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State/Territory Name: Maine

State Plan Amendment (SPA) #: 16-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 16, 2021

Michelle Probert, Director
Maine Department of Health and Human Services
MaineCare Services
Policy Division
11 State House Station
Augusta, Maine 04333-0011

RE: TN 16-0023

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-16-0023, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 30, 2016. This plan amendment updates the fee schedule for Speech, Hearing, and Language Disorder services.

Based upon the information provided by the State, we have approved the amendment with an effective date of December 8, 2016. We are enclosing the approved CMS-179 and a copy of the new state plan page.

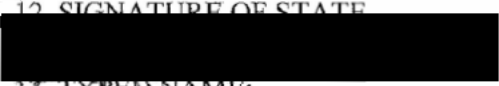

If you have any additional questions or need further assistance, please contact Blake Holt at 415-744-3754 or blake.holt@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-023	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 December 8, 2016	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §447.201		7. FEDERAL BUDGET IMPACT: a. FFY 2017 increase: \$2,191 b. FFY 2018 increase: \$2,191	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B Page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 4.19-B Page 3	
10. SUBJECT OF AMENDMENT: Speech and Hearing Reimbursement Methodology			
11. GOVERNOR'S REVIEW (Check One): <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 OFFICIAL: 		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: December 30, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/30/2016		18. DATE APPROVED: 3/16/2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/8/2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, FMG Division of Reimbursement Review	
23. REMARKS: 01/19/21: State concurred with pen and ink change to Boxes 8 and 9 from "Supplement 1 to Attachment 4.19-B Page 3" to "Supplement 1 to Attachment 4.19-B Page 3(b)"			

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE**

- c. Services for individuals with speech, hearing, and language disorder - State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of December 8, 2016 and were effective for services provided on or after that date. All rates are published at <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20109%20%2D%20Speech%20and%20Hearing%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>.

The following methodology is used to determine rates for speech and hearing services:

The lowest of:

1. The provider's usual and customary charge,
2. The amount listed on the agency's fee schedule,
3. The lowest amount allowed by Medicare Part B, when applicable.