

ME 14-002 508 COMPLIANT APPROVAL PACKAGE

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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

October 10, 2014

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

RE: Maine 14-002

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. 14-002; attached you will find an approved copy of the SPA. As requested, this SPA is effective January 1, 2014.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to add coverage of the digital hearing aid and related codes as well as allowable hearing devices. This SPA limits hearing aid providers to purchase digital hearing aids only from the designated Hearing Aid Procurement Program. This SPA also adds several Speech Services procedure codes, as necessitated by a change in coding standards.


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: 14-002	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 January 1, 2014	
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 CF §440.110; 42 CFR §447.200		7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> cost of \$ <u>90,716.95</u> b. FFY <u>2015</u> cost of \$ <u>145,587.38</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 4(g); Supplement 1 to Attachment 4.19-B page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A page 4(g); Supplement 1 to Attachment 4.19-B page 3	
10. SUBJECT OF AMENDMENT: Changes to Speech and Hearing Aid Services and Reimbursement			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Commissioner, Dept. of Health and Human Services			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		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		17. DATE RECEIVED: 03/17/2014	
14. TITLE: Commissioner, Department of Health and Human Services		18. DATE APPROVED: 09/02/2014	
15. DATE SUBMITTED: 03-17-2014		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2014		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

State/Territory: Maine

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

Item 11c. Speech and Hearing 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 speech and language therapist. All speech therapy services are furnished by or under the direction of qualified therapists. Hearing examinations are covered for person 21 years and over. Hearing Aids are not covered for persons 21 years and over. Medically necessary hearing aids for persons 21 years and under are provided under EPSDT and Hearing Aids Services.

LIMITATIONS:

Audiology Evaluation:

- If such an evaluation has already been performed by another audiologist within the previous four (4) months, prior authorization (PA) by the Department is required.

Adult Speech-Language Pathology Services:

- The member must also receive an initial evaluation by a speech-language pathologist that supports the physician or PCP's determination that the member meets the eligibility criteria. Eligibility requirements state that adult members (age twenty-one and over) must have an initial evaluation by a physician or PCP documenting that the member has experienced a significant decline in his/her ability to communicate orally, safely swallow or masticate, and that the member has rehabilitation potential; or that the member may suffer a significant deterioration in ability to communicate orally, safely swallow or masticate that would result in an extended length in stay or placement in an institutional or hospital setting. This requirement will not apply to members with Medicare coverage or other third party health insurance until the coverage for speech therapy services by the other payor has been exhausted. If speech-language pathology services are to be continued beyond a period of six (6) months, a re-evaluation by a speech-language pathologist must be completed every sixth month from the initial determination of rehabilitation potential, in order to determine that eligibility continues to exist. A report of the results of the speech language pathologist's six-month re-evaluation must be sent to the member's physician or PCP, who will use that information to decide if eligibility continues to exist. If the physician or PCP agrees in writing that eligibility continues to exist, the member may continue to receive speech-language pathology services for an additional six (6) month period.

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

11. Physical Therapy and related services.

TN No. 14-002

Supersedes

Approval Date: 09/02/2014Effective Date: 01-01-2014TN No. 10-012

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE**

- a. Physical Therapy – Payment 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 rates were set as of September 1, 2010 respectively and were effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S85R09012010.pdf>
- b. Occupational Therapy –State-developed fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rates were set as of September 28, 2010 and were effective for services provided on or after that date. All rates are published at <http://www.maine.gov/dhhs/audit/rate-setting/documents/S68R09282010.pdf>
- c. Services for individuals with speech, hearing, and language disorder –State-developed fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rates were set as of January 31, 2014, and were effective for services provided on or after that date. All rates are published at <http://www.maine.gov/dhhs/audit/rate-setting/documents/S109R912010a.pdf>. The agency’s fee schedule rates for hearing aids were set as of January 1, 2014 and were effective for services provided on or after that date. All rates for hearing aids are published at <http://www.maine.gov/dhhs/audit/rate-setting/documents/S35HearingAidsandServices.pdf>.

Providers of hearing aids will be limited to purchasing digital hearing aids only from the Division of Purchases designated Hearing Aid Procurement Program.

Maine meets the certification requirements of Section 1902(a)(23) of the Social Security Act to permit the selection of one or more providers, through a competitive bidding process, to deliver digital hearing aids on a statewide basis under the authority of Section 1915(a)(1)(B) of the Social Security Act and 42 CFR 431.54(d).