**State of Maine: Notice of Agency Rulemaking – June 17, 2020**

**PROPOSALS**

AGENCY: **09-137 – Department of Inland Fisheries and Wildlife (IFW)**

CHAPTER NUMBER AND TITLE: **Ch. 16**, Hunting: **16.09**, Bear Hunting

TYPE OF RULE: Routine Technical

PROPOSED RULE NUMBER: **2020-P084** *(2nd publication)*

BRIEF SUMMARY: The Department of Inland Fisheries and Wildlife, at the request of 5 or more members of the public, will be holding a virtual (Microsoft Teams) public hearing to discuss a proposal that was advertised in a previous notice on May 6, 2020. The previous notice advertised that the Department had received a valid petition to consider amending ch. 16 rules as they pertain to bear hunting. The petitioner has requested rules be modified to establish a bear feeding season, establish a bear feeding permit and set limits on the number of bear feeding permits issued annually. Please contact the agency contact person for a complete copy of the proposed rule. **Persons who have already commented on the previously advertised rule proposal are not required to resubmit those comments.**

**NOTICE:** Due to the state of emergency that has been declared by the Governor, public hearings are now closed to the public physically attending. If you have not previously submitted comment on the proposal, the public is strongly encouraged to submit any comments in writing to the Agency Contact Person. However, if you would like to submit comment via video conference, please contact Becky Orff at (207) 287-5202 or Becky.Orff@Maine.gov by close of business on July 7, 2020 for details. Thank you for your understanding while we are experiencing this state of emergency.

PUBLIC HEARING: Wednesday, July 8, 2020 @ 4:00 p.m. – via video conference (Microsoft Teams). Contact the Agency Contact Person by close of business on July 7, 2020 for details.

COMMENT DEADLINE: July 20, 2020

CONTACT PERSON FOR THIS FILING / SMALL BUSINESS IMPACT INFORMATION / IFW RULEMAKING LIAISON: Becky Orff, Inland Fisheries & Wildlife, 41 State House Station - 284 State Street, Augusta, ME 04333. Telephone: (207) 287-5202. Email: Becky.Orff@Maine.gov .

IMPACT ON MUNICIPALITIES OR COUNTIES: No fiscal impact is anticipated.

STATUTORY AUTHORITY FOR THIS RULE: 12 MRS §10104

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED *(if different)*:

IFW WEBSITE: https://www.maine.gov/ifw/ .

AGENCY: **17-387** – Department of Transportation (DOT), **Maine Pilotage Commission**

CHAPTER NUMBER AND TITLE: **Ch. 1**, Rules and Regulations

TYPE OF RULE: Routine Technical

PROPOSED RULE NUMBER: **2020-P117**

**BRIEF SUMMARY**: To bridge gap between current low volume vessel traffic to train replacement pilots for small Maine ports

**DETAILED SUMMARY:** The rule has been amended to add the changes outlined below.

Definitions amended to include:

**Low Volume Area**: An area covered under the Maine Pilotage Commission rules that requires pilotage but receives less compulsory pilotage vessel traffic than the defined minimum number of Training Trips per Maine Pilotage Commission rule 17-387 ch. 1 Part A.2 (Training Trips) counted on a rolling average over 5 years.

Part A. Licensing Requirements, Subsection 2, Training Trips has been amended to include:

**m.** **Low Volume Areas**. The Maine Pilotage Commission has designated the following waters as Low Volume Areas: Kennebec River, Sheepscot River, Boothbay Harbor, Penobscot River (Bucksport to Bangor), Blue Hill Bay, Eastern Way/Somes Sound.

