

## **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 18-0006**

This file contains the following documents in the order listed:

- 1) Approval Letters
- 2) Summary Form
- 3) Approved SPA Pages



## **Boston Regional Operations Group**

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April 3, 2019

Jeanne Lambrew, Commissioner  
Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0011

Dear Commissioner Lambrew:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Maine's State Plan Amendments (SPAs) relating to Medicaid Expansion: (1) 18-0006, Adult Group Eligibility; (2) 18-0007 Federal Medical Assistance Percentage (FMAP) Rates for Medicaid Expansion; and (3) 18-0031, Alternative Benefit Plan (ABP). As described in this letter, CMS is approving these SPAs. In addition to this approval letter and related approval documents, a letter from the Center for Medicaid & CHIP Services Director Chris Traylor is included in these materials regarding Federal financial participation policies for these SPAs.

### **ME 18-006: Adult Group**

This SPA proposes that the adult group described in Title 42 of the Code of Federal Regulations (CFR) §435.119 will be covered, effective July 2, 2018. The adult group will include non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, and are not entitled to or enrolled for Part A or B Medicare benefits with income at or below 133% FPL. This SPA was submitted to CMS on September 4, 2018.

This SPA is acceptable. Therefore, we are approving SPA 18-0006 with an effective date of July 2, 2018. The approved documents are in the MACPro portal.

### **ME 18-0007: FMAP**

This SPA describes the methodology used by the state for determining the appropriate FMAP rate, including any increased FMAP rates, available under the provisions of the Affordable Care Act applicable for the medical assistance expenditures under the Medicaid program associated with enrollees in the new adult group adopted by the state and described in Title 42 of the Code of Federal Regulations (CFR) §435.119. This SPA was submitted to CMS on September 4, 2018.

Based on the information provided, Maine SPA 18-0007 is approved with an effective date of July 2, 2018. Enclosed are the approved SPA pages and signed CMS-179 form.

## **ME 18-0031: ABP**

This SPA proposes an Alternative Benefit Plan that will align benefits between the ABP and amendments to Attachment 3.1A. The population group for this ABP includes only the adult group under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing State Plan pages, and (if applicable) managed care service delivery systems (waivers and contracts). Amendments to the State's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved State Plan will be mirrored in the ABP. This SPA was submitted on December 21, 2018.

Based on the information provided, Maine SPA 18-0031 is approved with an effective date of October 1, 2018. Approved pages are in the MMDL repository. Please note that attached to this letter is a same-page review letter regarding premium assistance.

### **Continued Focus on Program Integrity**

CMS appreciated the opportunity to discuss our informal questions and recommendations related to Maine's eligibility and FMAP SPAs and responses to the Request for Additional Information (RAI). The additional information has provided CMS with valuable insight into Maine's program integrity function and Medicaid expansion oversight activities.

CMS plans to maintain regular communications and a collaborative partnership with the state, including the provision of program integrity-related technical assistance and guidance throughout the Medicaid expansion implementation process as needed. As part of the partnership, CMS would appreciate Maine's willingness to provide the comprehensive plan to perform oversight activities to ensure beneficiary eligibility and other determinations are accurate and appropriate FMAP claiming occurs once the plan has been developed. As discussed during the January 29, 2019 call, a strong oversight plan should include ongoing audits and/or independent reviews of Maine's program integrity function outside of PERM and federally mandated audits, robust sampling methodologies and processes to ensure all findings have been corrected.

If you have any questions or would like technical assistance in the planning, implementation and evaluation of your program integrity and oversight activities, please contact Jennifer Dupee by e-mail at [Jennifer.Dupee@cms.hhs.gov](mailto:Jennifer.Dupee@cms.hhs.gov) or by phone at (410) 786-6537.

If you have any questions regarding these SPAs, please contact Program Branch Chief Kathryn Holt at [kathryn.holt@cms.hhs.gov](mailto:kathryn.holt@cms.hhs.gov) or at (617) 565-1246.

Sincerely,

Francis T.

