

# **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #:18-0001**

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**

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July 30, 2018

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

Dear Commissioner Hamilton:

We are now ready to approve State Plan Amendment (SPA) No. ME 18-0001. Attached you will find an approved copy of the SPA. This SPA is effective April 1, 2018.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to update dental reimbursement 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 [Aimee.Campbell-O'Connor@cms.hhs.gov](mailto:Aimee.Campbell-O'Connor@cms.hhs.gov).

Sincerely,

Richard R. McGreal  
Associate Regional Administrator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 18-0001	2. STATE Maine
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 April 1, 2018	
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 CF §447.201		7. FEDERAL BUDGET IMPACT: a. FFY 2018 increase: \$0 b. FFY 2019 decrease: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 419-B Page 2e		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Supplement 1 to Attachment 419-B Page 2e	
10. SUBJECT OF AMENDMENT: Dental Reimbursement			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Stefanie Nadeau, Director, MaineCare Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL:  /s/ _____  Stefanie Nadeau		16. RETURN TO:  Stefanie Nadeau Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
14. TITLE: Director, MaineCare Services			
15. DATE SUBMITTED: June 29, 2018			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:                      6/29/18		18. DATE APPROVED:                      7/30/18	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/18		20. SIGNATURE OF REGIONAL OFFICIAL:	
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 2e

OMB No: 0938

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

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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 April 1, 2018 and is effective for services provided on or after that date. During calendar year 2018 rates are published at:<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20025%20-%20Dental%20Services/Section%2025%20-%20Dental%20Services%202017.pdf>

Beginning in calendar year 2019, 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>

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TN 18-0001

Approval Date: 7/30/18

Effective Date 04/01/2018

Supersedes

TN 17-005