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State/Territory Name: Maine

State Plan Amendment (SPA) #: 21-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 2, 2022

Michelle Probert, Director
Office of MaineCare Services
Department of Health and Human Services
109 Capitol Street, 11 State House Station
Augusta, Maine 04333-0011

Re: Maine State Plan Amendment (SPA) 21-0024

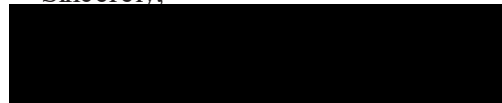
Dear Ms. Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0024. This amendment proposes to implement transportation assurances federally required by the Consolidated Appropriations Act, 2021, Division CC, Title II, Section 209.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations that generally require states to assure necessary transportation for beneficiaries to and from covered services. This letter is to inform you that Maine Medicaid SPA 21-0024 was approved on March 2, 2022, with an effective date of December 27, 2021.

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at gilson.dasilva@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Kristin Merrill, State Plan Manager, Office of MaineCare Services

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

1. TRANSMITTAL NUMBER
21 0024
formerly submitted as 21-0023

2. STATE
Maine (ME)

3. PROGRAM IDENTIFICATION: TITLE **XIX** OF THE
SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
12/27/2021

5. FEDERAL STATUTE/REGULATION CITATION
**Consolidated Appropriations Act, 2021, Division CC,
Title II, Section 209**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2021** \$ **0**
b. FFY **2022** \$ **0**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A Page 9 and Attachment 3.1-D


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
**Attachment 3.1-A Page 9 and Attachment
3.1-D**

9. SUBJECT OF AMENDMENT
Medicaid Coverage of Certain Medical Transportation under the Consolidated Appropriations Act, 2021 (Public Law 116-260)

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Michelle Probert

13. TITLE
Director, MaineCare Services

14. DATE SUBMITTED
December 30, 2021

15. RETURN TO
**Michelle Probert
Director, MaineCare Services
#11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011**

FOR CMS USE ONLY

16. DATE RECEIVED **12/30/2021**

17. DATE APPROVED **03/02/2022**

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL **12/27/2021**

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

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

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation:

Provided No limitations With limitations* (See Attachment to Attachment 3.1-D) Not Provided

b. Services provided in Religious Nonmedical Health Care Institutions

Provided No limitations With limitations* Not Provided

c. Reserved

d. Nursing facility services for patients under 21 years of age.

Provided No limitations With limitations* Not Provided

e. Emergency hospital services.

Provided No limitations With limitations* Not Provided

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided No limitations With limitations* Not Provided

g. Clozaril Monitoring Services

Provided No limitations With limitations* Not Provided

*Description provided on attachment.

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State MAINE

Attachment 3.1 -D

METHODS USED TO PROVIDE TRANSPORTATION

The State agency will also provide necessary transportation of recipients to and from providers of services, The methods that will be used are the following:

- a. Ambulance services as provided in Attachment 3.1-A, Item 24a.
- b. Maine operates its Non-Emergency Medical Transportation (NEMT) program under a 1915(B) waiver. Transportation to covered health care services shall be arranged by transportation agencies only for transportation to medically-necessary health care services when transportation is not otherwise available. Transportation must be provided in the least expensive available means that is suitable to the recipient's medical needs.

Maine attests to the following minimum requirements in accordance with our approved 1915(b) waiver:

- (A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- (B) Each such individual driver has a valid driver's license;
- (C) Each such provider has in place a process to address any violation of a state drug law; and
- (D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.