

# MaineCare

# Eligibility

## *Low Cost or Free Health Care Coverage Workshop*

A Joint Project of Consumers for Affordable Health Care  
& Maine Equal Justice Partners



**Consumers for  
AFFORDABLE  
Health Care**

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*Advocating the right to quality, affordable  
health care for every man, woman and child*

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# Introduction

## Workshop History

This workshop was created by the *Covering Kids and Families Coalition* (CKF) and has been adapted and maintained by Consumers for Affordable Health Care and Maine Equal Justice Partners. The CKF Coalition consisted of the Maine Department of Health and Human Services, Consumers for Affordable Health Care, Maine Equal Justice Partners, Maine Primary Care Association, and Maine Children’s Alliance.

## MaineCare Quick Summary

This guide is about MaineCare, Maine’s Medicaid program. MaineCare also includes Maine’s State Children’s Health Insurance Program (CHIP). CHIP provides the same MaineCare coverage benefits to children in families with a higher income range; this program used to be called Cub Care. MaineCare provides health insurance benefits to specific groups, or categories, of low-income people: children, their parents, 19- and 20-year-olds, pregnant women, adults with disabilities, seniors age 65 and older, and “non-categorical” adults (who do not fit into any of the categories of coverage—they are adults age 21 to 64 who do not have dependent children living in their household and who are not disabled).

This guide focuses on MaineCare for the categories above as well as the Medicare Savings Program, which is a partial-benefit MaineCare program.

## Resources for Help and Information

- **CAHC Linkable:** to access websites for all the links in this list below in one place as well as other useful sites, go to: [www.linkable.com/CAHC](http://www.linkable.com/CAHC)
- **Area Agency on Aging:** 1-877-353-3771. The statewide number can be called from anywhere in Maine to contact the Area Agency on Aging that serves the town you live in. The five Area Agencies on Aging in Maine are the central resource for elder services. They can help you either directly or by referring you to the appropriate agency in your area.
- **Consumers for Affordable Health Care HelpLine:** 1-800-965-7476. The HelpLine answers questions about MaineCare and helps eligible people enroll. The HelpLine number is listed on the bottom of every page in this guide. The HelpLine is answered by Consumers for Affordable Health Care, a non-profit agency, not by DHHS. Any information given to the HelpLine staff is confidential and will not be shared with DHHS, without permission. The HelpLine also maintains a Health Care Guide at: <http://www.maine cahc.org/>
- **Department of Health and Human Services (DHHS) regional offices:** 1-877-543-7669. Call or visit a local DHHS office to apply to MaineCare or to ask questions about eligibility. See Appendix B for a list of offices throughout the state.
- **Disability Rights Center:** 1-800-452-1948. Provides information about rights and service systems, referrals to appropriate services, representation of individuals at meetings and hearings and legal representation of individuals or groups.
- **Legal Services for the Elderly (LSE) Helpline :** 1-800-750-5353

- **MaineCare Member Services:** 1-800-977-6740 (TTY 1-800-977-6741), for coverage questions or for help getting bills paid or finding a provider.
- **MaineCare Provider Services:** 1-866-690-5585 for assistance for MaineCare providers.
- **MaineCare Rules** for *eligibility*, setting forth who is eligible to get MaineCare are located in the MaineCare Eligibility Manual at <http://www.maine.gov/dhhs/ofi/mainecare-manual/index.shtml>
- **MaineCare Rules** for *benefits*, setting forth the scope of covered services for those eligible for MaineCare are found in the MaineCare Benefits Manual at <http://www.maine.gov/sos/cec/rules/10/ch101.htm>, with updates available at <http://www.maine.gov/dhhs/oms/rules/index.shtml>
- **Maine Equal Justice:** 626-7058 or 1-866-626-7059 (TTY is the same). Maine Equal Justice, a non-profit agency, provides a range of health care information on its website: <http://www.mejp.org/health>. A version of **this** MaineCare manual is online at <http://www.mejp.org/medicaid.htm>. Staff is also available to help with problems or concerns regarding MaineCare or other public benefit programs.
- **Pine Tree Legal Assistance (PTLA):** PTLA can assist with MaineCare denials, terminations, and appeals, both in terms of eligibility for MaineCare and also for covered services (e.g., they handle cases when MaineCare denies coverage of a drug or denies a service, such as orthodontics). PTLA does **not** help with cases related to MaineCare long-term care for seniors age 60 and older—Legal Services for the Elderly (LSE) will help with this (see number for LSE HelpLine above). See page 34 for a [list of regional PTLA offices](#).
- Further information about options for **dental care** can be found online: <http://www.maine.gov/dhhs/bohdcfh/odh/clinics.shtml#pnpdc> (list of free and low-cost dental service providers)

## What's New in MaineCare

Here are some recent changes to MaineCare coverage.

### Beginning October 1, 2012

- **Parent eligibility change:** Parents with household income between 133% and 200% of the Federal Poverty Level (FPL) will not be eligible for MaineCare after October 1, 2012. No new applicants in this group will be enrolled. Parents enrolled now will lose coverage. This eligibility change does **NOT** affect children or pregnant women. Some parents between 133% and 150% FPL may be eligible for transitional MaineCare for a limited number of months, or some may be eligible for MaineCare in the disability category.

### 2012

- **“45 Day Rule” change:** if you apply for MaineCare in the disability category and DHHS sends the necessary medical documentation forms to your medical providers within 5 days, then DHHS may exceed the “45 day limit, if the medical provider fails to provide the medical information on a timely basis.” In the past, as long as applicants responded to DHHS in a timely manner, DHHS had to grant temporary coverage if an eligibility decision had not been reached within 45 days. Now it will be more important to stress to applicants the need to stay in touch with their providers to ensure that medical documentation is returned to DHHS as soon as possible. If DHHS fails to request medical documentation within 5 days or fails to respond in a reasonable time frame when medical records are received, then a temporary MaineCare card may still be provided.
- **Non-categorical wait list:** The waiting list for non-categoricals is frozen. Names may still be added to the wait list but no new applicants are being enrolled now. Current enrollees remain covered if they remain eligible and return review materials to DHHS as required. It is very important to stress the need for enrolled non-categoricals to respond to (usually annual) requests from DHHS for information needed to stay enrolled. It is still important that people apply and get on the wait list, because many hospitals and other programs require proof of MaineCare application. Also, if new non-categoricals become eligible again in the future, the names highest on the wait list will be enrolled first.
- **Non-categorical services:** After October 1, 2012, the Department may reduce or eliminate some covered services.

### 2011

- **Legal immigrant eligibility change:** Legal immigrants to the US with Lawful Permanent Resident status less than 5 years are no longer eligible for full coverage MaineCare. The exceptions are children under 21 and pregnant women. Those legal immigrants with Lawful Permanent Resident status not eligible for full coverage MaineCare may be eligible for Emergency MaineCare only. The definition for qualifying emergencies is in your workshop packet or can be found at [http://www.mejp.org/PDF/mainecare\\_immigrants\\_providers.pdf](http://www.mejp.org/PDF/mainecare_immigrants_providers.pdf).

