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**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 23-0024**

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 - ME2023MS00050 - (ME-23-0024) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI 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 12, 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 23-0024

Dear Michelle Probert,

On September 29, 2023, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME 23-0024, in which the state proposed to eliminate the resource test for the QMB, SLMB, and QI eligibility groups.

We approve Maine State Plan Amendment (SPA) ME 23-0024 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](mailto:Gilson.DaSilva@cms.hhs.gov).

Sincerely,

James G. Scott

Director, Division of Program Operations  
Center for Medicaid & CHIP Services

# ME - Submission Package - ME2023MS00050 - (ME-23-0024) - Eligibility

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

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	ME2023MS00050	<b>SPA ID</b>	ME-23-0024
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/29/2023
<b>Approval Date</b>	01/12/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | ME2023MS00050 | ME-23-0024

## Package Header

<b>Package ID</b> ME2023MS00050	<b>SPA ID</b> ME-23-0024
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 9/29/2023
<b>Approval Date</b> 01/12/2024	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

## SPA ID and Effective Date

**SPA ID** ME-23-0024

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2024	ME-23-0011
Qualified Medicare Beneficiaries	1/1/2024	ME-19-0001
Specified Low Income Medicare Beneficiaries	1/1/2024	ME-19-0001
Qualifying Individuals	1/1/2024	ME-19-0001

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

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<b>Approval Date</b>	01/12/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This SPA eliminates the resource test for Qualified Medicare Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries (SLMB), and Qualifying Individuals (QI).

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$1015910
Second	2025	\$3305126

#### Federal Statute / Regulation Citation

1902(a)(10)(E)(i)  
1905(p)(1)  
1902(a)(10)(E)(iii) and (iv)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

### Package Header

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<b>Superseded SPA ID</b>	N/A		

### 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 - ME2023MS00050 - (ME-23-0024) - Eligibility

## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	ME2023MS00050	<b>SPA ID</b>	ME-23-0024
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<b>Superseded SPA ID</b>	ME-23-0011		
	System-Derived		

### Mandatory Coverage








**A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:**

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Extended Medicaid due to Spousal Support Collections		<input checked="" 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
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED



# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024



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	System-Derived		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

### 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

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 - ME2023MS00050 - (ME-23-0024) - Eligibility

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

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	ME2023MS00050	<b>SPA ID</b>	ME-23-0024
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<b>Approval Date</b>	01/12/2024	<b>Effective Date</b>	<u>1/1/2024</u>
<b>Superseded SPA ID</b>	ME-19-0001		
	System-Derived		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

## Package Header

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	System-Derived		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
  - Between the following percentages of the FPL:  
**FPL** 100.00%  
**and**  
**FPL** 150.00%
  - Between the medically needy income limit and a percentage of the FPL:
  - Between the SSI Federal Benefit Rate and:
  - Between other income standards:

- Income from household members is disregarded.
  - Income of the spouse is disregarded.

**Description:** Disregard from the income deemed from the ineligible spouse an amount equal to the Supplemental Security Income ineligible child allocation amount.

- General income disregard:

- A specified type of income is disregarded:

Name of disregard:	Description:
Dependent Child Allocation	The eligible couple or individual and/or spouse will allocate income up to the SSI/State Supplement child living allowance to each child residing with them and for whom they are financially responsible.  The amount of income allocated will be the difference between the child's countable income and the child living allowance.

Name of income type:	Description:
In-Kind	Income in-kind will be excluded.
Individual Development Account	all otherwise countable income deposited in an IDA funded under the assets for Independence Act is excluded.  All otherwise countable income deposited in an IDA authorized under section 404 is excluded.

Name of income type:	Description:
	Interest earned on an IDA is also Excluded.

Specified less restrictive methodologies are used for the treatment of changes in income:

Name of methodology:	Description:
Social Security & Railroad Retirement COLA	<p>When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level adjustments cause ineligibility, disregard the most recent Social Security/Railroad Retirement COLA increase.</p> <p>The disregard continues until the individual loses coverage for any other reason for three (3) consecutive months.</p>

The following less restrictive methodologies are used:

Name of methodology:	Description:
Federal and State Disregards	Methodologies used in treating income will be the same as used by the cash programs and include a \$55 per individual/\$80 per couple state disregard.
Children Attending School with Earnings	The first \$1640 per month of earned income, not to exceed \$6660 per calendar year, is excluded for a student attending school regularly as defined by the learning institution.

