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State/Territory Name: Maine

State Plan Amendment (SPA) #: 19-0001

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ME - Submission Package - ME2019MS00100 - (ME-19-0001) - Eligibility

- Summary
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CMS-10434 OMB 0938-1188

Package Information

Package ID	ME2019MS00100	Submission Type	Official
Program Name	N/A	State	ME
SPA ID	ME-19-0001	Region	Boston, MA
Version Number	4	Package Status	Approved
Submitted By	Lea Studholme	Submission Date	12/4/2019
Package Disposition		Approval Date	3/2/2020 5:09 PM EST
Priority Code	P2		



Division of Medicaid and Children's Health Operations

March 02, 2020

Jeanne Lambrew
Commissioner
Department of Health and Human Services
11 State House Station

Augusta, ME 04330

Re: Approval of State Plan Amendment ME-19-0001

Dear Jeanne Lambrew:

On December 04, 2019, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME-19-0001 to increase the eligibility thresholds for the state's Medicare Savings Program eligibility groups. This SPA also updates the levels for the Optional State Supplement Beneficiaries eligibility group.

We approve Maine State Plan Amendment (SPA) ME-19-0001 on March 02, 2020 with an effective date(s) of

Reviewable Unit	Effective Date
Non-MAGI Methodologies	January 01, 2020
Mandatory Eligibility Groups	January 01, 2020
Qualified Medicare Beneficiaries	February 01, 2020
Specified Low Income Medicare Beneficiaries	February 01, 2020
Qualifying Individuals	February 01, 2020
Optional Eligibility Groups	January 01, 2020
Optional State Supplement Beneficiaries	January 01, 2020

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Robert Cruz at robert.cruz@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program
Operations
Medicaid & CHIP Operations Group
Division of Medicaid and Children's
Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Package Header

Package ID	ME2019MS00100	SPA ID	ME-19-0001
Submission Type	Official	Initial Submission Date	12/4/2019
Approval Date	3/2/2020	Effective Date	N/A

Superseded SPA ID N/A

State Information

State/Territory Name: Maine

Medicaid Agency Name: Office of MaineCare Services

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Package Header

Package ID	ME2019MS00100	SPA ID	ME-19-0001
Submission Type	Official	Initial Submission Date	12/4/2019
Approval Date	3/2/2020	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID ME-19-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Non-MAGI Methodologies	1/1/2020	New
Mandatory Eligibility Groups	1/1/2020	ME-19-0005
Qualified Medicare Beneficiaries	2/1/2020	10-005; 12-010A; 13-016
Specified Low Income Medicare Beneficiaries	2/1/2020	10-005; 12-010A;13-016
Qualifying Individuals	2/1/2020	10-005; 12-010A; 13-016
Optional Eligibility Groups	1/1/2020	ME 13-0018
Optional State Supplement Beneficiaries	1/1/2020	18-004

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Attachment 2.2-A:

- page 9b A. 25.
- page 9b1 A. 27.
- page 9b1 A. 28.

Attachment 2.6-A:

- page 2, 2.c.
- pages 12 -12a, C.1.f. and g. (2)
- page 20, C.5.h
- page 22, C.8
- page 25, 11. b.

Supplement 6

Supplement 8a and 8b

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Package Header

Package ID	ME2019MS00100	SPA ID	ME-19-0001
Submission Type	Official	Initial Submission Date	12/4/2019
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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This SPA increases the income eligibility levels (FPLs) for the Medicare Savings Programs and updates the income standards for Maine's Optional State Supplement payments levels to reflect the increase in the Supplementary Security Income Federal benefit rate.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$8657799
Second	2021	\$34138869

Federal Statute / Regulation Citation

1902(a)(10)(E)
1905(p)
42 CFR 435.232

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Package Header

Package ID ME2019MS00100
Submission Type Official
Approval Date 3/2/2020
Superseded SPA ID N/A

SPA ID ME-19-0001
Initial Submission Date 12/4/2019
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

- The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs


Date of solicitation/consultation:	Method of solicitation/consultation:
11/5/2019	The proposed Medicare Savings Program FPL adjustments and plans to update the Optional State Supplement income standards due to the SSI Cost of Living Adjustments was discussed during the MaineCare Tribal Consultation Call. Follow up letters were sent to the tribes following the call.