(1) For Initial License in Low Volume Areas:

\* The pilot must hold a license certification by the Maine Pilotage Commission in at least one other area governed by the Commission;

\* The pilot must appear before the Maine Pilotage Commission to review applicable qualifications;

\* The pilot must complete a license application and pay licensure fees for an added route endorsement per 38 MRS §93;

\* The pilot must complete at least 12 round trips, except for the Penobscot River (Bucksport to Bangor to the Route 1A Bridge) which requires 18 round trips and Blue Hill Bay, Eastern Way/Somes Sound which require 6 round trips each. 25% of the required Training Trips must be completed during hours of darkness (although a daytime restriction may be issued if adequate Training Trips are not completed during hours of darkness); and

\* The pilot must complete a comprehensive local area written examination upon the conclusion of pilotage training as proctored by the Administrator or a member of the Maine Pilotage Commission. The passing score must be at least 90%.

\* Vessels below 1,600 gross tons may be used for initial Training Trips and Initial License as well as Recency

(2) Pilotage waters cease to be Low Volume Areas when the number of ships requiring compulsory pilotage increase to at least the route’s defined minimum number of Training Trips per Maine Pilotage Commission rule 17-387 ch. 1 part A.2 (Training Trips) counted on a rolling average over 5 years. When the volume of vessels meeting the compulsory gross tonnage and draft thresholds achieves the frequency required for the normal Initial License requirements per Maine Pilotage Commission rule 17-387 ch. 1 part A.2 (Training Trips), then paragraph 2m of this rule shall not apply.

**PUBLIC HEARING**: N/A

COMMENT DEADLINE: July 17, 2020

CONTACT PERSON FOR THIS FILING / SMALL BUSINESS IMPACT INFORMATION: Maine Pilotage Commission, attn.: Brian Downey, Administrator, c/o Maine DOT, 16 State House Station, Augusta, ME 04333. Telephone: (207) 899-7123. Email: Brian.Downey@marinecs.com .

FINANCIAL IMPACT ON MUNICIPALITIES OR COUNTIES: N/A

STATUTORY AUTHORITY FOR THIS RULE: LD 2066 HP 1468, “An Act to Authorize the Maine Pilotage Commission to Establish Alternative License Criteria for Existing Pilots Seeking Endorsements for Low Volume Routes” - 38 MRS §90

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED: N/A

DOT RULEMAKING WEBSITE: https://www.maine.gov/mdot/rulemaking/ .

DOT WEBSITE: https://www.maine.gov/mdot/ .

DOT RULEMAKING LIAISON: Toni.Kemmerle@Maine.gov .

AGENCY: **10-144** – Department of Health and Human Services (DHHS), **Office of MaineCare Services (OMS)**

CHAPTER NUMBER AND TITLE: **Ch. 101**, MaineCare Benefits Manual (MBM):

**Ch. III Section 5**, Ambulance Services

TYPE OF RULE: Routine Technical

PROPOSED RULE NUMBER: **2020-P118**

CONCISE SUMMARY: The Department proposes to amend ch. III section 5, “Ambulance Services”, to comply with PL 2019 ch. 530 part B, *An Act to Prevent and Reduce Tobacco Use with Adequate Funding and by Equalizing the Taxes on Tobacco Products and To Improve Public Health*, by increasing the MaineCare reimbursement rate for ambulance services to a level that is not less than the average allowable reimbursement rate under Medicare for such services and to reimburse for neonatal transport services under MaineCare at the average rate for critical care transport services under Medicare effective retroactive to January 1, 2020.

See http://www.maine.gov/dhhs/oms/rules/index.shtml for rules and related rulemaking documents.

PUBLIC HEARING: No public hearing is scheduled.

**NOTE**: During the Civil State of Emergency declared by the Governor, public hearings are now closed to the public physically attending. During this State of Emergency, the Department will be providing a 30-day comment period in lieu of a public hearing.

COMMENT DEADLINE: Comments must be received by 11:59 p.m. on July 17, 2020, and can be submitted by email, regular mail, or online at https://www.maine.gov/dhhs/oms/rules/proposed.shtml.

OMS CONTACT PERSON: Anne E. Labonte, Comprehensive Health Planner II, MaineCare Services, 11 State House Station - 109 Capitol Street, Augusta, Maine 04333-0011. Telephone: (207) 624-4082. Fax: (207) 287-6106. TTY: 711 (Deaf or Hard of Hearing). Email: Anne.Labonte@Maine.gov .

