

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-2675
TTY: Dial 711 (Maine Relay)

MaineCare's 1135 Waiver Application

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Background

On April 2, 2020 the State of Maine applied for a [Section 1135 waiver](#). On April 7, 2020, the Department [received approval](#) to waive certain federal Medicaid requirements during the COVID-19 emergency. This will help ensure that MaineCare members have access to necessary health care services and that providers have the flexibility and support necessary to meet their needs.

An 1135 waiver does not affect State laws or regulations, and it does not address Medicaid eligibility, reimbursement, or cost-sharing provisions. Unlike most Medicaid waiver applications, the 1135 application is a template from which states can check-off the general areas where they are requesting flexibility. Some of the provisions for which Maine has requested flexibility include:

Reduce Prior Authorizations

- Suspend certain fee-for-service prior authorization requirements, including for asthma and immune-related drugs
- Extend certain pre-existing authorizations, including for prescriptions and certain durable medical equipment

Streamline Provider Enrollment

- Waive payment of application fee, site visits, and certain quality assurance activities to temporarily enroll a provider
- Permit providers located, enrolled and/or licensed out-of-state to provide care to members and be reimbursed
- Postpone deadlines for revalidation

Improve Hospital and Nursing Facility Capacity and Flexibility

- Suspend Pre-Admission Screening and Resident Review (PASRR) Level I and II Assessments for 30 days, in order to ensure hospitals can more quickly discharge members to nursing facility placements as appropriate
- Allow existing providers to provide services in alternative settings, including an unlicensed facility, in order to respond to the COVID-19 emergency

Next Steps

Approval of these requests will give the State immediate flexibility, retroactive to March 1, 2020 and will last for 60 days with the option to extend to the end of the disaster period, if necessary. The

Department is working across its offices to finalize specific details and guidance on how these changes will be operationalized once approval is granted.

In addition to the provisions mentioned above, the State has requested flexibility with certain provider staffing and qualification requirements, and utilization and billing of telehealth by Federally Qualified Health Centers. The State anticipates these requests will be negotiated with CMS and any potential approvals will come at a later date.