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State/Territory Name: Maine

State Plan Amendment (SPA) #: 24-0010

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 - ME2024MS0003O - (ME-24-0010) - 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

June 13, 2024

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 24-0010

Dear Director Probert,

On April 29, 2024, the Centers for Medicare and Medicaid Services (CMS) received Maine State Plan Amendment (SPA) ME 24-0010, in which the state proposed income disregards for the Qualified Medicare Beneficiary (QMB) and Qualifying Individual (QI) eligibility groups.

We approve Maine State Plan Amendment (SPA) ME 24-0010 with an effective date of June 07, 2024.

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

ME - Submission Package - ME2024MS0003O - (ME-24-0010) - Eligibility

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS0003O | ME-24-0010

CMS-10434 OMB 0938-1188

Package Header

Package ID	ME2024MS0003O	SPA ID	ME-24-0010
Submission Type	Official	Initial Submission Date	4/29/2024
Approval Date	06/13/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Maine	Medicaid Agency Name:	Office of MaineCare Services
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS0003O | ME-24-0010

Package Header

Package ID ME2024MS0003O

SPA ID ME-24-0010

Submission Type Official

Initial Submission Date 4/29/2024

Approval Date 06/13/2024

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID ME-24-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	6/7/2024	ME-23-0024
Qualified Medicare Beneficiaries	6/7/2024	ME-23-0024
Specified Low Income Medicare Beneficiaries	6/7/2024	ME-23-0024
Qualifying Individuals	6/7/2024	ME-23-0024

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS0003O | ME-24-0010

Package Header

Package ID	ME2024MS0003O	SPA ID	ME-24-0010
Submission Type	Official	Initial Submission Date	4/29/2024
Approval Date	06/13/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The purpose of this SPA is to increase the income eligibility levels (FPLs) for the Medicare Savings Programs (MSP) as follows: QMB to 185% FPL and QI to 250% FPL. SLMB will be absorbed by QMB.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$7871909
Second	2025	\$66411128

Federal Statute / Regulation Citation

1902(a)(10)(E)
1905(p)
42 CFR 435.123
42 CFR 435.125

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS00030 | ME-24-0010

Package Header

Package ID	ME2024MS00030	SPA ID	ME-24-0010
Submission Type	Official	Initial Submission Date	4/29/2024
Approval Date	06/13/2024	Effective Date	N/A
Superseded SPA ID	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 - ME2024MS0003O - (ME-24-0010) - Eligibility

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS0003O | ME-24-0010

CMS-10434 OMB 0938-1188

Package Header

Package ID	ME2024MS0003O	SPA ID	ME-24-0010
Submission Type	Official	Initial Submission Date	4/29/2024
Approval Date	06/13/2024	Effective Date	6/7/2024
Superseded SPA ID	ME-23-0024		
	System-Derived		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Extended Medicaid due to Spousal Support Collections		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" 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 ?
Working Individuals under 1619(b)				<input type="radio"/>	NEW
Qualified Medicare Beneficiaries				<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals				<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries				<input type="radio"/>	APPROVED
Qualifying Individuals				<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS00030 | ME-24-0010

Package Header

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	System-Derived		

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="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

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ME - Submission Package - ME2024MS0003O - (ME-24-0010) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS0003O | ME-24-0010

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

Package Header

Package ID	ME2024MS0003O	SPA ID	ME-24-0010
Submission Type	Official	Initial Submission Date	4/29/2024
Approval Date	06/13/2024	Effective Date	6/7/2024
Superseded SPA ID	ME-23-0024		
	System-Derived		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

- Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
- Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS00030 | ME-24-0010

Package Header

Package ID	ME2024MS00030	SPA ID	ME-24-0010
Submission Type	Official	Initial Submission Date	4/29/2024
Approval Date	06/13/2024	Effective Date	6/7/2024
Superseded SPA ID	ME-23-0024		
	System-Derived		

B. Financial Methodologies

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

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ The difference between one income standard and another is disregarded.

☒ Between the following percentages of the FPL:

☐ Between the medically needy income limit and a percentage of the FPL:

☐ Between the SSI Federal Benefit Rate and:

☐ Between other income standards:

FPL 100.00%
and
FPL 185.00%

- ☒ Income from household members is disregarded.

☒ Income of the spouse is disregarded.

Description: Disregard from the income deemed from the ineligible spouse an amount equal to the Supplemental Security Income ineligible child Allocation amount.

- ☒ General income disregard:

Name of disregard:	Description:
Dependent Child Allocation	<p>The eligible couple or individual and/or spouse will allocate income up to the SSI/State Supplement child living allowance to each child residing with them and for whom they are financially responsible.</p> <p>The amount of income allocated will be the difference between the child's countable income and the child living allowance</p>

- ☒ A specified type of income is disregarded:

Name of income type:	Description:
In-Kind	Income in-kind will be excluded.
Individual Development Account	<p>All otherwise countable income deposited in an IDA funded under the assets for Independence Act is excluded.</p> <p>All otherwise countable income deposited in an IDA authorized under Section 404 is excluded.</p>

Name of income type:

Description:

Interest earned on an IDA is also excluded.

☒ Specified less restrictive methodologies are used for the treatment of changes in income:

Name of methodology:

Description:

Social Security & Railroad Retirement COLA

When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level adjustments cause ineligibility, disregard the most recent Social Security/Railroad Retirement COLA increase.

The disregard continues until the individual loses coverage for any other reason for three (3) consecutive months.

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

Federal and State Disregards

Methodologies used in treating income will be the same as used by the cash programs and include a \$55 per individual/\$80 per couple state disregard.

Children Attending School with Earnings

The first \$1640 per month of earned income, not to exceed \$6660 per calendar year, is excluded for a student attending school regularly as defined by the learning institution.

3. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ All resources are disregarded. No resource test is applied.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS0003O | ME-24-0010

Package Header

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C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS0003O | ME-24-0010

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F. 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.

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ME - Submission Package - ME2024MS0003O - (ME-24-0010) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS0003O | ME-24-0010

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

Package ID	ME2024MS0003O	SPA ID	ME-24-0010
Submission Type	Official	Initial Submission Date	4/29/2024
Approval Date	06/13/2024	Effective Date	6/7/2024
Superseded SPA ID	ME-23-0024		
	System-Derived		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

- Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
- Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS00030 | ME-24-0010

Package Header

Package ID	ME2024MS00030	SPA ID	ME-24-0010
Submission Type	Official	Initial Submission Date	4/29/2024
Approval Date	06/13/2024	Effective Date	6/7/2024
Superseded SPA ID	ME-23-0024		
	System-Derived		

B. Financial Methodologies

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

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ The difference between one income standard and another is disregarded.

☒ Between the following percentages of the FPL:

FPL 120.00%
and
FPL 170.00%

☐ Between the medically needy income limit and a percentage of the FPL;

☐ Between the SSI Federal Benefit Rate and;

☐ Between other income standards;

- ☒ Income from household members is disregarded.

☒ Income of the spouse is disregarded.

Description: Disregard from the income deemed from the ineligible spouse an amount equal to the Supplemental Security Income ineligible child allocation amount.

- ☒ General income disregard:

Name of disregard:	Description:
Dependent Child Allocation	<p>The eligible couple or individual and/or spouse will allocate income up to the SSI/State Supplement child living allowance to each child residing with them and for whom they are financially responsible.</p> <p>The amount of income allocated will be the difference between the child's countable income and the child living allowance.</p>

- ☒ A specified type of income is disregarded:

Name of income type:	Description:
In-Kind	Income in-kind will be excluded.
Individual Development Account	<p>all otherwise countable income deposited in an IDA funded under the assets for Independence Act is excluded.</p> <p>All otherwise countable income deposited in an IDA authorized under section 404 is excluded.</p>

Name of income type:

Description:

Interest earned on an IDA is also Excluded.

☒ Specified less restrictive methodologies are used for the treatment of changes in income:

Name of methodology:

Description:

Social Security & Railroad Retirement COLA

When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level adjustments cause ineligibility, disregard the most recent Social Security/Railroad Retirement COLA increase.

The disregard continues until the individual loses coverage for any other reason for three (3) consecutive months.

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

Federal and State Disregards

Methodologies used in treating income will be the same as used by the cash programs and include a \$55 per individual/\$80 per couple state disregard.

Children Attending School with Earnings

The first \$1640 per month of earned income, not to exceed \$6660 per calendar year, is excluded for a student attending school regularly as defined by the learning institution.

3. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ All resources are disregarded. No resource test is applied.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS0003O | ME-24-0010

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C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

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F. Additional Information (optional)

SLMB will be absorbed by QMB.

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ME - Submission Package - ME2024MS0003O - (ME-24-0010) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS0003O | ME-24-0010

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

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	System-Derived		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

- Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
- Are not otherwise eligible for Medicaid under the state plan.
- Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS00030 | ME-24-0010

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B. Financial Methodologies

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

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ The difference between one income standard and another is disregarded.

☒ Between the following percentages of the FPL:

☐ Between the medically needy income limit and a percentage of the FPL:

☐ Between the SSI Federal Benefit Rate and:

☐ Between other income standards:

FPL 135.00%
and
FPL 250.00%

- ☒ Income from household members is disregarded.

☒ Income of the spouse is disregarded.

Description: Disregard from the income deemed from the ineligible spouse an amount equal to the Supplemental Security Income Ineligible child allocation amount.

- ☒ General income disregard:

Name of disregard:	Description:
Dependent Child Allocation	<p>The eligible couple or individual and/or spouse will allocate income up to the SSI/State Supplement child living allowance to each child residing with them and for whom they are financially responsible.</p> <p>The amount of income allocated will be the difference between the child's countable income and the child living allowance.</p>

- ☒ A specified type of income is disregarded:

Name of income type:	Description:
In-Kind	Income in-kind will be excluded
Individual Development Account	<p>All otherwise countable income deposited in an IDA funded under the assets for Independence Act is excluded.</p> <p>All otherwise countable income deposited in an IDA authorized under section 404 is excluded.</p>

Name of income type:

Description:

Interest earned on an IDA is also excluded.

☒ Specified less restrictive methodologies are used for the treatment of changes in income:

Name of methodology:

Description:

Social Security & Railroad Retirement COLA

When the annual Social Security and Railroad Retirement COLAs and Federal Poverty Level adjustments cause ineligibility, disregarded the most recent Social Security/Railroad Retirement COLA increase.

The disregard continues until the individual loses coverage for any other reason for three (3) consecutive months.

☒ The following less restrictive methodologies are used:

Name of methodology:

Description:

Federal and State Disregards

Methodologies used in treating income will be the same as used by the cash programs and include a \$55 per individual/\$80 per couple state disregard.

Children Attending School with Earnings

The first \$1640 per month of earned income, not to exceed \$6660 per calendar year, is excluded for a student attending school regularly as defined by the learning institution.

3. Less restrictive methodologies are used in calculating countable resources.

☒ Yes

☐ No

The less restrictive resource methodologies are:

☒ All resources are disregarded. No resource test is applied.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS0003O | ME-24-0010

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Submission Type	Official	Initial Submission Date	4/29/2024
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Superseded SPA ID	ME-23-0024		
	System-Derived		

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | ME2024MS0003O | ME-24-0010

Package Header

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F. Additional Information (optional)

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