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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

November 18, 2013

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

RE: Maine 13-0027-MM4

Dear Commissioner Mayhew:

Enclosed is an approved copy of Maine's State Plan Amendment (SPA) 13-0027-MM4, which was submitted to CMS on September 13, 2013. SPA 13-0027-MM4, approved on November 18, 2013, SPA changes to ensure compliance with the Affordable Care Act; this particular SPA concerns matters related to the Single State Agency. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the new State Plan pages to be incorporated within a separate section at the back of Maine's approved State Plan:

- A1, A2 and A3

In addition, enclosed is a summary of State Plan pages which are superseded by ME 13-0027-MM4; this document should be incorporated into a separate section in the front of the State Plan.

If you have any questions regarding this SPA, please contact Kathryn Holt, Maine State Lead, at (617) 565-1246, or at kathryn.holt@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Maine
Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

ME-13-0027

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 431.10; 42 CFR 431.10; 42 CFR 431.11; 42 CFR 431.10; 42 CFR 431.12; 42 CFR 431.50

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$0.00
Second Year	2015	\$0.00

Subject of Amendment

SPA changes to ensure compliance with the Affordable Care Act; this particular SPA concerns matters related to the Single State Agency.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

[Empty text box with scroll arrows]

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Commissioner, Department of Human Services

Signature of State Agency Official

Submitted By: Reinhold Bansmer
 Last Revision Date: Nov 4, 2013
 Submit Date: Sep 13, 2013

Date Received: 09/13/13

Plan Approved - One Copy Attached

Effective Date of Approved Material: 01/01/14

Typed Name: Richard McGreal

Date Approved: 11/18/13

Signature of Regional Official:

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



Medicaid Administration

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

State Plan Administration
Designation and Authority A1

42 CFR 431.10

Designation and Authority

State Name:

Maine

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Maine Department of Health and Human Services

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

Title IV-A, Health, and Human Services department

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

22 MRSA §3173

The single state agency supervises the administration of the state plan by local political subdivisions.

- Yes
- No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

- Yes
- No



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration

Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The single state agency is the Department of Health and Human Services. An organizational chart of the Department is attached. The Department is the official State governmental agency responsible for standards of health for the population, social and rehabilitation services to the needy and disabled, and financial and medical assistance to the financially and medically needy. The Department administers a broad range of Federal and State funding for health, welfare, rehabilitation, and medical care programs.



Medicaid Administration

OFFICIAL

The Governor appoints a Commissioner, subject to confirmation by the Legislature, to administer the Department.

The Office of MaineCare Services (OMS) is the identifiable unit within the Department which is delegated responsibility for implementation of the Title XIX plan. OMS is on par with other major units in the single state agency and is responsible for coordinating the activities of other Bureaus and Departments which relate to Title XIX. OMS is the Medical Assistance Unit within the single state agency, OMS serves as a central point of responsibility for professional and technical aspects of medical services and medically-related programs of the agency. It determines the policy as to which services will be covered by the Title XIX Program and the method and amount of reimbursement. All such decisions are included in a Title XIX State Plan that is maintained by OMS.

All revisions in policy, reimbursement levels and procedures are made with input from the Medicaid Advisory Committee and members of provider groups.

OMS consists of the Divisions outlined below:

- The Division of Business Analytics provides technical and analytical support for OMS.
- The Division of Policy and Provider Services is responsible for state plan and waiver administration. This Division also provides information, education and assistance to the provider community and to recipients about Medicaid policies and procedures. Providers are also assisted in verifying client eligibility, status of claims and in resolving billing-related issues. The Division maintains and verifies the roster of enrolled providers and enrolls new providers;
- The Division of MaineCare Finance provides the rate setting and financial forecasting functions for OMS. This Division also manages the processing of claims payments.
- The Division of Operations is responsible for the Administration, management and coordination of medical eligibility determinations to assure the appropriate utilization of long term care, institutional, and/or community based services for Medicaid recipients. This Division also determines and tracks quality indicators to ensure purchased services meet established standards of medical necessity and are beneficial to the recipient. This Division manages the pharmacy benefits program. This Division is also responsible for implementing the primary care case management system for Medicaid. The Surveillance and Utilization Review Unit, a unit within this Division, has responsibility for monitoring provider and recipient compliance with Medicaid policy and regulations. Through the analysis of reports, over-utilization, provider abuse and suspected fraud may be detected. This division also manages the identification and recovery of reimbursement from legally-liable third parties for medical expenditures paid by Medicaid on behalf of eligible Medicaid recipients.

