

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #:19-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 4) Approved SPA Page



Boston Regional Operations Group

August 13, 2019

Jeanne Lambrew, Commissioner
Department of Health and Human Services
221 State Street
Augusta, Maine 04333-0011

Dear Commissioner Lambrew:

We are pleased to enclose a copy of approved Maine State Plan Amendment (SPA) No. 19-0012, which was submitted to my office on June 28, 2019. This SPA transmitted a proposed amendment to Maine's approved Title XIX State Plan to remove prior authorization requirements for methadone or Suboxone treatment. As requested by the State, the SPA has been approved effective April 1, 2019.

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

- Attachment 3.1-A page 5.2b was amended

If you have any questions regarding this SPA, please contact Nancy Grano, Maine State Lead, at 617-565-1695, or at Nancy.Grano@cms.hhs.gov.

Sincerely,

/s/

Francis T. McCullough
Director, Regional Operations Group (Boston)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

August 12, 2019

Michelle Probert
Director, MaineCare Services
#11 State House Station
242 State Street
Augusta, Maine 04333-0011

Dear Ms. Probert:

We have reviewed Maine State Plan Amendment (SPA) 19-0012 received in the Boston Regional Operations Group on June 28, 2019. This SPA proposes to remove the established 24-month Prior Authorization requirements for Methadone or Suboxone treatment.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0012 is approved with an effective date of April 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Maine state plan will be forwarded by the Boston Regional Operations Group.

If you have any questions regarding this amendment, please contact Lisa Shochet at (410) 786-5445 or Lisa.Shochet@cms.hhs.gov.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: Thomas Leet, Policy Director, MaineCare Services
Francis T. McCullough, Director, CMS Regional Operations Group (Boston)
Aimee Campbell-O'Connor, CMS Regional Operations Group (Boston)

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 19 - 0012	2. STATE Maine
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE 4/1/2019	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 430.10	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ 0 b. FFY 2020 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, 5.2b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, 5.2b

10. SUBJECT OF AMENDMENT

This SPA is to remove currently established 24-month Prior Authorization requirements for members receiving Methadone or Suboxone treatment. This submission is a result of Governor Janet Mills signing of the Supplemental Budget for Maine's fiscal year end June 30, 2019.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **Michelle Probert, Director,**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL **MaineCare Services**

12. SIGNATURE OF STATE AGENCY OFFICIAL <i>/s/</i>	16. RETURN TO: Michelle Probert Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011
13. TYPED NAME Michelle Probert	
14. TITLE Director, MaineCare Services	
15. DATE SUBMITTED 6/28/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 6/28/2019	18. DATE APPROVED 8/12/2019
---------------------------------------	---------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 4/1/2019	20. SIGNATURE OF REGIONAL OFFICIAL <i>/s/</i>
21. TYPED NAME Francis T. McCullough	22. TITLE Director, Division of Medicaid Operations, East

23. REMARKS

State/Territory: Maine
AMOUNT, DURATION, AND SCOPE OF THE MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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.