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State/Territory Name: Maine

State Plan Amendment (SPA) #: 13-016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 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

December 5, 2013

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. 13-016 with an effective date of January 1, 2014, as requested by your Agency.

This proposed SPA transmitted an amendment to Maine's approved Title XIX State plan to implement a resource test for the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), and the Qualifying Individual (QI) populations. The State previously disregarded all countable resources for these groups. Effective January 1, 2014, the State will disregard all countable resources up to \$50,000 for an individual or up to \$75,000 for a couple.

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
Dale Denno, Director, Office for Family Independence
Bethany Hamm, Director, Policy and Programs, Office for Family Independence

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13-016	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, 2014	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a)(10)(E)(i) 1905(p)(1), 1902(a)(10)(E)(iii) & (iv) OF THE SOCIAL SECURITY ACT	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ (1,883,712.98) b. FFY 2015 \$ (2,494,960.03)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 8B TO ATTACHMENT 2.6-A, ADDENDUM, PAGE 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SUPPLEMENT 8B TO ATTACHMENT 2.6-A, ADDENDUM, PAGE 2 (TN No. 05-011)	

10. SUBJECT OF AMENDMENT: IMPLEMENTATION OF AN ASSET TEST FOR QMB'S SLMB'S AND QI'S.

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 SERVICES
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO: STEFANIE NADEAU, DIRECTOR Office of MaineCare Services #11 State House Station 242 State Street Augusta, ME 04333-0011
13. TYPED NAME: MARY C. MAYHEW	
14. TITLE: COMMISSIONER, DEPARTMENT OF HEALTH AND HUMAN SERVICES	
15. DATE SUBMITTED: 9/10/13	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 9/10/13	18. DATE APPROVED: 12/5/13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14	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	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Maine

LESS RESTRICTIVE METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

1902(r)(2)

For all eligibility groups subject 1902(r)(2):

- (1) Exclude up to \$8,000 of savings for an individual, \$12,000 for a household of 2 or more. Savings is defined as an account that earns interest or a savings plan with a penalty for early or late withdrawal. This exclusion is in addition to the resource limits for various groups subject to Section 1902(r)(2).
- (2) Exclude a 2nd vehicle that is necessary for employment, to secure medical treatment or to provide transportation for essential daily activities or a vehicle that has been modified for the operation by or the transportation of a person with a disability.

For individuals eligible as QMBs, SLMBs, and QIs under Section 1902(a)(10)(E)(i) 1905(p)(1), 1902(a)(10)(E)(iii) or (iv), of the Social Security Act (the Act):

- (1) Disregard all countable resources up to \$50,000 for an individual or up to \$75,000 for a couple.

TN No. 13-016
Supersedes
TN No. 05-011

Approval Date: 12/5/13 Effective Date: 1/1/14