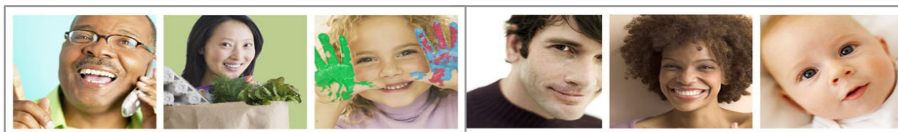
## Section I: Coverage and Eligibility

### I.1 MaineCare Coverage Categories

MAINECARE CATEGORIES			
Category	Benefit Level	Income Limit	Asset Limit
Children age 0-18	Full-benefit MaineCare	200% FPL	None
19- and 20-year olds	Full-benefit MaineCare	150% FPL	\$2,000 (many are excluded)
Parents or guardians	Full-benefit MaineCare	200% FPL	\$2,000 (many are excluded)
Pregnant Women	Full-benefit MaineCare	200% FPL	None
Adults with disabilities and seniors age 65 and older	Full-benefit MaineCare	100% FPL	\$2,000 (\$3,000/couple) (many are excluded)
Adults with disabilities and seniors age 65 and older who have Medicare	Limited-benefit MaineCare (Medicare Savings Program)	185% FPL	None
“Non-Cats”: adults who do not fit into one of the “categories” for full-benefit MaineCare	Partial-benefit MaineCare	100% FPL	\$2,000 (\$3,000/couple) (many are excluded)
Adults medically eligible for nursing care	Full-benefit MaineCare	300% of SSI benefit level	\$2,000 (\$3,000/couple) (many are excluded)
Adults living in residential care facilities other than nursing facilities	Full-benefit MaineCare	Income must be below the private pay rate for the residential care facility	\$2,000 (\$3,000/couple) (many are excluded)
Women who have breast or cervical cancer (or pre-cancerous condition)	Full-benefit MaineCare	250% FPL	None
HIV-positive adults	MaineCare drug coverage and other limited benefits	250% FPL	None
“Medically Needy” or “spend down”: persons whose income is too high for full-benefit MaineCare	Full-benefit MaineCare, after a large deductible is met	None	\$2,000 (\$3,000/couple) (many are excluded)
Adults with disabilities and seniors age 62 and older	Low Cost Drugs for Elderly and Disabled (DEL)	185% FPL (income limit is increased by 25% if drug costs are high)	None
Persons who do not qualify for full-benefit MaineCare	Maine Rx Plus	350% FPL	None

*For most MaineCare benefits, some income does not count towards these limits. Asset rules have exemptions in some categories.*

\* Benefit packages are outlined in the MaineCare Member Handbook, which can be found online at [www.maine.gov/dhhs/oms/pdfs\\_doc/member/mainecare\\_mbr\\_handbook.doc](http://www.maine.gov/dhhs/oms/pdfs_doc/member/mainecare_mbr_handbook.doc).



Consumers for Affordable Health Care HelpLine: 1-800-965-7476  
 The Maine Department of Health and Human Services: 1-877-543-7669  
 Maine Equal Justice Partners: (207) 626-7058

## 1.2 What counts as income for MaineCare?

### **Figuring Household Size**

Using correct household size ensures that income and assets will be counted at appropriate levels. For the purposes of MaineCare, a household might **not** be the number of people living in the same space. Sometimes there is more than one household in a living space. People usually will be considered in the same household if they meet **all three** of the following criteria (though a child's age can affect household size also):

1. They live in the same space AND
2. Are related by birth, marriage or adoption AND
3. Among whom there are legal responsibilities

### **Who has legal responsibility?**

- Spouses have legal responsibility for each other.
- Parents have legal responsibility for their children if the children are under age 21, and live with the parents at least 50% of the time.

Unmarried couples count in the same household only if they have a child in common. The age of children can also affect household size.

### **What counts: (partial list)**

- **Earned income (gross wages)** from an employer)
- **For people who are self-employed**, use “net profit and loss” line 12 on the Schedule C (or IRS Form 1040) divided by 12, unless other current information is provided
- **Seasonal income** is counted during the months worked
- **Unearned income** (like Social Security Disability Insurance (SSDI), unemployment benefits, or Workers' Compensation)
- **Child support**

### **What does not count: (partial list)**

- **Income from other people in the home who are not the parents or guardians of the children living with the family** (like grandparents, adult brothers and sisters, or aunts and uncles). Those not legally responsible are not financially responsible and their income does not count. These other household members also do not count in figuring out family size. These individuals may be eligible for MaineCare in a different category and as a separate household.
- **Wages of dependent children** age 20 and younger do not count, as long as they are full-time students or part-time students not working full-time.
- **Federal Work-Study Program** earnings
- **Section 125 payments (cafeteria plans) do not count to the extent used to purchase benefits.**
- **Loans**

**Stepparent Income Rules:** A stepparent *may or may not* be counted as part of the MaineCare household. DHHS will include the stepparent in the family only if it will help everyone to get MaineCare. DHHS will figure this out in the way that gives the most health care to the family.

**Supplemental Security Income (SSI) Rules:** A person who gets SSI automatically gets MaineCare. However, the SSI income that person gets is not counted when determining eligibility of other family members. The person who gets SSI is *not* included when figuring household size.

### SSI vs. SSDI

SSI (Supplemental Security Income)	SSDI (Social Security Disability Insurance)
Federal income supplement program funded by general tax revenues (not Social Security taxes)	Based on earnings record & whether the person worked enough quarters
Amount of the payments is based on a minimal need formula to help blind, disabled or aged with no other income.	Amount of the payments is based on how much the wage earner paid into Social Security.
<b>Medicaid</b> is automatically available.	<b>Medicare</b> is available after 24 months of SSDI.
Some may eventually be eligible for Medicare also later on, in addition to Medicaid.	Some, if their SSDI check is very low, may also be eligible for Medicaid.

### 1.3 Deductions from Income

Some money can be subtracted from gross income when determining eligibility for MaineCare.

**To calculate the monthly countable income:**

- **Weekly** paycheck: multiply the gross amount by 4.3 for monthly income.
  - **Paycheck twice per month** (usually on the 1<sup>st</sup> and 15<sup>th</sup>): multiply the gross amount by 2 for monthly income.
  - **Biweekly** paycheck: multiply that gross amount by 2.15 for monthly income.
- \*Remember, gross income is the full amount of taxable wages before deductions.

Note: Current income is used to establish monthly countable income. For example, if the family income changed from last year, such as for workers who were laid-off or the self-employed whose business income varied, applicants should report the unemployment income or current business income (not from last year's taxes).

To screen for **eligibility for free MaineCare** for children, 19 and 20-year-olds, parents and pregnant women, first subtract any of these deductions from the applicant's monthly gross income:

1. The first \$90/month of a family member's earned income (from work). If both parents are working, they can each deduct the first \$90 of earned income, for a total of \$180.
2. Up to \$50/month per family for child support received by the household.
3. Child care expenses actually paid, up to \$200/month per child (for children younger than two) or \$175/month per child (for children age two and older).
4. Child support payments paid by a family member to someone outside the household.

Then, if the remaining income is less than Column B, below, (or Column C for parents and pregnant women), the household meets the income requirement for **free** coverage.