- All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
November 2019 agenda	12/27/2019 10:16 AM EST	

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Package Header

Package ID	ME2019MS00100	SPA ID	ME-19-0001
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Approval Date	3/2/2020	Effective Date	1/1/2020
Superseded SPA ID	New		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

Yes

No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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Package ID	ME2019MS00100	SPA ID	ME-19-0001
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Superseded SPA ID	New		
	User-Entered		

C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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Superseded SPA ID	New User-Entered		

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No
- a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
- b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
- c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
- d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
- e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
- f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
- g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
- h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)

4. The state uses the same definition of family size for the selected FPL eligibility groups.

- Yes
- No

Age and Disability-Related Poverty Level

5. The following family size definition is used for this eligibility group:

- a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.
- b. The state uses another definition of family.

Name of other definition:	Description:
Disabled children	Income and resources from parents are counted for an individual if they are under the age 18 and living at home. Deeming from parents to a disabled child stops the month after the child reaches age 18 or the month after the child no longer resides with the parents.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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Superseded SPA ID	New		
	User-Entered		

E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
 No

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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Superseded SPA ID	New		
	User-Entered		

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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Superseded SPA ID	ME-19-0005		
	User-Entered		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001


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	User-Entered		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

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Superseded SPA ID	10-005; 12-010A; 13-016 User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Package Header

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Superseded SPA ID	10-005; 12-010A; 13-016		
	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

FPL 100.00%

and

FPL 150.00%

Income from household members is disregarded.

Income of the spouse is disregarded.

Description: Disregard from the income deemed from the ineligible spouse an amount equal to the Supplemental Security Income ineligible child allocation amount.

General income disregard:

Name of disregard:	Description:
Dependent Child Allocation	The eligible couple or eligible individual and/or spouse will allocate income up to the SSI/State Supplement child living allowance to each child residing with them and for whom they are financial responsible. The amount of income allocated will be the difference between the child's countable income and the child living allowance.

A specified type of income is disregarded:

Name of income type:	Description:
Individual Development Account	All otherwise countable income deposited in an IDA funded under the Assets for Independence Act is excluded. All otherwise countable income deposited in an IDA authorized under section 404 is excluded. Interest earned on an IDA is also excluded.
In-Kind	Income in-kind is excluded.

Specified less restrictive methodologies are used for the treatment of changes in income:

Name of methodology:	Description:
Social Security & Railroad Retirement COLA	When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level COLA adjustments cause ineligibility, disregard the most recent Social Security/Railroad Retirement COLA increase. The disregard continues until the individual loses coverage for any other reason for three (3) consecutive months.

The following less restrictive methodologies are used:

Name of methodology:	Description:
COLA	If an individual receives a Title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a Title II COLA is not counted as income during a "transition period" beginning with January, when the Title II benefit for December is received, and ending with the last day of the month following the month of publication of a revised annual Federal Poverty Level. For individuals with Title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period. For individuals not receiving Title II income the revised poverty levels are effective no later than the date of publication.
Federal and State Disregards	Methodologies used in treating income will be the same as used by the cash programs and include a \$55 per individual/\$80 per couple state disregard.
Children Attending School with Earnings	The first \$1640 per month of earned income, not to exceed \$6660 per calendar year, is excluded for a student attending school regularly as defined by the learning institution.

3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
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Name of disregard:	Description:
MSP Liquid Assets	Disregard all countable liquid resources up to \$50,000 for an individual or up to \$75,000 for a couple. Non-liquid assets are excluded.
Savings Exclusion	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..

A specified type of resource is disregarded:

Name of resource type:	Description:
Individual Development Accounts (IDA)	All funds in IDA accounts funded under the Assets for Independence Act are excluded.
Resources for Payment of Legal Debt	Exclude the portion of resources drawn by voucher to encumber funds for the express purpose for payment of a legal debt.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Any Day of the Month	If the individual's or couple's countable assets are below the applicable asset limit on any day during the month, the individual or couple meets the asset qualifications for the entire month.

Qualified Medicare Beneficiaries

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C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

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Superseded SPA ID	10-005; 12-010A;13-016 User-Entered		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

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	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

FPL 120.00%
and
FPL 170.00%

Income from household members is disregarded.

