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State/Territory Name: Maine

State Plan Amendment (SPA) #: 18-004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary 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

February 16, 2018

Ricker Hamilton, Commissioner
Department of Health and Human Services
Commissioner's Office
221 State Street
11 State House Station
Augusta, Maine 04333-0011

Dear Commissioner Hamilton:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 18-004 with an effective date of January 1, 2018, 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. The state took this action to reflect an increase in the Supplemental Security Income program Federal benefit rate for 2018.

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257 or at robert.cruz@cms.hhs.gov.

Sincerely,
/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Ron Bansmer, Senior MaineCare Program Manager, Office for Family Independence (via email)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 18-004	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, 2018	
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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR435.232		7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$ 0 b. FFY 2019 \$ 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): REPLACES PAGES OF SAME NUMBER	
10. SUBJECT OF AMENDMENT: MAXIMUM STATE SUPPLEMENT PAYMENTS			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMISSIONER, DEPT. OF HEALTH AND HUMAN SERVICES	
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: HAMILTON RICKER			
14. TITLE: COMMISSIONER, DEPARTMENT OF HEALTH AND HUMAN SERVICES			
15. DATE SUBMITTED: 1/26/18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 1/26/18		18. DATE APPROVED: 2/16/18	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/18		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 CMS and the state agreed to the following pen and ink change to the CMS Form 179: Updated Box 6 from 42 CFR 435.230 to 42 CFR 435.232.			

State: Maine

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS - Y2018

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	1,715.00	2,525.00	760.00	1,140.00	55.00	80.00
Living in household of another		X	1,210.99	1,769.00	508.00	762.00	55.00	80.00
Living in Foster Home		X	1,683.00	2,881.00	799.00	1,398.00	*	*
Living in Licensed Boarding Home (Flat rate)		X	2,019.00	3,515.00	967.00	1,715.00	*	*
Living in Med. Fac. or ICF would receive Supplement Payment if outside facility		X	1,715.00	N/A	760.00	N/A	55.00	*
Living in Med. Fac. or ICF would not receive Supp Pay if outside facility		X	2,250.00	N/A	40.00	N/A	*	*
Living in Licensed Boarding Home (cost reimbursed)		X	2,053.00	3,607.00	984.00	1,761.00	*	*
Living in Licensed Residential Care Facilities		X	1,605.00	2,365.00	760.00	1,140.00	*	*

*All groups received SSI disregards