

# **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #:09-016**

This file contains the following documents in the order listed:

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

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



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

September 30, 2015

Mary Mayhew, Commissioner  
Department of Health and Human Services  
11 State House Station  
Augusta, Maine 04333-0011

RE: Maine ME 09-016

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 09-016; attached you will find an approved copy of the SPA. As requested, this SPA is effective July 1, 2009.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to update the Non-Emergency Medical Transportation (NEMT) Services section of the State Plan to be consistent with the State's approved 1915(b) waiver for NEMT services. This SPA is estimated to be cost neutral.

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](mailto:Aimee.Campbell-O'Connor@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services  
Sam Senft, Director, Policy, Children's and Waiver Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  09 -- 016	2. STATE:  MAINE
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE(S)  7/1/09	
5. TYPE OF PLAN MATERIAL ( <i>CHECK ONE</i> ):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: CFR 440.80		7. FEDERAL BUDGET IMPACT: a. FFY <del>10</del> <del>XXXXXX</del> <del>XXXXXX</del> Cost neutral b. FFY <del>11</del> <del>XXXXXX</del> <del>XXXXXX</del> Cost neutral	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-D and Supplement 1 to Attachment 4.19B, page 5a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): ATTACHMENT 3.1-D	
SUBJECT OF AMENDMENT: TRANSPORTATION			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMISSIONER, DEPT. OF HUMAN SERVICES	
12. SIGNATURE OF STATE AGENCY OFFICIAL:  /s/		16. RETURN TO:  ANTHONY MARPLE Director, Office of MaineCare Services #11 State House Station  442 CIVIC CENTER DRIVE Augusta, ME 04333-0011	
13. TYPED NAME: BRENDA HARVEY			
14. TITLE: Commissioner, Maine Department of Health and Human Services			
15. DATE SUBMITTED: SEPTEMBER 30,2009			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:  9/30/2009		18. DATE APPROVED:  9/30/2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  7/1/2009		20. SIGNATURE OF REGIONAL OFFICIAL:  /s/	
21. TYPED NAME:  Richard McGreal		22. TITLE  Associate Regional Administrator	
23. REMARKS 10/1/15- the state provided authorization for pen and ink updates to the 179. Box 9- in addition to Section 3.1D, Supplement 1 to Attachment 4.19B, page 5a is superceded.			

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 3.1-D Page

State/Territory:

Maine

---

 METHODS USED TO PROVIDE TRANSPORTATION
 

---

The State agency will also provide necessary transportation of recipients to and from providers of services. The methods that will be used are the following:

- a. **Ambulance Services** as provided in Attachment 3.1-A, Item 17a.
- b. **Non-Emergency Transportation (NET)** to covered health care services, including Pharmacy Services shall be arranged by transportation brokers only for transportation to medically-necessary health care services when transportation is not otherwise available.

Effective August 1, 2013, the NET benefit is provided under a Centers for Medicare and Medicaid Services (CMS) 1915(b) waiver, which expressly waives the Medicaid freedom of choice provision.

The State will use a Prepaid Ambulatory Health Plan (PAHP) to deliver the NET benefit. The PAHP is paid on a risk basis.

The Broker is responsible for arranging all NET services for Members who reside in their assigned region(s). The Broker is not allowed to coordinate transportation for Members who reside outside their region unless the State authorizes a Member to receive medical care out-of-state.

When a MaineCare Member resides out-of-state for medical care as approved by the Department, the Broker located in the region most geographically proximate to the Member's out-of-state residence shall provide NET services. Geographic proximity is defined as the shortest straight-line distance between the Member's out-of-state residence and any point along the border of Maine. Transportation must be provided in the least expensive means that is suitable to the recipient's medical needs.

**Types of Covered Transportation services include:**

1. Public transportation, including buses, trains and ferries;
2. Family, friends, and volunteers;
3. Commercial taxis;
4. Agency vehicle: a multiple passenger vehicle operated by a public, private nonprofit, or private, for profit agency;
5. Wheelchair transport;
6. Non-emergency ambulance transportation;
7. Other specialized vehicles used to provide paratransit services; and
8. Transportation related services comporting with 42 CFR §440.170 (3)(i) & (ii)

**Non-emergency Transportation (NET) services do not include:**

1. Transportation for individuals residing in Nursing Facilities (NFs) and for individuals residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) unless there is a written request from the facility that it is unable to supply the transportation for good cause and the transportation is necessary for medically necessary medical service.

---

 TN No. 09-016

Supersedes

Approval Date 9/30/15Effective Date: 7/1/09TN No. 85-16

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

---

18. Transportation Services-The Broker is reimbursed pursuant to the contract with the Department. Transporters are paid by the Broker. For further details, please see the Center for Medicare and Medicaid approved 1915(b) waiver.