IMPACT ON MUNICIPALITIES OR COUNTIES: The Department does not anticipate this rulemaking will have an impact on municipalities or counties.

CONTACT PERSON FOR SMALL BUSINESS INFORMATION *(if different)*: N/A

STATUTORY AUTHORITY: 22 MRS §§ 42, 3173; PL 2019 ch. 530 part B

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED *(if different)*: N/A

OMS RULEMAKING LIAISON: Thomas.Leet@Maine.gov .

OMS WEBSITE: https://www.maine.gov/dhhs/oms/ .

DHHS WEBSITE: https://www.maine.gov/dhhs/ .

DHHS RULEMAKING LIAISON: Kevin.Wells@Maine.gov .

AGENCY: **10-144** - Department of Health and Human Services (DHHS), **Office of MaineCare Services (OMS) - Division of Policy**

CHAPTER NUMBER AND TITLE: **Ch. 101**, MaineCare Benefits Manual (MBM): **Ch. III Section 45**, Hospital Services

TYPE OF RULE: Routine Technical

PROPOSED RULE NUMBER: **2020-P119**

CONCISE SUMMARY: As directed by PL 2019 ch. 530, *An Act to Prevent and Reduce Tobacco Use with Adequate Funding and by Equalizing the Taxes on Tobacco Products and To Improve Public Health*, the Department is proposing the following changes:

**1.** Pursuant to sec. C-2, the Department proposes to establish two subsets of Private Acute Care Non-Critical Access Hospitals; rural hospitals and non-rural hospitals. The Department’s proposed definition of “rural hospital” followed the Legislative directive so that the definition reflects the regional access to hospital care and the population density of the public health district in which the hospital is located. The proposed definition of a private acute care non-critical access “rural” hospital is a hospital, as reported on the hospital’s Medicare cost report, which is either: a “Sole Community Hospital”, OR a “Medicare -Dependent Hospital”, OR is a hospital participating in the Medicare “Rural Community Hospital Demonstration”. As required by the law, the following hospitals meet the “rural hospital” definition: Northern Light A.R. Gould Hospital in Presque Isle; Cary Medical Center in Caribou; Franklin Memorial Hospital in Farmington; Northern Light Inland Hospital in Waterville; Northern Light Maine Coast Hospital in Ellsworth; and Northern Maine Medical Center in Fort Kent.

**2.** Pursuant to Sec. C-2, the Department proposes to reimburse Private Acute Care Non-Critical Access Rural Hospitals at 100% of inpatient hospital- based physician costs, outpatient emergency room hospital- based physician costs, outpatient non-emergency room hospital-based physician costs and graduate medical education costs. Pursuant to Legislative directive and funding, this provision will be effective retroactive to January 1, 2020. The retroactive application of this provision is authorized pursuant to 22 MRS §42(8), which allows retroactive application where there is a benefit to a provider, as is the case with this rule.

**3.** Pursuant to Sec. C-2, the Department proposes to reimburse Private Acute Care Non-Critical Access Non-Rural Hospitals at 93.3% of inpatient hospital-based physician costs, 93.4% of outpatient emergency room hospital-based physician costs and 83.8% of outpatient nonemergency room hospital- based physician costs. Pursuant to Legislative directive and funding, this provision will be effective retroactive to January 1, 2020. The retroactive application of this provision is authorized pursuant to 22 MRS §42(8), which allows retroactive application where there is a benefit to a provider, as is the case with this rule.

**4.** Pursuant to Sec. C-3, the Department proposes to reimburse Acute Care Critical Access Hospitals for 100% for all hospital-based physician costs. Pursuant to Legislative directive and funding, this provision will be effective retroactive to January 1, 2020. The retroactive application of this provision is authorized pursuant to 22 MRS §42(8), which allows retroactive application where there is a benefit to a provider, as is the case with this rule.

The Department has submitted State Plan Amendment requests to CMS and anticipates approval of the SPA requests.

