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State/Territory Name: Maine

State Plan Amendment (SPA) #: ME-16-0017

This file contains the following documents in the order listed:

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- 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

October 12, 2016

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

Dear Commissioner Mayhew:

Enclosed is an approved copy of Maine's State Plan Amendment (SPA) 16-0017 which was submitted to CMS on August 9, 2016. SPA 16-0017 revises how the household size and household income are calculated for an individual who requests coverage for family planning services.

If you have any questions regarding this SPA, please contact Robert Cruz 617-565-1257, or at Robert.cruz@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Stefanie Nadeau, Director, Office of Maine Care Services
Sam Senft, Policy Director, MaineCare Services
Ron Bansmer, Senior MaineCare Program Manager, Office for Family Independence

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-16-017

Proposed Effective Date

10/01/2016 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(10)(A)(ii)(XXI); 42 CFR 435.214

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$0.00
Second Year	2017	\$0.00

Subject of Amendment

Change in income eligibility and household composition rules for the optional coverage group for individuals eligible for family planning services

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, Department of Health and Human Services

Signature of State Agency Official

Submitted By: **Reinhold Bansmer**

Last Revision Date: **Aug 9, 2016**

Submit Date: **Aug 9, 2016**

Date Received: 8/9/16

Plan Approved - One Copy Attached

Effective Date of Approved Material: 10/1/16

Date Approved: 10/12/16
Signature of Regional Official: /s/

Typed Name: Richard McGreal

Division of Medicaid and Children's Health Operations
Boston Regional Office



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: ME - 16 - 0017

Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services

S59

1902(a)(10)(A)(ii)(XXI)
42 CFR 435.214

Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

Yes No

The state attests that it operates this eligibility group in accordance with the following provisions:

The individual may be a male or a female.

Income standard used for this group

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is the highest of the following:

The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.

The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.

The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.

The state's current effective income level for pregnant women under a CHIP 1115 demonstration.

The amount of the maximum income standard is: % FPL

Income standard chosen

The state's income standard used for this eligibility group is:

The maximum income standard

Another income standard less than the maximum standard allowed.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

In determining eligibility for this group, the state uses the following household size:



Medicaid Eligibility

- All of the members of the family are included in the household
- Only the applicant is included in the household
- The state increases the household size by one
- In determining eligibility for this group, the state uses the following income methodology:
- The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).
 - The state considers only the income of the applicant.
- Benefits for this eligibility group are limited to family planning and related services described in the Benefit section.
- Presumptive Eligibility
- The state makes family planning services and supplies available to individuals covered under this group when determined presumptively eligible by a qualified entity.
- Yes No

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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