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**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 20-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

# ME - Submission Package - ME2020MS00100 - (ME-20-0009) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	ME2020MS00100	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	ME
<b>SPA ID</b>	ME-20-0009	<b>Region</b>	Boston, MA
<b>Version Number</b>	1	<b>Package Status</b>	Approved
<b>Submitted By</b>	Lea Studholme	<b>Submission Date</b>	12/22/2020
<b>Package Disposition</b>		<b>Approval Date</b>	3/19/2021 2:02 PM EDT
<b>Priority Code</b>	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

March 19, 2021

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 20-0009

Dear Michelle Probert,

On December 22, 2020, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME 20-0009 to update the income standards for recipients of Maine's Optional State Supplement Payments.

We approve Maine State Plan Amendment (SPA) ME 20-0009 with an effective date of January 01, 2021.

If you have any questions regarding this amendment, please contact Gilson DaSilva at [gilson.dasilva@cms.hhs.gov](mailto: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 | ME2020MS00100 | ME-20-0009

### Package Header

**Package ID** ME2020MS00100  
**Submission Type** Official  
**Approval Date** 3/19/2021  
**Superseded SPA ID** N/A

**SPA ID** ME-20-0009  
**Initial Submission Date** 12/22/2020  
**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 | ME2020MS00100 | ME-20-0009

### Package Header

<b>Package ID</b>	ME2020MS00100	<b>SPA ID</b>	ME-20-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/22/2020
<b>Approval Date</b>	3/19/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** ME-20-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2021	ME-20-0008
Optional State Supplement Beneficiaries	1/1/2021	ME-19-0001

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS00100 | ME-20-0009

### Package Header

<b>Package ID</b>	ME2020MS00100	<b>SPA ID</b>	ME-20-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/22/2020
<b>Approval Date</b>	3/19/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This SPA updates the income standards for recipients of Maine's Optional State Supplement Payments.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

#### Federal Statute / Regulation Citation

42 CR 435.232

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS00100 | ME-20-0009

### Package Header

**Package ID** ME2020MS00100  
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**Superseded SPA ID** N/A

**SPA ID** ME-20-0009  
**Initial Submission Date** 12/22/2020  
**Effective Date** N/A

### Governor's Office Review

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

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS00100 | ME-20-0009

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<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 | ME2020MS00100 | ME-20-0009

## Package Header

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**Superseded SPA ID** N/A

**SPA ID** ME-20-0009  
**Initial Submission Date** 12/22/2020  
**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:**

This SPA updates the State Supplement income standards due to the annual cost of living adjustments. This routine adjustment to income standards and SPA submission was announced at the Tribal Consultation Call conducted on November 5, 2020.



# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS00100 | ME-20-0009

### Package Header

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<b>Superseded SPA ID</b>	ME-20-0008		
	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<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 
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<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 
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS00100 | ME-20-0009

## Package Header

<b>Package ID</b>	ME2020MS00100	<b>SPA ID</b>	ME-20-0009
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<b>Superseded SPA ID</b>	ME-20-0008		
	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS00100 | ME-20-0009

### Package Header

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	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

### Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS00100 | ME-20-0009

Individuals who receive an optional state supplementary payment.

#### Package Header

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<b>Superseded SPA ID</b>	ME-19-0001		
	System-Derived		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

# Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS00100 | ME-20-0009

## Package Header

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<b>Superseded SPA ID</b>	ME-19-0001		
	System-Derived		

## B. Individuals Covered

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

- Yes  
 No

# Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS00100 | ME-20-0009

## Package Header

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	System-Derived		

## C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

# Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2020MS00100 | ME-20-0009

## Package Header

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	System-Derived		

## D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- Yes  
 No

b. Varies by payment classification.

- Yes  
 No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.  
 ii. All individuals who have blindness, regardless of living arrangement.  
 iii. All individuals who have a disability, regardless of living arrangement.  
 iv. Independent living.

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- v. Living in household of another.

### Income Standard

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- vi. Independent living and receiving non-medical care outside the home.



vii. Living in household of another and receiving non-medical care outside the home.

viii. Living in a domiciliary facility or other group living arrangement.

ix. Other payment classification.

<b>Name of Classification</b>	<b>Description:</b>
Living in Medical Institution <90 Days	Living in a medical facility for less than 90 days.
<b>Individual</b>	<b>Couple</b>
\$804.00	\$1206.00
<b>Name of Classification</b>	<b>Description:</b>
Living in Medical Institution	In a medical institution for more than 30 consecutive days and expected to remain. Maximum SSI payment \$30.
<b>Individual</b>	<b>Couple</b>
\$40.00	\$80.00
<b>Name of Classification</b>	<b>Description:</b>
Living in a Residential Care Facility	Living in a licensed Residential Care Facility.
<b>Individual</b>	<b>Couple</b>
\$804.00	\$1206.00
<b>Name of Classification</b>	<b>Description:</b>
Living in an Adult Foster Home	Living in a State Adult Foster Home
<b>Individual</b>	<b>Couple</b>
\$843.00	\$1464.00
<b>Name of Classification</b>	<b>Description:</b>
Living in a Flat Rate Boarding Home	Living in a licensed Flat Rate Boarding Home
<b>Individual</b>	<b>Couple</b>
\$1011.00	\$1781.00
<b>Name of Classification</b>	<b>Description:</b>
Living in a CRBH/AFCH	Living in a licensed Cost Reimbursed Boarding Home or Adult Family Care Home
<b>Individual</b>	<b>Couple</b>
\$1028.00	\$1827.00

# Optional State Supplement Beneficiaries

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## E. Additional Information (optional)

The income standards in D. above reflect the 2021 net income level.

Maine passes along the SSI Cost of Living Adjustments to all supplementary payment levels annually. The net income level is the sum of the current maximum SSI benefit for the living arrangement and maximum State Supplement Payment.

### MAXIMUM STATE SUPPLEMENT PAYMENT

Independent Living - \$10 Individual / \$15 Couple  
Living in household of another - \$8 Individual / \$12 Couple  
Living in a Medical Institution - \$10 Individual/ \$20 Couple  
Living in a Residential Care Facility - \$10 Individual / \$15 Couple  
Living in Adult Foster Home - \$49 Individual / \$273 Couple  
Living in a Flat Rate Boarding Home - \$217 Individual / \$590 Couple  
Living in a CRBH/AFCH - \$234 Individual / \$636 Couple  
Living in a Medical Institution <90 Days - \$10 Individual/ \$15 Couple

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 3/22/2021 10:31 AM EDT*