

# **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #:18-0007**

This file contains the following documents in the order listed:

- 1) Approval Letters
- 2) CMS 179 Form
- 3) Approved SPA Pages
- 4) MAGI Conversion Plan, Attachment A



## **Boston Regional Operations Group**

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April 3, 2019

Jeanne Lambrew, Commissioner  
Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0011

Dear Commissioner Lambrew:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Maine's State Plan Amendments (SPAs) relating to Medicaid Expansion: (1) 18-0006, Adult Group Eligibility; (2) 18-0007 Federal Medical Assistance Percentage (FMAP) Rates for Medicaid Expansion; and (3) 18-0031, Alternative Benefit Plan (ABP). As described in this letter, CMS is approving these SPAs. In addition to this approval letter and related approval documents, a letter from the Center for Medicaid & CHIP Services Director Chris Traylor is included in these materials regarding Federal financial participation policies for these SPAs.

### **ME 18-006: Adult Group**

This SPA proposes that the adult group described in Title 42 of the Code of Federal Regulations (CFR) §435.119 will be covered, effective July 2, 2018. The adult group will include non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, and are not entitled to or enrolled for Part A or B Medicare benefits with income at or below 133% FPL. This SPA was submitted to CMS on September 4, 2018.

This SPA is acceptable. Therefore, we are approving SPA 18-0006 with an effective date of July 2, 2018. The approved documents are in the MACPro portal.

### **ME 18-0007: FMAP**

This SPA describes the methodology used by the state for determining the appropriate FMAP rate, including any increased FMAP rates, available under the provisions of the Affordable Care Act applicable for the medical assistance expenditures under the Medicaid program associated with enrollees in the new adult group adopted by the state and described in Title 42 of the Code of Federal Regulations (CFR) §435.119. This SPA was submitted to CMS on September 4, 2018.

Based on the information provided, Maine SPA 18-0007 is approved with an effective date of July 2, 2018. Enclosed are the approved SPA pages and signed CMS-179 form.

## **ME 18-0031: ABP**

This SPA proposes an Alternative Benefit Plan that will align benefits between the ABP and amendments to Attachment 3.1A. The population group for this ABP includes only the adult group under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing State Plan pages, and (if applicable) managed care service delivery systems (waivers and contracts). Amendments to the State's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved State Plan will be mirrored in the ABP. This SPA was submitted on December 21, 2018.

Based on the information provided, Maine SPA 18-0031 is approved with an effective date of October 1, 2018. Approved pages are in the MMDL repository. Please note that attached to this letter is a same-page review letter regarding premium assistance.

### **Continued Focus on Program Integrity**

CMS appreciated the opportunity to discuss our informal questions and recommendations related to Maine's eligibility and FMAP SPAs and responses to the Request for Additional Information (RAI). The additional information has provided CMS with valuable insight into Maine's program integrity function and Medicaid expansion oversight activities.

CMS plans to maintain regular communications and a collaborative partnership with the state, including the provision of program integrity-related technical assistance and guidance throughout the Medicaid expansion implementation process as needed. As part of the partnership, CMS would appreciate Maine's willingness to provide the comprehensive plan to perform oversight activities to ensure beneficiary eligibility and other determinations are accurate and appropriate FMAP claiming occurs once the plan has been developed. As discussed during the January 29, 2019 call, a strong oversight plan should include ongoing audits and/or independent reviews of Maine's program integrity function outside of PERM and federally mandated audits, robust sampling methodologies and processes to ensure all findings have been corrected.

If you have any questions or would like technical assistance in the planning, implementation and evaluation of your program integrity and oversight activities, please contact Jennifer Dupee by e-mail at [Jennifer.Dupee@cms.hhs.gov](mailto:Jennifer.Dupee@cms.hhs.gov) or by phone at (410) 786-6537.

If you have any questions regarding these SPAs, please contact Program Branch Chief Kathryn Holt at [kathryn.holt@cms.hhs.gov](mailto:kathryn.holt@cms.hhs.gov) or at (617) 565-1246.

Sincerely,

Francis T.

