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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

March 20, 2014

Mary Mayhew, Commissioner Department of Health and Human Services 11 State House Station Augusta, Maine 04333-0011

RE: Maine 13-0028-MM5

Dear Commissioner Mayhew:

Enclosed is an approved copy of Maine's State Plan Amendment (SPA) 13-0028-MM5, which was submitted to CMS on September 16, 2013. SPA 13-0028-MM5, approved on December 13, 2013, updates residency language in the State Plan and affirms that the state meets the requirements of 42 CFR §435.403 and provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the new State Plan page to be incorporated within a separate section at the back of Maine's approved State Plan:

S88, pages 1 - 4

In addition, enclosed is a summary of State Plan pages which are superseded by ME 13-0028-MM5; this document should be incorporated into a separation section in the front of the State Plan.

If you have any questions regarding this SPA, please contact Kathryn Holt, Maine State Lead, at 617/565-1246, or at kathryn.holt@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services

SUPERSEDING PAGES OF STATE PLAN MATERIAL							
TRANSMITTAL NUMBER:	STATE:						
ME-13-0028 MM5	Maine						
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):						
S88 Non-Financial Eligibility- State Residency Attachment 2.6-A, Page 3	(New) Attachment 2.6-A, Page 3, TN 13-0029 MM6						



Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name:

Maine

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

ME-13-0028

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435,403

Federal Budget Impact

Federal Fiscal Year

Amount

First Year

2014

\$ 0.00

Second Year 2015

\$ 0.00

Subject of Amendment

To ensure compliance with the Affordable Care Act

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Commissioner, Maine Department of Health and Human Services

Signature of State Agency Official

Submitted By:

Reinhold Bansmer

Last Revision Date:

Dec 12, 2013

Submit Date:

Sep 16, 2013



DATE APPROVED:		
12/13/13		
VED – ONE COPY ATTACHED		
SIGNATURE OF REGIONAL OFFICIAL:		
/s/		
TITLE		
Associate Regional Administrator, Division of		
Medicaid and Children's Health Operations, Boston		
Regional Office		

OFFICIAL



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

		One Displaced date 10/2	., 20.
		inancial Eligibility Residency	S88
12 (CFR	2 435.403	
Sta	te R	Residency	
√		e state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under tain conditions.	
	Ind	lividuals are considered to be residents of the state under the following conditions:	
		Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:	•
		■ Intends to reside in the state, including without a fixed address, or	
		■ Entered the state with a job commitment or seeking employment, whether or not currently employed.	
		Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.	1
		Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:	
		Residing in the state, with or without a fixed address, or	
		The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.	
		Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:	
		Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behavior resides in the state, or	alf
		Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual placement, or	al's
		If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.	
		Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the statunless another state made the placement.	te,
		Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.	
		Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed i institution by another state.	n the
		IV-E eligible children living in the state, or	

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Effective Date: 1/1/14





Medicaid Eligibility

Otherwise meet the requirements of 42 CFR 435.403.

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Medicaid Eligibility

Yes (No					
■ The s	state has interstate agreeme	ents with the followi	ing selected stat	tes:		
\boxtimes /	Alabama			Montana		
\boxtimes A	Alaska			Nebraska	South Carolina	
\boxtimes A	Arizona	⊠ lowa	\boxtimes	Nevada	South Dakota	
\boxtimes A	Arkansas	⊠ Kansas	\boxtimes	New Hampshire	▼ Tennessee	
\boxtimes	California			New Jersey	▼ Texas	
\boxtimes	Colorado	■ Louisiana	\boxtimes	New Mexico	Utah	
\boxtimes	Connecticut	⊠ Maine		New York	∨ Vermont	
⊠ [Delaware	Maryland	\boxtimes	North Carolina	∨irginia	
X [District of Columbia	Massachusetts	\boxtimes	North Dakota		
⊠ F	Florida	Michigan	\boxtimes	Ohio	West Virginia	
\boxtimes	Georgia	Minnesota	\boxtimes	Oklahoma		
⊠ F	Hawaii	Mississippi	\boxtimes	Oregon		
⊠ 1	daho		\boxtimes	Pennsylvania		
status A A A	s and criteria for resolving Are IV-E eligible Are in the state only for the Are out of the state only fo Retain addresses in both sta	disputed residency of epurpose of attending the purpose of attending	of individuals w		nding resolution of their re	sider
	Other type of individual		T			
	Name of Non-IV-E Adopted chil		Description Maine applies the same criteria and procedures of the		\vdash	
i	+ Non-IV-E Adopted children			ICAMA Interstate Agreement to children who are not IV-E eligible.		





Medicaid Eligibility

Provide a description of the policy:

An individual under age 21 who is a full-time student in the State of Maine will not be considered a resident of Maine if all of the following conditions exist:

- neither of the individual's parents reside in the State of Maine;
- the individual is claimed as a tax dependent by someone who resides in a state other than Maine; and
- the individual is applying for coverage on his or her own behalf.
- Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

Provide a description of the definition:

An individual can be temporarily or voluntarily absent from the State of Maine provided the individual intends to return once the purpose of the absence has been accomplished, unless another state has determined the individual is a resident there.

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 40 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.

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Effective Date: 1/1/14