30/2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2013		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator	
23. REMARKS: CMS made the following pen-and-ink changes to this document. They were agreed upon by the State. 1. Box 4: eliminated incorrect information to the requested effective date 2. Box 8: corrected pagination errors 3. Box 9: corrected pagination errors			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Revision: HCFA-PM-91-4
August 1991

ATTACHMENT 3.1-A
Page 3(f)
OMB No: 0938-

State/Territory: Maine

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

Item 6d – Other Practitioners’ Services:

Advance Practice Nurses other than nurse midwives and certified family and pediatric NPs.
No Limits.

Dental Services – Other Qualified Staff

Registered Dental Hygienists (RDHs) and Independent Practice Dental Hygienists (IPDHs) Practicing Under Public Health Supervision (PHS) Status: any person currently licensed by the Maine State Board of Dental Examiners as an RDH or IPDH may perform the following services when practicing under Public PHS status, in school-based and/or school-linked programs through the Maine Center for Disease Control and Prevention, Oral Health Program, and in schools of dental hygiene: prophylaxis, fluoride treatments, oral hygiene instructions and sealants.

Independent Practice Dental Hygienist (IPDH): Any person currently licensed by the Maine State Board of Dental Examiners as an IPDH. IPDHs may provide the following services when practicing independently (i.e, not under Public Health Supervision status, in school-based and/or school-linked programs through the Maine Center for Disease Control and Prevention, Oral Health Program, and in schools of dental hygiene): prophylaxis, fluoride treatments, oral hygiene instructions, sealants, radiographs (x-rays, under a temporary pilot program under the jurisdiction of the Maine Board of Dental Examiners) and protective restoration (temporary fillings).

- a. When an IPDH performs x-rays the IPDH must :
 - i. Have a written agreement with a dentist who is enrolled as a MaineCare rendering provider and who is, at the time the services are rendered, accepting MaineCare members, to interpret the x-ray. Because reimbursement for x-rays performed by the IPDH and the reviewing dentist is covered by a single code, only the IPDH may submit a claim for payment for such services.
 - ii. Refer the MaineCare member to the same dentist who performed the interpretation if the dentist determines that follow-up treatment is necessary; the referral must state that the member has a choice of providers.
- b. When an IPDH performs temporary fillings they must:
 - i. Maintain a written business agreement with a dentist who is enrolled as a MaineCare rendering provider who is accepting MaineCare members, whereby the IPDH refers the patient to that dentist for follow up care, and the dentist agrees to accept the referral, with the visit scheduled to be no more than 60 calendar days after the placement of the temporary filling.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Revision: HCFA-PM-91-4
August 1991

ATTACHMENT 3.1-A
Page 3(g)
OMB No: 0938-

State/Territory: Maine

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

- ii. Inform the member, verbally and in writing, before performing each temporary filling that the protective restoration the member is about to receive is only a temporary treatment and that follow-up treatment by a dentist is necessary to treat the condition; and
- iii. Refer the member for follow-up care to the dentist with whom the IPDH has the referral agreement; the referral must state that the member has a choice of providers.

Denturist is any person currently licensed by the Maine State Board of Dental Examiners or by the state or province in which services are provided to practice denturism. Denturist may provide the following services: the taking of denture impression and bite registration for the purpose of, or with a view to, the making, producing, reproducing, construction, finishing, supplying, altering or repairing of a denture to be fitted to an edentulous or partially edentulous arch or arches, the fitting of a denture to an edentulous or partially edentulous arch or arches, including the making, producing, reproducing, constructing, finishing, supplying, altering and repairing of dentures, without performing alternation to natural or reconstructed tooth structures. Upon the receipt of a written statement of oral condition or oral health certificate as determined by the Board of Dental Examiners by a licensed dentist, a denturist may complete clinical procedures related to the fabrication of a removable tooth-borne partial denture, including case frameworks, and the procedures incidental to the procedures specified above, as defined by the board.