Children age 18 and younger in families with income ranging between 150% and 200% of the federal poverty level (FPL) may be eligible for CHIP MaineCare (with a monthly premium). To screen for **eligibility for children's CHIP MaineCare** (with a monthly premium), take the family's total monthly gross income and subtract:

1. The first \$90/month of a family member's earned income (from work). If both parents are working, they can each deduct the first \$90 of earned income, for a total of \$180.
2. Up to \$50/month per family for child support received by the household.

Then, if the family's income remaining is **between** the amounts listed in Column B (150%) and Column C (200%) in the table below, children age 18 and younger will be eligible for CHIP MaineCare. The family will need to pay a monthly CHIP premium for their child's coverage, which ranges from \$8 to \$64 per month per family.

### 2012 Monthly Countable Income Eligibility Chart

Remember to deduct all expenses, as described in Section 1.4, before comparing monthly countable income to the amounts in this table.

Household Size	Column A 100 % FPL*	Column B 150% FPL*	Column C 200 % FPL*
	Household monthly countable income is equal to or less than <b>100% FPL</b>	Household monthly countable income is equal to or less than <b>150% FPL</b>	Household monthly countable income is equal to or less than <b>200% FPL</b>
	<u>Who's qualified?</u> <ul style="list-style-type: none"> <li>• Age 65 and older (free)</li> <li>• Non-categorical (free)</li> <li>• Disabled (free)</li> </ul>	<u>Who's qualified?</u> <ul style="list-style-type: none"> <li>• Children (free)</li> <li>• 19- and 20-year-olds (free)</li> <li>• Parents (free)</li> </ul>	<u>Who's qualified?</u> <ul style="list-style-type: none"> <li>• Children (CHIP** -under age 19 with premium)</li> <li>• Parents (free)</li> <li>• Pregnant women (free)</li> </ul>
1	\$931	\$1,397	\$1,862
2	\$1,261	\$1,892	\$2,522
3	\$1,591	\$2,387	\$3,182
4	\$1,921	\$2,882	\$3,842
5	\$2,251	\$3,377	\$4,502
6	\$2,581	\$3,872	\$5,162
Each additional add:	\$330	\$495	\$660

\*The federal government determines the federal poverty level (FPL) each year. The FPL increases a small amount each year, usually around February, to adjust to the rising cost of living.

\*\***CHIP** The Children's Health Insurance Program is a Federal law that is part of MaineCare for children in households with countable income (gross income minus any deductions) between 150% to 200% FPL. The CHIP law requires families to pay a monthly premium between \$8 and \$64 per family. The amount of the CHIP premium depends on the family's income and size. CHIP MaineCare is also called low-cost MaineCare or premium MaineCare but used to be called Cub Care. DHHS sends a bill and a postage-paid envelope to the family to pay the premium each month, although premium costs can also be paid up to 12 months in advance or at the end of the 12-month eligibility period.

**Free MaineCare** requires no monthly premium.

### **Income Calculation Example**

Q: Dirk has twins, age 1. He works at a utility company making \$3155 a month gross (before any taxes are taken out). He has insurance for himself through his company, but can't afford to put his kids on the plan. He pays \$400 per month to a child care provider to take care of both his children. He also pays \$279 per month in child support for another child that lives with his wife (they are separated).

A: Dirk's income looks high for either category of MaineCare. However, before we write him off, we should check to see if he's eligible for Free MaineCare:

	\$3155 (gross income)
	\$90 (earned income deduction)
	\$400 (child care costs)
-	<u>\$279 (child support paid)</u>
	\$2386 (monthly countable income)

It appears as if Dirk's children are within the CHIP MaineCare guidelines but after his allowable deductions, his countable income is actually \$1 below the Free MaineCare guidelines (\$2,387), so his twins will qualify for Free MaineCare. He may also qualify to get Free MaineCare to wrap around his coverage if he is within the asset limits.

**Note:** The parent applying for MaineCare does not need to have legal custody as a result of court action in order to be considered to be maintaining a home for the child.

If the **child lives part of the time with each parent**, the parent with whom the child resides over 50% of the time must apply for the child. The applying parent and the child are the assistance unit.

- The countable income of the applying parent is considered in determining eligibility of the child.
- The only income of the non-applying parent that is counted is that which is paid to the assistance unit and is countable.

If the **child lives 50% of the time with each parent**, either parent can apply for the child but not both. The applying parent and child are the assistance unit.

- The countable income of the applying parent is considered in determining eligibility of the child.
- The only income of the non-applying parent that is counted is that which is paid to the assistance unit and is countable.

## I.4 Asset Rules

**For children (age 18 and younger) and pregnant women**, DHHS will not count assets. But, any income from an asset, such as interest from a bank account, will count as income.

**For parents and 19- and 20-year-olds**, there is a \$2,000 asset limit. This means a family cannot have property or other valuable items worth more than \$2,000. **But, many assets are not counted in the \$2,000 limit.**

### **Assets that do not count against the \$2,000 limit:**

- The family's home and surrounding lot
- Basic items used in day-to-day living, such as furniture, tools, and equipment
- **Two cars or trucks** (the second vehicle must be necessary for employment, medical treatment, or essential daily activities, or it must have been modified for operation by a person with a disability or for the transportation of a person with a disability)
- Property used to produce income, such as boats, trucks, and machinery
- **Money in a savings account, CD, pension plan, or IRA: up to \$8,000 for a single person and \$12,000 for a family of two or more**
- Real estate that is up for sale
- Loans that must be repaid
- The cash value of life insurance the family has purchased
- Up to \$10,000 in a Family Development Account (FDA) that can be spent only for education, home repair or purchase, a car or truck needed for work or school, small business startup, health care, or to use for an emergency or other family need approved by DHHS
- Other less common assets listed in DHHS rules

**Equity value of owned property:** When looking at property owned, in addition to the primary residence, that **does** count against the \$2,000 limit, count only the equity (paid-off amount) value of the property towards the asset limit. So, a family may own land worth \$7,000, but only have \$1,000 in equity—in this case, only the \$1,000 would count toward the asset limit.

**Money or gifts received:** If a family receives a lump sum of money (over the asset limits) while they are getting MaineCare they can spend the money down below the asset limits "on any day" of the month and be eligible for the entire month. Retroactive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) checks won't count as an asset for a longer time period. Call Maine Equal Justice for more information (626-7058).

## 1.5 Pregnant Women

### **General eligibility rules for pregnant women:**

- Eligible up to 200% of the federal poverty level (FPL; see Appendix D)
- Household size is increased by one (or two if expecting twins).
- Assets, and cooperation with Third Party Liability (TPL) and support enforcement are not factors in determining eligibility.
- In the case of unmarried parents who live together, acknowledgment of paternity cannot be made prior to the baby's birth. This means that the father's income and assets are not used in determining eligibility for the pregnant woman and he is not counted as a member of her MaineCare household.
- Other people who live with the pregnant woman may also be eligible for MaineCare under separate eligibility guidelines.
- Coverage can be retroactive for up to 3 months if the woman was pregnant and financially eligible during that time period.
- Once a woman is found eligible for MaineCare because she is pregnant, she will continue to be eligible for 60 days beyond the day her pregnancy ends (and through the last day of the month in which the 60<sup>th</sup> day falls).
- If a woman is receiving MaineCare when her baby is born, the baby will be eligible for MaineCare for 12 months if the mother notifies DHHS of the birth and applies for a Social Security number for the baby.

