

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 12-0008**

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

Center for Medicaid & CHIP Services

233 North Michigan Ave., Suite 600

Chicago, Illinois 60601



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**Financial Management Group**

May 12, 2020

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

Reference TN 12-0008

Dear Commissioner Lambrew:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B, ME 12-0008, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 29, 2012. This amendment reduced rates for podiatry, occupational and physical therapy and opioid treatment.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2012. We are enclosing the approved CMS-179 and a copy of the new state plan pages.


If you have any additional questions or need further assistance, please contact Charlene Holzbaur at 609-882-4796 or [Charlene.Holzbaur@cms.hhs.gov](mailto:Charlene.Holzbaur@cms.hhs.gov)


Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER:  12-008	2. STATE:  MAINE
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE(S)  <div style="text-align: right;"> <del>4/1/12</del>      4/1/12         </div>			
5. TYPE OF PLAN MATERIAL (CHECK ONE):  <div style="display: flex; justify-content: space-between;"> <span><input type="radio"/> NEW STATE PLAN</span> <span><input type="radio"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input type="radio"/> AMENDMENT</span> </div> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60, 440.70, 440.110		7. FEDERAL BUDGET IMPACT: SFY 12 \$189,165.28 SFY 13 \$1,224,477.38      Savings	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 1 TO ATTACHMENT TO 4.198, PAGES <del>XXXXXXX</del> 2, 21, 22, 2b, 2bi, 3, 3a, 3b, 4ax, 5a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable). ATTACHMENT TO 4.198, PAGES 2, 2B, 3, <del>4X</del> 5A      4ax	
SUBJECT OF AMENDMENT: REIMBURSEMENT FOR CARE AND SERVICES OTHER THAN INPATIENT HOSPITAL			
11. GOVERNOR'S REVIEW (Check One): <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input checked="" type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		OTHER, AS SPECIFIED COMMISSIONER, DEPT. OF HUMAN SERVICES	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  STEFANIE NADEAU  Director, MaineCare Services #11 State House Station  242 STATE STREET Augusta, ME 04333-0011	
13. TYPED NAME: MARY C. MAYHEW			
14. TITLE: Commissioner, Maine Department of Health and Human Services			
15. DATE SUBMITTED: 06/29/12			

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 07/20/12	18. DATE APPROVED: 06/27/2012
IF PLAN APPROVED, ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/12	20. SIGNATURE OF REGIONAL OFFICE OFFICIAL: 
21. TYPED NAME: TODD MC MILLAN	22. TITLE: Director DRP
23. REMARKS:	

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

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5.

- a. Podiatrists' – Payment is made on the basis of a fixed fee schedule, set at 47.70% of the 2005 Medicare 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, 2012 and is effective for services provided on or after that date. All rates are published [http://www.maine.gov/dhhs/audit/rate-setting/documents/S95Podiatry\\_001.pdf](http://www.maine.gov/dhhs/audit/rate-setting/documents/S95Podiatry_001.pdf)

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b. Optometrists' – Payment is made on the basis of a fixed fee schedule set at 53% of the lowest level in the current Medicare 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 March 29, 2009 and is effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S75R03292009.pdf>

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
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c. Physician Provided Optometric Procedures – Payment is made based on a fixed fee schedule set at 70% of the 2009 Medicare 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 September 1, 2010 and is effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S75R03292009.pdf>

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6. <sup>1</sup> a. Home Health Care Services- Intermittent or part time nursing home health aide services, physical therapy, speech-language pathology, occupational therapy, furnished by a licensed and Medicare certified home health agency. Payment is made on the basis of the lowest of: a fixed fee, based on the provider's Medicare cost reports or the provider's usual and customary charge. State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of October 18, 2010 and is effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S40R10182010.pdf>

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<sup>1</sup> The language on this SPA page does not affect the previous out-of-order approval of SPA 14-009, which remains in effect from its effective date until otherwise superseded. The effective date(s) and superseded SPA are listed in order to be consistent with the language and effective dates. This section was effective 4/1/2014 in SPA 14-009.