Mccullough -S

Digitally signed by  
Francis T. Mccullough -S  
Date: 2019.04.03  
14:27:55 -04'00'

Francis T. McCullough

Director

Division of Medicaid Field Operations East (Boston)

Regional Operations Group

Center for Medicaid and CHIP Services

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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April 3, 2019

Jeanne Lambrew  
Commissioner  
Department of Health and Human Services  
221 State Street  
Augusta, ME 04333-0011

Dear Commissioner Lambrew:

As noted in the State Plan Amendment (SPA) approval package, the Centers for Medicare & Medicaid Services (CMS) has reviewed and is approving Maine's SPAs related to Medicaid expansion: (1) 18-0006, Adult Group Eligibility; (2) 18-0007 Federal Medical Assistance Percentage (FMAP) Rates for Medicaid Expansion; and (3) 18-0031, Alternative Benefit Plan (ABP). The Adult Group Eligibility and FMAP SPAs will have a July 2, 2018 effective date and the ABP SPA will have an October 1, 2018 effective date.

While the ABP SPA submitted on December 2, 2018, is not effective until October 1, 2018, CMS has determined that benefits under the State plan in effect on July 2, 2018, fully satisfy the ABP requirements in section 1937 of the Social Security Act. While the new adult group will be covered under the separate ABP effective October 1, 2018, because section 1937 requirements are satisfied by the benefits under the State plan in effect when the adult group was made eligible in a SPA effective July 2, 2018, the condition in section 1903(i)(26) for receiving FFP in payments for services furnished to members of the new adult group was satisfied on July 2, and FFP will be available in payments for Medicaid covered services received by these individuals between July 2 and October 1 in this case, notwithstanding the absence of an approved ABP SPA effective during this period.

If you have any questions please feel free to contact me at 410-786-3870.

Sincerely,

/S/

Chris Traylor  
Deputy Administrator and Director

## Package Information

<b>Package ID</b>	ME2018MS00090	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	ME
<b>SPA ID</b>	ME-18-0006	<b>Region</b>	Boston, MA
<b>Version Number</b>	4	<b>Package Status</b>	Approved
<b>Submitted By</b>	Esther Bullard	<b>Submission Date</b>	9/4/2018
<b>Package Disposition</b>		<b>Approval Date</b>	4/3/2019 2:16 PM EDT
<b>Priority Code</b>	P2		



## Division of Medicaid and Children's Health Operations

Jeanne Lambrew  
Commissioner  
Department of Health and Human Services  
221 State Street  
Augusta, ME 04333-0011

Re: Approval of State Plan Amendment ME-18-0006

Dear Jeanne Lambrew:

On September 04, 2018, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME-18-0006 to cover the adult group described in Title 42 of the Code of Federal Regulations (CFR) §435.119, effective July 2, 2018. The adult group will include non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, and are not entitled to or enrolled for Part A or B Medicare benefits with income at or below 133% FPL.

We approve Maine State Plan Amendment (SPA) ME-18-0006 on April 03, 2019 with an effective date(s) of July 02, 2018.

### Continued Focus on Program Integrity

CMS appreciated the opportunity to discuss our informal questions and recommendations related to Maine's eligibility and FMAP SPAs and responses to the Request for Additional Information (RAI). The additional information has provided CMS with valuable insight into Maine's program integrity function and Medicaid expansion oversight activities.

CMS plans to maintain regular communications and a collaborative partnership with the state, including the provision of program integrity-related technical assistance and guidance throughout the Medicaid expansion implementation process as needed. As part of the partnership, CMS would appreciate Maine's willingness to provide the comprehensive plan to perform oversight activities to ensure beneficiary eligibility and other determinations are accurate and appropriate FMAP claiming occurs once the plan has been developed. As discussed during the January 29, 2019 call, a strong oversight plan should include ongoing audits and/or independent reviews of Maine's program integrity function outside of PERM and federally mandated audits, robust sampling methodologies and processes to ensure all findings have been corrected.

If you have any questions or would like technical assistance in the planning, implementation and evaluation of your program integrity and oversight activities, please contact Jennifer Dupee by e-mail at [Jennifer.Dupee@cms.hhs.gov](mailto:Jennifer.Dupee@cms.hhs.gov) or by phone at (410) 786-6537.

Name	Date Created	
No items available		

If you have any questions regarding this amendment, please contact Robert Cruz at 6175154370 or [robert.cruz@cms.hhs.gov](mailto:robert.cruz@cms.hhs.gov).