Mccullough -S

Digitally signed by  
Francis T. Mccullough -S  
Date: 2019.04.03  
14:27:55 -04'00'

Francis T. McCullough

Director

Division of Medicaid Field Operations East (Boston)

Regional Operations Group

Center for Medicaid and CHIP Services

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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April 3, 2019

Jeanne Lambrew  
Commissioner  
Department of Health and Human Services  
221 State Street  
Augusta, ME 04333-0011

Dear Commissioner Lambrew:

As noted in the State Plan Amendment (SPA) approval package, the Centers for Medicare & Medicaid Services (CMS) has reviewed and is approving Maine's SPAs related to Medicaid expansion: (1) 18-0006, Adult Group Eligibility; (2) 18-0007 Federal Medical Assistance Percentage (FMAP) Rates for Medicaid Expansion; and (3) 18-0031, Alternative Benefit Plan (ABP). The Adult Group Eligibility and FMAP SPAs will have a July 2, 2018 effective date and the ABP SPA will have an October 1, 2018 effective date.

While the ABP SPA submitted on December 2, 2018, is not effective until October 1, 2018, CMS has determined that benefits under the State plan in effect on July 2, 2018, fully satisfy the ABP requirements in section 1937 of the Social Security Act. While the new adult group will be covered under the separate ABP effective October 1, 2018, because section 1937 requirements are satisfied by the benefits under the State plan in effect when the adult group was made eligible in a SPA effective July 2, 2018, the condition in section 1903(i)(26) for receiving FFP in payments for services furnished to members of the new adult group was satisfied on July 2, and FFP will be available in payments for Medicaid covered services received by these individuals between July 2 and October 1 in this case, notwithstanding the absence of an approved ABP SPA effective during this period.

If you have any questions please feel free to contact me at 410-786-3870.

Sincerely,

/s/

Chris Traylor  
Deputy Administrator and Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 18-0007	2. STATE Maine
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of Health and Human Services		4. PROPOSED EFFECTIVE DATE  9/4/18	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a)(10)(A)(i)(VIII) 42 CFR 435.119		7. FEDERAL BUDGET IMPACT: a. FFY 2018 increase: accounted for in ME.18-0006 b. FFY 2019 increase: accounted for in ME.18-0006	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 18 to Attachment 2.6A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  New	
10. SUBJECT OF AMENDMENT: Methodology for Identification of Applicable FMAP Rates for Expansion of Medicaid coverage to the 1902(a)(10)(A)(i)(VIII) eligibility group			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:			
<input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Bethany L. Hamm		Bethany L. Hamm Acting Commissioner, Maine DHHS #11 State House Station 221 State Street Augusta, Maine 04333-0011	
14. TITLE: Acting Commissioner, Maine DHHS			
15. DATE SUBMITTED: September 4, 2018			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 9/4/18		18. DATE APPROVED: 4/3/2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/2/18		/s/	
21. TYPED NAME: Francis T. McCullough		22. TITLE: Director Division of Medicaid Field Operations East (Boston)	
23. REMARKS: Maine indicated in the cover letter for a corresponding SPA submitted 12/21/18 that the state was seeking a 7/2/18 effective date.			

## State Plan Under Title XIX of the Social Security Act

State: \_\_\_\_\_

### METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

#### Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on \_\_\_\_\_. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

**Table 1: Adult Group Eligibility Standards and FMAP Methodology Features**

Covered Populations Within New Adult Group		Applicable Population Adjustment			
Population Group	Relevant Population Group Income Standard	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
	<p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> <li>The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or</li> <li>133% FPL.</li> </ul> <p>If a population group was not covered as of 12/1/09, enter "Not covered".</p>	<p>Enter "Y" (Yes), "N" (No), or "NA" in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional information in corresponding attachments.</p>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Parents/Caretaker Relatives</b>					
<b>Disabled Persons, non-institutionalized</b>					
<b>Disabled Persons, institutionalized</b>					
<b>Children Age 19 or 20</b>					
<b>Childless Adults</b>					

## Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

### A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

- Applies existing state data from periods before January 1, 2014.
- Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

### B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1.  An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).



2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
  - Yes. The combined enrollment cap adjustment is described in Attachment C
  - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

**C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology**

1. The state:
  - Applies a special circumstances adjustment(s).
  - Does not apply a special circumstances adjustment.
2. The state:
  - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
  - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

### Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

#### A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- The state does not have any relevant populations requiring such transitions.

