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State/Territory Name: Maine

State Plan Amendment (SPA) #:15-021

This file contains the following documents in the order listed:

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

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 14, 2017

Mary Mayhew, Commissioner
Department of Health and Human Services
221 State Street
Augusta, Maine 04333-0011

RE: Maine ME 15-021

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 5-021. Attached you will find an approved copy of the SPA. This SPA is effective September 1, 2015.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to add new dental codes to the Medicaid State Plan. This SPA is estimated to have no Federal budget impact.

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 & Waiver Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-021	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 September 1, 2015	
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 440.100; 42 CFR 447.201		7. FEDERAL BUDGET IMPACT: a. FFY 2016 <u>Budget Neutral</u> b. FFY 2017 <u>Budget Neutral</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B Page 2e		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Supplement 1 to Attachment 4.19-B Page 2e	
10. SUBJECT OF AMENDMENT: Updating Dental Codes			
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 Health and 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, Maine 04333-0011	
13. TYPED NAME: Mary C. Mayhew			
14. TITLE: Commissioner, Department of Health and Human Services			
15. DATE SUBMITTED: 9/28/2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/30/15		18. DATE APPROVED: 4/14/17	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 9/1/15		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard McGreal		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

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

10. Dental services – 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 September 1, 2015 and is effective for services provided on or after that date. All rates are published at <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20025%20-%20Dental%20Services/Archive/Section%2025%20-%20Dental%20Services%202015.pdf>