

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 13-0029-MM6**

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**

March 20, 2014

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

RE: Maine 13-0029-MM6

Dear Commissioner Mayhew:

Enclosed is an approved copy of Maine's State Plan Amendment (SPA) 13-0029-MM6, which was submitted to CMS on September 13, 2013. SPA 13-0029-MM6, approved on December 10, 2013, incorporates the citizenship regulations, specifies reasonable opportunity period options, and specifies policy options related to eligible non-citizens into Maine's State Plan in accordance with the Social Security Act and regulations at 42 CFR Part 435. 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:

- S89, pages 1 - 3

In addition, enclosed is a summary of State Plan pages which are superseded by ME 13-0029-MM6; this document should be incorporated into a separation section in the front of the State Plan.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-13-0029

**Proposed Effective Date**

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

**Federal Statute/Regulation Citation**

1902(a)(46)(B), 8 U.S.C. 1611, 1612, 1613, and 1641, 1903(v)(2),(3) and (4), 42 CFR 435.4, 42 CFR 435.406, 4

**Federal Budget Impact**

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

**Subject of Amendment**

SPA changes 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, Department of Human Services

**Signature of State Agency Official**

Submitted By: **Reinhold Bansmer**  
Last Revision Date: **Nov 8, 2013**  
Submit Date: **Sep 13, 2013**

|   |   |
|---|---|
| <b>DATE RECEIVED:</b><br>9/13/13                      | <b>DATE APPROVED:</b><br>12/10/13   |
| PLAN APPROVED – ONE COPY ATTACHED                     |   |
| <b>EFFECTIVE DATE OF APPROVED MATERIAL:</b><br>1/1/14 | <b>SIGNATURE OF REGIONAL OFFICIAL:</b><br>/s/   |
| <b>TYPED NAME</b><br>Richard R. McGreal               | <b>TITLE</b><br>Associate Regional Administrator, Division of<br>Medicaid and Children's Health Operations, Boston<br>Regional Office |

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

ME-13-0029 MM6

**STATE:**

Maine

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

S89 Non-Financial Eligibility- Citizenship and Non-Citizen Eligibility  
Attachment 2.6-A, Page 2  
Attachment 2.6-A, Page 2a (Deleted)  
Attachment 2.6-A, Page2b (Deleted)  
Attachment 2.6-A, Page 3

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

(New)  
Attachment 2.6-A, Page 2, TN 09-008  
Attachment 2.6-A, Page 2a, TN 09-008  
Attachment 2.6-A, Page2b, TN 09-008  
Attachment 2.6-A, Page 3, TN 09-008



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Non-Financial Eligibility Citizenship and Non-Citizen Eligibility S89

1902(a)(46)(B)  
8 U.S.C. 1611, 1612, 1613, and 1641  
1903(v)(2),(3) and (4)  
42 CFR 435.4  
42 CFR 435.406  
42 CFR 435.956

### Citizenship and Non-Citizen Eligibility

The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42

CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

The state provides Medicaid eligibility to otherwise eligible individuals:

Who are citizens or nationals of the United States; and

Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity

Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and

Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or

satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

Yes     No

The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.

Yes     No

The date benefits are furnished is:

The date of application containing the declaration of citizenship or immigration status.

The date the reasonable opportunity notice is sent.

Other date, as described: First day of month of application containing the declaration of citizenship or immigration status.



# Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).

Yes  No

The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

Yes  No

Pregnant women

Individuals under age 21:

Individuals under age 21

Individuals under age 20

Individuals under age 19

An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

An individual is considered to be lawfully present in the United States if he or she:

1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);

2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));

3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;

4. Is a non-citizen who belongs to one of the following classes:

Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;

Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;

Granted employment authorization under 8 CFR 274a.12(c);

Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;

Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;

Granted Deferred Action status;

Granted an administrative stay of removal under 8 CFR 241;

Beneficiary of approved visa petition who has a pending application for adjustment of status;

5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231, or under the Convention Against Torture who -

Has been granted employment authorization; or

Is under the age of 14 and has had an application pending for at least 180 days;



# Medicaid Eligibility

6. Has been granted withholding of removal under the Convention Against Torture;
7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));
10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.

Other

The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:



Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;

Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

## 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.