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**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 23-0010**

This file contains the following documents in the order listed:

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

# ME - Submission Package - ME2023MS0001O - (ME-23-0010) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

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

April 12, 2023

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 23-0010

Dear Michelle Probert,

On January 13, 2023, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME 23-0010, in which Maine proposed to transition children enrolled in its separate Children's Health Insurance Program to its Medicaid program, and to adopt a new Medicaid eligibility group for certain insured children under age 19 with income up to 208% of the federal poverty level.

We approve Maine State Plan Amendment (SPA) ME-23-0010 with an effective date of March 01, 2023.

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

# ME - Submission Package - ME2023MS0001O - (ME-23-0010) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS0001O | ME-23-0010

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	ME2023MS0001O	<b>SPA ID</b>	ME-23-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2023
<b>Approval Date</b>	04/12/2023	<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Superseded SPA ID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 | ME2023MS00010 | ME-23-0010

### Package Header

**Package ID** ME2023MS00010

**Submission Type** Official

**Approval Date** 04/12/2023

**Superseded SPA ID** N/A

**SPA ID** ME-23-0010

**Initial Submission Date** 1/13/2023

**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** ME-23-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	3/1/2023	ME-22-0043
Optional Targeted Low Income Children	3/1/2023	ME-13-0018-MM1
Individuals above 133% FPL under Age 65	3/1/2023	ME-13-0018-MM1

**Page Number of the Superseded Plan Section or Attachment (if Applicable):**

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS0001O | ME-23-0010

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<b>Approval Date</b>	04/12/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** The objective of this SPA is to transition children enrolled in Maine's Separate CHIP to a Medicaid expansion program and create a coverage group for insured children under age 19 with income up to 208% FPL.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$826357
Second	2024	\$3914719

### Federal Statute / Regulation Citation

1902(a)(10)(A)(ii)(XIV) / 42 CFR 435.229 and 435.4  
1902(a)(10)(A)(ii)(XX) / 42 CFR 435.218

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00010 | ME-23-0010

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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.

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# ME - Submission Package - ME2023MS0001O - (ME-23-0010) - Eligibility

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS0001O | ME-23-0010

CMS-10434 OMB 0938-1188

### Package Header

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<b>Approval Date</b>	04/12/2023	<b>Effective Date</b>	<u>3/1/2023</u>
<b>Superseded SPA ID</b>	ME-22-0043		
	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 | ME2023MS00010 | ME-23-0010

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<b>Superseded SPA ID</b>	ME-22-0043		
	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00010 | ME-23-0010

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### 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

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# ME - Submission Package - ME2023MS0001O - (ME-23-0010) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS0001O | ME-23-0010

Uninsured children who meet the definition of optional targeted low income children at 42 C.F.R. 5435.4, who have household income at or below a standard established by the state.

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	ME-13-0018-MM1		
	User-Entered		

The state covers the optional targeted low income children group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 19, or a lower age, as specified in C.
2. Are uninsured and otherwise meet the definition of optional targeted low-income child at 42 CFR 435.4 and section 1905(u)(2)(B) of the Act.
3. Have household income at or below the standard established by the state, if the state has an income standard.
4. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

#### 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. Individuals Covered

1. The state covers all children under a specified age under this eligibility group.

- Yes  
 No

**The age of children covered under this eligibility group is:**

- a. Under age 19  
 b. Under age 18  
 c. Under other age

#### D. Income Standard Used

The income standard for this eligibility group is:

**FPL** 208.00%

# Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00010 | ME-23-0010

## Package Header

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	User-Entered		

## E. Basis for Income Standard

### 1. Minimum income standard

The minimum income standard for this eligibility group is a standard greater than the lowest income standard currently used for children of this age under the mandatory Infants and Children under Age 19 eligibility group.

### 2. Maximum income standard

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

b. The state's maximum income standard for this eligibility group is:

- i. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's effective income level for this group of children under the CHIP state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for this group of children under the CHIP state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- vi. The state's effective income level for this group of children under a CHIP-1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- vii. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- viii. The state's effective income level for this group of children under a CHIP 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ix. 200% FPL
- x. A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4), but by no more than 50 percentage points.

c. The amount of the maximum income standard is:

**FPL** 208.00%

# Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS00010 | ME-23-0010

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## F. Additional Information (optional)

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | ME2023MS0001O | ME-23-0010

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	ME-13-0018-MM1		
	User-Entered		

The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 65
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 exceeds 133% FPL but is at or below the standard set by the state

#### 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. Individuals Covered

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

Yes  No

2. The state covers the following populations:

a. All children under a specified age limit:

i. Under age 21

ii. Under age 20

iii. Under age 19

iv. Under age 18

b. Reasonable classifications of children

c. Parents and other caretaker relatives as defined in the Parents and Other Caretaker Relatives eligibility group, except for with respect to income

d. Pregnant women

e. Other

## D. 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:

a. Percentage of the federal poverty level.

208.00% FPL

b. No income test (the income standard is infinite).



## E. 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:

## F. Phase-In

The state elects to phase-in coverage to individuals in this group.

Yes  No

**G. Additional Information (optional)**

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