Income of the spouse is disregarded.

Description: Disregard from the income deemed from the ineligible spouse an amount equal to the Supplemental Security Income ineligible child allocation amount.

General income disregard:

Name of disregard:	Description:
Dependent Child Allocation	The eligible couple or individual and/or spouse will allocate income up to the SSI/State Supplement child living allowance to each child residing with them and for whom they are financially responsible. The amount of income allocated will be the difference between the child's countable income and the child living allowance.

A specified type of income is disregarded:

Name of income type:	Description:
Individual Development Account	All otherwise countable income deposited in an IDA funded under the Assets for Independence Act is excluded. All otherwise countable income deposited in an IDA authorized under section 404 is excluded. Interest earned on an IDA is also excluded.
In-Kind	Income in-kind will be excluded.

Specified less restrictive methodologies are used for the treatment of changes in income:

Name of methodology:	Description:
Social Security & Railroad Retirement COLA	<p>When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level adjustments cause ineligibility, disregard the most recent Social Security/Railroad Retirement COLA increase.</p> <p>The disregard continues until the individual loses coverage for any other reason for three (3) consecutive months.</p>

The following less restrictive methodologies are used:

Name of methodology:	Description:
COLA	<p>If an individual receives a Title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a Title II COLA is not counted as income during a "transition period" beginning with January, when the Title II benefit for December is received, and ending with the last day of the month following the month of publication of a revised annual Federal Poverty Level.</p> <p>For individuals with Title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.</p> <p>For individuals not receiving Title II income the revised poverty levels are effective no later than the date of publication.</p>
Federal & State Disregards	<p>Methodologies used in treating income will be the same as used by the cash programs and include a \$55 per individual/\$80 per couple state disregard.</p>
Children Attending School with Earnings	<p>The first \$1640 per month of earned income, not to exceed \$6660 per calendar year, is excluded for a student attending school regularly as defined by the learning institution.</p>

3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
--------------------	--------------

Name of disregard:	Description:
MSP Liquid Assets	Disregard all countable liquid resources up to \$50,000 for an individual or up to \$75,000 for a couple. Non-liquid assets are excluded.
Savings Exclusion	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..

A specified type of resource is disregarded:

Name of resource type:	Description:
Individual Development Accounts (IDA)	All funds in IDA accounts funded under the Assets for Independence Act are excluded.
Resources for Payment of Legal Debt	Exclude the portion of resources drawn by voucher to encumber funds for the express purpose for payment of a legal debt.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Any Day of the Month	If the individual's or couple's countable assets are below the applicable asset limit on any day during the month, the individual or couple meets the asset qualifications for the entire month.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Package Header

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Superseded SPA ID	10-005; 12-010A;13-016		
	User-Entered		

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Package Header

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

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Superseded SPA ID	10-005; 12-010A; 13-016		
	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The difference between one income standard and another is disregarded.

- Between the following percentages of the FPL:
- Between the medically needy income limit and a percentage of the FPL:
- Between the SSI Federal Benefit Rate and:
- Between other income standards:

FPL 135.00%

and

FPL 185.00%

Income from household members is disregarded.

Income of the spouse is disregarded.

Description: Disregard from the income deemed from the ineligible spouse an amount equal to the Supplemental Security Income ineligible child allocation amount.

General income disregard:

Name of disregard:	Description:
Dependent Child Allocation	The eligible couple or individual and/or spouse will allocate income up to the SSI/State Supplement child living allowance to each child residing with them and for whom they are financially responsible. The amount of income allocated will be the difference between the child's countable income and the child living allowance.

A specified type of income is disregarded:

Name of income type:	Description:
Individual Development Account	All otherwise countable income deposited in an IDA funded under the Assets for Independence Act is excluded. All otherwise countable income deposited in an IDA authorized under section 404 is excluded. Interest earned on an IDA is also excluded.
In-Kind	Income in-kind will be excluded.