### **Who is included in the household when the pregnant woman is a minor?**

If a pregnant woman does not live with her parents, regardless of her age, her parents' income will not count.

An 18- to 21-year-old who is pregnant or is a parent is an "independent child." The parents' ("grandparents") income and assets are not considered in budgeting.

In the case of a pregnant minor or minor parent who is age 17 or younger and living with her parents (the "grandparents"), DHHS will first look to see if everyone in the household can be enrolled in MaineCare based on the entire household's income and assets. Even if the grandparents are ineligible for MaineCare, the pregnant minor (or minor parent and her children) may still be eligible. Some of the grandparents' income will be considered available to the pregnant minor, but not all of it. And none of it will be considered available to the grandchildren. Even if the minor is ineligible because of the income of the grandparents, the minor parent's child (the grandchild) is likely to be eligible.

**Example:** Carla is 17, pregnant, and living with her parents. Her parents work but Carla has no income of her own.

- First, see if Carla's parents' income is under 200% FPL (after deductions) and if they met the asset test, Carla and her parents will all be eligible.
- If her parents are under 200% FPL but are ineligible because of their assets, Carla will be eligible for MaineCare but her parents will not.
- If their income is over 200% FPL, Carla may still be eligible for MaineCare. Only part of her parents' income will count in calculating her eligibility (use same process as for step-parents).

- After Carla's baby is born, Carla's parents' income will not count in calculating the baby's eligibility, just Carla's.
- When Carla turns 18, her parents' income will not count at all towards Carla's eligibility.

**Presumptive Eligibility:**

If a qualified MaineCare provider (including Federally Qualified Health Centers [FQHC] or Family Planning office, such as Planned Parenthood, that chooses to provide presumptive eligibility) determines that the pregnant woman's income meets the MaineCare guidelines, she can receive prenatal care beginning the day she comes for services. This is called "presumptive eligibility."

Once the MaineCare provider has made a presumptive determination, the coverage will last through the last day of the month following the month in which the determination is made. In order to avoid a break in coverage, women should be encouraged to apply for on-going MaineCare coverage through the Department of Health and Human Services (DHHS) during this presumptive eligibility period.

## I.6 Katie Beckett for Disabled Children

### **What is Katie Beckett?**

The **Katie Beckett Program for Disabled Children** is health care coverage for severely disabled children 18 years old and younger. If a child qualifies for Katie Beckett, they are given full benefit MaineCare coverage.

### **Who can get Katie Beckett?**

The parents' income and assets do **NOT** count when applying for Katie Beckett. Only the income and assets of the child are looked at. In most cases, this means there are no assets or income to look at.

A child may get Katie Beckett if they:

- Are 18 years old or younger;
- Are NOT eligible for MaineCare in another category;
- Do NOT live in a medical institution; and,
- Meet the Social Security definition for disability.

You do NOT have to get a Social Security disability decision in order to apply for Katie Beckett. The MaineCare medical review team can look at the child's medical history to see if they meet the definition. It is hard to tell if a child will meet the disability definition until they go through the application process. If your child cannot do everyday things that another child the same age can do, it may be worth applying.

### **What if my child has private insurance?**

A child can get Katie Beckett MaineCare even if they already have private insurance. Some families choose to keep both, and other families choose to have one or the other. In some cases MaineCare will pay the premium for private insurance if the child is eligible for Katie Beckett.

### **Will I have to pay for Katie Beckett?**

There are low cost premiums for Katie Beckett coverage. The monthly premium will depend on household income and if you have private insurance with the Katie Beckett, or just have Katie Beckett.

The parents' income is not looked at for eligibility. But, the parents' income IS looked at when figuring out the monthly premium. Katie Beckett premiums are based on your household income AND if you have private insurance as well as Katie Beckett. Premiums are lower for people who have private insurance along with the Katie Beckett coverage. This is because the state pays less for people who also have private insurance paying for certain services.

<b>Katie Beckett Program Premiums</b>		
Effective April 1, 2009		
<b>Income as % of Federal Poverty Level</b>	<b>Monthly Premium Without Other Insurance</b>	<b>Monthly Premium With Other Insurance</b>
150-200	\$30	\$11
201-250	\$40	\$14
251-300	\$50	\$18
301-350	\$60	\$21
351-400	\$70	\$25
401-450	\$85	\$30
451-500	\$100	\$35
501-550	\$115	\$40
551-600	\$130	\$46
601-700	\$145	\$51
701-800	\$175	\$61
801-900	\$205	\$72
901-1000	\$240	\$84
1001-1200	\$275	\$96
1201-1400	\$335	\$117
1401-1600	\$395	\$138
1601-1800	\$455	\$159
1801-2000	\$520	\$182
2001-2500	\$590	\$207
2501+	\$750	\$263

## 1.7 Health care services covered by full-benefit MaineCare

Health care services covered by full-benefit MaineCare include:

### **Doctors' Visits**

Well-child check-ups	Sick care
Specialist care, including surgery	Prenatal care

**Dental Services:** Full coverage for children (with limits for adults)

**Hospital Care:** In-patient, outpatient, and emergency room

**Long-Term Care:** Coverage for care in a nursing home, or other residential care. Services may also be provided in the home.

### **Services**

Shots to prevent illness (immunizations)	Prescription drugs
Mental health services	Substance abuse services
Lab tests and x-rays	Medical equipment and supplies
Ambulance services	Chiropractic care
Family planning	School-based health centers
Interpreters	
Transportation to medical and counseling appointments (see Appendix E for a list of transportation agencies)	
Eye exams and eye glasses (with limits for adults)	
Hearing tests (with limits for adults) and hearing aids (for children age 20 and younger)	

### **Therapies**

Speech therapy	Physical therapy	Occupational therapy
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### **Early and Periodic Screening, Diagnosis and Treatment**

Federal Medicaid law requires States to cover Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children and adolescents under age 21. EPSDT covers four separate screening services—medical, vision, hearing and dental—and includes immunizations, laboratory tests (including lead blood tests), and health education. Each type of screen must be furnished at pre-set, periodic intervals (periodic screens) and when a problem is suspected (interperiodic screens).

The treatment component of EPSDT must include any necessary health care, diagnostic services, treatment, and other measures, described in section 1396d(a) of the Medicaid Act, to “correct or ameliorate” physical and mental illnesses and conditions, whether or not such services are covered for adults in the state’s Medicaid program. EPSDT also includes outreach and informing to notify children and their families of EPSDT and the importance of preventative care, and to offer appointment scheduling and transportation assistance, if needed.

If a service that a child under age 21 needs is for some reason not available under MaineCare or if the child requires more services than MaineCare may cover, then the child’s provider can file with the Office of MaineCare Services, a request for Prior Authorization for what is called “Optional Treatment- EPSDT Services.”

### **And More...**

This is just a partial list of services covered by full-benefit MaineCare. It is important to note that all children with MaineCare receive the same full-benefit coverage, whether their coverage is through the CHIP program (the children whose families pay a monthly premium) or through straight Medicaid, which includes the Katie Beckett benefit. For more information, call MaineCare Member Services at 1-800-977-6740 (if you are deaf or hard of hearing and have a TTY machine, call 1-800-977-6741).