As directed by PL 2019 ch. 343, *An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund, and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years ending June 30, 2019, June 30, 2020, and June 30, 2021*, *Part A, Sec. 129*, the Department is proposing the following change:

The Supplemental Pool for the Acute Care Critical Access Hospitals and also for Non-Critical Access Hospitals, Hospitals Reclassified to a Wage Area Outside Maine, and Rehabilitation Hospitals was increased.

**In addition**: The Department is proposing to clarify that each hospital’s year, as used for the calculation, is the hospital’s fiscal year that ended during calendar year 2016.

See http://www.maine.gov/dhhs/oms/rules/index.shtml for rules and related rulemaking documents.

PUBLIC HEARING: No public hearing is scheduled.

**NOTE**: During the Civil State of Emergency declared by the Governor, public hearings are now closed to the public physically attending. During this State of Emergency, the Department will be providing a 30-day comment period in lieu of a public hearing.

PUBLIC NOTICE: June 17, 2020

COMMENT DEADLINE: Comments must be received by 11:59 p.m. on July 17, 2020.

OMS CONTACT PERSON / SMALL BUSINESS IMPACT INFORMATION: Anne E. Labonte, Comprehensive Health Planner II, MaineCare Services, 109 Capitol Street - 11 State House Station, Augusta, Maine 04333-0011. Telephone: (207) 624-4082. Fax: (207) 287-6106. TTY: 711 (Deaf or Hard of Hearing). Email: Anne.Labonte@Maine.gov .

IMPACT ON MUNICIPALITIES OR COUNTIES: The Department anticipates that this rulemaking will not have any impact on municipalities or counties.

STATUTORY AUTHORITY: 22 MRS §§ 42(1) & (8), 3173

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED *(if different)*:

OMS RULEMAKING LIAISON: Thomas.Leet@Maine.gov .

OMS WEBSITE: https://www.maine.gov/dhhs/oms/ .

DHHS WEBSITE: https://www.maine.gov/dhhs/ .

DHHS RULEMAKING LIAISON: Kevin.Wells@Maine.gov .

AGENCY: **10-144** - Department of Health and Human Services (DHHS), Office for Family Independence (OFI), **Division of Support Enforcement and Recovery (DSER)**

CHAPTER NUMBER AND TITLE: **Ch. 351**, Maine Child Support Enforcement Manual: **Ch. 4**, Fees (page 23)

TYPE OF RULE: Routine Technical

PROPOSED RULE NUMBER: **2020-P120**

BRIEF SUMMARY: In order to conform with state and federal law, this proposal increases the service fee for child support services from $25 to $35 annually for those individuals receiving at least $550 in support collected for the federal fiscal year. The annual service fee is for cases in which there has never been assistance under a state program. The service fee is to be retained from child support collected and deemed to be paid by the custodial parent. The amended rule will implement the adjusted service fee enacted by the 129th Maine Legislature (19-A MRS §2103 sub-§3-A (PL 2019 c. 400 §1) and approved by the Governor on June 19, 2019. The amended rule also implements Section 53117 of Public Law 115-123, *Modernizing child support enforcement fees*, which amended Section 454(6)(b)(ii) of the *Social Security Act* to increase the annual collection fee from $25.00 to $35.00. The federal provision mandated compliance with the new fee requirements and had an effective date of October 1, 2018. The amended rule number, Rule 4(3), will remain unchanged.

See http://www.maine.gov/dhhs/ofi/rules/index.shtml for rules and related rulemaking documents.

PUBLIC HEARING: None.

COMMENT DEADLINE: July 8, 2020

CONTACT PERSON FOR THIS FILING: Gregory J. Garneau, Staff Attorney, Department of Health and Human Services - Office for Family Independence - Division of Support Enforcement and Recovery, 109 Capitol Street – 11 State House Station, Augusta, ME 04330-6841. Telephone: (207) 624-6983. Fax: (207) 287-6883. TT Users Call Maine Relay – 711. Email: Gregory.J.Garneau@Maine.gov .

FINANCIAL IMPACT ON MUNICIPALITIES OR COUNTIES: None anticipated.

