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State/Territory Name: Maine

State Plan Amendment (SPA) #: 11-009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary 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

January 12, 2012

Mary C. Mayhew, Commissioner
Department of Health and Human Services
Commissioner's Office
11 State House Station
August, Maine 04333-0011

Dear Commissioner Mayhew:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-009 with an effective date of October 1, 2011 as requested by your Agency.

This SPA transmitted a proposed amendment to Maine's approved Title XIX State plan to amend its State Plan so that the State can be in compliance with the mandatory provision in Section 2302 of the Patient Protection and Affordable Care Act (PPACA), entitled Hospice Care for Children. Section 2302 requires that children are able to receive hospice and curative care concurrently.

There is no fiscal impact as these federally required services are already being provided.

We reviewed this SPA for compliance with §1902(a)(73) of the Social Security Act, as added by §5006(e) of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. This SPA was also reviewed in conjunction with provisions of the Affordable Care Act, Public Law 111-148.

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,
/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Stefanie Nadeau, Director, Office of Maine Care Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: _11-009	2. STATE: MAINE
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE(S) October 1, 2011	

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 (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: SECTION 1902(A)(80), SOCIAL SECURITY ACT, P.L. 111-148 (ACA SECTION 2302)	7. FEDERAL BUDGET IMPACT: a. FFY __ 11 __ \$ 0 b. FFY __ 12 __ \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Page 7
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SUBJECT OF AMENDMENT: HOSPICE FOR CHILDREN

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
COMMISSIONER, DEPT. OF HUMAN SERVICES
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

13. TYPED NAME:
MARY C. MAYHEW

14. TITLE:
Commissioner, Maine Department of Health and Human Services

15. DATE SUBMITTED: October 14, 2011

16. RETURN TO:

PATRICIA DUSHUTTLE

Director, Policy Division,
Office of MaineCare Services
#11 State House Station
442 CIVIC CENTER DRIVE
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: October 14, 2011	18. DATE APPROVED: January 12, 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS: State and CMS representatives agreed via e-mail dated 1/10/12 to the following pen & ink changes:

- Updated Box 4 from 1/04/11 to 10/1/11 which is the earliest effective date for this SPA. The State has confirmed that they have adhered to the Affordable Care Act changes described in this SPA since January 4, 2011
- Updated Box 8 and 9 to add "Attachment 3.1-A" so the entire Box reads "Attachment 3.1-A, Page 7."
- Updated Box 15 to reflect the actual date this SPA was submitted.
- Change the effective date on the plan page to October 1, 2011.

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

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided: No limitations With limitations*
 Not Provided.

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided: No limitations With limitations*
 Not Provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided: No limitations With limitations*
 Not Provided.

17. Nurse-midwife services.

Provided: No limitations With limitations*
 Not Provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided: No limitations With limitations*
 Not Provided.

Provided in accordance with section 2302
of the Affordable Care Act

*Description provided on attachment.