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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
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Dental Hygienists when they are submitting for reimbursement to MaineCare for temporary fillings, by removing two outdated consent and referral forms.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.

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
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
   21 - 0011

2. STATE
   Maine

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
   July 1, 2021

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
   § 440.100

7. FEDERAL BUDGET IMPACT
   a. FFY 2021 $ 0
   b. FFY 2022 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 3.1-A page 3(f) and page 3(g)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   Attachment 3.1-A page 3(f) and page 3(g)

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
    □COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    □NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

   OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
    Michelle Probert

14. TITLE
    Director, MaineCare Services

15. DATE SUBMITTED
    9/30/2021

FOR REGIONAL OFFICE USE ONLY

16. RETURN TO
    Michelle Probert
    Director, MaineCare Services
    #11 State House Station
    109 Capitol Street
    Augusta, Maine 04333-0011

17. DATE RECEIVED
    09/30/2021

18. DATE APPROVED
    12/15/2021

19. EFFECTIVE DATE OF APPROVED MATERIAL
    07/01/2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
    James G. Scott

22. TITLE
    Director, Division of Program Operations

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 NEEDED

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 alteration 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.