

Table of Contents

State/Territory Name: ME

State Plan Amendment (SPA): ME-19-0004

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



Financial Management Group

August 12, 2022

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

RE: TN 19-0004

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-19-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 29, 2019. This plan amendment updates fee schedule rates for Speech and Hearing services.

Based upon the information provided by the State, we have approved the amendment with an effective date January 12, 2019. 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 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER
19 - 00042. STATE
Maine3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
January 1, 2019

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE☐ 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(b)

7. FEDERAL BUDGET IMPACT

a FFY **2019** \$ **102,687**b FFY **2020** \$ **409,157**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Supplement 1 to Attachment 4.19-B page 3, page 3(a)
and page 3(b)**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)**Supplement 1 to Attachment 4.19-B page 3**

10. SUBJECT OF AMENDMENT

**To amend Speech and Hearing Services through changes pursuant to Public Law 2017, ch. 60, Resolve,
Regarding Reimbursement for Speech and Language Pathology.**

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:**Michelle Probert, Director,
MaineCare Services**

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Michelle Probert

14. TITLE

Director, MaineCare Services

15. DATE SUBMITTED

March 29, 2019

16. RETURN TO:

**Michelle Probert
Director, MaineCare Services
#11 State House Station
242 State Street
Augusta, Maine 04333-0011**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

March 29, 2019

18. DATE APPROVED

August 12, 2022

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 12, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

**08/08/22: state concurred with following pen and ink changes: Box 4: from "January 1, 2019" to "January 12, 2019".
Box 8: from "page 3, page 3(a), and page 3(b)" to "page 3(b)." Box 9 from "page 3" to "page 3(b)".**

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

- c. Speech and Hearing - 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 12, 2019 and were 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%20109%20%2D%20Speech%20and%20Hearing%20Services%2FArchive&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>