**Important note about co-payments:** Except for small co-payments, doctors and other health care providers cannot charge members in addition to the payments they get from MaineCare. There are no co-payments for services provided to children. If a MaineCare member cannot afford to pay a co-payment, the provider must still provide the service. The provider may bill the member, but may not deny services in the future due to non-payment of co-payments. See Appendix F: MaineCare Member Co-Pays for a list of who pays and the amounts.

## **Section 2: Application & Enrollment**

### **2.1 How to apply**

Applicants can get an application by:

- Calling the DHHS statewide toll-free number at 1-877-543-7669
- Visiting a local DHHS office (see Appendix B; applicants can also pick up an application at these offices)
- Calling the Consumers for Affordable Health Care HelpLine at 1-800-965-7476
- Printing an application from the Internet: for adults:  
<http://www.maine.gov/dhhs/ofi/services/mainecare/mainecareapplication.pdf>
- Printing an application from the Internet: for families with children:  
<http://www.maine.gov/dhhs/ofi/public-assistance/pdf/On-Line-CubCare-Application.pdf>
- *You may now do a pre-screening or open an account on-line! See:*  
<https://www1.maine.gov/benefits/account/login.html?issueNum=111012140034096>

If applicants prefer, they can also call their local DHHS office and apply over the phone.

Parents, children, 19- and 20-year-olds, and pregnant women use the same form to apply. The applicant should complete the form, then mail it or bring it to a local DHHS office (see Appendix B for office list). Be sure he or she includes proof of income for the past 4 weeks (for example, the four most recent weekly paycheck stubs, or, if self-employed, a copy of the most recent tax form).

Agencies can request bulk orders of applications (500 per box) by faxing the DHHS supply room at 207-626-5555. Be sure to include your mailing address, the application form you want (the green family MaineCare application), and the number of applications you would like to receive.

## 2.2 Citizenship and identity verification requirement

The citizenship and identity verification law requires many people applying for or already receiving MaineCare (or Medicaid in any state) to prove their citizenship and their identity. If **applicants** are unable to prove their citizenship and identity, they will be allowed to get MaineCare for up to ninety (90) days. If they fail to prove their citizenship within the 90 days, then they may lose their MaineCare.

**A person will only need to prove his or her citizenship and identity once (unless he or she moves to another state).** This means that if someone leaves MaineCare, but later comes back on, his or her citizenship and identity has already been proven.

To prove citizenship and identity, applicants may list the social security numbers for each of the family members on the application. The Department of Health and Human Services will submit the numbers to the Social Security Administration (SSA) and if Social Security verifies citizenship and identity, no further documents need to be submitted.

### **Other ways to prove citizenship and identity**

In very few cases when a social security number is not available, certain documents may be used to prove citizenship and identity. Documents must be originals, or certified copies from the issuing agency. These include documents such as passports, birth certificates, driver's licenses, etc. MaineCare Eligibility Specialists have the full list of documents.

### **Exemptions from the law**

There are many people who are exempt from this new law (they do not have to show documents that prove their citizenship or their identity):

- People on Medicare
- People receiving Supplemental Security Income (SSI)
- People receiving Social Security Disability Insurance (SSDI)
- Legal immigrants
- Foster children
- New born children born to mother who has MaineCare at the time of the birth

These groups of people are exempt because they have already had to show documents that proved their citizenship/immigration status and identity to state or federal government officials.

## 2.3 How long does it take for DHHS to review an application?

Most often, DHHS will send a notice within 2 to 3 weeks after getting a MaineCare application. DHHS must make a decision within 45 calendar days from the date they get the application, if it is complete.

If DHHS does not determine eligibility within 45 calendar days due to their own delays, they must send the family a short-term medical card to use until they do decide. This occurs fairly often when DHHS reviews eligibility based upon disability. The family may begin using the short-term card on day 46 and continue to use it until DHHS makes a decision. If DHHS later denies eligibility for MaineCare, the family will **not** have to repay DHHS for services received while using the short-term card.

## 2.4 When will coverage start? Can back bills be paid?

Everyone covered in this guide except CHIP children (who pay a monthly premium) and non-cats may be eligible to receive coverage for up to 3 months **before** the month DHHS received the application. If anyone in the family had medical bills in the 3 months prior to applying, encourage them to indicate that on their application (Box 10).

**Example:** The family applied on April 15<sup>th</sup> and was eligible for **free** MaineCare. MaineCare may cover unpaid medical bills back to January 1<sup>st</sup>, 3 months before the month of application, provided the family was otherwise eligible during the prior months.

CHIP children (who pay a monthly premium), will receive coverage beginning on the first day of the month that DHHS received the application.

**Example:** The family applied on April 15<sup>th</sup> and the children were eligible for **CHIP** MaineCare (which requires a monthly premium). The children's bills could be paid starting on April 1<sup>st</sup>. If the family doesn't have medical bills in April, they may choose to start coverage on May 1<sup>st</sup>.

**Tip:** If DHHS indicates that it will not cover medical bills for the three (3) months before application, the family may want to contact the Consumers for Affordable Health Care Consumer Assistance HelpLine at 1-800-965-7476.

## 2.5 Length of enrollment

Here's the basic rule: Members must re-apply every year (12 months) for MaineCare. DHHS should send a renewal form. They will check to make sure the member still meets income and asset guidelines.

Members will remain covered if:

1. The form is returned by the deadline stated in the letter
2. Any additional information requested by DHHS has been provided
3. Any CHIP premiums already due have been paid
4. They still meet the income and asset guidelines.

**Important!** Children age 18 and younger who are enrolled in MaineCare are entitled to a full 12 months of coverage, regardless of any change to family income or composition.

## 2.6 Other rules about how long enrollment will last

### **CHIP children (who pay a monthly premium)**

Children eligible for CHIP coverage may continue receiving coverage until they turn 19 years old. As a 19- or 20-year-old, they may then be eligible for free coverage. DHHS will automatically check to see if they are eligible for MaineCare in the category of coverage for 19- and 20-year-olds, and if they are, coverage will continue seamlessly.

## 2.7 Options for members when their income goes over the guidelines

### **Transitional MaineCare when earned income goes up**

If parents and their children are enrolled in free MaineCare and their income goes from below the amount in Column B to over the amount in Column C (section 1.4; i.e., from below 150% FPL to over 200% FPL) because of increased earnings, they will be eligible for MaineCare for up to 6 more months, no matter how much their income goes up. If the children are enrolled in CHIP MaineCare (they pay a monthly premium), the parents' MaineCare will not continue. The children's eligibility will continue until the end of their annual enrollment period.

### **Transitional MaineCare when child support goes up**

If a parent and his or her children are enrolled in free MaineCare and their income goes over the amount in Column C (section 1.4; i.e., over 200% FPL) because of an increase in child support, they can continue to get MaineCare for 4 more months.

### **MaineCare coverage continues for most children**

Children of parents getting these earned income transitional benefits will continue to get MaineCare until the transitional benefits end **or** until the end of family's 12-month certification period, whichever is later.