**3. Less restrictive methodologies are used in calculating countable resources.**

Yes

No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

## Package Header

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	System-Derived		

## C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

## D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

## E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

## Package Header

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## F. Additional Information (optional)

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 - ME2023MS00050 - (ME-23-0024) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	ME-19-0001		
	System-Derived		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

## Package Header

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## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
  - Between the following percentages of the FPL:  
**FPL** 120.00%  
**and**  
**FPL** 170.00%
  - Between the medically needy income limit and a percentage of the FPL:
  - Between the SSI Federal Benefit Rate and:
  - Between other income standards:

- Income from household members is disregarded.
  - Income of the spouse is disregarded.

**Description:** Disregard from the income deemed from the ineligible spouse an amount equal to the Supplemental Security Income ineligible child allocation amount.

- General income disregard:

- A specified type of income is disregarded:

Name of disregard:	Description:
Dependent Child Allocation	The eligible couple or individual and/or spouse will allocate income up to the SSI/State Supplement child living allowance to each child residing with them and for whom they are financially responsible.  The amount of income allocated will be the difference between the child's countable income and the child living allowance.

Name of income type:	Description:
In-Kind	Income in-kind will be excluded.
Individual Development Account	all otherwise countable income deposited in an IDA funded under the assets for Independence Act is excluded.  All otherwise countable income deposited in an IDA authorized under section 404 is excluded.



Name of income type:	Description:
	Interest earned on an IDA is also Excluded.

Specified less restrictive methodologies are used for the treatment of changes in income:

Name of methodology:	Description:
Social Security & Railroad Retirement COLA	When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level adjustments cause ineligibility, disregard the most recent Social Security/Railroad Retirement COLA increase.  The disregard continues until the individual loses coverage for any other reason for three (3) consecutive months.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Federal and State Disregards	Methodologies used in treating income will be the same as used by the cash programs and include a \$55 per individual/\$80 per couple state disregard.
Children Attending School with Earnings	The first \$1640 per month of earned income, not to exceed \$6660 per calendar year, is excluded for a student attending school regularly as defined by the learning institution.

**3. Less restrictive methodologies are used in calculating countable resources.**

Yes

No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

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	System-Derived		

## C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

## D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

## E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

# Specified Low Income Medicare Beneficiaries

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## F. Additional Information (optional)

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# ME - Submission Package - ME2023MS00050 - (ME-23-0024) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

#### Package Header

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	System-Derived		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

#### A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

# Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

## Package Header

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<b>Superseded SPA ID</b>	ME-19-0001		
	System-Derived		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
  - Between the following percentages of the FPL:
    - FPL** 135.00%
    - and**
    - FPL** 185.00%
  - Between the medically needy income limit and a percentage of the FPL:
  - Between the SSI Federal Benefit Rate and:
  - Between other income standards:

- Income from household members is disregarded.
  - Income of the spouse is disregarded.

**Description:** Disregard from the income deemed from the ineligible spouse an amount equal to the Supplemental Security Income ineligible child allocation amount.

- General income disregard:

- A specified type of income is disregarded:

Name of disregard:	Description:
Dependent Child Allocation	<p>The eligible couple or individual and/or spouse will allocate income up to the SSI/State Supplement child living allowance to each child residing with them and for whom they are financially responsible.</p> <p>The amount of income allocated will be the difference between the child's countable income and the child living allowance.</p>

Name of income type:	Description:
In-Kind	Income in-kind will be excluded.
Individual Development Account	<p>all otherwise countable income deposited in an IDA funded under the assets for Independence Act is excluded.</p> <p>All otherwise countable income deposited in an IDA authorized under section 404 is excluded.</p>

Name of income type:	Description:
	Interest earned on an IDA is also Excluded.

Specified less restrictive methodologies are used for the treatment of changes in income:

Name of methodology:	Description:
Social Security & Railroad Retirement COLA	When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level adjustments cause ineligibility, disregard the most recent Social Security/Railroad Retirement COLA increase.  The disregard continues until the individual loses coverage for any other reason for three (3) consecutive months.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Federal and State Disregards	Methodologies used in treating income will be the same as used by the cash programs and include a \$55 per individual/\$80 per couple state disregard.
Children Attending School with Earnings	The first \$1640 per month of earned income, not to exceed \$6660 per calendar year, is excluded for a student attending school regularly as defined by the learning institution.

**3. Less restrictive methodologies are used in calculating countable resources.**

Yes

No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

### Package Header

<b>Package ID</b>	ME2023MS00050	<b>SPA ID</b>	ME-23-0024
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/29/2023
<b>Approval Date</b>	01/12/2024	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	ME-19-0001		
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### C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.



## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00050 | ME-23-0024

### Package Header

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### F. Additional Information (optional)

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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