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State/Territory Name: Maine

State Plan Amendment (SPA) #:17-005

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

May 24, 2017

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

RE: Maine ME 17-0005

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 17-0005. Attached you will find an approved copy of the SPA. This SPA is effective February 17, 2017.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to add new dental codes covered under the Medicaid State Plan. This SPA is estimated to have a 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 <u>Aimee.Campbell-O'Connor@cms.hhs.gov</u>.

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	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	17-0005	Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
Centers for Medicare and Medicaid Services	February 17, 2017	
Department of Health and Human Services		
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT		
Image:		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	ach amenament)
42 CFR §447.201	a. FFY 2017 increase: \$0	
	b. FFY 2018 increase: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPE	REDED DI ANI
ATTACHMENT:	SECTION OR ATTACHMENT (If Applicable):	
Supplement 1 to Attachment 4.19-B Page 2e	Supplement 1 to Attachment 4.19-B Page 2e	
10. SUBJECT OF AMENDMENT:	1	
Dental Reimbursement		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMIT	TAL OTHER, A Stefanie Na MaineCare	adeau, Director,
		Bervices
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO:	
T3. TXPED NAME:	Stefanie Nadeau	
Stefanje Nadeau	Director, MaineCare Services	
14. TITLE:	#11 State House Station	
Director, MaineCare Services	242 State Street	
15. DATE SUBMITTED:	Augusta, Maine 04333-0011	
March 23, 2017		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
3/23/2017	5/24/201	7
PLAN APPROVED - ONI		1
19. EFFECTIVE DATE OF APPROVED MATERIAL: 2/17/2017	20. SIGNATURE OF REGIONALA	
21. TYPED NAME:	22. TITLE:	
Richard McGreal	Associate Regional Ac	Iministrator
23. REMARKS:		
5/18/2017- State provided authority to update 179 consister	nt with state's submission	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Supplement 1 to Attachment 4.19-B Page 2e

OMB No: 0938

OFFICIAL

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

 Dental services – Payment for these services is made on the basis of a fixed fee schedule, Statedeveloped fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of February 17, 2017 and is effective for services provided on or after that date. During calendar year 2017, rates are published at: <u>https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20025%</u> <u>20-%20Dental%20Services/Section%2025%20-%20Dental%20Services%202017.pdf.</u>

Beginning in calendar year 2018, rates may be accessed at: https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20025% 20-%20Dental%20Services/Archive/Section%2025%20-%20Dental%20Services%202017.pdf

State: Maine