### Part 4 - Applicability of Special FMAP Rates

#### A. Expansion State Designation

The state:

- Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated \_\_\_\_\_.

#### B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated \_\_\_\_\_. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

## Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

### ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

#### 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 4 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.

## **Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan**

This MAGI Conversion Plan is being submitted to CMS by Maine on September 4, 2018 in accordance with the final FMAP rule published in the Federal Register April 2, 2013 (78 FR 19918) and under Section 1902(e)(14)(A) of the Social Security Act.

### **Purpose of Part 2 Income Conversions**

Part 2 of the MAGI Conversion Plan includes income conversions that will be needed for FMAP claiming purposes in the new Medicaid adult group. States that wish to claim newly eligible and/or expansion state FMAP for enrollees in the adult group (42 CFR 435.119) must submit a State Plan Amendment (SPA) to CMS. States will use information from this document to complete the FMAP claiming SPA. It is highly recommended that states not expanding Medicaid in 2014 complete this document for all relevant eligibility groups so that necessary information will be available should the state implement a change in policy.

### **State Options for Part 2 MAGI Conversions**

In its December 28, 2012 State Health Officials' Letter, CMS laid out several MAGI conversion methodology choices for states. Choices that states made during Part 1 of the MAGI conversion process affect their options for this part (Part 2) of the MAGI Conversion Plan. In general, states must use the same method as they used in Part 1, with the exception that states that previously chose to do their own conversions may choose the Standardized MAGI Conversion Methodology with SIPP data for any groups that were not converted in Part 1. The state must provide an explanation of the reason for the change.

### **Information Provided to States for Part 2 MAGI Conversions**

To facilitate the process of completing this document (Part 2 of the Income Conversion Plan), CMS is providing states with information summarized from available sources. CMS will provide each state with the following:

- A detailed list of the new conversions performed using SIPP; and
- A document titled "Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan." This document combines information from the state's approved Part 1 conversion plan and the new SIPP conversions performed, which together comprise the information that states will need to:
  - identify the relevant standards,
  - perform the conversions (for those states not using the SIPP conversions),
  - submit this document (Part 2 of the MAGI Conversion Plan) and
  - submit their FMAP claiming State Plan Amendments.

## **Populating the Relevant Standards in an FMAP Claiming SPA**

The information that your state submits, and that CMS approves in this document (Part 2 of the MAGI Conversion Plan), will be recorded in the FMAP Claiming SPA. In the SPA states will provide the converted income standards for each relevant population group.

- For states using **Option 1** (the Standard Method with SIPP data), the information to supply in your SPA appears in column C in the sheet titled “Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan.”
  - For states using **Option 2** (the Standard Method with state data or an alternative method), the information to supply in your SPA appears in column G in Table 1 of this document.
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## SECTION 1

### Instructions

- 1. Please indicate the MAGI conversion method chosen by your state and follow the appropriate instructions below. (Reminder: this should be the same as the method your state chose for Part 1 of your Conversion Plan.)**

**Option 1** – Standardized Methodology with SIPP data

**Option 2** – State Data (Standardized Method or Alternative Method): this includes states that chose to do their own conversions for Part 1 and choose to use SIPP data for eligibility groups that were not previously converted.

Please follow the instructions below and submit this plan to [incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov). This document (Conversion Plan Part 2) is due by December 6, 2013 or ten days after receipt of your state's Part 2 SIPP conversion results, whichever is later.

