

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 13-0028-MM5**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) 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**

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March 20, 2014

Mary Mayhew, Commissioner  
Department of Health and Human Services  
11 State House Station  
Augusta, Maine 04333-0011

RE: Maine 13-0028-MM5

Dear Commissioner Mayhew:

Enclosed is an approved copy of Maine's State Plan Amendment (SPA) 13-0028-MM5, which was submitted to CMS on September 16, 2013. SPA 13-0028-MM5, approved on December 13, 2013, updates residency language in the State Plan and affirms that the state meets the requirements of 42 CFR §435.403 and provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the new State Plan page to be incorporated within a separate section at the back of Maine's approved State Plan:

- S88, pages 1 - 4

In addition, enclosed is a summary of State Plan pages which are superseded by ME 13-0028-MM5; this document should be incorporated into a separation section in the front of the State Plan.

If you have any questions regarding this SPA, please contact Kathryn Holt, Maine State Lead, at 617/565-1246, or at [kathryn.holt@cms.hhs.gov](mailto:kathryn.holt@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

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State/Territory name: **Maine**

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

ME-13-0028

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 435.403

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

**Subject of Amendment**

To ensure compliance with the Affordable Care Act

**Governor's Office Review**

- Governor's office reported no comment  
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal  
 Other, as specified

Describe:

Commissioner, Maine Department of Health and Human Services

**Signature of State Agency Official**

Submitted By: **Reinhold Bansmer**

Last Revision Date: **Dec 12, 2013**

Submit Date: **Sep 16, 2013**

<b>DATE RECEIVED:</b> 9/16/13	<b>DATE APPROVED:</b> 12/13/13
PLAN APPROVED – ONE COPY ATTACHED	
<b>EFFECTIVE DATE OF APPROVED MATERIAL:</b> 1/1/14	<b>SIGNATURE OF REGIONAL OFFICIAL:</b> /s/
<b>TYPED NAME</b> Richard R. McGreal	<b>TITLE</b> Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

ME-13-0028 MM5

**STATE:**

Maine

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S88 Non-Financial Eligibility- State Residency  
Attachment 2.6-A, Page 3

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):**

(New)  
Attachment 2.6-A, Page 3, TN 13-0029 MM6



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Non-Financial Eligibility</b> <b>State Residency</b>	<b>S88</b>
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42 CFR 435.403

## State Residency

- The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
  - Intends to reside in the state, including without a fixed address, or
  - Entered the state with a job commitment or seeking employment, whether or not currently employed.
- Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
- Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
  - Residing in the state, with or without a fixed address, or
  - The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
  - Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
  - Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
  - If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- IV-E eligible children living in the state, or



# Medicaid Eligibility

Otherwise meet the requirements of 42 CFR 435.403.



# Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

Yes  No

The state has interstate agreements with the following selected states:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Alabama              | <input checked="" type="checkbox"/> Illinois      | <input checked="" type="checkbox"/> Montana        | <input checked="" type="checkbox"/> Rhode Island   |
| <input checked="" type="checkbox"/> Alaska               | <input checked="" type="checkbox"/> Indiana       | <input checked="" type="checkbox"/> Nebraska       | <input checked="" type="checkbox"/> South Carolina |
| <input checked="" type="checkbox"/> Arizona              | <input checked="" type="checkbox"/> Iowa          | <input checked="" type="checkbox"/> Nevada         | <input checked="" type="checkbox"/> South Dakota   |
| <input checked="" type="checkbox"/> Arkansas             | <input checked="" type="checkbox"/> Kansas        | <input checked="" type="checkbox"/> New Hampshire  | <input checked="" type="checkbox"/> Tennessee      |
| <input checked="" type="checkbox"/> California           | <input checked="" type="checkbox"/> Kentucky      | <input checked="" type="checkbox"/> New Jersey     | <input checked="" type="checkbox"/> Texas          |
| <input checked="" type="checkbox"/> Colorado             | <input checked="" type="checkbox"/> Louisiana     | <input checked="" type="checkbox"/> New Mexico     | <input checked="" type="checkbox"/> Utah           |
| <input checked="" type="checkbox"/> Connecticut          | <input checked="" type="checkbox"/> Maine         | <input type="checkbox"/> New York                  | <input checked="" type="checkbox"/> Vermont        |
| <input checked="" type="checkbox"/> Delaware             | <input checked="" type="checkbox"/> Maryland      | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Virginia       |
| <input checked="" type="checkbox"/> District of Columbia | <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> North Dakota   | <input checked="" type="checkbox"/> Washington     |
| <input checked="" type="checkbox"/> Florida              | <input checked="" type="checkbox"/> Michigan      | <input checked="" type="checkbox"/> Ohio           | <input checked="" type="checkbox"/> West Virginia  |
| <input checked="" type="checkbox"/> Georgia              | <input checked="" type="checkbox"/> Minnesota     | <input checked="" type="checkbox"/> Oklahoma       | <input checked="" type="checkbox"/> Wisconsin      |
| <input checked="" type="checkbox"/> Hawaii               | <input checked="" type="checkbox"/> Mississippi   | <input checked="" type="checkbox"/> Oregon         | <input type="checkbox"/> Wyoming                   |
| <input checked="" type="checkbox"/> Idaho                | <input checked="" type="checkbox"/> Missouri      | <input checked="" type="checkbox"/> Pennsylvania   |  |

The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- Are IV-E eligible
- Are in the state only for the purpose of attending school
- Are out of the state only for the purpose of attending school
- Retain addresses in both states
- Other type of individual

	Name of Type	Description	
<b>+</b>	Non-IV-E Adopted children	Maine applies the same criteria and procedures of the ICAMA Interstate Agreement to children who are not IV-E eligible.	<b>X</b>

The state has a policy related to individuals in the state only to attend school.

Yes  No





# Medicaid Eligibility

Provide a description of the policy:

An individual under age 21 who is a full-time student in the State of Maine will not be considered a resident of Maine if all of the following conditions exist:

- neither of the individual's parents reside in the State of Maine;
- the individual is claimed as a tax dependent by someone who resides in a state other than Maine; and
- the individual is applying for coverage on his or her own behalf.

- Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

- Yes  No

Provide a description of the definition:

An individual can be temporarily or voluntarily absent from the State of Maine provided the individual intends to return once the purpose of the absence has been accomplished, unless another state has determined the individual is a resident there.

## PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.