

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #:14-0017

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

November 9, 2017

Ricker Hamilton, Commissioner
Department of Health and Human Services
11 State Houses Station
221 State Street
Augusta, Maine 04333-0011

RE: Maine ME 14-00017

Dear Commissioner Hamilton:

We are now ready to approve State Plan Amendment (SPA) No. ME 14-00017. Attached you will find an approved copy of the SPA. This SPA is effective November 22, 2014.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to update the coverage limits for chiropractic services covered under the Medicaid State Plan. This SPA is estimated to have a Federal budget decrease of \$22,526.19 in Federal Fiscal year 2015 and \$45,147.03 in Federal Fiscal year 2016.

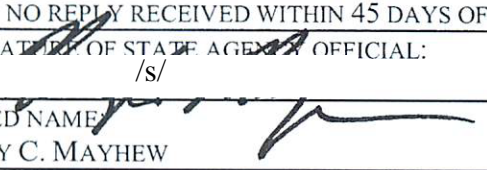
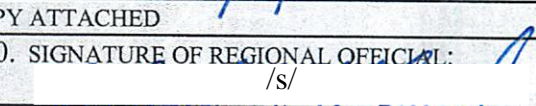
If you have any questions regarding this SPA, please contact Aimee Campbell-O'Connor, Maine State Lead, at 617/565-1642, or at Aimee.Campbell-O'Connor@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services
Sam Senft, Director, Policy, Children's and Waiver Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 14-017	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) 11/22/2014	
5. TYPE OF PLAN MATERIAL (<i>CHECK ONE</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.110		7. FEDERAL BUDGET IMPACT: SAVINGS IN FFY 15 OF <u>\$22,526.19</u> FFY 16 OF <u>\$45,147.03</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-A PAGE 3(E)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): ATTACHMENT 3.1-A PAGE 3(E)	
SUBJECT OF AMENDMENT: CHIROPRACTOR'S SERVICES			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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: MARY C. MAYHEW		5. DATE SUBMITTED: 9/5/14	
14. TITLE: Commissioner, Maine Department of Health and Human Services			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/8/14		18. DATE APPROVED: 11/9/17	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/22/14		20. SIGNATURE OF REGIONAL OFFICIAL: /s/ 	
21. TYPED NAME: Richard 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 6c - Chiropractor's Services

Chiropractic services are provided by a chiropractor who is licensed by the State and meets standards issued by the secretary under 42 CFR 405.232(b) and consists of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform.

Chiropractic services are limited to treatment by means of manual or mechanical manipulation of the spine to correct subluxation and the x-ray services that are medically necessary for diagnosis and treatment of subluxation. Rehabilitation potential, documented by a physician or primary care provider, will be required for adults to receive chiropractic services.

Limitations

All eligible members must have an initial evaluation and referral by a his or her physician or Primary Care Physician. Medically necessary services are provided without limitation for children age zero (0) to twenty (20) under EPSDT. Adults age twenty-one (21) and older receiving chiropractic services may receive up to twelve (12) visits per calendar year. These limits may be exceeded with prior authorization based on a demonstration that additional services are medically necessary.