<b>Option 1</b>	<ol style="list-style-type: none"> <li>1) Review the sheet titled “Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan” that was provided to you by CMS with your Part 2 conversion results.</li> <li>2) Indicate in step 2 below which option your state is choosing for time-limited disregards, if applicable.</li> <li>3) Submit Section 1 along with the sheet labeled “Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan” to CMS as Part 2 of your MAGI conversion plan.</li> </ol>
<b>Option 2:</b>	<ol style="list-style-type: none"> <li>1) Complete Section 2 of this document. Your state may use a combination of State Data and SIPP data for this submission, but you will need to provide additional explanation. In Table 1, for values that you have previously converted and CMS has approved or for which you are using SIPP you may either insert the state data/SIPP values from the “Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan” sheet or insert specific cross references to that sheet.0</li> <li>2) Submit this document to CMS as Part 2 of your MAGI conversion plan.</li> </ol>

**2. Time-limited disregards:**

Select the appropriate option below for how your state chooses to convert standards with time-limited disregards for Part 2 of your MAGI conversion plan:

- Not applicable, no new conversions of standards with time-limited disregards.
- Use highest converted standard
- CMS-supplied conversions with weighting for time-limited disregards
- State-calculated weights for time-limited disregards (provide a separate attachment detailing the eligibility groups to which this applies, the weights applied, the data used to derive the weights, the formula used to apply the weight, and the converted standard).

## **SECTION 2**

### **Option 2**

For States Using Standardized Methodology with State Data or Alternative Method with State Data

Please provide a state contact who can answer questions about the conversion plan, data, and conversion methods:

Name: Esther Bullard Title: MaineCare Program Manager

E-mail: esther.bullard@maine.gov Phone: 207-624-4178

**Supplemental Information:** In addition to the information provided in this document, during the review and approval process, CMS may determine that supplemental information regarding the income conversion results is necessary. If CMS determines that a supplemental review of these results is necessary, your state may be required to submit:

- Descriptive statistics of the data used. Such descriptive statistics could include for each eligibility group converted with state data:
  - Net income statistics and disregard statistics for the full population or sample and for the population used in conversion (e.g., the 25% band) including: Total N, mean net income, mean gross income, and number of individuals with positive net income, number with earned income, mean earned income, number with unearned income, and mean unearned income
- Data files used for conversion
- Annotated programming code used in the analysis



**FMAP Claiming Conversions**

For States Using  
Standardized Methodology with State Data  
Or  
Alternative Method with State Data

Please fill out Table 1 below to provide CMS with information about how state data were used for FMAP-related conversions. Use the “Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan” provided by CMS to identify which standards need to be converted. Column B contains the net standards as of December 1, 2009 for each group.

**Alternative Method States: Does the information you supplied about your alternative method in Part 1 of your state’s MAGI Conversion Plan also apply to the conversions in Part 2 (summary of method and data source, differences from standardized method, equations, description of how fixed dollar standards are converted, and description of how the method meets the criteria specified in the December 28, 2012 State Health Officials’ Letter on MAGI conversion)?**

Yes

No: *Please attach a separate explanation of how the method for FMAP conversion differs and why the changes to the method were made.*

**Instructions for Table 1:**

**Population group:** The population groups listed in column A are the groups that are relevant for FMAP claiming. **Special instructions for children ages 19-20:** this conversion is only needed for FMAP claiming if your state covered the entire population of children; if coverage was limited to specific groups of children 19/20 (e.g., foster children), then you do not need to convert this group for FMAP claiming purposes. If a conversion is needed for the children age 19-20 group, please indicate in Column A which age limit (19 or 20) was applicable in your state as of December 1, 2009.

**SIPP results used:** In column B, if your state is using SIPP results for any groups, please mark yes in column B of Table 1 and provide the converted standard from those results. Please list the group below (e.g., parents) and an explanation of why the SIPP results are

being used for this eligibility group (e.g., state data unavailable). Also, for groups that have time-limited disregards, if the state chooses to provide its own weighting, please provide the state-specific weighting strategy that was used to derive the converted standard. The explanation of the weighting strategy should include the percent assumed to have time limited disregards and the data on which this calculation was based (e.g., 15%: based on analysis of state data for those enrolled in the 1931 group in CY 2012). Attach additional pages if necessary. **Note that for groups that need to be converted both for eligibility and FMAP purposes (e.g., childless adults) the same income conversion method/data source (i.e., SIPP or state data) must be used even if the values are different (i.e., the state had a different standard in 2009 than in 2013).**

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Time period: In column C, specify the time period of data that was used, for example: June 2011-May 2012. If a time period other than 12 months was used, please explain why below and summarize the methods used to determine that the time period is unbiased. Attach additional pages if necessary:

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Sampling: In column D, mark yes or no. If yes (the analysis did not include all records in the eligibility group), please provide a detailed explanation below of the sampling approach that was used (i.e., simple random sample, stratified sample, etc.). Please also provide information about the total population and the number of records sampled. Attach additional pages if necessary.

