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State/Territory Name: Maine

State Plan Amendment (SPA) #:09-016

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 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 <u>Aimee.Campbell-O'Connor@cms.hhs.gov</u>.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:
STATE PLAN MATERIAL	_09 016	MAINE
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: SECURITY ACT (MEDICAID)	TITLE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE(S)	
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	7/1/09	
5. TYPE OF PLAN MATERIAL (CHECK ONE):		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDM	CONSIDERED AS NEW PLAN AMENDMENT	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
CFR 440.80	a. FFY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	b. FFY1XXXX\$8%XXX1088	XX Cost neutral
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-D and Supplement 1 to Attachment 4.19B, page 5a	 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 3.1-D 	
SUBJECT OF AMENDMENT: TRANSPORTATION		Ie): ATTACHMENT 3.1-D
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	COMMISSIONER, DEPT. OF	HUMAN SERVICES
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
/s/		
13. TYPED NAME:		
BRENDA HARVEY	ANTHONY MARPLE	
14. TITLE:	Director, Office of MaineCare Services #11 State House Station	
Commissioner, Maine Department of Health and Human Services		n
15. DATE SUBMITTED: SEPTEMBER 30,2009	442 CIVIC CENTER DRIV	E
	Augusta, ME 04333-0011	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
9/30/2009	9/30/2015	
PLAN APPROVED - ONE		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2009	20. SIGNATURE OF REGIONAL/OFFICIAL: /S/	
21. TYPED NAME:	22. TITLE	1
Richard McGreal	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.		

Attachment 3.1-D Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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.

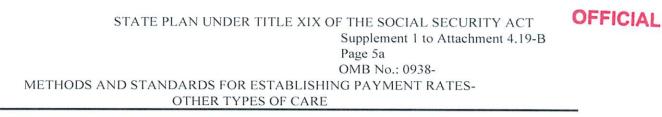
When a MaineCare Member resides out-of-state for medical care as approved by the Department, the Broker located in the region most geographically proximate to the Member's out-of-state residence shall provide NET services. Geographic proximity is defined as the shortest straight-line distance between 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.



 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.

TN No. 09-016

Supersedes

TN No. 0<u>9-011</u>

Approval Date: 9/30/15

Effective Date: 07/01/09