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State/Territory Name: Maine

State Plan Amendment (SPA) #: 13-031

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

January 7, 2014

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. 13-031 with an effective date of January 1, 2013, 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
Dale Denno, Director, Office of Independence
Ron Bansmer, Senior MaineCare Program Manager, Office for Family Independence

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 13-031	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, 2013	
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: 42 CFR 435.230		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 0 b. FFY 2014 \$ 0	
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	
10. SUBJECT OF AMENDMENT: MAXIMUM STATE SUPPLEMENT PAYMENTS			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED COMMISSIONER, DEPT. OF HEALTH AND HUMAN SERVICES <input type="checkbox"/> 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 St. Augusta, ME 04333-0011	
13. TYPED NAME: MARY C. MAYHEW			
14. TITLE: COMMISSIONER, DEPARTMENT OF HEALTH AND HUMAN SERVICES			
15. DATE SUBMITTED: 11/13/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 11/13/13		18. DATE APPROVED: 1/7/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/13		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: Maine

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS - Y2013

Payment Category (Reasonable Classification)	Administred By		Income Level				Income Disregards Employed	
	Federal	State	Gross		Net		1 Person	Couple
			1 Person	Couple	1 Person	Couple		
(1)	(2)		(3)		(4)		(5)	
Living Alone		X	1,635.00	2,407.00	720.00	1,081.00	55.00	80.00
Living in household of another		X	1,157.66	1,690.33	481.33	722.67	55.00	80.00
Living in Foster Home		X	1,603.00	2,763.00	759.00	1,339.00	*	*
Living in Licensed Boarding Home (Flat rate)		X	1,939.00	3,397.00	927.00	1,656.00	*	*
Living in Med. Fac. or ICF would receive Supplement Payment if outside facility		X	1,635.00	N/A	720.00	N/A	55.00	*
Living in Med. Fac. or ICF would not receive Supp Pay if outside facility		X	2,130.00	N/A	40.00	N/A	*	*
Living in Licensed Boarding Home (cost reimbursed)		X	1,973.00	3,489.00	944.00	1,702.00	*	*
Living in Licensed Residential Care Facilities		X	1,525.00	2,247.00	720.00	1,081.00	*	*

*All groups received SSI disregards