

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 15-0013**

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**

September 17, 2020

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

RE: TN 15-0013

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-15-0013, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2015. This plan amendment adds digital hearing aid codes under the Durable Medical Equipment Services section of the state plan and removes them from the Speech, Hearing, and Language Disorder Services section of the state plan.

Based upon the information provided by the State, we have approved the amendment with an effective date of June 17, 2015. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

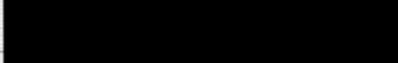
If you have any additional questions or need further assistance, please contact Blake Holt at 415-744-3754 or [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,

A solid 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>		1. TRANSMITTAL NUMBER: 15-013	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 June 17, 2015	
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: Section 1902(a)(23); 1905(a)(5); & 1915(a)(1)(B) of the Social Security Act; 42 CFR §440.70(a)(3); 42 CFR 447.200; and 42 CFR 431.54(d).		7. FEDERAL BUDGET IMPACT: a. FFY <u>2015</u> cost <u>\$625,294.49</u> b. FFY <u>2016</u> cost <u>\$1,469,249.23</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment Supplement 1 to Attachment 4.19-B Pages 2b & 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment Supplement 1 to Attachment 4.19-B Pages 2b & 3	
10. SUBJECT OF AMENDMENT: Addition of Hearing Aids to Durable Medical Equipment and Removal of Hearing Aids from, Speech, Hearing, and Language Disorder Services			
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: Commissioner, Dept. of Health and Human Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Stefanie Nadeau Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
13. TYPED NAME: Mary C. Mayhew			
14. TITLE: Commissioner, Department of Health and Human Services			
15. DATE SUBMITTED: 06-25-2015			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: 9/17/2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 6/17/15		20.  AL:	
21. TYPED NAME: Todd McMillion		22.  w	
23. REMARKS: Concurrences:  09/02/20 Box 6: From "1905(a)(5)" to Attachment Supplement 1 "1905(a)(7)." Box 7: CMS notes that the fiscal impact above is in whole dollars. The impact in thousands units is FY15: \$625; FY16: \$1,469. Box 8: From "Attachment Supplement 1 to Attachment 4.19B Pages 2b & 3" to "Supplement 1 to Attachment 4.19B Pages 2b, 2b(1), 3, 3(a) & 3(b)." Box 9: From "Attachment Supplement 1 to Attachment 4.19B Pages 2b & 3" to "Supplement 1 to Attachment 4.19B Pages 2b & 3."			

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

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7. 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>

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

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- b. Medical Supplies, Equipment and appliances for use of patients in their own home, except as otherwise noted in the plan, payments are the lowest of:
1. a fee schedule at  
<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20060%20%2D%20Medical%20Supplies%20and%20Durable%20Medical%20Equipment&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>, 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 rates 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.

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  
<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20060%20%2D%20Medical%20Supplies%20and%20Durable%20Medical%20Equipment&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

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

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

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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 September 1, 2010 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/S85R09012010.pdf>

The following methodology is used to determine rates for orthotics 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

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

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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 September 28, 2010 and were effective for services provided on or after that date. All rates are published at <http://www.maine.gov/dhhs/audit/rate-setting/documents/S68R09282010.pdf>

The following methodology is used to determined rates for orthotics devices when done as part 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

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

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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 January 31, 2014, and were effective for services provided on or after that date. All rates are published at <http://www.maine.gov/dhhs/audit/rate-setting/documents/S109R912010a.pdf>.