

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #: 12-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

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

March 5, 2012

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

Dear Commissioner Mayhew:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 12-001 with an effective date of January 1, 2012, as requested by your Agency.

This proposed SPA transmitted an amendment to Maine's approved Title XIX State plan to increase the optional State supplementary payment levels. You took this action to reflect an increase in the Supplemental Security Income program Federal benefit rate.

We reviewed this SPA for compliance with §1902(a)(73) of the Social Security Act, as added by §5006(e) of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. This SPA was also reviewed in conjunction with provisions of the Affordable Care Act, Public Law 111-148.

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

cc: Stefanie Nadeau, Director, Office of MaineCare Services
Bethany Hamm, Director, Policy and Programs, Office of Independence
Doreen McDaniel, MaineCare Program Manager, Office for Family Independence

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: _12-- 001_	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) JANUARY 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: 42 CFR 435.230	7. FEDERAL BUDGET IMPACT: a. FFY 2012 _____ \$ 0 b. FFY 2013 _____ \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 6 TO ATTACHMENT 2.6-A	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:
MAXIMUM STATE SUPPLEMENT PAYMENTS

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
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: STEFANIE NADEAU, DIRECTOR Office of MaineCare Services #11 State House Station 442 Civic Center Drive Augusta, ME 04333-0011
13. TYPED NAME: MARY C. MAYHEW	
14. TITLE: COMMISSIONER, DEPARTMENT OF HEALTH AND HUMAN SERVICES	
15. DATE SUBMITTED: 1/17/12	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 1/17/12	18. DATE APPROVED: 3/5/12
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/12	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS: Per agreement with State staff, the date in Box 15 on the Form 179 was added. The State agreed to this change in an email dated 2/7/12.

State: Maine

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS - Y2012

Payment Category (Reasonable Classification)	Administrated By		Income Level				Income Disregards Employed	
	Federal	State	Gross		Net		1 Person	Couple
			1 Person	Couple	1 Person	Couple		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Living Alone		X	1,611.00	2,371.00	708.00	1,063.00	55.00	80.00
Living in household of another		X	1,141.66	1,666.33	473.33	710.67	55.00	80.00
Living in Foster Home		X	1,579.00	2,727.00	747.00	1,321.00	*	*
Living in Licensed Boarding Home (Flat rate)		X	1,915.00	3,361.00	915.00	1,638.00	*	*
Living in Med. Fac. or ICF would receive Supplement Payment if outside facility		X	1,611.00	N/A	708.00	N/A	55.00	*
Living in Med. Fac. or ICF would not receive Supp Pay if outside facility		X	2,094.00	N/A	40.00	N/A	*	*
Living in Licensed Boarding Home (cost reimbursed)		X	1,949.00	3,453.00	932.00	1,684.00	*	*
Living in Licensed Residential Care Facilities		X	1,501.00	2,211.00	708.00	1,063.00	*	*

*All groups received SSI disregards