All denturists; IPDHs; RDHs and IPDHs practicing under Public Health Supervision status, in school-based and/or school-linked programs through the Maine Center for Disease Control and Prevention, Oral Health Program, and in schools of dental hygiene must be enrolled as MaineCare rendering providers.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Revision: HCFA-PM-91-4
August 1991

ATTACHMENT 3.1-A
Page 3(h)
OMB No: 0938-

State/Territory: Maine

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

Item 7. Home Health – Medical Social Services

Medical social services are psychological or social services (as defined below) provided by the Home Health agency (42 CFR 440.70(4)(e)(1)(ii)) in conjunction with a skilled nursing service or physical or occupational therapy 42 CFR 440.70. Medical social services are provided by professionals (as defined below) and are indicated in the plan of care as necessary to resolve social or emotional problems that are or are expected to be an impediment to the effective treatment of the member's medical condition or to affect his or her rate of recovery. The services may include: assessment, counseling, and assessment of availability of community resources and actions to obtain available community resources to assist in resolving the service recipient's problems.

Social Services provided in conjunction with home health services are provided by Licensed Master Social Workers (LMSW), Licensed Clinical Professional Counselor (LCPC), Licensed Social Worker (LSW), or Licensed Social Worker (Conditional) (LSWc).

A social worker must: (a) hold a Master's degree from a school of social work accredited by the Council of Social Work Education, and (b) be either licensed or certified in accordance with 32 M.R.S.A. Chapter 83, §7001 or be eligible for examination by the Maine Board of Social Workers Registration, which eligibility is documented by written evidence from such Board.

Home Health Services are provided in accordance with 42 CFR 440.70 and are provided to members based on medical necessity.

Home Health Services are skilled nursing and home health aide services, physical and occupational therapy services, and speech language pathology services needed on an intermittent basis.

Intermittent in general shall mean skilled nursing care needed on fewer than seven (7) days per week or less than eight (8) hours each day for periods of up to twenty one (21) days as defined in CMS publication 11 "Medicare Home Health Agency Manual".

The amount, duration and scope of Home Health services is determined by the written orders from the ordering physician and defined in the physician ordered plan of care reviewed and approved by the ordering physician. The physician orders services in the amount, scope and for the duration they deem necessary based on their assessment of the medical necessity of the service. Each member is eligible to receive as many covered services as are medically necessary as long as the member meets the eligibility requirements, and services are provided in accordance with a valid, authorized certification period, and there is a valid prior authorization where prior authorization is required. The physician or designated provider working with the physician orders the Home Health service based on evaluation of the medical necessity for the services initially and through on-going periodic systematic review of the Member needs.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Revision: HCFA-PM-91-4
August 1991

ATTACHMENT 3.1-A
Page 3(i)
OMB No: 0938-

State/Territory: Maine

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

To make the determination of necessity and certification for Home Health Services and for medical supplies and equipment suitable for use in the home there will be a face-to-face encounter (including the use of Telehealth) between the member receiving Home Health Service and the physician or designated provider working with or under the supervision of the physician, as required in the Patient Protection and Affordable Care Act, P.L. 111-148, Section 6407.

The amount, duration and scope of home health services are limited to the medical necessity of each. All Home Health Services, supplies and equipment are provided to members based on medical necessity. The State has a process for determination of medical necessity for start of services and for periodic, systematic review and recertification of services that require continuation.

Certification of medical necessity for services is required in order to continue services after the initial certification period.

The initial certification period for all Home Health services is up to sixty (60) days, but may be less than 60 days depending upon the prescribing physicians order and the actual length of time is based on medical necessity. Certification Period shall mean the months and/or days, which identify the period covered by the physician's plan of care. The "From" date for the initial certification must match the start of care date. The "To" date can be up to, but never exceed, sixty (60) days. Services must be recertified in order to continue beyond the initial certification period. Recertification shall follow the same length of time requirements.

Service provision is based on medical necessity. The State does not limit the number of medically necessary visits for services.

All Home Health Services must be provided by a Medicare certified home health agency.

