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**State/Territory Name:** Maine

**State Plan Amendment (SPA) #:**17-0014

This file contains the following documents in the order listed:

- 1) Cover Letter
- 2) Approval Letter
- 3) CMS 179 Form
- 4) 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 19, 2017

Ricker Hamilton, Commissioner  
Department of Health and Human Services  
221 State Street  
Commissioner's Office  
Augusta, Maine 04333-0011

Dear Commissioner Hamilton:

We are pleased to enclose a copy of approved Maine State Plan Amendment (SPA) No. 17-0014, which was submitted to my office on September 26, 2017. This SPA transmitted a proposed amendment to Maine's approved Title XIX State Plan to amend the pharmacy coverage section of the state plan. As requested by the State, the SPA has been approved effective September 1, 2017.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 3.1A, pages 5.2a and 5.2b.

If you have any questions you may contact Aimee Campbell-O'Connor at (617) 565-1642 or by email at [Aimee.Campbell-Oconnor@cms.hhs.gov](mailto:Aimee.Campbell-Oconnor@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of MaineCare Services  
John M. Coster, Director, CMS, Division of Pharmacy



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

December 19, 2017

Ms Stefanie Nadeau  
Director, MaineCare Services  
#11 State House Station  
242 State Street  
Augusta, ME 04333-0011

Dear Ms Nadeau:

We have reviewed Maine's State Plan Amendment (SPA) 17-0014, Prescribed Drugs, received in the Boston Regional Office on September 26, 2017. The SPA amends the provider requirements and prior authorization limitations for prescribing opioids for pain management and buprenorphine and buprenorphine combination products for Substance Use Disorder (SUD). The changes closer align MaineCare with the Office of Substance and Mental Health Services Administration (SAMHSA) recommendations for controlled substance Prescription Monitoring Programs and the Center for Disease Control and Prevention (CDC) prescribing practice guidelines.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 17-0014 is approved with an effective date of September 1, 2017. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Maine's state plan will be forwarded by the Boston Regional Office.

If you have any questions regarding this request, please contact Pamela Schweitzer at (410) 786-2832 or [Pamela.Schweitzer@cms.hhs.gov](mailto:Pamela.Schweitzer@cms.hhs.gov).

Sincerely,

s/s

Meagan T. Khau  
Deputy Director  
Division of Pharmacy

cc: Richard McGreal, Associate Regional Administrator, Boston Regional Office  
Aimee Campbell-O'Connor, Boston Regional Office  
Samuel Senft, Policy Director, MaineCare Services



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 17-0014	2. STATE Maine
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE September 1, 2017	
TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of Health and Human Services			
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: SECTION 1905(A)(12) OF THE SOCIAL SECURITY ACT		7. FEDERAL BUDGET IMPACT: a. FFY 2017 increase: \$ 0 b. FFY 2018 increase: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A Page 5.2a- <del>x</del> b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 3.1-A Page 5.2a- <del>b</del> c	
10. SUBJECT OF AMENDMENT: Updating requirements for the prescribing of opioids for pain management and Buprenorphine and Buprenorphine combination products			
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: Stefanie Nadeau, Director, MaineCare Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		16. RETURN TO:	
13. TYPED NAME: Stefanie Nadeau		Stefanie Nadeau Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
14. TITLE: Director, MaineCare Services			
15. DATE SUBMITTED: September 26, 2017			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 9/26/17		18. DATE APPROVED: 12/19/17	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 9/1/17		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard McGreal		22. TITLE: Associate Regional Administrator	
23. REMARKS:  12/13/17- Maine gave permission for pen and ink correction to correct boxes 8 and 9 as information was transposed in the boxes.			

**State/Territory: Maine****AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY****OFFICIAL****Opioid Drugs for the Treatment of Pain****Prior Authorizations****1. Treatment of acute pain**

Acute Pain is pain, whether related to disease, injury, or recent surgery, that is the normal, predicted physiological response and is time-limited, usually diminishing with soft tissue healing. Acute pain is expected to be resolved within twenty-eight (28) days.

A face-to-face visit between the MaineCare member and the rendering provider is required at the time of the initial prescription of an opioid drug for the treatment of acute pain.

Prior Authorization is required after a total of seven (7) days of opioids have been prescribed for the treatment of acute pain within a calendar year. Three (3) subsequent PA prescriptions of up to seven (7) days are allowed. Prior Authorization may only be granted after a face-to-face visit has occurred in reference to the prescription for opioids.

If the pain is not expected to end in twenty-eight (28) days and in order to maintain continuity of care for transition to treatment of chronic pain, a pain management care plan consisting of an alternate treatment option must be developed.

The twenty-eight (28) day allowance for acute pain is allowable for each new onset of acute pain of a different etiology.

**2. Long-acting, extended release Opioids**

Prior Authorization is required for long-acting, extended-release opioid drugs prescribed for acute pain. Standards for PA include the provider's determination of medical necessity based on standard of care. When starting opioid therapy for chronic pain, prescribers are expected to prescribe immediate-release opioids, instead of extended-release, long-acting opioids, whenever possible.

**3. Treatment of Chronic Pain**

Chronic pain is pain that persists beyond the usual course of an acute disease or healing of an injury that causes continuous or intermittent pain over months or years and involves neurological, emotional, and behavioral features that often impact a patient's quality of life and function. Once a member has reached the opioid prescription cumulative maximum of twenty-eight (28) days, the member is considered to have transitioned from treatment of acute pain to treatment of chronic pain.

Reimbursement of opioid drugs for chronic pain is allowed by PA if it meets medical necessity standards.:

Each prescription may be for no more than thirty (30) days. Prior authorizations will not exceed six (6) months per authorization.



**State/Territory: Maine****AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY****OFFICIAL****4. Exemptions from Prior Authorizations**

The following shall be exempt from the PA requirements stated above:

- (a) A MaineCare member who is receiving opioid drugs for symptoms related to HIV, AIDS and cancer and other qualifying diseases and conditions, as set forth on the Department's Preferred Drug List; or
- (b) A MaineCare member who is receiving opioid drugs during inpatient treatment in a hospital, in a nursing facility or during hospice care; or
- (c) A MaineCare member who is receiving 30 thirty milligrams (30 mg) or less of morphine sulfate equivalents on a daily basis; or

**1. Buprenorphine and Buprenorphine Combination Products**

All prescriptions for buprenorphine, buprenorphine derivatives, and naltrexone must be reported to the Maine Prescription Monitoring Program (PMP) pursuant to the rules established at 14-118 C.M.R. Chapter 11, Rules Governing the Controlled Substances Prescription Monitoring Program and Prescription of Opioid Medications. Prescribers must follow prescribing standards for induction and maintenance phases. Reimbursement for Suboxone for addiction to opioids is limited to twenty-four (24) months, except as permitted through PA. Only treatment after January 1, 2013 will count toward the limit.

When a member nears the twenty-four (24) month limit, the provider may request PA for an extension of the twenty-four (24) month limit. Each extension shall be effective for twelve (12) months unless a shorter duration is clinically appropriate. If PA does not meet medical necessity criteria, the Department will automatically approve a PA for medically supervised withdrawal.