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State/Territory Name: Maine

State Plan Amendment (SPA) #: 24-0023-OHH

This file contains the following documents in the order listed:

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- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page

ME - Submission Package - ME2024MS0006O - (ME-24-0023-OHH) - Health Homes

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

November 14, 2024

Michelle Probert
Director
Office of MaineCare Services
109 Capitol Street
11 State House Station
Augusta, ME 04330-0011

Re: Approval of State Plan Amendment ME 24-0023 Opioid Health Home (OHH)

Dear Director Probert,

On September 30, 2024, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME 24-0023 related to Opioid Health Home to comply with all requirements described in 42 CFR 437.10 and 437.15 related to mandatory reporting of the Core Set measures.

We approve Maine's State Plan Amendment (SPA) ME 24-0023 (OHH) with an effective date of October 01, 2024.

If you have any questions regarding this amendment, please contact Gilson DaSilva at gilson.dasilva@cms.hhs.gov.

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

ME - Submission Package - ME2024MS00060 - (ME-24-0023-OHH) - Health Homes

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Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | ME2024MS00060 | ME-24-0023-OHH | Opioid Health Home

CMS-10434 OMB 0938-1188

Package Header

Package ID	ME2024MS00060	SPA ID	ME-24-0023-OHH
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/14/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Maine

Medicaid Agency Name: Office of MaineCare Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | ME2024MS00060 | ME-24-0023-OHH | Opioid Health Home

Package Header

Package ID ME2024MS00060
Submission Type Official
Approval Date 11/14/2024
Superseded SPA ID N/A

SPA ID ME-24-0023-OHH
Initial Submission Date 9/30/2024
Effective Date N/A

SPA ID and Effective Date

SPA ID ME-24-0023-OHH

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Monitoring, Quality Measurement and Evaluation	10/1/2024	ME-17-0006

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | ME2024MS00060 | ME-24-0023-OHH | Opioid Health Home

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Executive Summary

Summary Description Including Goals and Objectives Update template for compliance with all requirements in 42 CFR §§ 437.10 and 437.15.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

42 CFR §§ 437.10 and 437.15.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | ME2024MS00060 | ME-24-0023-OHH | Opioid Health Home

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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ME - Submission Package - ME2024MS0006O - (ME-24-0023-OHH) - Health Homes

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | ME2024MS0006O | ME-24-0023-OHH | Opioid Health Home

CMS-10434 OMB 0938-1188

Package Header

Package ID	ME2024MS0006O	SPA ID	ME-24-0023-OHH
Submission Type	Official	Initial Submission Date	9/30/2024
Approval Date	11/14/2024	Effective Date	<u>10/1/2024</u>
Superseded SPA ID	ME-17-0006		
	System-Derived		

Monitoring

Describe the state's methodology for calculating cost saving (and report cost savings annually in Quality Measure Report). Include savings that result from improved coordination of care and chronic disease management achieved through the Health Homes Program, including data sources and measurement specifications, as well as any savings associated with dual eligibles, and if Medicare data was available to the state to utilize in arriving at its cost-savings estimates:

To measure cost savings generated by the OHH model, the State may compare the costs per member per month (PMPM) for OHH participants compared to the costs for members receiving similar treatment for opioid use disorder through the fee-for-service model. The State will review costs by service categories, including but not limited to professional behavioral health services, inpatient medical/surgical services, facility outpatient services, pharmacy, outpatient physician services, and other services. The State will monitor data regarding overall treatment patterns (including method of treatment) for the overall population of MaineCare members with opioid use disorder to determine if this has an impact on the analysis. Medicare data is available via the cross-over claims.

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

Health Information Technology is used in a number of ways across the various services and as a core part of the OHH model. This includes the following requirements:

- All OHH providers must have access to and are required to complete a monthly review of utilization data for their member panel. This is a portal maintained by the Department and populated with timely claims data. The information in the portal is expected to assist providers in panel management by identifying gaps in care and high-risk individuals.
- OHH providers must comply with state laws regarding Maine's Prescription Monitoring Program (PMP). Compliance and engagement with the PMP is a key piece to managing the opioid epidemic in the State and in the delivery of the OHH model.
- OHH providers must utilize an electronic health record (EHR) system and create an EHR for each member that meets the interoperability standards set forth by the Department.
- OHH providers, as a core standard for participation, must demonstrate how they use an electronic data systems for monitoring, tracking and indicating levels of care complexity for the purposes of improving member care. The system must be used to support member care in one of more of the following ways: (1) The documentation of need and monitoring clinical care; (2) Supporting implementation and use of evidence-based practice guidelines; (3) Developing Plans of Care and related coordination; and (4) Determining outcomes.

Health Homes Monitoring, Quality Measurement and Evaluation

MEDICAID | Medicaid State Plan | Health Homes | ME2024MS0006O | ME-24-0023-OHH | Opioid Health Home

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Quality Measurement and Evaluation

- The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state.
- The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals.
- The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 through 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary.
- The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report.

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