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State/Territory Name: Maine

State Plan Amendment (SPA) #:16-005

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

May 15, 2017

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

RE: Maine ME 16-0005

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 16-0005. 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 replace discontinued dental codes with new dental codes in the Medicaid State Plan and remove references to the temporary pilot program for Independent Practice Dental Hygienists (IPDHs) because the pilot had ended. There was no change in service as a result of the program ending. This SPA is estimated to have a Federal budget impact of \$299,939 in 2016 and \$410,830 in 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.

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	1. TRANSMITTAL NUMBER: 16-005	2. STATE Maine
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FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE February 23, 2016 January 1, 2016
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.100; 42 CFR 447.201	7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$299,939 b. FFY 2017 \$410,830
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B Page 2e Attachment 3.1-A Page 3(f)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Page 3(f) Supplement 1 to Attachment 4.19-B Page 2(e)
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10. SUBJECT OF AMENDMENT:
Updating dental codes/rates and removing mention of the IDPH pilot program that ended

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Director, MaineCare Services
 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: Stefanie Nadeau	
14. TITLE: Director, MaineCare Services	
15. DATE SUBMITTED: 3/31/2016	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 3/31/16	18. DATE APPROVED: 5/15/17

PLAN APPROVED - ONE COPY ATTACHED	
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:
5/15/17- State provided pen and ink authorization to update the effective date to 1/1/16, which was approved by the Federal Review Team during the SPA review process

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) 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

State: Maine

Supplement 1 to Attachment 4.19-B

Page 2e

OMB No: 0938

OFFICIAL

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 January 1, 2016 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%202016.pdf>