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 7, 2013

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

RE: Maine SPA # 12-010(A)

Dear Commissioner Mayhew:

Enclosed for your records is an approved copy of the following State Plan Amendment. This SPA is effective March 1, 2013.

Transmittal #12-010(A) – Approves Maine's request to (1) eliminate the optional group of parents and caretaker relatives, (2) reduce the income eligibility standard for the Section 1931 group from 150% of the federal poverty line (FPL) to 133% of the FPL, and (3) reduce eligibility for certain individuals who are eligible for Medicaid based on their eligibility for Medicare; Qualified Medicare Beneficiaries' eligibility will be reduced from 150% of the FPL to 140% of the FPL, Specified Low-Income Medicare Beneficiaries' eligibility will be reduced from 170% to 160% of the FPL, and Qualifying Individuals' eligibility will be reduced from 185% to 175% of the FPL.

This approval is tied to the budget deficit certified by the state through June 30, 2013. Please note that these eligibility reductions would not comply with the requirements of sections 1902(a)(74) and 1902(gg) of the Social Security Act after that date, unless the state certifies that in the fiscal year that begins July 1, 20113, the state projects a budget deficit.

Please contact Kathryn Holt at 617/565-1246 or via email at kathryn.holt@cms.hhs.gov if you have any questions.

Sincerely,

Richard R. McGreal
Associate Regional Administrator

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTER FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 12—010A

2. STATE: MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTER FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)
OCTOBER 1, 2012

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:
1902(a)(10)(A)(ii)(I) of the Social Security Act;
1902(r)(2) of the Social Security Act;
1931 of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 $ (16,899,392)
b. FFY 2014 $ (16,418,342)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
SUPPLEMENT 12 TO ATTACHMENT 2.6-A, PAGE 2 (A-1)
SUPPLEMENT 8A TO ATTACHMENT 2.6-A, PAGE 2 (TN07-009)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
SUPPLEMENT 12 TO ATTACHMENT 2.6-A, PAGE 2 (A-1)
SUPPLEMENT 8A TO ATTACHMENT 2.6-A, PAGE 2 (TN05-002)(TN07-009)

10. SUBJECT OF AMENDMENT:
MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(R)(2) OF THE SOCIAL SECURITY ACT - 1902(a)(10)(A)(ii)(I) and 1931

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
X OTHER, AS SPECIFIED
COMMISSIONER, DEPT. OF HEALTH AND HUMAN SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
MARY C. MAYHEW

14. TITLE:
COMMISSIONER, DEPARTMENT OF HEALTH AND HUMAN SERVICES

15. DATE SUBMITTED: 11/14/12

16. RETURN TO:
STEFANIE NADEAU, DIRECTOR
Office of MaineCare Services
#11 State House Station
242 State Street
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 11/14/12

18. DATE APPROVED: January 7, 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard R. McGreal

22. TITLE Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS

The State Plan has two pages labeled "Supplement 8a to Attachment 2.6-A, page 2." The first page 2 (TN 05-002) is now obsolete because the income disregard for qualified children is specified on page 5 of Supplement 8a, and the disregard for caretaker relatives on this page is being eliminated. The second page 2 (TN 07-009) shows the income disregards for the MSP groups. This page 2 will remain in the State Plan and is updated to reflect the reduced income disregard proposed in this SPA.

FORM HCFA-179 (07-92)

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maine

ELIGIBILITY CONDITIONS AND REQUIREMENTS

OFFICIAL

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State ☒ Non-Section 1902(f) State

For Qualified Medicare Beneficiaries (QMB) 1902(a) (10) (E) (i), disregard income in the amount of the difference between 100% of the Federal Poverty Level and 140% of the Federal Poverty Level.

For Specified Low Income Beneficiaries (SLMB) 1902(a) (10) (E) (iii), disregard income in the amount of the difference between 120% of the Federal Poverty Level and 160% of the Federal Poverty Level.

For Qualifying Individuals (QI) 1902(a) (10) (E) (iv) (Public Law 105-33) disregard income in the amount of the difference between 135% of the Federal Poverty Level and 175% of the Federal Poverty Level.