Services are provided to an individual on his or her physician's orders and must be part of a written plan of care that the physician reviews every sixty (60) days. Physical therapists, occupational therapists, and providers of speech language pathology services meet qualifications as specified in 42 CFR 440.110.

Certain supplies, including incontinence supplies are limited to those supplied through the State's contract.

All Home Health services are provided in accordance with 42 CFR 440.70

State/Territory: Maine

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

8. Private duty nursing services.

Private duty nursing (PDN) services are nursing services for recipients who require more than individual and continuous care who meet medical necessity. These services are provided by a registered nurse, or a licensed practical nurse under the direction of the recipient's physician. All Private Duty Nursing services require authorization. Prior authorization is required for all members under the age of 21, who exceed the PDN program cost cap. All services are provided to all individuals 0 through their 20th year if determined medically necessary as required by section 1905(r) of the Social Security Act, the EPSDT provision. All nurses must be licensed by the State of Maine Board of Nursing, and are subject to the rules and regulations of the Maine Nurse Practice Act, which requires an RN to hold a degree, diploma, or certificate from a two-year course of study in an approved professional nursing program, and requires a licensed practical nurse to have completed a prescribed course in a state-approved program for the preparation of practical nurses.

RNs or LPNs providing this service may be employed by a Home Health Agency or be independently practicing with the scope of their licensure. Private Duty nursing services may be provided within a home or community setting.

There are several limitations within the amount, duration and/or scope of Private Duty Nursing services, including: services for which the cost exceeds the limits described, those services that can be reasonably obtained by the Member outside his/her place of residence,; personal care services provided by a spouse of the Member, the parents or stepparents of a minor child, or a legally responsible relative; as well as, homemaker and chore services not directly related to medical necessity. Homemaker and chore services, as well as, escorting members outside of the home are covered only as authorized by the ASA in the plan of care when required. Supervisory visits made for the purpose of supervising home health aides, certified nursing assistants or personal care assistants; services which are not approved by the plan of care; or services in excess of 40 hours per week, provided by an individual PSS, home health aide or certified nursing assistant, for an individual Member. Skills training shall not exceed 14.25 hours annually including any hours needed for initial instruction. Care Coordination shall not exceed 18 hours annually.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplement 1 to Attachment 4.19-B

Page 2a

OMB No: 0938

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

6. a. Chiropractors – State-developed fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rate was set as November 23, 2009 and is effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S15R112320009.pdf>
- b. Psychologist -- The State agency will apply the payment rate as described in Attachment 4.19-A when provided by a hospital and as described in Supplemental 1 to Attachment 4.19-B, Page 1a, Item 5, when provided as Physicians’ Services. State-developed fee schedule rates are the same for both governmental and private providers.
- c. Other Practitioners’ Services –
1. Registered Dental Hygienist Practicing Under Public Health Supervision-Payment for these services is made on the basis of a fixed fee schedule, State-developed fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rate was set as of August 9, 2010 and is effective for services provided on or after that date. All rates are published at <http://www.maine.gov/dhhs/audit/rate-setting/documents/S25R08092010.pdf>
 2. Independent Practice Dental Hygienist Practicing Under Public Health Supervision- Payment for these services is made on the basis of a fixed fee schedule, State-developed fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rate was set as of August 9, 2010 and is effective for services provided on or after that date. All rates are published at <http://www.maine.gov/dhhs/audit/rate-setting/documents/S25R08092010.pdf>
 3. Independent Practice Dental Hygienist- Payment for these services is made on the basis of a fixed fee schedule, State-developed fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rate was set as of August 9, 2010 and is effective for services provided on or after that date. All rates are published at <http://www.maine.gov/dhhs/audit/rate-setting/documents/S25R08092010.pdf>
 4. Denturist- Payment for these services is made on the basis of a fixed fee schedule, State-developed fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rate was set as of August 9, 2010 and is effective for services provided on or after that date. All rates are published at <http://www.maine.gov/dhhs/audit/rate-setting/documents/S25R08092010.pdf>