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State/Territory Name: Maine

State Plan Amendment (SPA) #: 19-0005

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ME - Submission Package - ME2019MS00120 - (ME-19-0005) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	ME2019MS00120	Submission Type	Official
Program Name	N/A	State	ME
SPA ID	ME-19-0005	Region	Boston, MA
Version Number	2	Package Status	Approved
Submitted By	Lea Studholme	Submission Date	8/9/2019
Package Disposition		Approval Date	10/23/2019 11:47 AM EDT
Priority Code	P2		



Division of Medicaid and Children's Health Operations

October 23, 2019

Jeanne Lambrew
Commissioner
Department of Health and Human Services
11 State House Station
Augusta, ME 04330

Re: Approval of State Plan Amendment ME-19-0005

Dear Jeanne Lambrew:

On August 09, 2019, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME-19-0005 to adjust the State's Transitional Medical Assistance program to provide coverage for a 12-month period to families whose eligibility for Medicaid assistance terminated due to an increase in earned income or employment hours.

We approve Maine State Plan Amendment (SPA) ME-19-0005 on October 23, 2019 with an effective date(s) of 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,
Francis T. McCullough
Director
Division of Medicaid Field Operations
East (Boston)
Division of Medicaid and Children's
Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00120 | ME-19-0005

Package Header

Package ID	ME2019MS00120	SPA ID	ME-19-0005
Submission Type	Official	Initial Submission Date	8/9/2019
Approval Date	10/23/2019	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Superseded SPA ID	N/A		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

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Submission Type	Official	Initial Submission Date	8/9/2019
Approval Date	10/23/2019	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID ME-19-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2020	ME-18-0006
Transitional Medical Assistance	1/1/2020	91-14

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00120 | ME-19-0005

Package Header

Package ID	ME2019MS00120	SPA ID	ME-19-0005
Submission Type	Official	Initial Submission Date	8/9/2019
Approval Date	10/23/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Maine is seeking to adjust its Transitional Medicaid Assistance program to provide coverage for a 12-month period to families whose eligibility for Medicaid assistance terminated due to an increase in earned income or employment hours. This would also eliminate reporting requirements for the second 6 month period and premiums.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$2225622
Second	2021	\$3839970

Federal Statute / Regulation Citation

Section 1396r-6, Subsection (a), Paragraph (5)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00120 | ME-19-0005

Package Header

Package ID ME2019MS00120
Submission Type Official
Approval Date 10/23/2019
Superseded SPA ID N/A

SPA ID ME-19-0005
Initial Submission Date 8/9/2019
Effective Date N/A

Governor's Office Review

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

Submission - Public Comment

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SPA ID ME-19-0005
Initial Submission Date 8/9/2019
Effective Date N/A

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

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS0012O | ME-19-0005

Package Header

Package ID ME2019MS0012O
Submission Type Official
Approval Date 10/23/2019
Superseded SPA ID N/A

SPA ID ME-19-0005
Initial Submission Date 8/9/2019
Effective Date 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

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations:

Transitional Medicaid Assistance is already an offered benefit for a 12 month period with reports. This request removes the need for reports and premiums.

This anticipated change was discussed during the MaineCare Monthly Tribal Consultation Call on August 6, 2019.

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00120 | ME-19-0005









Package Header

Package ID	ME2019MS00120	SPA ID	ME-19-0005
Submission Type	Official	Initial Submission Date	8/9/2019
Approval Date	10/23/2019	Effective Date	1/1/2020
Superseded SPA ID	ME-18-0006		
	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 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 checked="" 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 type="checkbox"/>	<input checked="" type="radio"/>	NEW
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 type="checkbox"/>	<input checked="" type="radio"/>	NEW

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 type="checkbox"/>	<input checked="" type="checkbox"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00120 | ME-19-0005


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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

Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | ME2019MS00120 | ME-19-0005

Families with Medicaid eligibility extended for up to 12 months because of earnings.

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The state covers the mandatory transitional medical assistance group in accordance with the following provisions:

A. Characteristics

1. An individual qualifying under this eligibility group must meet one of the following criteria:
 - a. Lost coverage under the parents and other caretaker relatives group (42 CFR 435.110) due to work hours or income from employment, or
 - b. Is the child of a parent or caretaker relative described in A.1.a.
2. In accordance with the requirements described in section 1925 of the Act, and in this reviewable unit, the state provides extended Medicaid eligibility, as follows:
 - a. The initial extended eligibility period is for 6 months, followed by a second extended eligibility period of 6 months.
 - b. The initial extended eligibility period is for 12 months, with no second extended eligibility period.

Transitional Medical Assistance

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B. Individuals Covered

1. Parents or other caretaker relatives

a. A parent or other caretaker relative must meet the following criteria to qualify for an initial extended eligibility period:

i. Was eligible and enrolled in the parents and other caretaker relatives eligibility group, during the six months immediately preceding the month that eligibility was lost, for at least:

- (1) 1 month
- (2) 2 months
- (3) 3 months

ii. Lost eligibility under the parents and other caretaker relatives eligibility group because:

(1) The earnings of a parent or caretaker relative caused household income to exceed the income standard of that group; or

(2) The hours of employment of a parent or caretaker relative resulted in the individual no longer being considered to have a dependent child (as described in 42 CFR 435.4 and the Parents and Other Caretaker Relatives RU).

iii. Continues to live with a child.

2. A child qualifying under this eligibility group must meet all of the following requirements:

a. Lives with a parent or other caretaker relative who is eligible under this eligibility group.

b. Is not eligible for the infants and children under age 19 eligibility group (42 CFR 435.118).

Transitional Medical Assistance

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C. Initial Extended Eligibility Period

1. Income/Resource Standard Used

There is no income or resource standard.

2. Medical Assistance Provided

- a. The amount, duration, and scope of coverage provided is the same as that provided to parents and caretaker relatives enrolled in the parents and other caretaker relatives eligibility group and to children enrolled in the eligibility group for infants and children under age 19.
- b. The state's election to provide premium assistance for employer sponsored coverage is described in the benefits section of the state plan.

3. Termination of Extension

- a. If the family ceases to include a child, the initial extension of eligibility will end prior to the scheduled end date. In such cases, eligibility is terminated at the close of the first month in which the family no longer includes a child.
- b. Termination of eligibility will occur in accordance with all requirements described in the Eligibility Process RU.

Transitional Medical Assistance

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F. Additional Information (optional)

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