Sincerely,  
Francis T. McCullough  
Acting Director  
Regional Operations Group-East  
Division of Medicaid and Children's  
Health Operations

Package Header

Package ID ME2018MS0009O  
Submission Type Official  
Approval Date 4/3/2019  
Superseded SPA ID N/A

SPA ID ME-18-0006  
Initial Submission Date 9/4/2018  
Effective Date 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 | ME2018MS0009O | ME-18-0006

### Package Header

<b>Package ID</b>	ME2018MS0009O	<b>SPA ID</b>	ME-18-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/4/2018
<b>Approval Date</b>	4/3/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** ME-18-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Financial Eligibility Requirements for Non-MAGI Groups	7/2/2018	New
Mandatory Eligibility Groups	7/2/2018	New
Adult Group	7/2/2018	ME-13-0018-MM1



# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2018MS0009O | ME-18-0006

## Package Header

Package ID	ME2018MS0009O	SPA ID	ME-18-0006
Submission Type	Official	Initial Submission Date	9/4/2018
Approval Date	4/3/2019	Effective Date	N/A
Superseded SPA ID	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** Establish a coverage group for adults between the ages of 19 and 64 who do not otherwise have a coverage group (formerly CMS form S32).

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$8848297
Second	2019	\$495418267

### Federal Statute / Regulation Citation

1902(a)(10)(A)(i)(VIII)  
42 CFR 435.119

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2018MS0009O | ME-18-0006

### Package Header

<b>Package ID</b>	ME2018MS0009O	<b>SPA ID</b>	ME-18-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/4/2018
<b>Approval Date</b>	4/3/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | ME2018MS00090 | ME-18-0006

## Package Header

<b>Package ID</b>	ME2018MS00090	<b>SPA ID</b>	ME-18-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/4/2018
<b>Approval Date</b>	4/3/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | ME2018MS00090 | ME-18-0006

## Package Header

<b>Package ID</b>	ME2018MS00090	<b>SPA ID</b>	ME-18-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/4/2018
<b>Approval Date</b>	4/3/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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**

- ☒ 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, 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


<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
9/3/2018	Letter via email

☐ 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	
Tribal Notice 18-0006	9/4/2018 10:35 AM EDT	

**Indicate the key issues raised (optional)**

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

# Medicaid State Plan Eligibility

## Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2018MS00090 | ME-18-0006

### Package Header

<b>Package ID</b>	ME2018MS00090	<b>SPA ID</b>	ME-18-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/4/2018
<b>Approval Date</b>	4/3/2019	<b>Effective Date</b>	7/2/2018
<b>Superseded SPA ID</b>	New		
	User-Entered		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

### A. Financial Eligibility Methodologies

☐ The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

### B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

☒ SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

☐ State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

☐ State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

### C. Financial Responsibility of Relatives

☐ The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

### D. Additional Information (optional)

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2018MS00090 | ME-18-0006









### Package Header

<b>Package ID</b>	ME2018MS00090	<b>SPA ID</b>	ME-18-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/4/2018
<b>Approval Date</b>	4/3/2019	<b>Effective Date</b>	7/2/2018
<b>Superseded SPA ID</b>	New		
	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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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 ?
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input 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 ?
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2018MS0009O | ME-18-0006


## Package Header

Package ID	ME2018MS0009O	SPA ID	ME-18-0006
Submission Type	Official	Initial Submission Date	9/4/2018
Approval Date	4/3/2019	Effective Date	7/2/2018
Superseded SPA ID	New		
	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 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

### Adult Group

MEDICAID | Medicaid State Plan | Eligibility | ME2018MS0009O | ME-18-0006

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Not Started	In Progress	Complete
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### Package Header

Package ID	ME2018MS0009O	SPA ID	ME-18-0006
Submission Type	Official	Initial Submission Date	9/4/2018
Approval Date	4/3/2019	Effective Date	7/2/2018
Superseded SPA ID	ME-13-0018-MM1		
	User-Entered		

The state covers the Adult Group in accordance with the following provisions:

### A. Characteristics

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

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

### B. Financial Methodologies

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

### C. Income Standard Used

The amount of the income standard for this group is 133% FPL.

### D. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- ☐ 1. Under age 19, or
- ☒ 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

☐ a. Under age 20

☒ b. Under age 21

## Package Header

<b>Package ID</b>	ME2018MS0009O	<b>SPA ID</b>	ME-18-0006
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## E. Additional Information (optional)

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 0938-1188. 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.

*This view was generated on 4/3/2019 2:35 PM EDT*