	<b>Parents and kids were below 150%</b>	<b>Kids were between 150% - 200%</b>	<b>Parents were between 150% - 200%</b>
<b>Earned income goes up over 200%</b>	6 month transitional*	Kids: Continued coverage until the end of their annual enrollment period	No transitional or continued coverage for parents
<b>Child support goes up</b>	4 month transitional	Kids: Continued coverage until the end of their annual enrollment period	No transitional or continued coverage for parents
<b>Unearned income goes up</b>	No transitional; kids continue coverage until the end of their annual enrollment period	Kids: Continued coverage until the end of their annual enrollment period	No transitional or continued coverage for parents

**\*Note:** If after the initial six months extension, parents or caretaker relatives have income between 150 - 200% FPL, they could be eligible for coverage under the expanded coverage group for caretaker relatives

### **For Children Only: the *Health Insurance Premium Option***

If children age 18 and younger are no longer eligible to get MaineCare because their family income exceeds the limits, the family can choose to pay to continue coverage for the children for up to 18 more months under the Health Insurance Premium Option (HIPO). Right now, it costs \$250 per month per child. For more information, call the Payment Accuracy Team at toll-free 1-800-442-6003. If you are deaf or hard of hearing and have a TTY machine, call 1-800-606-0215.

## **Section 3: Managed Care**

### **3.1 How managed care works**

Most children, their parents, 19- and 20-year-olds, and pregnant women who get MaineCare are enrolled in managed care. This means each member must choose a primary care provider (PCP)—such as a doctor, physician’s assistant, nurse or health center—to meet his or her primary health care needs. The PCP manages the patient’s care. Most specialty care requires a referral from the PCP. There are some MaineCare benefits that don’t require going through the PCP. (You will find a list of some of these benefits in section 3.2.)

Participants who already have a family doctor, physician’s assistant, or nurse can choose them as their PCP, as long as the provider is a MaineCare provider. Each family member may choose a different PCP.

Here’s how a member chooses a PCP:

1. The family applies for MaineCare benefits.
2. DHHS sends a letter stating that the family can get MaineCare.
3. The family will get a package of materials with instructions to pick a PCP.
4. The family fills out and mails back the paperwork **or** calls MaineCare Member Services to tell them which PCP (or PCPs) the family chooses. **This must be done within 27 days.** Call MaineCare Member Services at 1-800-977-6740. If you are deaf or hard of hearing and have a TTY machine, call 1-800-977-6741.
5. If the family doesn’t reply by mail or phone within 27 days, they will be assigned a PCP. This can be changed later, but contacting MaineCare Member Services and making a choice will avoid the hassle.

### **3.2 Services that don’t require PCP approval**

Members do not need a referral from the PCP for any of these services:

- Emergency care
- Women’s exams, including most family planning services, pregnancy care, or annual GYN exam
- Mental health and substance abuse services
- Dental care
- Pharmacy services
- Transportation and ambulance services
- Annual routine eye exams and eyeglass services
- Care provided in school-based health centers or well-child clinics
- A few others

### 3.3 Who can choose not to be in managed care?

Members do **not** need to enroll in managed care if:

- They have a chronic disease or disability for which they have been seeing a MaineCare provider who is not part of MaineCare managed care.
- They have a terminal illness and have a provider who is not part of MaineCare managed care
- They have a language or cultural need that their MaineCare PCP cannot meet
- They have to travel more than 30 minutes to see their PCP
- They are a migrant farm worker or his or her dependent
- They are homeless
- They are in foster care
- They have Supplemental Security Income (SSI) and are under the age of 19
- They are getting hospice care at the time of enrollment
- They are living in jail or a prison
- They are living in a private non-medical institution like a residential care facility
- They are a patient in a hospital on the date they enroll. They have to enroll in MaineCare managed care when they leave the hospital

Members who feel they do not have to enroll in managed care should call MaineCare Member Services at 1-800-977-6740 (if you are deaf or hard of hearing and have a TTY machine, call 1-800-977-6741) and tell them why.

## Section 4: Other Important Information

### 4.1 What if the applicant already has private health insurance?

**Everyone, except CHIP children** (who pay a monthly premium), **eligible for MaineCare can also have private insurance:**

- If the family meets the income and asset guidelines for free MaineCare, they may enroll in MaineCare even if they are covered under another health insurance policy (including Medicare). MaineCare will pay for any services covered by MaineCare that are not covered by the private policy or by Medicare. MaineCare will be the secondary coverage.
- If the family has been paying for private insurance coverage, they may choose to drop that coverage for any family members who meet MaineCare guidelines.

**For CHIP children** (who pay a monthly premium):

- If the household's income is in the CHIP range, between 150% and 200%FPL, the child may not be able to get MaineCare if he or she is already covered by employer-based health insurance. **This does not apply if the employer offers coverage for the child, but the family hasn't taken it.**
- If health insurance provided by an employer or other health insurance as defined by the Health Insurance Portability and Administrative Act (HIPAA) is dropped, the family may have to wait 3 months for MaineCare coverage for their child, unless they meet one of the exceptions listed below. **Most families do meet one of the exceptions.**

**Exceptions to the 3-month rule for CHIP children (who pay a monthly premium):**

- The family (employee) paid 50% or more of the cost of the child's coverage.
- The person who dropped the child's coverage did not live with the family (such as a non-custodial parent).
- The child lost coverage because of a family member's change in jobs or loss of a job for a reason that was not the family member's (employee's) fault.
- The coverage was not through an employer-based plan. For example, it was an individual policy the family bought on its own.
- The family paid over 10% of all family income for family coverage (including the child).
- The child's policy was very limited. For example, it just covered dental care or one disease, such as cancer.
- DHHS decides the family had other good cause for dropping the insurance.

**Example 1:** Susan applies for MaineCare for her child in October. She dropped the coverage she had through work in September because she paid the entire cost and couldn't afford it. Susan's child will be eligible for MaineCare if she meets the income guidelines.

**Example 2:** Jane dropped her child's coverage under her employer's plan in September. But her employer had been paying more than 50% of the cost of the child's coverage. Additionally, their total health insurance costs were not more than 10% of family income. Jane's child will have to wait until January (3 months) for MaineCare.

### Two important notes:

1. Parents should not drop other insurance coverage until they find out if their children will be eligible for CHIP MaineCare.
2. If a parent does not live with his or her child and has been ordered by a court or by DHHS to provide health insurance, they may **not** drop that coverage. If the non-custodial parent **does** drop coverage, he or she will have to repay any medical bills that MaineCare pays.

## 4.2 Two groups of children not eligible for CHIP MaineCare (children who pay a monthly premium)

Two groups of children will **not** be eligible for CHIP MaineCare (between 150% FPL to 200% FPL; i.e., between the amounts listed in column B and column C in section 1.4). These two groups are:

1. Children who have access to coverage under their parent/guardian's state employee health insurance plan, even if they are not enrolled in the plan. If the state employee is a parent who does not live with the children, then this will not be a problem.
2. Children who live in a public institution or an institution for mental illness.

Children in families with lower income may be eligible for free MaineCare. Even if you think one of these rules applies, encourage the family to apply!