The Office of Administrative Hearings provides administrative hearings to citizens and clients who are aggrieved by actions or inactions of the Maine Department of Health and Human Services. Hearings are conducted on a variety of matters including, but not limited to, child support, medical eligibility determinations, eligibility for Food Stamps, MaineCare, Temporary Assistance for Needy Families, Emergency Assistance, ASPIRE, General Assistance and licensing matters. The Office of Administrative Hearings reports directly to the Department of Health and Human Services' General Counsel.

The Office for Family Independence (OFI) is responsible for administration of eligibility determination for a number of programs, including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Child Support and all Medicaid coverage groups (including but not limited to coverage for children, parents/caretaker relatives, pregnant women, aged persons, and persons with a disability) and the Children's Health Insurance Program (CHIP). OFI is also responsible for making disability determinations for persons seeking medical coverage due to a disability who have not already been found eligible for Social Security, Railroad Retirement, Medicare or SSI benefits based on disability or blindness; OFI will accept enrollment in one of these programs as proof of disability. If an individual is not currently receiving benefits from Social Security, Railroad Retirement, Medicare or SSI based on disability or blindness, a unit within OFI known as the Medical Review Team makes a determination of whether or not the individual meets the SSI standard of disability.

The Maine Center for Disease Control (ME CDC) develops and delivers services to preserve, protect and promote the health and well-being of the citizens of Maine. Public Health Nursing, a unit within ME CDC, provides consultation regarding the EPSDT child health screening standards.

The Office of Licensing and Regulatory Services is responsible for licensing and handling complaints regarding medical and long



Medicaid Administration

OFFICIAL

term care facilities, assisted living, residential care, Private Non-Medical Institutions, mental health service providers, substance abuse agencies, and programs and services to children. This office is also responsible for the Certificate of Need Act, the Hospital Cooperation Act and laws pertaining to Continuing Care Retirement Communities.

The Division of Audit reviews and audits hospital, nursing facility, home health agency, rural health centers and private non-medical institution services cost reports to determine reasonable cost. Office Services provide support services relating to office supplies, mailings and printing.

The Division of Personnel provides services related to classifications of positions and recruiting for vacant positions.

The Office of Aging and Disability Services promotes programs and services for adults with physical and intellectual disabilities, autism, brain injury and the aging population.

The Office of Child and Family Services supports Maine's children and their families by providing Children's Behavioral Health, Child Welfare, Early Childhood, and Community services.

The Office of Substance Abuse and Mental Health Services assists in developing and administering substance abuse and mental health services.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Maine Department of Health and Human Services (ME DHHS) is one of fifteen departments within the Executive Branch of Maine State Government. ME DHHS is the only department that provides and it totally responsible for all Title IV-A, health and/or human services. These or similar services are not provided by any other department in the State of Maine.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act



Medicaid Administration

OFFICIAL

An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

Yes No

State Plan Administration

Assurances

A3

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement



Medicaid Administration

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Maine

Tribal Consultation Requirements

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children’s Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

/State appoints a tribal advisory committee.

/State appoints a designee of the HIS, Tribes or Tribal organizations operating health programs under the ISDEAA, and/or Urban Indian organizations operating health programs under the IHCIA to the State medical care advisory committee.

/Other, Specify:

/Not applicable because the State does not have at least one Indian Health Program or Urban Indian Organization furnishing health care services.

