

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 21-0011**

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 Page

**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

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December 16, 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

Dear Ms. Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0011. This amendment updates the requirements for Independent Practice Dental Hygienists when they are submitting for reimbursement to MaineCare for temporary fillings, by removing two outdated consent and referral forms. This letter is to inform you that Maine's Medicaid SPA Transmittal Number 21-0011 was approved December 15, 2021 with an effective date of July 1, 2021.

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

Sincerely,



James G. Scott, Director  
Division of Program Operations

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>21 - 0011</b>	2. STATE <b>Maine</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 1, 2021</b>
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5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN     
  AMENDMENT TO BE CONSIDERED AS NEW PLAN     
  AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION <b>§ 440.100</b>	7. FEDERAL BUDGET IMPACT a. FFY <b>2021</b> \$ <b>0</b> b. FFY <b>2022</b> \$ <b>0</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A page 3(f) and page 3(g)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) <b>Attachment 3.1-A page 3(f) and page 3(g)</b>
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10. SUBJECT OF AMENDMENT  
**Aligns requirements with Maine's Chapter 12, Dental Board Rule**

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT     
  OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<b>12. SIGNATURE OF STATE AGENCY OFFICIAL</b> 	16. RETURN TO <b>Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</b>
13. TYPED NAME <b>Michelle Probert</b>	
14. TITLE <b>Director, MaineCare Services</b>	
15. DATE SUBMITTED <b>9/30/2021</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>09/30/2021</b>	18. DATE APPROVED <b>12/15/2021</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>07/01/2021</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>James G. Scott</b>	22. TITLE <b>Director, Division of Program Operations</b>

23. REMARKS

12/06/2021 - State provided pen-and-ink authority to remove the reference to page 3(g) in box 8.

State/Territory: Maine

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

Item 6d - Other Practitioners - Services:

Advance Practice Nurses other than nurse midwives and certified family and pediatric NPs.  
No Limits.

Dental Services - Other Qualified Staff

Registered Dental Hygienists (RDHs) licensed by the state may furnish the following services in accordance with state law and within their scope of their practice: prophylaxis, fluoride treatments, oral hygiene instructions, and sealants.

Independent Practice Dental Hygienist (IDPHs) licensed by the state may furnish the following services in accordance with state law and within their scope of their practice: prophylaxis, fluoride treatments, oral hygiene instructions, sealants, radiographs (x-rays) and protective restoration (temporary fillings).

Denturist licensed by the state may furnish the following services in accordance with state law and within their scope of their practice: the taking of denture impression and bite registration for the purpose of, or with a view to, the making, producing, reproducing, construction, finishing, supplying, altering or repairing of a denture to be fitted to an edentulous or partially edentulous arch or arches, the fitting of a denture to an edentulous or partially edentulous arch or arches, including the making, producing, reproducing, constructing, finishing, supplying, altering and repairing of dentures, without performing alternation to natural or reconstructed tooth structures. Upon the receipt of a written statement of oral condition or oral health certificate as determined by the Board of Dental Examiners by a licensed dentist, a denturist may complete clinical procedures related to the fabrication of a removable tooth-borne partial denture, including case frameworks, and the procedures incidental to the procedures specified above, as defined by the board.