## 4.3 What happens if CHIP premiums aren't paid?

If the family can't afford to pay the CHIP premium for children, remember:

Premium payments for months 1 through 11 can be made at the **end** of the child's 12 months of MaineCare eligibility. If payments have been missed at the end of the 12 months and the family has good reason, they can reapply as usual and explain their circumstances. If the family doesn't have a good reason, DHHS may make them wait up to 3 months to sign up their child in MaineCare again. If the family has lost income and can't pay the premium, they should tell DHHS. If the income is below Column B (section 1.4; i.e., below 150% FPL), the child/ren will be covered by free MaineCare, eliminating CHIP premiums.

## 4.4 How to appeal a DHHS decision

If a member has a problem or complaint, encourage them to call DHHS and talk it over with their MaineCare Eligibility Specialist. If that does not work, the next step is to talk with the supervisor of that Eligibility Specialist. Many issues can be worked out this way. In some cases, the member may request that you contact DHHS on their behalf. You will need the member's written permission before the Eligibility Specialist can talk to you.

If the member is not satisfied with DHHS's answer, he or she has the right to appeal any DHHS decision. This includes decisions about eligibility for MaineCare and whether certain medical bills are covered.

**Eligibility decision appeals:** must be done within 30 calendar days of the date of the DHHS **written** decision. To appeal call the regional DHHS office and ask for a fair hearing. It's good to send a dated follow-up letter asking for a fair hearing. If the 30-day limit for an appeal is missed, the applicant can reapply.

**Free MaineCare termination appeals:** when appealing a DHHS decision to end coverage, the coverage can continue up to the time of the fair hearing, **IF** the hearing is requested **within 12 calendar days** of the date on the DHHS decision. If the 12-day deadline is missed, the termination decision can still be appealed within a 30-day deadline. But the coverage will not continue up to the hearing. If the family wins the hearing, DHHS will pay the back bills up to the hearing.

**CHIP MaineCare** (children who pay a monthly premium) **termination appeals:** when appealing a DHHS decision to end CHIP MaineCare, coverage will **not** continue up until the fair hearing. Everything else about the fair hearing process is the same.

**Bill coverage denial appeals:** Members have 60 calendar days from the date of the DHHS non-eligibility decision to appeal denial of coverage and other types of denials. To request this type of appeal hearing, call MaineCare Members Services.

### **To get legal help:**

For legal advice or help, call the Consumers for Affordable Health Care HelpLine. The HelpLine number is at the bottom of this page (TDD/TTY is the same number). HelpLine staff will make a referral to free legal services, if necessary.

**See Appendix G: Consent Form Example** for a form that is acceptable to DHHS.

## Section 5: MaineCare Eligibility and Benefits for Seniors, Adults with Disabilities, and the “Non-Cats”

You have just learned the basics of MaineCare eligibility and coverage benefits for children, their parents, 19- and 20-year-olds, and pregnant women. MaineCare also provides coverage to:

- Seniors age 65 and older
- Adults with disabilities
- “Non-cats,” or non-categorical adults. These are adults who do not fit into any of the other coverage categories of MaineCare. In other words, they are age 21 to 64, they do not have dependent children living with them, and they do not have documented disabilities.

MaineCare coverage for seniors, people with disabilities, and the non-cats has some important differences. Building from your knowledge of how MaineCare works for children, their parents, 19- and 20-year-olds, and pregnant women, this section is designed to outline the major eligibility and coverage differences for seniors, people with disabilities, and the non-cats. This information is intended to supplement information already provided in the earlier sections of this guide.

### 5.1 MaineCare coverage: Non-Family categories

<u>Category</u>	<u>Cost</u>	<u>Coverage Amount</u>	<u>Benefit Package*</u>
Adults with disabilities	Free	Full	6
Seniors age 65 and older	Free	Full	6
“Non-cats”	Free	Partial	3

\* Benefit packages are outlined in the MaineCare Member Handbook, which can be found online at [www.maine.gov/dhhs/oms/pdfs\\_doc/member/mainecare\\_mbr\\_handbook.doc](http://www.maine.gov/dhhs/oms/pdfs_doc/member/mainecare_mbr_handbook.doc).

It is important to note that the non-cats (adults age 21-64 without dependent children and without documented disabilities) do not receive full-benefit MaineCare. There are limits on the types of services they can receive, and there can also be limits on the number of times a service can be accessed. Also, there is often a wait list to get onto MaineCare as a non-cat. There are not wait lists for the other covered groups we have talked about in this guide (nor for seniors or adults with disabilities).

### 5.2 Income: what counts for MaineCare in senior, disability & non-cat categories?

#### **Refer back to Section 1.2.**

*Difference:* For seniors and people with disabilities, any child support received does not count as income for the parent, but it does count for the child.

## What does not count as income?

More pearls of wisdom: Sometimes COLAS count as income for MaineCare, but sometimes they don't.

There are three COLA (cost of living adjustment) rules:

1. SS retirement benefit COLAs and SSDI COLAs that take effect during January, February or March do not count as income for people in Medicaid coverable groups until the month AFTER the month new FPLs are released.
2. SS retirement benefit COLAs and Railroad Retirement Benefit COLAs are excluded for SSI related MaineCare.
3. VA COLAs do count as income

## 5.3 Deductions from income: Senior & Disability Categories

### Refer back to Section 1.3.

*Difference:* To figure out income eligibility for MaineCare based upon being age 65 or older or disabled, there are several deductions that can be made (deductions must be made in order listed below):

1. The federal disregard of \$20 first from any unearned income. If the person has less than \$20 unearned income, then subtract the balance from the earned income of an individual's or couple's gross income (unless the only income received is from a need-based source, like a Veteran's pension, or all in-kind donations)
2. Impairment - Related Work Expenses (IRWE) are to be deducted from a SSI - Related disabled individual's gross earnings.
3. \$65 of any earned income.
4. 50% of any remaining earned income
5. The state disregard of \$55 from an individual's remaining countable income, or \$80 from a couple's remaining countable income.
6. The Cost of Living Adjustment (COLA) associated with Social Security retirement benefits and/or Social Security Disability Insurance (SSDI) benefits (if people are already on MaineCare, or if they have received MaineCare within the past 3 months).
7. Wages of dependent children.
8. TANF cash benefits.
9. If the elderly or disabled person has a spouse or dependent children, additional deductions may be allowed.

*Difference:* **MaineCare with an ineligible spouse.** For someone who is a senior, disabled, or a non-cat and who is living with his or her spouse, the income limit can be higher if only one spouse signs up for MaineCare. As a general rule, if the couple is \$349 or less over income, check with an Eligibility Specialist regarding MaineCare with an ineligible spouse. This eligibility option disregards \$349 from the ineligible spouse's income (for the seniors and disabled, this is in addition to the seven deductions listed above. For non-cats, there are no other deductions). It also may be possible for spouses to alternate eligibility, switching their eligibility status with one another as often as once per month. See Appendix H: Ineligible Spouse Worksheet.

*Difference:* There are **no** deductions for non-cats for their income eligibility (except for the MaineCare with an ineligible spouse option).

