Table of Contents

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



Medicaid and CHIP Operations Group

September 24, 2020

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 <u>Gilson.dasilva@cms.hhs.gov</u>.

Sincerely,

/s/

James G. Scott, Director Division of Program Operations

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

		A 000 1 000
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 16-006	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
Centers for Medicare and Medicaid Services	March 25, 2016	
Department of Health and Human Services		
5. TYPE OF PLAN MATERIAL (Check One):		
	O BE CONSIDERED AS NEW PLAT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR §447.201	a. FFY 16 increase: \$0	
	b. FFY 17 increase: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSEDED PLAN	
ATTACHMENT:	SECTION OR ATTACHMENT (If Applicable):	
Supplement 1 to Attachment 4.19-B Page 2; ATTACHMENT	Supplement 1 to Attachment 4.19-B	B Page 2;
3.1-A Page 3(c)	ATTACHMENT 3.1-A Page 3(c)	
10. SUBJECT OF AMENDMENT:		
Podiatric Services		
11. GOVERNOR'S REVIEW (Check One):		A C ODECTETED.
GOVERNOR'S OFFICE REPORTED NO COMMENT		AS SPECIFIED:
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OFFICIAL

State/Territory:

Maine

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

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.

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: MAINE Supplement 1to Attachment 4.19-B

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

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 https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFol der=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20095%20%2D% 20Podiatric%20Services&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A6 6DE366E0%7D