

# **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #:16-003**

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 & Human Services  
11 State House Station  
221 State Street  
Augusta, Maine 04333-0011

RE: Maine ME 16-003

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 16-003 Attached you will find an approved copy of the SPA. This SPA is effective January 1, 2016.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to update the payment methodology for Chiropractic Services to include radiology CPT codes for covered services. This SPA is estimated to have a Federal budget impact of \$2,031 in Federal Fiscal year 2016 and \$2,708 in Federal Fiscal year 2017.

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](mailto: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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 16-003	2. STATE Maine
TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of Health and Human Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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> )	4. PROPOSED EFFECTIVE DATE January 1, 2016	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §447.201	7. FEDERAL BUDGET IMPACT: a. FFY 16 increase: \$2,031 b. FFY 17 increase: \$2,708	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B Page 2a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Supplement 1 to Attachment 4.19-B Page 2a	
10. SUBJECT OF AMENDMENT: Chiropractic Service		
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      Stefanie Nadeau, Director, <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      MaineCare Services		
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: Stefanie Nadeau		
14. TITLE: Director, MaineCare Services		
15. DATE SUBMITTED: 03-16-2016		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: 3/16/16	18. DATE APPROVED: 4/14/17	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/16	20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard McGreal	22. TITLE: Associate Regional Administrator	
23. REMARKS:		



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplement 1 to Attachment 4.19-B

Page 2a

OMB No: 0938

**OFFICIAL**

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

- a. Chiropractors – State-develop fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rate was set as January 1, 2016 and is effective for services provided on or after that date. All rates are published at <https://mainecare.maine.gov/Provider>
- 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-develop 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 July 1, 2014 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/S25DentalServices\\_000.pdf](http://www.maine.gov/dhhs/audit/rate-setting/documents/S25DentalServices_000.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 July 1, 2014 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/S25DentalServices\\_000.pdf](http://www.maine.gov/dhhs/audit/rate-setting/documents/S25DentalServices_000.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 July 1, 2014 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/S25DentalServices\\_000.pdf](http://www.maine.gov/dhhs/audit/rate-setting/documents/S25DentalServices_000.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 July 1, 2014 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/S25DentalServices\\_000.pdf](http://www.maine.gov/dhhs/audit/rate-setting/documents/S25DentalServices_000.pdf)