

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #: 23-0026

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

ME - Submission Package - ME2023MS0006O - (ME-23-0026) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

January 26, 2024

Michelle Probert
Director
Office of MaineCare Services
109 Capitol Street
11 State House Station
Augusta, ME 04330-0011

Re: Approval of State Plan Amendment ME 23-0026

Dear Michelle Probert,

On November 09, 2023, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME 23-0026, in which the state proposed to memorialize the new income standards for its optional state supplement program, the beneficiaries of which are eligible for Medicaid under Maine's state plan.

We approve Maine State Plan Amendment (SPA) ME 23-0026 with an effective date of January 01, 2024.

If you have any questions regarding this amendment, please contact Gilson DaSilva at Gilson.DaSilva@cms.hhs.gov.

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

ME - Submission Package - ME2023MS0006O - (ME-23-0026) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS0006O | ME-23-0026

CMS-10434 OMB 0938-1188

Package Header

Package ID	ME2023MS0006O	SPA ID	ME-23-0026
Submission Type	Official	Initial Submission Date	11/9/2023
Approval Date	01/26/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Maine

Medicaid Agency Name: Office of MaineCare Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00060 | ME-23-0026

Package Header

Package ID ME2023MS00060	SPA ID ME-23-0026
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Approval Date 01/26/2024	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID ME-23-0026

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2024	ME-23-0017
Optional State Supplement Beneficiaries	1/1/2024	ME-22-0043

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00060 | ME-23-0026

Package Header

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This SPA updates the income standards for recipients of Maine's Optional State Supplement Program

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

42 CFR 435.232

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00060 | ME-23-0026

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Package ID	ME2023MS00060	SPA ID	ME-23-0026
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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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ME - Submission Package - ME2023MS0006O - (ME-23-0026) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[Transaction Logs](#)
[News](#)
[Related Actions](#)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS0006O | ME-23-0026

CMS-10434 OMB 0938-1188

Package Header

Package ID	ME2023MS0006O	SPA ID	ME-23-0026
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Superseded SPA ID	ME-23-0017		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.


















Yes
 No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00060 | ME-23-0026

Package Header

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Superseded SPA ID	ME-23-0017		
	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00060 | ME-23-0026

Package Header

Package ID	ME2023MS00060	SPA ID	ME-23-0026
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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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ME - Submission Package - ME2023MS0006O - (ME-23-0026) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS0006O | ME-23-0026

Individuals who receive an optional state supplementary payment.

CMS-10434 OMB 0938-1188

Package Header

Package ID	ME2023MS0006O	SPA ID	ME-23-0026
Submission Type	Official	Initial Submission Date	11/9/2023
Approval Date	01/26/2024	Effective Date	<u>1/1/2024</u>
Superseded SPA ID	ME-22-0043		
	System-Derived		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS0006O | ME-23-0026

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Package ID	ME2023MS0006O	SPA ID	ME-23-0026
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Approval Date	01/26/2024	Effective Date	1/1/2024
Superseded SPA ID	ME-22-0043		
	System-Derived		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS0006O | ME-23-0026

Package Header

Package ID	ME2023MS0006O	SPA ID	ME-23-0026
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C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00060 | ME-23-0026

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Package ID	ME2023MS00060	SPA ID	ME-23-0026
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	System-Derived		

D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- Yes
 No

b. Varies by payment classification.

- Yes
 No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.

Income Standard

Individual	Couple
\$95	\$14
3.00	30.0
	0

- v. Living in household of another.

Income Standard

Individual	Couple
\$63	\$95
6.67	5.33

- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

Name of Classification	Description:
Living in Medical Institution <90 Days	Living in a medical facility for less than 90 days.
Individual	Couple
\$953.00	\$1430.00
Name of Classification	Description:
Living in Medical Institution	In a medical institution for more than 30 consecutive

days and expected to remain.
Maximum SSI payment \$30.

Individual

\$40.00

Name of Classification

Living in a Residential Care Facility

Couple

\$80.00

Description:

Living in a licensed Residential Care Facility.

Individual

\$953.00

Name of Classification

Living in an Adult Foster Home

Couple

\$1430.00

Description:

Living in a State Adult Foster Home

Individual

\$992.00

Name of Classification

Living in a Flat Rate Boarding Home

Couple

\$1688.00

Description:

Living in a licensed Flat Rate Boarding Home

Individual

\$1160.00

Name of Classification

Living in a CRBH/AFCH

Couple

\$2005.00

Description:

Living in a licensed Cost Reimbursed Boarding Home or Adult Family Care Home

Individual

\$1177.00

Couple

\$2051.00

Optional State Supplement Beneficiaries

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E. Additional Information (optional)

The income standards in D. above reflect the 2024 net income level.

Maine passes along the SSI Cost of Living Adjustments to all supplementary payment levels annually. The net income level is the sum of the current maximum SSI benefit for the living arrangement and maximum State Supplement Payment.

MAXIMUM STATE SUPPLEMENT PAYMENT

- Independent Living - \$10 Individual / \$15 Couple
- Living in household of another - \$8 Individual / \$12 Couple
- Living in a Medical Institution - \$10 Individual/ \$20 Couple
- Living in a Residential Care Facility - \$10 Individual / \$15 Couple
- Living in Adult Foster Home - \$49 Individual / \$273 Couple
- Living in a Flat Rate Boarding Home - \$217 Individual / \$590 Couple
- Living in a CRBH/AFCH - \$234 Individual / \$636 Couple
- Living in a Medical Institution <90 Days - \$10 Individual/ \$15 Couple

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