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State/Territory Name: Maine

State Plan Amendment (SPA) #: 20-0008

This file contains the following documents in the order listed:

ME - Submission Package - ME2020MS0006O - (ME-20-0008) - Eligibility

CMS-10434 OMB 0938-1188

Package Information

Package ID	ME2020MS0006O	**Submission Type**	Official
Program Name	N/A	**State**	ME
SPA ID	ME-20-0008	**Region**	Boston, MA
Version Number	4	**Package Status**	Approved
Submitted By	Lea Studholme	**Submission Date**	7/27/2020
Package Disposition		**Approval Date**	9/22/2020 12:48 PM EDT
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street
Room 355
Kansas City, MO 64106

Center for Medicaid & CHIP Services

September 22, 2020

Michelle Probert
Director
Office of MaineCare Services
109 Capitol Street
11 State House Station
Augusta, ME 04330-0011

Re: Approval of State Plan Amendment ME-20-0008

Dear Michelle Probert:

On July 27, 2020, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME-20-0008 to build on Maine's Presumptive Eligibility (PE) program for Pregnant Women to create a PE program for the Family Planning group. The amendment designates entities that furnish health care items and services covered under the state plan as qualified entities to make PE determinations for the Family Planning group..

We approve Maine State Plan Amendment (SPA) ME-20-0008 on September 22, 2020 with an effective date(s) of October 01, 2020.

Name	Date Created	
No items available		

If you have any questions regarding this amendment, please contact Gilson DaSilva at gilson.dasilva@cms.hhs.gov.

Sincerely,

James G. Scott

Director, Division of Program Operations

Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

Package Header

Package ID ME2020MS0006O
SPA ID ME-20-0008
Submission Type Official
Initial Submission Date 7/27/2020
Approval Date 9/22/2020
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Superseded SPA ID N/A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 | ME2020MS0006O | ME-20-0008

Package Header

Package ID ME2020MS0006O

SPA ID ME-20-0008

Submission Type Official

Initial Submission Date 7/27/2020

Approval Date 9/22/2020

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID ME-20-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	10/1/2020	ME-20-0005
Individuals Eligible for Family Planning Services	10/1/2020	ME-16-017
Presumptive Eligibility	10/1/2020	New
Individuals Eligible for Family Planning Services - Presumptive Eligibility	10/1/2020	ME-15-0026

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

Package Header

Package ID ME2020MS0006O

SPA ID ME-20-0008

Submission Type Official

Initial Submission Date 7/27/2020

Approval Date 9/22/2020

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives This SPA creates a presumptive eligibility program for Family Planning Services.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	$0
Second	2021	$0

Federal Statute / Regulation Citation

1902(a)(10)(A)(ii)(XXI)
42 CFR 435.214
1920C

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

Package Header

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Superseded SPA ID	N/A		

Governor's Office Review

- (•) No comment
- ( ) Comments received
- ( ) No response within 45 days
- ( ) Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

Package Header

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Superseded SPA ID	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 | ME2020MS0006O | ME-20-0008

Package Header

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SPA ID ME-20-0008

Submission Type Official

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Effective Date N/A

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:
6/4/2020	MaineCare Monthly Tribal Consultation Call and via letter.

☐ 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	
June 2020 Agenda	7/27/2020 2:42 PM EDT	
FP PE Tribal Letter	7/27/2020 3:25 PM EDT	

Indicate the key issues raised (optional)

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

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

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SPA ID ME-20-0008
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Approval Date 9/22/2020
Effective Date 10/1/2020
Superseded SPA ID ME-20-0005
System-Derived

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		☐	☐	◯	NEW
Reasonable Classifications of Individuals under Age 21		☐	☐	◯	CONVERTED
Children with Non-IV-E Adoption Assistance		☐	☐	◯	CONVERTED
Independent Foster Care Adolescents		☐	☐	◯	NEW
Optional Targeted Low Income Children		☐	☐	◯	NEW
Individuals above 133% FPL under Age 65		☐	☐	◯	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		☐	☐	◯	NEW
Individuals Eligible for Family Planning Services		☐	☐	◯	APPROVED
Individuals with Tuberculosis		☐	☐	◯	NEW
Individuals Electing COBRA Continuation Coverage		☐	☐	◯	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		☐	☐	◯	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					NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules					NEW
Optional State Supplement Beneficiaries					APPROVED
Individuals in Institutions Eligible under a Special Income Level					NEW
PACE Participants					NEW
Individuals Receiving Hospice					NEW
Children under Age 19 with a Disability					NEW
Age and Disability-Related Poverty Level					NEW
Work Incentives					NEW
Ticket to Work Basic					NEW
Ticket to Work Medical Improvements					NEW
Family Opportunity Act Children with a Disability					NEW
Individuals Receiving State Plan Home and Community-Based Services					NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers					NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

Package Header

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Effective Date 10/1/2020
Superseded SPA ID ME-20-0005
System-Derived

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		☐	☐	◯	APPROVED
Medically Needy Children under Age 18		☐	☐	◯	APPROVED

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		☐	☐	◯	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		☐	☐	◯	APPROVED
Medically Needy Parents and Other Caretaker Relatives		☐	☐	◯	APPROVED

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		☐	☐	◯	APPROVED

Optional Eligibility Groups

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Superseded SPA ID	ME-20-0005		
	System-Derived		

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

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

Individuals, regardless of gender, 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.