STATUTORY AUTHORITY FOR THIS RULE: 22 MRS §42(1); 19-A MRS §2103(3-A); *Social Security Act*, Section 454(6)(B)(ii)

OFI RULES WEBSITE: https://www.maine.gov/dhhs/ofi/about-us/rules .

OFI WEBSITE: http://www.maine.gov/dhhs/ofi/ .

OFI RULEMAKING LIAISON: Dan.Cohen@Maine.gov .

DHHS WEBSITE: http://www.maine.gov/dhhs/ .

DHHS RULEMAKING LIAISON: Kevin.Wells@Maine.gov .

AGENCY: **17-229 – Maine Department of Transportation (MDOT)**

CHAPTER NUMBER AND TITLE: **Ch. 305**, Rules and Regulations Pertaining to Traffic Movement Permits

TYPE OF RULE: Major Substantive

PROPOSED RULE NUMBER: **2020-P121**

BRIEF SUMMARY: This amendment to the rule will rescind and replace the current rules. The changes include updated definitions and sections added to the rule to provide for multi-modal trips and to address the developer review process. Included are updates providing general clarifications to the content of the rule.

PUBLIC HEARING: July 10, 2020 - 10:30 a.m.

Virtual Hearing to be held via Zoom: https://mainedot.zoom.us/j/94493912452?pwd=R1VJUU9pTDRsWlNVbnNrVm51NWdJUT09 . Meeting ID: 944 9391 2452. Password: 003024

Dial by your location:

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+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Please contact Dawn.Seagroves@Maine.gov if you would like the meeting link forwarded to you directly.

COMMENT DEADLINE: July 20, 2020

CONTACT PERSON FOR THIS FILING / SMALL BUSINESS IMPACT INFORMATION: Stephen Landry, State Traffic Engineer, MaineDOT, 16 State House Station, Augusta, Maine 04333. Telephone: (207) 624-3632. Email: Stephen.Landry@Maine.gov .

FINANCIAL IMPACT ON MUNICIPALITIES OR COUNTIES: Negligible

STATUTORY AUTHORITY FOR THIS RULE: 23 MRS §704-A

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED *(if different)*:

MDOT RULEMAKING WEBSITE: https://www.maine.gov/mdot/rulemaking/ .

MDOT WEBSITE: https://www.maine.gov/mdot/ .

MDOT RULEMAKING LIAISON: Toni.Kemmerle@Maine.gov .

**ADOPTIONS**

AGENCY: **10-144** - Department of Health and Human Services (DHHS), **Office of MaineCare Services (OMS) – Division of Policy**

CHAPTER NUMBER AND TITLE: **Ch. 101**, MaineCare Benefits Manual: **Ch. I Section 4**, Telehealth Services

ADOPTED RULE NUMBER: **2020-136**

CONCISE SUMMARY: This adopted rule implements increased access to all pharmacy services, and particularly substance use disorder (SUD) services, through the removal of the blanket prohibition against the provision of Pharmacy Services (Section 80) via telehealth. On March 16, 2020, the Department implemented these changes on an emergency basis due to the COVID-19 health threat, in an effort to limit face-to-face contact, expedite these services to members, and mitigate disease transmission. The Department now seeks to make these changes permanent, in part because they will ensure delivery of SUD services more quickly and broadly to members, in hopes of helping to stem the opioid crisis. Additionally, the changes will be generally preemptive against any future spread of communicable disease threat or outbreak by decreasing in-person contact for pharmacy services, as medically and situationally necessitated.

Additionally, this rule removed two prohibitions within the Telehealth rule, and adds five new definitions to the rule, including Consultative Physician, Established Patient, Requesting Physician, Specialist, and Treating Provider.

