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**State/Territory Name: ME**

**State Plan Amendment (SPA) #: 22-0023**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter (delete if not applicable)
- 3) Summary Form (with 179-like data)
- 4) Approved SPA Pages

# ME - Submission Package - ME2022MS0004O - (ME-22-0023) - Eligibility

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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

December 19, 2022

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-22-0023

Dear Michelle Probert,

On May 13, 2022, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME-22-0023 to update Maine's Medicaid application on paper and online.

We approve Maine State Plan Amendment (SPA) ME-22-0023 with an effective date of August 15, 2022.

Please note that this approval is being issued along with a companion letter as attached. Additionally, CMS may issue policy guidance on the collection of gender identity and sexual orientation, including best practices about how to request this information in alternative single, streamlined applications in the future.

Name	Date Created	
<a href="#">ME 22-0023 Companion Letter</a>	12/15/2022 5:33 PM EST	

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 16, 2022

Michelle Probert, Director  
Office of MaineCare Services  
Department of Health and Human Services  
109 Capitol Street, 11 State House Station  
Augusta, Maine 04333-0011

Re: Maine State Plan Amendment (SPA) 22-0023

Dear Ms. Probert:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) ME 22-0023, which was submitted to CMS on May 13, 2022. This approval will be effective as of August 15, 2022. Approval of SPA ME 22-0023 includes approval of the alternative single, streamlined paper application and the alternative multi-benefits paper application.

Until June 2024 and pending implementation of the changes described below, Maine will use an interim alternative single, streamlined online application. The state will revise the online application as described below.

	<b>Necessary Change</b>	<b>Date by which the changes will be completed:</b>
1	The state will modify the application so that questions pertaining to citizenship, residency, retroactive coverage, foster care, disability, and Medicare coverage will not be asked of non-applicant household members.	September 2023
2	The state will modify the application to include text explaining to applicants that they may also designate an organization as an authorized representative, per 42 CFR 435.923.	September 2023
3	The state will modify the application to ensure that AI/AN income is excluded per 42 CFR 435.603.	September 2023
4	The state will modify the application to include “US Nationals” in the question asking if an applicant is a US Citizen. Those who attest to being US Citizens/Nationals will be asked if they have derived or naturalized citizenship, along with the alien and certificate number.	September 2023
5	The state will modify the application to request immigration status consistent with guidance set forth in the webinar deck,	June 2024

	<a href="#">Requirements and Strategies for Updating Your State’s Online Application</a> , including updating the list of immigration statuses presented to align with the eligibility requirements in Maine.	
6	The state will remove questions pertaining to alien sponsors from the application.	November 2023
7	The state will remove the “description of document” request from the application.	November 2023
8	The state will add instructions to the application to indicate that individuals identified at 42 CFR 435.907(a) may sign and submit the application.	February 2023
9	The state will remove the following as an exception for failing to provide an SSN: “refused to provide an SSN”, as required by 42 CFR 435.910(h).  The state will add an option to ensure that someone who cannot recall their SSN may identify themselves, consistent with 42 CFR 435.910(e).	September 2023
10	The state will update the application’s income section consistent with the following: Individuals who do not appear potentially eligible on a non-MAGI basis will not be asked to provide non-MAGI income. Individuals who do appear eligible on a non-MAGI basis may be asked but not required to provide such income on the single streamlined application.	September 2023
11	The state will either remove the living arrangement question from the application or make it optional only for applicants, depending feasibility in the state’s system.	September 2023
12	The state will remove the question, “When did you start getting payment from this income source?” for health coverage only applications.	September 2023
13	The state will modify the question of a pregnancy due date to reflect an “estimated” due date.	September 2023

Please submit the revised changes to CMS for review no later than June 2024. We continue to be available to provide technical assistance. Should you have any questions about this letter, please contact Kirstin Michel at [Kirstin.michel@cms.hhs.gov](mailto:Kirstin.michel@cms.hhs.gov).

Sincerely,

/s/

James G. Scott, Director  
Division of Program Operations

cc: Kristin Merrill, State Plan Manager, Office of MaineCare Services

# ME - Submission Package - ME2022MS00040 - (ME-22-0023) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2022MS00040 | ME-22-0023

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	ME2022MS00040	<b>SPA ID</b>	ME-22-0023
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/13/2022
<b>Approval Date</b>	12/19/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | ME2022MS00040 | ME-22-0023

### Package Header

**Package ID** ME2022MS00040

**SPA ID** ME-22-0023

**Submission Type** Official

**Initial Submission Date** 5/13/2022

**Approval Date** 12/19/2022

**Effective Date** N/A

**Superseded SPA ID** N/A

### SPA ID and Effective Date

**SPA ID** ME-22-0023

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	8/15/2022	ME-13-0025

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2022MS00040 | ME-22-0023

## Package Header

<b>Package ID</b>	ME2022MS00040	<b>SPA ID</b>	ME-22-0023
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<b>Approval Date</b>	12/19/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this SPA is to update Maine's paper and online Medicaid applications.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

### Federal Statute / Regulation Citation

42 CFR 435.907

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2022MS00040 | ME-22-0023

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<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

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 1/10/2023 9:44 AM EST*



# ME - Submission Package - ME2022MS0004O - (ME-22-0023) - Eligibility

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## Medicaid State Plan Eligibility

### General Eligibility Requirements

#### Application

MEDICAID | Medicaid State Plan | Eligibility | ME2022MS0004O | ME-22-0023

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	ME-13-0025		
	System-Derived		

#### A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

##### Name

MaineCare App

**The paper application(s) has been uploaded.**

Document Name	Date Created	
MaineCare App 2022 FINAL 2	12/1/2022 2:57 PM EST	

- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

##### Name

Multiple Program App

**The alternative multi-program paper application(s) has been uploaded.**

Document Name	Date Created	
Multiple Program App 2022 FINAL 2	12/1/2022 2:57 PM EST	

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

# Application

MEDICAID | Medicaid State Plan | Eligibility | ME2022MS00040 | ME-22-0023

## Package Header

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<b>Superseded SPA ID</b>	ME-13-0025		
	System-Derived		

## B. MAGI Online Application


The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

### Name

Online MaineCare Application

**Screenshots or other documentation of the online application(s) has been uploaded.**

Document Name	Date Created	
<a href="#">MaineCare App Screenshots</a>	5/13/2022 8:11 AM EDT	

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

# Application

MEDICAID | Medicaid State Plan | Eligibility | ME2022MS00040 | ME-22-0023

## Package Header

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<b>Superseded SPA ID</b>	ME-13-0025		
	System-Derived		

## C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more applications used to apply for multiple human service programs

### Name

Multiple Program App

**This application for multiple human service programs is the same one used for applicants on the basis of the applicable MAGI standard.**

Yes

No

4. Other alternative applications

# Application

MEDICAID | Medicaid State Plan | Eligibility | ME2022MS00040 | ME-22-0023

## Package Header

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<b>Superseded SPA ID</b>	ME-13-0025		
	System-Derived		

## D. Other than MAGI - Online Application


The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more application used to apply for multiple human service programs

### Name

Online Application w/Non-MAGI

**Screenshots or other documentation of the multi-program online application(s) have been uploaded.**

Document Name	Date Created	
<a href="#">Non-MAGI Screenshots</a>	5/13/2022 8:29 AM EDT	

- 4. Other alternative applications

# Application

MEDICAID | Medicaid State Plan | Eligibility | ME2022MS00040 | ME-22-0023

## Package Header

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## E. Additional Information (optional)

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