

# MAINE STATE LEGISLATURE

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A of S.

L.D. 1477

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DATE: May 24, 1999

(Filing No. S- 339 )

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**HEALTH AND HUMAN SERVICES**

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Reported by:

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Reproduced and distributed under the direction of the Secretary  
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**STATE OF MAINE  
SENATE  
119TH LEGISLATURE  
FIRST REGULAR SESSION**

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COMMITTEE AMENDMENT " A " to S.P. 492, L.D. 1477, Bill, "An  
Act to Promote Healthy Maine Families"

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Amend the bill by striking out everything after the enacting  
clause and before the summary and inserting in its place the  
following:

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'Sec. 1. 22 MRSA §3174-G, sub-§1, as amended by PL 1997, c.  
777, Pt. A, §1, is repealed and the following enacted in its  
place:

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1. Delivery of services. The department shall provide for  
the delivery of federally approved Medicaid services to the  
following persons:

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A. A qualified woman during her pregnancy and up to 60 days  
following delivery and an infant under one year of age when  
the woman's or child's family income is equal to or below  
185% of the nonfarm income official poverty line, a  
qualified elderly and disabled person when the person's  
family income is equal to or below 100% of the nonfarm  
income official poverty line and a child one year of age or  
older and under 19 years of age when the family income is  
equal to or below 150% of the nonfarm income official  
poverty line; and

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B. The parent or caretaker relative of a child described in  
paragraph A when the family income is below 150% of the  
nonfarm income official poverty line, subject to adjustment  
by the commissioner under this paragraph, Medicaid services  
provided under this paragraph must be provided within the  
limits of the program budget. Funds appropriated for

Ads.

COMMITTEE AMENDMENT "A" to S.P. 492, L.D. 1477

2 services under this paragraph must include an annual  
 4 inflationary adjustment equivalent to the rate of inflation  
 6 in the Medicaid program. On a quarterly basis the  
 8 commissioner shall determine the fiscal status of program  
 10 expenditures under this paragraph. If the commissioner  
 12 determines that expenditures will exceed the funds available  
 14 to provide Medicaid coverage pursuant to this paragraph, the  
 16 commissioner must adjust the income eligibility limit for  
 18 new applicants to the extent necessary to operate the  
program within the program budget. If, after an adjustment  
has occurred pursuant to this paragraph, expenditures fall  
below the program budget, the commissioner must raise the  
income eligibility limit to the extent necessary to provide  
services to as many eligible persons as possible within the  
fiscal constraints of the program budget, as long as the  
income limit does not exceed 150% of the nonfarm income  
official poverty line.

20 For the purposes of this section, the official poverty line is  
 22 that applicable to a family of the size involved, as defined by  
 24 the federal Department of Health and Human Services and updated  
annually in the Federal Register under authority of 42 United  
States Code Section 9902(2).

26 **Sec. 2. 22 MRSA §3762, sub-§8, ¶A, as amended by PL 1997, c.**  
**795, §7, is further amended to read:**

28 A. The department shall administer a program of  
 30 transitional Medicaid to families receiving benefits under  
 32 the federal Social Security Act, Section 1931 in accordance  
 with this paragraph.

34 (1) The department shall provide transitional Medicaid  
 36 to families whose average gross monthly earnings, less  
 38 costs to the family for child care necessary for  
 40 employment, do not exceed 185% of the federal poverty  
 42 guidelines in accordance with PRWORA and this  
 subsection. In order to receive transitional Medicaid  
 as the result of increased earnings or number of hours  
 worked, a family must have received TANF Medicaid  
 assistance for at least 3 of the last 6 months, except  
 as provided in subparagraph 2 (2).

44 (2) The department shall provide transitional Medicaid  
 46 for families whose eligibility for TANF Medicaid  
 48 assistance terminated due to employment obtained  
 50 through work search activities pursuant to this  
 chapter, in which case the family must have received  
TANF Medicaid assistance for at least one of the last 3  
 months.

