

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

April 12, 2011

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

Dear Commissioner Mayhew:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-002 with an effective date of January 1, 2011, as requested by your Agency.

This SPA transmitted a proposed amendment to Maine's approved Title XIX State plan to increase the Federal poverty guidelines (FPGs) for various poverty level groups to reflect the increase in the FPGs as published in the Federal Register (FR) on January 20, 2011.

Beginning with this SPA, we changed how we process the annual Federal Poverty Level (FPL) updates. States are no longer required to include tables with the actual dollar amounts in the Plan pages. State Plan pages that only include the applicable percentages of the FPL for each eligibility group is sufficient. There will be no need to submit SPAs every year thereafter unless the FPL percentage changes for an eligibility group. Although we will not be requiring States to submit SPAs every year after 2011, we will continue to review the FPL amounts that have been calculated by each State. We will ask the States to verify these amounts shortly after the guidelines are published by the U.S. Department of Health and Human Services.

We reviewed this SPA for compliance with §1902(a)(73) of the Act as added by §5006(e) of the Recovery Act, Public Law 111-5. We have determined that tribal consultation is not mandatory for this SPA because this is a federally mandated change. Although tribal consultation is not mandatory, we ask that your Department inform the federally recognized tribes in your state of the changes brought forth by the approval of this SPA.

Page 2 – Mary C. Mayhew, Commissioner

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 11 -- 0 0 2	2. STATE: MAINE
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE(S) JAN 01, 2011 FOR FEDERAL POVERTY LEVEL		

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)(i) & (ii) and 1905(p)	7. FEDERAL BUDGET IMPACT: a. FFY 11 \$ 0 b. FFY 12 \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 1 TO ATTACHMENT 2.6-A, pp. 1b, 2, 2a, 3, 5, 6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): REPLACES PAGES OF SAME NUMBER
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10. SUBJECT OF AMENDMENT:
2011 FEDERAL POVERTY LEVELS

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 COMMISSIONER, DEPT. OF HEALTH AND HUMAN SERVICES
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: _____ 13. TYPED NAME: MARY C. MAYHEW	16. RETURN TO: STEPHANIE NADEAU ACTING DIRECTOR OFFICE OF MAINECARE SERVICES #11 State House Station 442 Civic Center Drive Augusta, ME 04333-0011
14. TITLE: COMMISSIONER, DEPARTMENT OF HEALTH AND HUMAN SERVICES	
15. DATE SUBMITTED: 2/24/11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 2/24/11	18. DATE APPROVED: 4/12/11
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/11	20. SIGNATURE OF REGIONAL OFFICIAL: _____ 22. TITLE: _____ Division of Medicaid and Children's Health Operations, Boston Regional Office
21. TYPED NAME: Richard R. McGreal	

23. REMARKS

Per agreement with the State staff, the following changes were made: (1) removed FPL tables with dollar amounts; (2) changed effective date on proposed plan pages to 1/1/2011; (3) Added 2/24/11 to Box 15 on the 179

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Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 1b
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

2. Pregnant Women and Infants under Section 1902(a)(10)(A)(i)(IV) of the Act:

Based on the following percent of the official Federal income poverty level--

133 percent

185 percent (no more than 185 percent)
(specify)

TN No. 11-002
Supersedes
TN No. 09-003

Approval Date: 4/12/2011

Effective Date: 1/1/2011

HCFA ID: 7985E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

_____ Maine _____

INCOME ELIGIBILITY LEVELS (Continued)

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. Children under Section 1902(a)(10)(A)(i)(VI) of the Act who have attained age 1 but not attained age 6:

Based on 133 percent of the official Federal income poverty level.

TN No. 11-002
Supersedes
TN No. 09-003

Approval Date: 4/12/2011

Effective Date: 1/1/2011

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
August 1991

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SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 2a
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

A. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

4. Children who have attained age 6 but have not attained age 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but have not attained age 19 under the provisions of section 1902 (a)(10)(A)(i)(VII) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

TN No. 11-002
Supersedes
TN No. 09-003

Approval Date: 4/12/2011

Effective Date: 1/1/2011

HCFA ID: 7985E

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August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants*

The level for determining income eligibility for optional groups of pregnant women and infants under the provisions of section 1902(a)(10)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

* Only pregnant women are eligible under 1902(a)(10)(A)(ii)(IX), based on a disregard specified in Supplement 8a to Attachment 2.6-A of net countable family income between 185 percent and 200 percent of the Federal poverty level.

TN No. 11-002
Supercedes
TN No. 09-003

Approval Date: 4/12/2011

Effective Date: 1/1/2011

HCFA ID: 7985E

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Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

Please refer to Supplement 8a to Attachment 2.6A

TN No. 11-002
Supercedes
TN No. 09-003

Approval Date: 4/12/2011

Effective Date: 1/1/2011

HCFA ID: 7985E

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Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 6
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(P)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: 85 percent _____ percent (no more than 100)

Eff. Jan. 1, 1990: 90 percent _____ percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

Please refer to Supplement 8a to Attachment 2.6-A

TN No. 11-002

Supersedes

Approval Date: 4/12/2011

Effective Date: 1/1/2011

TN No. 09-003

HCFA ID: 7985E