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State/Territory Name: Maine

State Plan Amendment (SPA) #: 16-0006

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
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:

Enclosed is an approved copy of the Maine State Plan Amendment (SPA) 16-0006, received on March 31, 2016 proposing to add Hyperbaric Oxygen Therapy as a method for podiatric treatment under the state plan. The effective date for this SPA is March 25, 2016, as requested by your agency.

If you have questions concerning this letter, please contact Gilson DaSilva, Division of Program Operations (South Branch) at (617) 565-1227 or via e-mail at Gilson.dasilva@cms.hhs.gov.

Sincerely,

/s/
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: HEALTH CARE FINANCING ADMINISTRATION

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)

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:
   42 CFR §447.201

7. FEDERAL BUDGET IMPACT:
   a. FFY 16 increase: $0
   b. FFY 17 increase: $0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Supplement I to Attachment 4.19-B Page 2; ATTACHMENT 3.1-A Page 3(c)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   Supplement I to Attachment 4.19-B Page 2;
   ATTACHMENT 3.1-A Page 3(c)

10. SUBJECT OF AMENDMENT:
    Podiatric Services

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:
    [redacted]
    Stefanie Nadeau
    Director, MaineCare Services

13. TYPED NAME:
    Stefanie Nadeau

14. TITLE:
    Director, MaineCare Services

15. DATE SUBMITTED:
    03-31-2016

16. RETURN TO:
    Stefanie Nadeau
    Director, MaineCare Services
    #11 State House Station
    242 State Street
    Augusta, Maine 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 31, 2016

18. DATE APPROVED: September 24, 2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
    March 25, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
    James G. Scott

22. TITLE: Director, Division of Program Operations

23. REMARKS:
6a. Podiatrists’ Services

After an initial visit, routine podiatric care will only be covered for members who have any illness, diagnosis, or condition that if left untreated may cause loss of function or may risk loss of limb; and for whom self-care or foot care by a non-professional person would be hazardous and pose a threat to the member's condition. Hyperbaric oxygen therapy will only be covered when medically indicated and in treatment of conditions within the scope of practice of Doctors of Podiatric Medicine.

*Individuals covered under EPSDT may exceed limitations based on medical necessity.
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 March 25, 2016 and is effective for services provided on or after that date. All rates are published at https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%2095%2D20Podiatric%20Services&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D