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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

July 24, 2014

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

RE: Maine 14-010

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. 14-010; attached you will find an approved copy of the SPA. As requested, this SPA is effective August 1, 2014.

The purpose of this SPA is to amend the Accountable Communities section of the State's approved Title XIX State Plan to remove the requirement that providers execute a MaineCare Provider Agreement to be a Lead Entity.

As approved, this SPA has no budgetary impact.

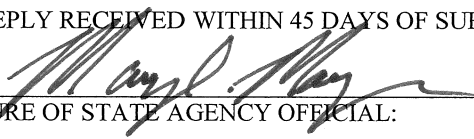
If you have any questions regarding this SPA, please contact Kathryn Holt, Maine State Lead, at 617/565-1246, or at kathryn.holt@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

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

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|---|--|---|-------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 14-010 | 2. STATE Maine |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 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 8/1/14 | |
| 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: Title XIX §1905(t) | | 7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> cost neutral b. FFY <u>2015</u> cost neutral | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A new pages 12a, 12b | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A pages 12a, 12b | |
| 10. SUBJECT OF AMENDMENT: Integrated Care Model, Accountable Care Initiative | | | |
| 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: Mary C. Mayhew Commissioner, Dept. Of Human Services | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: Stefanie Nadeau Director, Office of MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011 | |
| 13. TYPED NAME: Mary C. Mayhew | | | |
| 14. TITLE: Commissioner, Maine Department of Health and Human Services | | | |
| 15. DATE SUBMITTED: June 19, 2014 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 06/19/2014 | | 18. DATE APPROVED: 07/22/2014 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 08/01/2014 | | 20. SIGNATURE OF REGIONAL OFFICIAL: /s/ | |
| 21. TYPED NAME: Richard R. McGreal | | 22. TITLE: Associate Regional Administrator | |
| 23. REMARKS: | | | |

State Plan Title XIX of the Social Security Act
Integrated Care Model

2. Enter into an contract with the State to participate in the initiative.
3. Have a governing body that:
 - a. has responsibility for oversight and strategic direction of the AC program;
 - b. provides interested parties with access to and communications regarding the AC's governance structure, roles, processes, decisions and action items;
 - c. Includes at least two MaineCare members served by the AC program or their caregivers or guardians in the governance structure.
4. Allow MaineCare members freedom of choice of providers and may not engage in any activities that limit the members' freedom to choose to receive services from providers who are not part of the AC.
5. Participate in quality measurement activities as required by the State.
6. Have contractual or other documented partnerships with at least one service provider in each of the following three categories, if such a provider serves members in the AC's service area. For purposes of this subsection, the AC's services area is defined as the totality of all Hospital Service Areas that include any of the AC's Providers that are Primary Care Providers.
 - a. Chronic Conditions,
 - i. Health Home Practices or Community Care Teams
 - ii. Providers of Targeted Case Management (TCM) services for children with chronic health conditions; or
 - iii. Providers of TCM services for adults with HIV
 - b. Developmental Disabilities
 - i. Providers of TCM for children with developmental disabilities, or
 - ii. Providers of TCM for adults with developmental disabilities
 - c. Behavioral Health
 - i. Behavioral Health Home Organizations
 - ii. Providers of Community Integration
 - iii. Providers of TCM for children with Behavioral Health Disorders or Providers of TCM for adults with Substance Abuse Disorders
7. Have contractual or other documented partnerships or policies to ensure coordination with all hospitals in the AC's service area.
8. Have contractual or other documented partnerships or policies to ensure coordination with at least one Public Health Entity, if such a provider serves members in the AC's

State Plan Title XIX of the Social Security Act
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service area.

9. If the AC Lead Entity is contracted with a Health Home Practice as an AC provider, the AC Lead Entity must invite any Behavioral Health Home Organization or Community Care Team with which the Health Home Practice partners to provide Health Home or Behavioral Health Home Services to participate as a contracted AC Provider as well.

A. Service Description

I. Accountable Community (AC) Program

Maine's Accountable Communities initiative's goal is to improve the quality and value of the care provided to MaineCare members. Accountable Communities will achieve the triple aim of better care for individuals, better population health, and lower cost through a program that provides the opportunity for shared savings payments based on quality performance through improved care coordination.

Accountable Communities will benefit from a value-based purchasing strategy that supports more integrated and coordinated systems of care. Accountable Community Lead Entities will ensure the location, coordination and monitoring of primary care health services and lab services, acute, and behavioral health care services. Accountable Community Lead Entities that elect to include long term service and support services as Optional Service Costs in the assessment of any shared savings as outlined in SPA pages 4.19 will also ensure the location, coordination, and monitoring of long term services and supports.

Under the Accountable Community (AC) program, an AC "Lead Entity" MaineCare provider contracts with the Department to share in a percentage of savings or losses for an assigned member population, commensurate with performance on specified quality metrics in four domains:

1. Patient Experience;
2. Care Coordination and Patient Safety;
3. Preventive Health; and
4. At-Risk Populations.

Performance on these quality metrics reflects the outcomes of locating, coordinating and monitoring of services by AC Lead Entities and AC Providers for members assigned to the AC for the performance year.

The Department's AC contract is only with the Lead Entity; it is not with any additional AC Providers that may make up the AC.