Table of Contents: State Plan Amendment ME 12-010a

- 1. Approval Letter
- 2. CMS Form 179
- 3. State Plan 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

January 7, 2013

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

RE: Maine SPA # 12-010(A)

Dear Commissioner Mayhew:

Enclosed for your records is an approved copy of the following State Plan Amendment. This SPA is effective March 1, 2013.

Transmittal #12-010(A) – Approves Maine's request to (1) eliminate the optional group of parents and caretaker relatives, (2) reduce the income eligibility standard for the Section 1931 group from 150% of the federal poverty line (FPL) to 133% of the FPL, and (3) reduce eligibility for certain individuals who are eligible for Medicaid based on their eligibility for Medicare; Qualified Medicare Beneficiaries' eligibility will be reduced from 150% of the FPL to 140% of the FPL, Specified Low-Income Medicare Beneficiaries' eligibility will be reduced from 170% to 160% of the FPL, and Qualifying Individuals' eligibility will be reduced from 185% to 175% of the FPL.

This approval is tied to the budget deficit certified by the state through June 30, 2013. Please note that these eligibility reductions would not comply with the requirements of sections 1902(a)(74) and 1902(gg) of the Social Security Act after that date, unless the state certifies that in the fiscal year that begins July 1, 20113, the state projects a budget deficit.

Please contact Kathryn Holt at 617/565-1246 or via email at kathryn.holt@cms.hhs.gov if you have any questions.

Sincerely,

Richard R. McGreal Associate Regional Administrator

Enclosure

FORM APPROVED OMB NO. 0938-0193
MAINE
TITLE XIX OF THE SOCIAL
(S)
M AMENDMENT
AMENDMENT h amendment)
5,899,392) 5,418,342)
RSEDED PLAN SECTION
NT 2.6-A, PAGE 2 (A-1)
ENT 2.6-Å, PAGE 2 (TN05-
CURITY ACT -
HEALTH AND HUMAN
ervices on
011

DEPARTM	ENT OF	HEALTH	AND HU	JMAN SE	RVICES	
CENTER	FOR M	EDICARE	AND M	EDICAID	SERVIC	E
			4 4 4 5	NOTE		

CENTER FOR MEDICARE AND MEDICAID SERVICES		OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:	
STATE PLAN MATERIAL	12010A	MAINE	
FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: SECURITY ACT (MEDICAID)	TITLE XIX OF THE SOCIAL	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	(S)	
CENTER FOR MEDICARE AND MEDICAID SERVICES	OCTOBER 1, 2012		
DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (CHECK ONE):			
5. THE OFFEAN WATERIAL (OFFEAN ONL).			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDME	ENT (Separate Transmittal for eac	h amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
1902(a)(10)(A)(ii)(I) of the Social Security Act;	a. FFY 2013 \$ (10	6,899,392)	
1902(r)(2) of the Social Security Act;	b. FFY 2014 \$ (16,418,342)		
1931 of the Social Security Act			
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPE	RSEDED PLAN SECTION	
8. PAGE NUMBER OF THE FLAN SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicat		
SUPPLEMENT 12 TO ATTACHMENT 2.6-A, PAGE 2 (A-1)	OR ATTAOMINE IT (II Applicat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	SUPPLEMENT 12 TO ATTACHME	NT 2 6-A DAGE 2 (A-1)	
SUPPLEMENT 8A TO ATTACHMENT 2.6-A, PAGE 2 (TN07-009)	SUPPLEMENT 12 TO ATTACHME	1N1 2.0-A, FAGE 2 (A-1)	
	SUPPLEMENT 8A TO ATTACHME	NT 2.6-A. PAGE 2 (TN05-	
	002)(TN07-009)		
	002)(11407-003)		
10. SUBJECT OF AMENDMENT:			
More Liberal Methods of Treating Income Under Section	11002(b)(2) OF THE SOCIAL SEC	LIDITY ACT -	
	1902(R)(2) OF THE GOODE GEO	OKIT ACT -	
1902(a)(10)(A)(ii)(I) and 1931			
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	COMMISSIONER, DEPT. OF	HEALTH AND HUMAN	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	SERVICES	TIERETT AND TIOWAR	
	16. RETURN TO:		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	10. RETURN TO.		
	STEERING NADEALL DIRECTOR		
13.	STEFANIE NADEAU, DIRECTOR		
MARY C. MAYHEW	Office of MaineCare Se		
14. TITLE:	#11 State House Stati	on	
COMMISSIONER, DEPARTMENT OF HEALTH AND HUMAN	242 State Street		
SERVICES	Augusta, ME 04333-0	011	
15. DATE SUBMITTED: 11/14/12			
FOR REGIONAL OFF	ICE USE ONLY	en en la calanta de la companya de La companya de la co	
17. DATE RECEIVED: 11/14/12	18. DATE APPROVED: Janu	ary 7, 2013	
PLAN APPROVED - ONE	COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2013	20. SONATURE OF REGIONAL	OFFICIAL - A	
21. TYPED NAME: Richard R. McGreal	22.	f Medicaid	
- William N. Micheal	and Children's Health Op	erations, Boston Regional Office	
22 DEMARKS	3		

23. REMARKS

The State Plan has two pages labeled "Supplement 8a to Attachment 2.6-A, page 2." The first page 2 (TN 05-002) is now obsolete because the income disregard for qualified children is specified on page 5 of Supplement 8a, and the disregard for caretaker relatives on this page is being eliminated. The second page 2 (TN 07-009) shows the income disregards for the MSP groups. This page 2 will remain in the State Plan and is updated to reflect the reduced income disregard proposed in this SPA.

10/95

Revision: HCFA-PM-95-7

(MB)

SUPPLEMENT 8A TO ATTACHMENT 2.6-A

Page 2b

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OTATE PERMITORIDE CONTRACTOR		117(01
State/Territory:	Maine	
ELIGIBILITY COND	DITIONS AND REQUIREMENTS	<u> </u>
	THODS OF TREATING INCOME ON 1902(r)(2) OF THE ACT	

Section 1902(f) State l XI Non-Section 1902(f) State

For Qualified Medicare Beneficiaries (QMB) 1902(a) (10) (E) (i), disregard income in the amount of the difference between 100% of the Federal Poverty Level and 140% of the Federal Poverty Level.

For Specified Low Income Beneficiaries (SLMB) 1902(a) (10) (E) (iii), disregard income in the amount of the difference between 120% of the Federal Poverty Level and 160% of the Federal Poverty Level.

For Qualifying Individuals (QI) 1902(a) (10) (E) (iv) (Public Law 105-33) disregard income in the amount of the difference between 135% of the Federal Poverty Level and 175% of the Federal Poverty Level.

TN No. 12-010A Supersedes

TN No. 07-009