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b. <sup>2</sup>Medical Supplies, Equipment and appliances for use of patients in their own home, payments are the lowest of:

1. a fee schedule at <http://www.maine.gov/dhhs/audit/ratesetting/documents/S60R08092010.pdf>, or
2. acquisition cost plus forty percent (with 40% not to exceed \$2000) or
3. the provider's usual and customary charge.

State-developed fee schedule rate are the same for both government and private providers. The agency's fee schedule was set as of April 30, 2014 and is effective for services provided on or after that date.

Where no other options are applicable, the Department researches other State Medicaid agencies that cover the relevant service/code. The Department then bases its rates on the average cost of the relevant services/codes from those other agencies.

b. <sup>3</sup> Medical Supplies, equipment, and appliances for use of patients in their own home, payments are the lowest of:

1. a fee schedule or
2. acquisition cost plus forty percent (with 40% not to exceed \$2000) or
3. the provider's usual and customary charge.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical Supplies, equipment and appliances for use of patients in their own home. The agency's fee schedule rate was set as of August 9, 2012 and is effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S60R08092010.pdf>.

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<sup>2</sup> See footnote 1. This section was effective 4/1/2014 in SPA 14-009

<sup>3</sup> See footnote 1 and 2. Effective 4/1/12



**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
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## 11. Physical Therapy and related services.

- a. Physical Therapy – Payment 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 rates were set as of April 1, 2012 respectively and were effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S85R04012012.pdf>

<sup>4</sup>The following methodology is used to determined rates for orthotic devices when done as part of Physical Therapy Services :

The lowest of:

1. 85% of the 2011 Medicare fee schedule or 85% of the rate in the year Medicare assigned a rate to that code;
2. Medicare's allowable amount; or
3. The provider's usual and customary charge

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<sup>4</sup> The language on this SPA page does not affect the previous out-of-order approvals of SPAs 14-002 or 15-006 which remains in effect from its effective date until otherwise superseded. The effective date(s) and superseded SPA are listed in order to be consistent with the language and effective dates. This section was effective 2/1/2015 in SPA 15-006.

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- b. Occupational Therapy –State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of April 1, 2012 and were effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S68R04012012.pdf>

<sup>5</sup>The following methodology is used to determined rates for orthotic devices when done as part of Occupational Therapy Services :

The lowest of:

1. 85% of the 2011 Medicare fee schedule or 85% of the rate in the year Medicare assigned a rate to that code;
2. Medicare's allowable amount; or
3. The provider's usual and customary charge

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<sup>5</sup> The language on this SPA page does not affect the previous out-of-order approvals of SPAs 14-002 or 15-006 which remains in effect from its effective date until otherwise superseded. The effective date(s) and superseded SPA are listed in order to be consistent with the language and effective dates. This section was effective 2/1/2015 in SPA 15-006.

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
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- 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 September 1, 2010 and were effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S109R912010a.pdf>

<sup>6</sup>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 January 31, 2014 and were effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S35HearingAidsandServices.pdf>

Providers of hearing aids will be limited to purchasing digital hearing aids only from the Division of Purchases designated hearing Aid Procurement Program.

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 bases under the authority of Section 1915(a)(1)(B) of the Social Security Act and 42 CFR 431.54(d).

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<sup>6</sup> The language on this SPA page does not affect the previous out-of-order approvals of SPAs 14-002 or 15-006 which remains in effect from its effective date until otherwise superseded. The effective date(s) and superseded SPA are listed in order to be consistent with the language and effective dates. This section was effective 2/1/2015 in SPA 15-006.

State: MAINE

Supplement 1 to Attachment 4.19-B

Page 4(a)(x)

OMB No: 0938

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
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**i. Medication Assisted Treatment (MAT)**

Description	Code	Unit	Rate
Opioid Treatment	H0020	Weekly	\$60.00

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18. Transportation Services The Broker is reimbursed pursuant to the contract with the Department. Transporters are paid by the Broker. For further details, please see the Center for Medicare and Medicaid approved 1915(b) waiver.