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Net income standard: In column E, specify the net standard that was converted for each eligibility group. This can be located in column B of the document titled “Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan.”

Income band used in conversion: In column F, specify the income band that was used in conversion. This band should reflect the net standard minus 25 percentage points of FPL (or FBR if relevant).<sup>1</sup> For example, if the net standard was 120% FPL, the income band used in conversion would be 95% FPL to 120% FPL. For standards at or below 25% FPL, the income band will include all records—e.g., for a net standard of 18% FPL, the income band used in conversion should be 0-18% FPL. For conversions of fixed dollar thresholds, please specify the income band (expressed as a percentage of FPL or FBR)<sup>1</sup> for each family size.<sup>2</sup> For states using an alternative method, this column should only be filled out if it is applicable (e.g., if the marginal approach was used).

Converted standard: Fill in the converted standard that resulted from your calculations in column G. If your state is using SIPP results for any group in Table 1, this information can be found in column C of the document titled “Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan.” The information in column G will be the values you will use for your FMAP Claiming State Plan Amendment. For the non-institutionalized disabled adult group, indicate in column G whether you used the average or the median disregard from the relevant income band for conversion.<sup>1</sup>

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<sup>1</sup> See “Frequently Asked Questions About MAGI Conversions for FMAP Claiming” for an explanation. Available at <http://www.shadac.org/content/state-resources-converting-medicaid-eligibility-groups-magi>.

<sup>2</sup> See page 14 of *How States Can Implement the Standardized Modified Adjusted Gross Income (MAGI) Conversion Methodology from State Medicaid and CHIP Data* for more information on converting fixed dollar standards to FPL. <http://aspe.hhs.gov/health/reports/2013/MAGIHowTo/rb.cfm>.

**Table 1**

**Part 2 of MAGI Conversion Plan Using State Data**

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
<b>Conversions for FMAP Claiming</b>							
1	Parents/Caretaker Relatives  (Expand number of rows for family size as needed for larger family size standards defined by the state)  <b>Data from Part 1 of Maine’s MAGI Conversion Plan approved on August 26, 2013</b>	No	3/1/2012 through 2/28/2013	No	% FPL _____ 150 _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL ____ 126-150 _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL _____ 208 _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
2	<p>Non-institutionalized disabled adults</p> <p>Data from "Summary of Information for Part 2 of MAGI Conversion Plan"</p>	<u>Yes</u>			<p>% FPL ____100%____</p> <p>% SSI FBR _____</p> <p><u>or</u></p> <p>Dollar Standards Single \$_____ Couple \$_____</p>	<p>%FPL ____N/A____</p> <p>% SSI FBR _____</p> <p><u>or</u></p> <p>Dollar Standards Single_____ Couple_____</p>	<p>% FPL ____102%____</p> <p>% SSI FBR _____</p> <p><u>or</u></p> <p>Dollar Standards Single \$_____ Couple \$_____</p> <p>Conversion based on: __ Average disregard __ Median disregard</p>

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
3	Institutionalized disabled adults  (This is a gross income category: fill in column G only)						% FPL _____  % SSI FBR _____ 300 _____  <u>or</u> Dollar Standards Single _____ Couple _____

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
4	<p>Children age 19 and/or 20</p> <p>Specify age limit as of 12/1/09 (19 or 20):  <u>20</u></p> <p>Data from Part 1 of Maine's MAGI Conversion Plan approved on August 26, 2013</p>	Yes	3/1/2012 through 2/28/2013	No	% FPL <u>150</u> or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL <u>126-150</u> or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL <u>156</u> or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____
5	Childless Adults	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	% FPL <u>N/A</u>	% FPL <u>N/A</u>	% FPL <u>N/A</u>

\*Alternative method states: only fill out column F if applicable.

PRA Disclosure Statement

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