Maine intends to solicit advice that meets the requirements of §1902(a)(73) of the Act. The Department meets with Indian health directors and explains the purpose and intent of the Medicaid advisory and subcommittees. Then the Indian health directors determine which members would best serve the tribal population on the following committees. The Department also does its best to accommodate any special arrangements (i.e., phone calls into meetings) to allow members as much participation as possible. Maine uses the following process for consultation:

- Appointment of a member from each federally recognized tribe to the MaineCare Advisory Committee and subcommittee meetings (including the MaineCare Advisory Committee Transportation Subcommittee), meeting monthly,

- Invitation to all Provider Advisory Group and Technical Advisory Group Meetings (meeting monthly),
- Addition of Tribal Health Directors to MaineCare Listserv, to which all MaineCare notices are sent,
- Addition of Tribal Health Directors to MaineCare Interested Parties List, to which all proposed and adopted rules are sent,
- Invitation of Tribal Health Directors to ADHOC meetings to discuss policy development,
- Availability of DHHS staff to Tribal Health Director Quarterly Meetings,
- Development of a DHHS Tribal Advisory Committee to include all federally recognized tribes,
- Assignment of a MaineCare Provider Relations Specialist to Tribal Health providers to assure claims specific technical assistance,
- Availability of MaineCare staff as necessary to discuss other MaineCare related concerns.

Plan amendments, waiver requests, and proposals for demonstration projects will be identified as having a direct effect on Indians, Indian health programs, or urban Indian organizations as part of a two tier consultation. In the first tier Indian health providers are part of the Department's interested parties list and will receive written notification, listserv updates and any other correspondence that pertains to any change or updates in any area of MaineCare policy. They are also invited as a MaineCare Advisory Committee (MAC) member, to be part of all policy development and to provide feedback to the Department in an advisory capacity.

The second tier is direct consultation (phone conversations, face-to-face meetings, direct email communications) with Tribes when there is any change or update in policy that effect any services that Tribes are reimbursed for through MaineCare. Issues identified as having a direct effect on the Tribes will be raised in monthly meetings or via listserv at least 30 days in advance of submission to CMS. When notice is provided via a listserv, Indian health providers will have up to 30 days to respond with advice to the State. The notices or information provided to the Indian health providers will describe the change and the anticipated effect on Indians or Indian health providers.

The State reviewed this proposed consultation process with Tribal Leaders at an April 2010 meeting, at which representatives from all four federally recognized tribes were present. Representatives from US DHHS, CMS, the Maine Governor's Office of Health Policy and Maine DHHS MaineCare staff were present at this Quarterly Tribal Health Director meeting held in Indian Township, Maine. Tribal representatives were also sent a draft of the state plan amendment and letter on December 3, 2010 asking for feedback on the proposed state plan amendment; no feedback was provided to the Department.

The Department met with the Tribal health directors again at a May 13, 2011 meeting in Presque Isle, Maine to review the consultation process and once again solicit feedback. The feedback received was the recommendation by the Tribal health directors that as often as possible when direct effect was an issue concerning policy changes the health directors preferred a face-to-face meeting versus other types of communication.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1098. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CMS-10293 (07/2013)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

1.4

X The State enrolls recipients in MCO, PIHP, PAPH, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Advisory Committee in the review of marketing materials.

Attachment 1.1-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State of Maine

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Department of Health and Human Services is the single State agency responsible for:

administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is

22 M.R.S.A. § 3173
(statutory citation)

supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivision administering the plan is

(statutory citation)

November 5, 2004
DATE

/s/ [Redacted Signature]

Signature

Doris A. Harnett
Assistant Attorney General

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

ME-13-0027

STATE:

Maine

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

A1 – A3

**COMPLETE PAGES
SUPERSEDED:**

**PARTIAL PAGES
SUPERSEDED:**

Page 1
 Section 1.1(a), page 2, TN 04-010
 Section 1.1(b), page 3, TN 76-52
 Section 1.1(c), page 4, TN 76-52
 Section 1.1(d), page 5, TN 76-52
 Section 1.1(e), page 6, TN 76-52
 Section 1.2, page 7, TN 79-13
 Section 1.3, page 8, TN 79-13
 Section 1.4, pages 9-11, TN 10-019
 Attachment 1.1-A (Attorney General certification), TN 04-010
 Attachment 1.2-A (Organizational chart) , pages 1 & 2, TN 04-010
 Attachment 1.2-B (Description of the functions of the single state agency), pages 1-3, TN 04-010
 Attachment 1.2-C (Description of professional medical and supporting staff) , TN 04-010
 Attachment 1.2-D

A2

Notwithstanding any other provisions of the Medicaid State Plan, the agencies designated in A2 will determine eligibility for coverage to the extent specified in A2.