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State/Territory Name: Maine

State Plan Amendment (SPA) #:15-025

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

March 14, 2016

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

RE: Maine ME 15-025

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 15-025; attached you will find an approved copy of the SPA. As requested, this SPA is effective July 1, 2016.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to clarify the state's coverage of family planning and family planning related services to go along with SPA 15-026 which added the Family Planning eligibility option to the State Plan. This SPA is estimated to have a Federal Fiscal year impact of \$280,694 in 2016 and \$1,122,776 in 2017.

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
Sam Senft, Director, Policy, Children's and Waiver Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER: 15-025	2. STATE Maine
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE April 1, 2016 July 1, 2016	

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
Centers for Medicare and Medicaid Services
Department of Health and Human Services

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(See Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
1902(a)(10)(A)(ii)(XXI)

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 is a cost of ~~\$1,700,000~~ \$280,694
b. FFY 2017 is a cost of \$1,122,776

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A Page 1a
Attachment 3.1-A Page 2b
Attachment 3.1-A Page 2c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
~~XXXXXX~~ Attachment 3.1A, page 1

10. SUBJECT OF AMENDMENT:
Election of the Family Planning Eligibility Option, coverage description

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Director, Office of MaineCare Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:
/s/

16. RETURN TO:
Stefanie Nadeau
Director, MaineCare Services
#11 State House Station
242 State Street
Augusta, Maine 04333-0011

13. TYPED NAME:
Stefanie Nadeau

14. TITLE:
Director, Office of MaineCare Services

15. DATE SUBMITTED:
12/21/2015

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/21/15

18. DATE APPROVED: 3/14/16

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/16

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Richard McGreal

22. TITLE: Associate Regional Administrator

23. REMARKS:
Box 4- The state requested a later effective date with their responses to informal questions.
Box 7- the later effective date resulted in an adjustment to the estimated Federal Fiscal Impact.
Boxes 8 & 9- Existing state plan has 2, 3 1-A pages as Page 1. Both the cover page with check off boxes indicating whether the benefit is covered and if there are limitations as well as the following Page 1 which included descriptions of those limitations for Inpatient Hospital, Skilled Nursing Facilities, and also Family Planning Services. This SPA updates the second page 1, which was updated to 1a and includes only the brief description for inpatient hospital. Page 2b is a new page for Nursing Facility Services (since Skilled Nursing Facility services are not a Medicaid service). Page 2c is the new page with a description for Family Planning and Family Planning-related Services.
Box 10- this SPA is a companion to SPA 15-026, which added the Family Planning eligibility option. This SPA is the coverage description for Family Planning and Family Planning-related services available under the State Plan and also to individuals within the new eligibility group.

The state provided pen and ink authority to update this 179 to be consistent with the state's submission on 3/2/16.

State Plan Title XIX of the Social Security Act

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY**

Item 1. Inpatient Hospital Services

Inpatient Hospital Services are provided in accordance with 42 CFR 440.10. Prior authorization (PA) required for extension of hospital benefit days beyond 60 days. Intensive care and coronary care services do not require prior authorization.

OFFICIAL

State Plan Title XIX of the Social Security Act

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED**

Item 4a Nursing Facility Services

Private rooms and private duty nursing are not covered except when therapeutically necessary.

OFFICIAL

State Plan Title XIX of the Social Security Act

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Item 4c. Family Planning Services

OFFICIAL

Family planning services and supplies

1905(a)(4)(C)(i):

- Office visits for purposes of family planning, including patient history, contraceptive counseling, breast and pelvic exams, and laboratory tests;
- Pharmaceutical supplies and devices to prevent conception, including all methods of contraception approved by the Federal Food and Drug Administration.
- Over-the-counter contraceptives, including condoms, spermicides and sponges, if prescribed.
- Family planning education, counseling, follow-ups, and referrals;
- Limited laboratory examinations and tests for the purposes of family planning; and
- Male and female sterilization procedures and follow up tests provided in accordance with 42 CFR 441, Subpart F.

Family planning-related services

1905(a)(4)(C)(ii)

- Treatment of major complications related to family planning services and family planning-related procedures;
- PAP screens and treatment for pre-cancerous conditions which commonly originate from a Sexually Transmitted Infection (STI);
- Vaccines to prevent STIs; and
- Diagnostic procedures, drugs, and follow-up visits to treat a STI or STI-related disorder identified or diagnosed at a family planning visit (other than HIV/AIDS).