The adopted provisions expand Covered Services by adding Store-and-Forward, Virtual Check-Ins, Remote Consultations, and Telephone Evaluation & Management. Store and Forward and Remote Consultation services permit Health Care Providers to, for example, get reimbursed for communications regarding a member’s treatment and diagnoses. This action aligns the MaineCare rule with recent changes to 24-A MRS §4316, requiring private insurers to more broadly cover services through telehealth. As part of Store-and-Forward modalities, the Department has also added two additional procedure codes associated with Remote Consultation Between a Treating Provider and Specialist. Both new added services permit the transmission of member health information between two or more providers and/or allow collaboration between a primary provider and specialist using a virtual platform. Additionally, the two new remote consultation codes allow for the reimbursement of the requesting and consulting physicians, a departure from reimbursement for the other interprofessional consultation codes extant in policy.

Virtual Check-Ins have been added to Covered Services to align MaineCare policy with recently expanded Medicare coverage of telehealth. The addition of Virtual Check-In is intended to allow providers to communicate with members about their health status in between office visits, and to determine medical necessity for future in-office visits. Telephone Evaluation & Management permits a provider to more broadly consult with a member via telephone.

Additionally, the Department is permanently adding codes to the reimbursement section that were opened initially through the COVID-19 Public Health Emergency Services rule (the “COVID Rule”), 10-144 CMR ch. 101 ch. I sec. 5. The COVID Rule shall be effective temporarily, to assist members and providers in specific ways during the COVID crisis, and then the Department intends to repeal the COVID Rule. The COVID Rule makes various other changes to the Telehealth rule, including:

**(i)** allows waiver of the requirement in 4.04-1(2) that the covered service delivered by Interactive Telehealth be of comparable quality to what it would be it delivered in person, subject to a new comparability review process and prior approval by the Department;

**(ii)** for 4.04-3 (Telephonic Services) – waives requirement that Interactive Telehealth Services be unavailable before one may utilize Telephonic Services; and

**(iii)** waives requirement in 4.06-2(B) that the provider do member education and obtain written consent from the member prior to provision of services via Telehealth.

The requirement in this adopted rule for the provision of member education and procurement of informed written consent before the provision of Virtual Check In, Store and Forward, Remote Consultation, and Telephone Evaluation & Management services conflicts with the COVID Rule. Where the COVID Rule and a separate MaineCare rule conflict, the COVID rule supersedes and shall apply. *See* COVID Rule sec. 5.01. Thus, per the COVID Rule, no education/written informed consent is required for these new Covered Services while the COVID Rule is in effect.

The Department is seeking and anticipates receiving approval from the Centers for Medicare and Medicaid Services for these changes.

As a result of review by the Office of the Attorney General, the Department finds that changes are necessary in the final rule. The Department is adding a covered service description and additional clarifying language associated with Telephonic Evaluation & Management. The Department also made two clerical corrections to billing codes so that they are consistent with the codes used in the COVID-19 Emergency Rule.

See <http://www.maine.gov/dhhs/oms/rules/index.shtml> for rules and related rulemaking documents.

EFFECTIVE DATE: June15, 2020

OMS CONTACT PERSON: Nicole Jurdak, Comprehensive Health Planner, Division of Policy, Capitol Street - 11 State House Station, Augusta, Maine 04333-0011. Telephone: (207) 624-4058. Fax: (207) 287-6106. TTY users call Maine relay 711. Email: Nicole.Jurdak@Maine.gov .

OMS RULEMAKING LIAISON: Thomas.Leet@Maine.gov .

OMS WEBSITE: https://www.maine.gov/dhhs/oms/ .

DHHS WEBSITE: https://www.maine.gov/dhhs/ .

DHHS RULEMAKING LIAISON: Kevin.Wells@Maine.gov .

AGENCY: **10-144** - Department of Health and Human Services (DHHS), **Office for Family Independence (OFI)**

CHAPTER NUMBER AND TITLE: **Ch. 301**, Food Supplement Program, **Rule #FS211A** (2019 Updates to the Lottery Rule): **Sections 444-12, 666-6**

Food Supplement

ADOPTED RULE NUMBER: **2020-137**

CONCISE SUMMARY: The purpose of this rule is to bring the eligibility requirements for Maine’s Food Supplement program in line with federal requirements articulated in the 2014 Farm Bill, PL 113-79, and the subsequent clarifying rules, 7 USC §2015(s)(1)-(3).

