

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #: 18-0008

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 02, 2021

VIA E-MAIL

Michelle Probert, Director
Office of MaineCare Services
Department of Health and Human Services
109 Capitol Street, 11 State House Station
Augusta, Maine 04333-0011

Re: Maine State Plan Amendment (SPA) 18-0008

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0008. This amendment proposes to update reimbursement rates for medical supplies and durable medical equipment as part of the 21st Century Cures Act. Additionally, it adds coverage of specialty modified low protein foods and their reimbursement methodology. This letter is to inform you that Maine's Medicaid SPA Transmittal Number 18-0008 was approved September 02, 2021 and effective May 30, 2018.


If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at gilson.dasilva@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Kristin Merrill, State Plan Manager, Office of MaineCare Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0008	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 May 30, 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 CFR 440.70, 42 U.S.C. §1396b <i>1903(i)(27) of the Act and 42 CFR 447 Subpart F</i>	7. FEDERAL BUDGET IMPACT: a. FFY 2018 decrease: \$ 815,314.00 b. FFY 2019 decrease: \$ 1,047,637.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 3(i) Attachment 4.19B, pages 2b, 2b(1) and 2b(2)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, page 3(i) Attachment 4.19-A, page 2b	
10. SUBJECT OF AMENDMENT: Medical Supplies and Durable Medical Equipment reimbursement		
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:	16. RETURN TO:	
13. TYPED NAME: Stefanie Nadeau	Stefanie Nadeau Director, MaineCare Services	
14. TITLE: Director, MaineCare Services	#11 State House Station 242 State Street	
15. DATE SUBMITTED: 6/13/2018	Augusta, Maine 04333-0011	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 06/13/2018	18. DATE APPROVED: 09/02/2021	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 05/30/2018	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations	
23. REMARKS: 08/30/2021 - ME provided pen-and-ink authority for the italicized revisions in Box 6.		

State/Territory: Maine

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

To make the determination of necessity and certification for Home Health Services and for medical supplies and equipment suitable for use in any setting in which normal life activities take place, as defined at 440.70(c)(1), there will be a face-to-face encounter (including the use of Telehealth) between the member receiving Home Health Service and the physician or designated provider working with or under the supervision of the physician, as required in the Patient Protection and Affordable Care Act, P.L. 111-148, Section 6407.

The amount, duration and scope of home health services are limited to the medical necessity of each. All Home Health Services, supplies and equipment are provided to members based on medical necessity. The State has a process for determination of medical necessity for start of services and for periodic, systematic review and recertification of services that require continuation.

Certification of medical necessity for services is required in order to continue services after the initial certification period.

The initial certification period for all Home Health services is up to sixty (60) days, but may be less than 60 days depending upon the prescribing physician's order and the actual length of time is based on medical necessity. Certification Period shall mean the months and/or days, which identify the period covered by the physician's plan of care. The "From" date for the initial certification must match the start of care date. The "To" date can be up to, but never exceed, sixty (60) days. Services must be recertified in order to continue beyond the initial certification period. Recertification shall follow the same length of time requirements.

Service provision is based on medical necessity. The State does not limit the number of medically necessary visits for services.

All Home Health Services must be provided by a Medicare certified home health agency.

Services are provided to an individual on his or her physician's orders and must be part of a written plan of care that the physician reviews every sixty (60) days. Physical therapists, occupational therapists, and providers of speech language pathology services meet qualifications as specified in 42 CFR 440.110.

Certain supplies are limited to those supplied through the State's contract.

All Home Health services are provided in accordance with 42 CFR 440.70

OFFICIAL

State: MAINE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Supplement 1 to Attachment 4.19-B

Page 2b(1)

OMB No: 0938

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

- b. Medical Supplies, Equipment and appliances for use of patients in the home, except as otherwise noted in the plan, payments are the lowest of:
 1. The reimbursement for “non-miscellaneous” Medical Supplies, Durable Medical Equipment and services, unless provided pursuant to a contract between the Department and the provider (this contract would be in addition to a MaineCare Provider Agreement), shall be as follows:
 - a. Medicare covered Durable Medical Equipment impacted by the 21st Century Cures Act shall be reimbursed at the lowest of:
 - i. 100% of the current Medicare Rural rate; or
 - ii. The provider’s usual and customary charge.
 - b. Medicare covered Durable Medical Equipment not impacted by the 21st Century Cures Act; and Medicare covered prosthetics, orthotics, supplies and services shall be reimbursed at the lowest of:
 - i. 85% of the Medicare fee schedule rate from the earliest year a rate for the procedure or service is available or 2011, whichever is later; or
 - ii. The provider's usual and customary charge.
 - c. Non-Medicare covered items, excluding incontinence supplies are paid the lowest of:
 - i. the average cost of the relevant services/codes from all other state Medicaid agencies that have a rate for those services, effective the date reimbursement is added; or
 - ii. The provider's usual and customary charge.
2. Effective May 30, 2018 incontinence supplies are reimbursed based on invoice cost (excluding shipping) plus 40% (forty percent), not to exceed the maximum amount allowed on the MaineCare 2018 fee schedule published on the Department’s website at:
<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20060%20%2D%20Medica l%20Supplies%20and%20Durable%20Medical%20Equipment&FolderCTID=0x012000264D1FB A0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D 72A66DE366E0%7D>

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MAINE

Supplement 1 to Attachment 4.19-B

Page 2b(2)

OMB No: 0938

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

3. "Miscellaneous DME/Medical Supplies" means those DME/Medical Supplies billed under the Healthcare Common Procedure Coding System (HCPCS) code E1399 or any other DME/Medical Supplies billed under another code, which contains the phrase "miscellaneous," "accessories," "not otherwise specified" or "not otherwise classified" in its description. Miscellaneous DME/Medical Supplies will be reimbursed as follows:
 - a. If there is a Manufacturers' Suggested Retail Price (MSRP) the reimbursement will be MSRP minus twenty percent (20%). Documentation must be submitted supporting the MSRP.
 - b. If there is no listed MSRP, reimbursement will be invoice cost plus thirty percent (30%). Providers will need to submit an invoice for payment.
4. Specialty modified low protein food reimbursement will be invoice cost plus fifteen percent (15%). Providers must include invoice at the time of claims submission.
5. The agency's fee schedule rates for hearing aids were set as of June 17, 2015 and were effective for services provided on or after that date. All rates for hearing aids are published at the link identified in item 7.b.2 above.

For hearing aids on the fee schedule that do not have a specified rates (indicated as 'by invoice') providers of hearing aids will be limited to purchasing digital hearing aids only from the Division of Purchases designated Hearing Aid Procurement Program. Providers who participate via this program are reimbursed according to invoice cost as supplied by each manufacturer.

Maine meets the certification requirements of Section 1902(a)(23) of the Social Security Act to permit the selection of one or more providers, through a competitive bidding process, to deliver digital hearing aids on a statewide basis under the authority of Section 1915(a)(1)(B) of the Social Security Act and 42 CFR 431.54(d).