Specified less restrictive methodologies are used for the treatment of changes in income:

Name of methodology:	Description:
Social Security & Railroad Retirement COLA	<p>When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level adjustments cause ineligibility, disregard the most recent Social Security/Railroad Retirement COLA increase.</p> <p>The disregard continues until the individual loses coverage for any other reason for three (3) consecutive months.</p>

The following less restrictive methodologies are used:

Name of methodology:	Description:
Children Attending School with Earnings	The first \$1640 per month of earned income, not to exceed \$6660 per calendar year, is excluded for a student attending school regularly as defined by the learning institution.
COLA	<p>If an individual receives a Title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a Title II COLA is not counted as income during a "transition period" beginning with January, when the Title II benefit for December is received, and ending with the last day of the month following the month of publication of a revised annual Federal Poverty Level.</p> <p>For individuals with Title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.</p> <p>For individuals not receiving Title II income the revised poverty levels are effective no later than the date of publication.</p>
Federal & State Disregards	Methodologies used in treating income will be the same as used by the cash programs and include a \$55 per individual/\$80 per couple state disregard.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:

Name of disregard:	Description:
MSP Liquid Assets	Disregard all countable liquid resources up to \$50,000 for an individual or up to \$75,000 for a couple. Non-liquid assets are excluded.
Savings Exclusion	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..

A specified type of resource is disregarded:

Name of resource type:	Description:
Individual Development Accounts (IDA)	All funds in IDA accounts funded under the Assets for Independence Act are excluded.
Resources for Payment of Legal Debt	Exclude the portion of resources drawn by voucher to encumber funds for the express purpose for payment of a legal debt.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Any Day of the Month	If the individual's or couple's countable assets are below the applicable asset limit on any day during the month, the individual or couple meets the asset qualifications for the entire month.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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	User-Entered		

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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	User-Entered		

F. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Package Header

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Superseded SPA ID	ME 13-0018		
	User-Entered		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Package Header

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B. Medically Needy Options for Coverage



The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults



Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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	User-Entered		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Individuals who receive an optional state supplementary payment.

Package Header

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Superseded SPA ID	18-004		
	User-Entered		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

Package Header

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Superseded SPA ID	18-004		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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	User-Entered		

C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- Yes
 No

b. Varies by payment classification.

- Yes
 No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
 ii. All individuals who have blindness, regardless of living arrangement.
 iii. All individuals who have a disability, regardless of living arrangement.
 iv. Independent living.

Income Standard

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- v. Living in household of another.

Income Standard

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- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

Name of Classification	Description:
Living in Medical Institution <90 Days	Living in a medical facility for less than 90 days.
Individual	Couple
\$793.00	\$1190.00
Name of Classification	Description:
Living in Medical Institution	In a medical institution for more than 30 consecutive days and expected to remain. Maximum SSI payment \$30.
Individual	Couple
\$40.00	\$60.00
Name of Classification	Description:
Living in a Residential Care Facility	Living in a licensed Residential Care Facility.
Individual	Couple
\$793.00	\$1190.00
Name of Classification	Description:
Living in an Adult Foster Home	Living in a State Adult Foster Home
Individual	Couple
\$832.00	\$1448.00
Name of Classification	Description:
Living in a Flat Rate Boarding Home	Living in a licensed Flat Rate Boarding Home
Individual	Couple
\$1000.00	\$1765.00
Name of Classification	Description:
Living in a CRBH/AFCH	Living in a licensed Cost Reimbursed Boarding Home or Adult Family Care Home
Individual	Couple
\$1017.00	\$1811.00

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00100 | ME-19-0001

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E. Additional Information (optional)

The income standards in D. above reflect the 2020 net income level.

Maine passes along the SSI Cost of Living Adjustments to all supplementary payment levels annually. The net income level is the sum of the current maximum SSI benefit for the living arrangement and maximum State Supplement Payment.

MAXIMUM STATE SUPPLEMENT PAYMENT

Independent Living - \$10 Individual / \$15 Couple
Living in household of another - \$8 Individual / \$12 Couple
Living in a Medical Institution - \$10 Individual/ \$20 Couple
Living in a Residential Care Facility - \$10 Individual / \$15 Couple
Living in Adult Foster Home - \$49 Individual / \$273 Couple
Living in a Flat Rate Boarding Home - \$217 Individual / \$590 Couple
Living in a CRBH/AFCH - \$234 Individual / \$636 Couple
Living in a Medical Institution <90 Days - \$10 Individual/ \$20 Couple

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