Per 22 MRS §3104(16), Maine’s rule disqualifies households with $5,000 in net lottery or gambling winnings in a month. Under the new federal requirement, the disqualification also applies to households with a member or combination of members with gross winnings from a single game that exceed the elderly and disabled asset limit (adjusted annually). This rule change adds the federal requirement to the requirement set in Maine statute.

The rule adds language to reporting requirements (consistent with federal rules) requiring households experiencing such winnings to report them by the 10th day of the following month.

See <http://www.Maine.gov/dhhs/ofi/rules/index.shtml> for rules and related rulemaking documents.

EFFECTIVE DATE: July 1, 2020

OFI CONTACT PERSON: Ian Miller, Senior Program Manager - Food Supplement, Department of Health and Human Services, Office for Family Independence, 109 Capitol Street – 11 State House Station, Augusta, ME 04330-6841. Telephone: (207) 624-4138. Fax: (207) 287-3455. TT Users Call Maine Relay – 711. Email: Ian.Miller@Maine.gov .

OFI RULES WEBSITE: https://www.maine.gov/dhhs/ofi/about-us/rules .

OFI WEBSITE: http://www.maine.gov/dhhs/ofi/ .

OFI RULEMAKING LIAISON: Dan.Cohen@Maine.gov .

DHHS WEBSITE: http://www.maine.gov/dhhs/ .

DHHS RULEMAKING LIAISON: Kevin.Wells@Maine.gov .

AGENCY: **10-144** - Department of Health and Human Services (DHHS), **Office for Family Independence (OFI)**

CHAPTER NUMBER AND TITLE: **Ch. 332**, MaineCare Eligibility Manual: **MaineCare Rule #296A** (Transitional MaineCare 2019 Changes), **Parts 2 and 3**

ADOPTED RULE NUMBER: **2020-138**

CONCISE SUMMARY: This rule change aligns the *MaineCare Eligibility Manual* with 22 MRS §3174-G(4) as amended by HP 1261 – LD 1774. This amendment requires the Department to provide transitional Medicaid, to individuals eligible due to increased earnings, for a twelve-month period. Previously, this assistance was provided for a six-month period with an option of two three-month extensions.

The Department has incorporated into this rule a number of formatting and grammatical changes. The Department made some adjustments to word choice with the intent of using terms more consistently from section to section and replaced words that may have taken on a different connotation since previous drafts. These changes increase the readability of the Parts in question.

The Department has removed some obsolete references in the Parts in question. These references caused undue confusion.

The Department removed language specific to internal processes that do not directly impact eligibility or client interactions. These changes included removing references to the job title of the individual in the department who would most often take a particular action. In addition to this level of specificity being unnecessary, it appeared to unduly restrict individuals with other titles who are capable of taking these actions from doing so, thereby impeding access to benefits and timely decisions for program applicants and recipients.

Due to the press of other business, technological challenges, and coordination with CMS; the Department was unable to adopt this rule prior to January 1, 2020. Therefore, the Department is adopting this rule with a retroactive application date of January 1, 2020. Retroactive rulemaking is authorized by the Legislature in accordance with 22 MRS §42(8) because this rule provides a benefit to recipients or beneficiaries and does not have an adverse financial effect on either providers or beneficiaries or recipients.

See http://www.maine.gov/dhhs/ofi/rules/index.shtml for rules and related rulemaking documents.

EFFECTIVE DATE: January 1, 2020

OFI CONTACT PERSON: Esther Bullard, MaineCare Program Manager, Department of Health and Human Services - Office for Family Independence, 109 Capitol Street – 11 State House Station, Augusta, ME 04330-6841. Telephone: (207) 624-4178. Fax: (207) 287-3455. TT Users Call Maine Relay – 711. Email: Esther.Bullard@Maine.gov .

OFI RULES WEBSITE: https://www.maine.gov/dhhs/ofi/about-us/rules .

OFI WEBSITE: http://www.maine.gov/dhhs/ofi/ .

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