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Superseded SPA ID	ME-16-017		
	System-Derived		

The state covers the family planning eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are not pregnant

2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan

3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan

4. Have household income that does not exceed the income standard established by the state for this group

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

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Superseded SPA ID	ME-16-017		
	System-Derived		

B. Individuals Covered

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

- (•) Yes
- ( ) No

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

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Superseded SPA ID	ME-16-017 System-Derived		

C. Income Standard Used

1. The state uses the same income standard for all individuals covered.

- (•) Yes
- ( ) No

2. The income standard for this eligibility group is:

209.00% FPL

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

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	System-Derived		

D. Financial Methodologies

1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology used for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.

2. The state uses the same financial methodology for all individuals covered.

- (•) Yes
- ( ) No

3. In determining eligibility for this group, the state includes the following household members:

- ( ) a. All household members
- (•) b. Only the individual

4. In determining eligibility for this group, the state increases the family size by one, counting the individual as two

- ( ) Yes
- (•) No

5. In determining eligibility for this group, the state counts the income of:

- ( ) a. All household members
- (•) b. Only the individual

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

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	System-Derived		

E. Basis for Income Standard - Maximum Income Standard

☐ 1. 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.

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

- ◉ a. The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
- ○ b. The state's current effective income level for pregnant women under a Medicaid 1115 Demonstration.
- ○ c. The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
- ○ d. The state's current effective income level for pregnant women under a CHIP 1115 Demonstration.

3. The amount of the maximum income standard is:

209.00% FPL

F. Family Planning Benefits

Benefits for this eligibility group are limited to family planning and related services described in the Benefit and Payments section of the state plan.

G. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

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Superseded SPA ID New
User-Entered

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Presumptive Eligibility for Children under Age 19	☐	☐	○	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	☐	☐	○	NEW
Presumptive Eligibility for Pregnant Women	☐	☐	○	CONVERTED
Adult Group - Presumptive Eligibility	☐	☐	○	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	☐	☐	○	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	☐	☐	○	APPROVED
Former Foster Care Children - Presumptive Eligibility	☐	☐	○	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	☐	☐	○	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Presumptive Eligibility by Hospitals	☐	☐	●	CONVERTED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

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Superseded SPA ID	New		
	User-Entered		

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

Presumptive Eligibility

Individuals Eligible for Family Planning Services - Presumptive Eligibility

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Superseded SPA ID	ME-15-0026		
	User-Entered		

The state covers family planning services for individuals qualifying for the family planning group under 42 CFR 435.214 when determined presumptively eligible by a qualified entity.

The state also covers medical diagnosis and treatment services that are provided in conjunction with a family planning service in a family planning setting during the presumptive eligibility period.

- (•) Yes
- ( ) No

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.

2. The end date of the presumptive period is the earlier of:

   a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

   b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

3. Periods of presumptive eligibility are limited as follows:

   - ( ) a. No more than one period within a calendar year.
   - ( ) b. No more than one period within two calendar years.
   - ( ) c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
   - (•) d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
   - ( ) e. Other reasonable limitation:

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

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B. Application for Presumptive Eligibility

☐ 1. The state uses a standardized screening process for determining presumptive eligibility.

☐ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
Preg FP PE Application	9/14/2020 11:42 AM EDT	

☐ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

An applicant completes a paper application with the provider, the provider reviews the eligibility information provided and makes a PE determination, the determination is sent to the Office for Family Independence (OFI) via email or fax and OFI enters the eligibility for billing. PE applications are expedited to ensure timely processing.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.214.

2. Household income must not exceed the applicable income standard described at 42 CFR 435.214.

- ◉ a. A reasonable estimate of MAGI-based income is used to determine household income.
- ○ b. Gross income is used to determine household size.

☐ 3. State residency

☐ 4. Citizenship, status as a national, or satisfactory immigration status

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

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D. Qualified Entities

1. The state uses entities, as defined in section 1920C, to determine eligibility presumptively for this eligibility group. These entities must be eligible to receive payment for services under the state's approved Medicaid state plan and determined by the state to be capable of determining presumptive eligibility for this group.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group.

☐ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PE Denial Template	8/25/2020 11:47 AM EDT	
PE Provider Handbook	9/4/2020 2:28 PM EDT	
Preg FP PE Card	9/4/2020 2:28 PM EDT	
PE Worksheet 2020	9/14/2020 11:45 AM EDT	

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS0006O | ME-20-0008

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	User-Entered		

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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 10/5/2020 9:39 AM EDT