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State/Territory Name: Maine

State Plan Amendment (SPA) #: 14-015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary 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

December 11, 2014

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

RE: Maine ME 14-015

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 14-015; 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 State's approved Title XIX State Plan to provide tobacco cessation counseling to non-pregnant individuals without cost-sharing. This SPA is estimated to have a Federal budget impact of \$11,453 in Federal Fiscal year 2014, \$68,982 in Federal Fiscal year 2015 and \$69,085 in Federal Fiscal year 2016.

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,

/s/

Richard R. McGreal
Associate Regional Administrator

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 14-015	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) 8/1/2014	
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: 42 CFR 440.130(D); 42 CFR 447.52(A); 42 CFR 447.53(B); 42 CFR 447.200		7. FEDERAL BUDGET IMPACT: AN ADDITIONAL COST OF \$ 11,453.57 IN FFY 2014 \$ 68,982.56 IN FFY 2015 \$ 69,085.44 IN FFY 2016	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ³ PAGE ³ OF ATTACHMENT TO 3.1-A PAGE 5 AND 6; PAGE ⁴ OF ATTACHMENT TO 3.1-A PAGE 5 AND 6; PAGE 1B OF ATTACHMENT TO 3.1-A PAGE 5 AND 6 ATTACHMENT 4.18-F PAGES 2 AND 4(A); SUPPLEMENTAL 1 TO ATTACHMENT 4.19-B PAGE 4A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): PAGE 1 OF ATTACHMENT TO 3.1-A PAGE 5 AND 6; PAGE 1A OF ATTACHMENT TO 3.1-A PAGE 5 AND 6; 4.18-F PAGES 2 AND 4 WHICH HAS BEEN RENAMED 4(A); SUPPLEMENTAL 1 TO ATTACHMENT 4.19-B PAGE 4(A)	
SUBJECT OF AMENDMENT: COST SHARING-PHARMACY SERVICES			
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: <i>/s/</i>		16. RETURN TO:	
13. TYPED NAME: MARY C. MAYHEW		STEFANIE NADEAU	
14. TITLE: Commissioner, Maine Department of Health and Human Services		Director, MaineCare Services #11 State House Station 242 STATE STREET Augusta, ME 04333-0011	
5. DATE SUBMITTED 9/12/15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 12, 2014		18. DATE APPROVED: December 9, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 8/1/2014		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>	
21. TYPED NAME: Richard McGreal		22. TITLE Associate Regional Administrator	
23. REMARKS <i>State authorized pen and ink changes to block 8 on 12/11/14.</i>			

Rehabilitation Services Continue

10. Tobacco Cessation Counseling Services for all non-pregnant individuals

Tobacco Cessation Counseling Services are provided to educate and assist members with tobacco cessation, reduce symptoms and restore the beneficiary's highest level of non- tobacco usage.

The service consists of assessment and medically necessary services provided to non-pregnant beneficiaries, to reduce the motivation to smoke. Provider will identify barriers to cessation and triggers to tobacco usage, and aid in the development of alternate healthy behaviors to smoking, which includes stress management

During counseling, providers must educate members about the risks of tobacco use, the benefits of quitting, and assess the member's willingness and readiness to quit. Tobacco cessation counseling is a face to face service that may be provided in the form of individual or group counseling. Both forms of counseling may be provided by licensed practitioners within the scope of licensure as defined under State law.

Member Eligibility

Tobacco Cessation Counseling Services may be provided to any MaineCare eligible beneficiary who wishes to cease the use of tobacco products and who is not pregnant.

Limitations of Service:

Members shall be provided with tobacco cessation counseling services with no annual or lifetime dollar limits and no annual or lifetime limits on attempts to cease tobacco use.

Tobacco cessation counseling is furnished without cost sharing by the beneficiary.

Qualified Providers

- A. Licensed Clinical Professional Counselor (LCPC), Licensed Clinical Professional Counselor-conditional (LCPC-conditional), Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker-Conditional Clinical (LMSW-conditional clinical), Licensed Marriage and Family Therapist (LMFT), Licensed Marriage and Family Therapist-Conditional (LMFT-conditional), Physician, Psychiatrist, Advanced Practice Registered Nurse Psychiatric and Mental Health Practitioner (APRN-PMH-NP), Advanced Practice Registered Nurse Psychiatric and Mental Health Clinical Nurse Specialists (APRN-PMH-CNS), or Licensed Clinical Psychologist.
- B. Licensed Substance Abuse Agencies provide the service and may be performed by a Licensed Alcohol and Drug Counselor or a Certified Alcohol and Drug Counselor under the supervision of a Certified Clinical supervisor.
- C. Independent Practitioners provide the service and may be performed by a Psychologist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor or Licensed Marriage and Family Therapist.

Certified Alcohol and Drug Counselor (CADC)

In order to be qualified as a Certified Alcohol and Drug Counselor, an individual must:

- Be at least 18 years of age;
- Have taken and passed a national examination;
- Meet one of the following education requirement

Rehabilitation Services Continue

- Have a high school diploma or its equivalent and a minimum of 4,000 hours of documented clinically supervised work experience as an alcohol and drug counseling aid consisting of at least 3 of the following alcohol and drug treatment functions:
 - Clinical evaluation consisting of intake screening and differential assessment; Treatment planning, including initial, ongoing and discharge planning; Counseling of individuals, groups, couples or families; Case management. For purposes of this paragraph, “case management” means services that include, at a minimum, assessment of the needs of a client and the client’s family, service planning, referral and linkage to other services advocacy, monitoring and crisis management; or Client and family education; OR
- An Associate Degree or course work from an accredited college or university in behavioral sciences, addiction counseling or related fields

"Certified clinical supervisor" means an individual who is licensed by the board to provide supervision to individuals who provide alcohol and drug counseling services as required by Maine law. For the purposes of tobacco cessation counseling services, "supervision" includes, but is not limited to, oversight of case record reviews, case management, development of counseling skills, education and treatment modalities, clinical supervision log maintenance and client treatment plans and activities

All clinicians must practice within the scope of their licensure or certification.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maine

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility

Attach a schedule of the cost sharing amounts for specific items and services and the various eligibility groups.

B. Limitations:

- The total aggregate amount of cost sharing and premium imposed under section 1916A for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly and quarterly basis as specified by the State above.
- Cost sharing with respect to any item or service may not exceed 10 percent of the cost of such item or service.

C. No cost sharing will be imposed for the following services:

- Services furnished to individuals under 18 years of age that are required to be provided Medicaid under section 1902(a)(10)(A)(i), and including services furnished to individuals with respect to whom aid and assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
- Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age, regardless of family income;
- Services furnished to pregnant women if such services relate to the pregnancy or to any other medical condition which may complicate the pregnancy;
- Services furnished to a terminally ill individual who is receiving hospice care, (as defined in section 1905(o) of the Act);
- Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs;
- Emergency services as defined by the Secretary for purposes of section 1916(a)(2)(D) of the Act;
- Family planning services and supplies described in section 1905(a)(4)(C) of the Act; and
- Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act;
- Tobacco cessation counseling;
- Tobacco cessation pharmacological products, including patches, inhalers, sprays, gum, lozenges, and oral medications, prescribed or over-the-counter.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maine

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplemental 1 to attachment 4.19-B

Page 4a1

OMB No: 0938

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

- f. Tobacco Cessation Counseling Services for all non-pregnant individuals - State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of August 1, 2014, and is effective for services provided on or after that date. All rates are published at: <http://www.maine.gov/dhhs/audit/rate-setting/documents/S65BehavioralHealth2-23-15.pdf> .