# COMMITTEE AMENDMENT

**Ads.**

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(3) To continue to receive transitional Medicaid assistance following the first 6 months of coverage, a family entering the transitional Medicaid program ~~prior to federal approval or waiver under subparagraph 4~~ with income above 133% of the federal poverty guidelines must pay premiums in accordance with rules adopted by the department. ~~If a family entering the transitional Medicaid program after federal approval or waiver has average gross monthly earnings, less average monthly costs for such child care as is necessary for employment, that are above 100% of the federal poverty guidelines, then that family shall pay, beginning in their 7th month of receiving transitional Medicaid, monthly premiums, copayments or other methods of cost sharing equal to no more than 3% of that family's average gross monthly earnings, less the average monthly costs for such child care as is necessary for employment.~~

~~(4) By October 1, 1997, the department shall have taken reasonable steps to seek a federal waiver, approval of a state plan modification under Section 114 of PRWORA or any other appropriate action to secure federal approval to use federal matching funds to extend transitional Medicaid assistance for 2 years beyond the families' initial 1 year period of eligibility. Beginning on February 1, 1998, or at the time that the department receives the federal approval or waiver, whichever is later, the department shall provide extended benefits under this subparagraph to families that qualify under subparagraph (1) or (2) and that meet the requirements of the transitional Medicaid program.~~

(5) The department shall provide transitional Medicaid for 4 months to families whose eligibility for TANF Medicaid assistance terminated due to an increase in the amount of child support received by the family.

(6) The department shall require reporting of income or circumstances for the purpose of determining eligibility and premium payments, copayments or other methods of cost sharing for benefits under this paragraph in accordance with rules adopted by the department.

(7) The scope of services provided under this paragraph must be the same as the scope of services provided when a family received TANF assistance.

# COMMITTEE AMENDMENT

**R 49**

**Sec. 3. Appropriation.** The following funds are appropriated from the General Fund to carry out the purposes of this Act.

	<b>1999-00</b>	<b>2000-01</b>
<b>HUMAN SERVICES, DEPARTMENT OF</b>		
<b>Bureau of Medical Services</b>		
Positions - Legislative Count	(1,000)	(1,000)
Personal Services	\$20,518	\$20,518
All Other	3,000	1,250
<b>TOTAL</b>	<u>\$23,518</u>	<u>\$21,768</u>
Provides funds for the state share of a Management Analyst II position and related operating costs to aid in managing Medicaid coverage.		
<b>Medical Care - Payments to Providers</b>		
All Other	\$2,248,052	\$3,645,925
Provides funds for the state share of expanding Medicaid coverage and for modifying transitional Medicaid assistance.		
<b>DEPARTMENT OF HUMAN SERVICES</b>		
<b>TOTAL</b>	<u>\$2,271,570</u>	<u>\$3,667,693</u>

**Sec. 4. Allocation.** The following funds are allocated from the Federal Expenditures Fund to carry out the purposes of this Act.

	<b>1999-00</b>	<b>2000-01</b>
<b>HUMAN SERVICES, DEPARTMENT OF</b>		
<b>Bureau of Medical Services</b>		
Personal Services	\$20,518	\$20,518
All Other	3,000	1,250
<b>TOTAL</b>	<u>\$23,518</u>	<u>\$21,768</u>

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Provides funds for the federal share of a Management Analyst II position and related operating costs to aid in managing Medicaid coverage.

**Medical Care - Payments to Providers**

All Other	\$4,414,599	\$7,146,021
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Provides funds for the federal share of expanding Medicaid coverage and for modifying transitional Medicaid assistance.

<b>DEPARTMENT OF HUMAN SERVICES</b>	<u>                    </u>	<u>                    </u>
<b>TOTAL</b>	<b>\$4,438,117</b>	<b>\$7,167,789'</b>

Further amend the bill by inserting at the end before the summary the following:

**'FISCAL NOTE**

<b>1999-00</b>	<b>2000-01</b>
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**APPROPRIATIONS/ALLOCATIONS**

General Fund	\$2,271,570	\$3,667,693
Other Funds	4,438,117	7,167,789

This bill includes General Fund appropriations of \$2,271,570 and \$3,667,693 in fiscal years 1999-00 and 2000-01, respectively, for the Department of Human Services to expand Medicaid coverage and to modify transitional Medicaid assistance.

This bill also includes Federal Expenditures Fund allocations to the Department of Human Services of \$4,438,117 and \$7,167,789 in fiscal years 1999-00 and 2000-01, respectively, for the federal share of the costs to expand Medicaid coverage and to modify transitional Medicaid assistance.'

**SUMMARY**

This amendment is the majority report of the committee. It replaces the bill. It retains the provisions of the bill that

COMMITTEE AMENDMENT "A" to S.P. 492, L.D. 1477

R. S.

2 extend Medicaid coverage to parents and caretaker relatives of  
children eligible for the Medicaid program and adds an income  
4 adjustment mechanism to ensure that coverage for the parents and  
6 caretaker relatives is provided within the limits of the program  
budget. It clarifies that transitional support services are  
8 provided to families receiving Medicaid benefits under the Social  
Security Act, Section 1931. It repeals obsolete provisions in  
the transitional Medicaid statutes. It adds an appropriation, an  
allocation and a fiscal note to the bill.

**COMMITTEE AMENDMENT**