



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
11 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0011

ANGUS S. KING, JR.  
GOVERNOR

KEVIN W. CONCANNON  
COMMISSIONER

July 23, 2002

Maurice Gagnon  
Centers for Medicare and Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

ATN: Family & Children's Health Program Group  
Center for Medicaid and State Operations  
Mail Stop C4-14-16

Dear Moe:

Enclosed are 3 pages to replace pages in the state plan amendment document submitted on June 28, 2002.

Let me know if you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Schumacher'.

Linda Schumacher  
SCHIP Coordinator

Cc: Ronald Preston  
Richard Pecorella



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**Model Application Template for the State Children's Health Insurance Program**

*care must be preserved ~~for~~ medical reasons and only after it is determined that the needs ~~of~~ the member cannot be met in the State ~~of~~ Maine.*

*Another management tool developed and used by the Bureau to monitor and manage MaineCare members with chronic pain is the Pain Management Program. Members receiving **3-5** narcotics from different prescribers or **6+** different narcotics are invited to voluntarily **join** the program. Under the program, members are matched with one physician responsible for managing all medication use by the member with patient safety as a primary focus*

- 7.2.4 Decisions related to the prior authorization of health services are completed in accordance with state law **or**, in accordance with the medical needs of the patient, within 14 days after the receipt of a request for services. (Section 2102(a)(7)) (42CFR 457.495(d))

*Prior authorization of health services are completed in accordance with Medicaid requirements.*

**Section 8. Cost Sharing and Payment** (Section 2103(e))

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 9.**

- 8.1. Is cost-sharing imposed on any of the children covered under the plan? (42CFR 457.505)

8.1.1.  YES

8.1.2.  NO, skip to question 8.8.

- 8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge **and** the service for which the charge is imposed or time period for the charge, **as** appropriate. (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

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Model Application Template for the State Children's Health Insurance Program

Note: Federal Fiscal Year (FFY) runs from October 1st through September 30th.

*The S-CHIP program budget for FY 03 is based upon an enrollment assumption of approximately 13,100 children per month with an annual cost of approximately \$1,600 per child. This cost is the estimated cost for services, not the expenditures net of such offsets as premium collections and Rx rebates.*

*The sources of non-Federal plan expenditures are State of Maine General Revenue Fund and Special Revenue Fund appropriations and premium collections from cost-sharing by enrollees.*

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**Section 12. Applicant and enrollee protections** (Sections 2101(a))

**Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan.**

Eligibility and Enrollment Matters

12.1 Please describe the review process for **eligibility and enrollment** matters that complies with 42 CFR 3457.1 120.

*The review process for SCHIP eligibility and enrollment matters is identical to the Medicaid review process.*

Health Services Matters

12.2 Please describe the review process for **health services matters** that complies with 42 CFR 3457.1 120.

*The SCHIP review process for health matters is identical to the Medicaid review process.*

Premium Assistance Programs

12.3 If providing coverage through a group health plan that does not meet the requirements of 42 CFR 3457.1 120, please describe how the state will assure that applicants and enrollees have the option to obtain health benefits coverage other than through the group health plan at initial enrollment and at each redetermination of eligibility.

N/A

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