

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #:19-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Regional Operations Group

April 25, 2019

Jeanne Lambrew, Commissioner
Department of Health and Human Services
221 State Street
Augusta, Maine 04333-0011

Dear Commissioner Lambrew:

We are now ready to approve State Plan Amendment (SPA) No. ME 19-0002. The purpose of this SPA is to amend the State's approved Title XIX State Plan to update the dental services section of the state plan. Attached you will find an approved copy of the SPA.

This SPA is estimated to have a Federal budget savings of \$7,131 in Federal Fiscal Year 2019 and \$86,861 in Federal Fiscal Year 2020. This SPA is effective January 1, 2019.

If you have any questions regarding this SPA, please contact Aimee Campbell-O'Connor, Maine State Lead, at 617-565-1642, or at Aimee.Campbell-O'Connor@cms.hhs.gov.

Sincerely,

Francis T.

Mccullough -S

Francis T. McCullough

Director

Division of Medicaid Field Operations East

Digitally signed by Francis T.
Mccullough -S
Date: 2019.04.25 14:48:43 -04'00'

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 19 - 0002	2. STATE Maine
	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 01/01/2019
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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 C.F.R §447.201	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ -7,131 b. FFY 2020 \$ -86,861
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 4.19-B, Page 2e	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1 to Attachment 4.19-B, Page 2e
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10. SUBJECT OF AMENDMENT
Annual CDT replacement updates

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **Michelle Probert, Director,**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL **MaineCare Services**

12. SIGNATURE OF STATE AGENCY OFFICIAL <i>/s/</i>	16. RETURN TO: Michelle Probert Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011
13. TYPED NAME Michelle Probert	
14. TITLE Director, MaineCare Services	
15. DATE SUBMITTED 03/29/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 3/29/2019	18. DATE APPROVED 4/25/2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/2019	20. SIGNATURE OF REGIONAL OFFICIAL <i>/s/</i>
21. TYPED NAME Francis T. McCullough	22. TITLE Director, Division of Medicaid Field Operations, East

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplement 1 to Attachment 4.19-B

Page 2e

OMB No: 0938

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

10. Dental services — Payment for these services is made on the basis of a fixed 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 January 1, 2019 and is effective for services provided on or after that date. Rates are published at:
<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20025%20-%20Dental%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4-A5CC-4DAE-93B6-72A66DE366E0%7D>