## 5.4 Asset rules

### **Refer back to Section 1.4.**

•*Difference:* A disabled couple, a senior couple or a disabled individual with a child(ren) has a \$3,000 asset limit (household greater than 1) and a disabled individual has a \$2,000 asset limit (household of 1). Remember, many assets are **not** counted in the asset limit (for example, \$12,000 is excluded for a household of more than 1 and \$8,000 in savings is excluded for a household of 1). Also whole life insurance policies are excluded as long as the combined face value of all whole life policies owned by the individual on the same insured does not exceed \$1,500.

Additional assets that do **not** count (for any MaineCare applicant/member):

- Prepaid burial contracts or mortuary trusts
- Burial spaces
- Up to \$1,500 set aside in a separate account for burial expenses (including equity in burial contracts)

## 5.5 When will coverage start? Can back bills be paid?

### **Refer back to Section 2.5.**

*Difference:* Non-cats will receive coverage beginning on the first day of the month that DHHS received the application, unless there is a waiting list. In the event of closed enrollment, a waiting list will be established, allowing applicants to submit an application. The application will be date stamped when received at DHHS and filed by date. Upon re-opening of enrollment for this group, DHHS will notify applicants in the order in which the applications were received. Coverage will begin on the first day of the month that notification is made to the applicant, as long as they still meet the eligibility requirements. There is no retroactive coverage. Back bills cannot be paid.

## 5.6 Options for members when their income goes over the guidelines

### **Refer back to Section 2.7.**

*Addition:* **MaineCare Option for Workers with Disabilities**

The MaineCare Option for Workers with Disabilities (sometimes called the Working Disabled Benefit or the Medicaid Buy-In) allows members to earn more and still keep their MaineCare benefits. For this benefit, he or she only needs to meet the Social Security Administration (SSA) medical standard, not the work-related standard, of a disability.

An individual may qualify for this MaineCare Option if he or she:

- Meets the Social Security guidelines for a disability, and
- Has earnings, usually from a job, and
- Meets each of the following financial guidelines:

**If the individual is single:**

- **Unearned income:** monthly income from retirement, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or other income that is not wages from a job must be \$931 (100% of the federal poverty level [FPL]) or less after deductions. (Not all income is counted—income could be as high as \$1006 per month.)
- **Earned income** or pay from work: when added to any unearned income (not from a job) must be \$2,328 (250% FPL) or less after deductions. (Not all income is counted—income could be as high as \$4,851 per month, if all income is from work.)
- Assets are \$8,000 or less. (Not all assets are counted. For example, your home, car[s], and up to \$8,000 in savings are not counted.)

**If the individual is married:**

- Monthly income from retirement, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or other income that is not wages from a job must be \$1,361 (100% FPL) or less after deductions. (Not all income is counted—income could be as high as \$1,461 per month.)
- Earned income or pay from work, added to unearned income (not from a job) must be \$3,153 (250% FPL) or less after deductions. (Not all income is counted—income could be as high as \$6,551 per month, if all income was from work.)
- Assets are \$12,000 or less. (Not all assets are counted. For example, your home, car[s], and up to \$12,000 in savings are not counted.)

If someone meets the three guidelines listed above, he or she may be eligible for MaineCare. Even if income is above these amounts, he or she may still be able to get MaineCare. Not all income is counted. Contact your local Department of Health and Human Services (DHHS) office and request to fill out an application for the MaineCare Option for Workers with Disabilities. See Appendix B for a list of local DHHS offices.

**What will it cost?**

If monthly countable income is over 150% FPL, the individual will need to pay a monthly premium for his or her benefits (either \$10 or \$20 per month, depending on income). If married and both spouses are eligible for this benefit, they will need to pay just one premium, based on their combined income. People will not have to pay the premium if they are responsible for paying their Medicare Part B premium.

Information from <http://www.maine.gov/dhhs/oes/work/>

*Addition:*

- **Home and Community Benefit for the Elderly or Adults with Disabilities**
- **Nursing Home Benefit**

In order to receive MaineCare coverage for nursing home care or equivalent care at home, an individual must need the level of medical care given in a nursing home. There are other MaineCare programs that offer different levels of care in the home, depending on an individual's needs. The applicant must also meet income and asset limits, although **the income limits are higher** (300% of SSI benefit level) than for full-benefit MaineCare. Also, if the individual has a spouse, much of the spouse's income will be disregarded. To learn more about these benefits, call your local Area Agency on Aging at 1-877-ELDERSI (1-877-353-3771).

## 5.7 Managed care: How it works

### **Refer back to Section 3.1.**

As of October 2008, elderly, disabled and non-categorical MaineCare members will also be enrolled in Managed Care, following the same rules. However, they can't enroll in managed care if they:

- Live in a nursing or ICF-MR (Intermediate Care Facility for people w/ Mental Retardation)
- Have Medicare
- Have other health insurance
- Will be eligible for MaineCare for less than 3 months
- Are in the MaineCare Member Restriction Plan

## **Section 6: Help with Medicare Costs: The Medicare Savings Program**

### 6.1 Medicare Savings Program (MSP): What is it?

Medicare doesn't pay the full cost of health care. There are deductibles, co-pays, co-insurance and premiums. MaineCare has a benefit that **will help pay these costs**: the Medicare Savings Program – which includes Qualified Medicare Beneficiaries (QMB); Specified Low-Income Medicare Beneficiaries (SLMB) and Qualified Individuals (QI). These benefits are sometimes called the buy-in or dual eligible benefits.

<b>2012 Medicare Savings Program (MSP) Benefits</b> Will my MSP pay for the cost of my.....		
	<b>QMB</b>	<b>SLMB or QI<sup>2</sup></b>
<b>Part A</b>		
Premium	Yes	No
Deductible	Yes	No
Co-insurance & co-pay	Yes	No
<b>Part B</b>		
Premium (\$99 a month)	Yes	Yes
Deductible	Yes	No
Co-insurance & co-pay	Yes	No
<b>Part D</b>		
Premium	Yes	Yes
Deductible	Yes	Yes
Donut hole	Yes	Yes
Co-insurance	Yes	Yes
Co-pay	Partial	Partial

## 6.2 Medicare Savings Program (MSP) eligibility

In order to get the MSP benefit, you need to meet two criteria:

1. You must be enrolled in Medicare and have Medicare Part A coverage.
2. Your “countable” income, after subtracting all the allowable disregards, must be at or below 185% FPL (see Appendix D).

Allowable deductions (deductions must be made in order listed below)

1. **Federal disregard:** deduct \$20 from an individual’s or couple’s gross income (unless the only income received is from a need-based source, like a Veteran’s pension, or all in-kind donations).
2. **Impairment-related work expenses** (this deduction is only for disabled individuals/couples who are age 64 or younger and working): deduct impairment-related work expenses from an individual’s or couple’s gross income.
3. **Earned income disregard** (this deduction is only for people who are earning wages through employment):
  - a. Deduct \$65 from an individual’s or couple’s earned income.
  - b. Deduct half of the remaining amount of earned income.
4. **State disregard:** deduct \$55 from an individual’s gross income, or \$80 from a couple’s gross income.
5. Other less common disregards (for example, for dependent children or for a couple where only one spouse is applying for MaineCare). Call Maine Equal Justice (207-626-7058) for more information.

Because not everyone will receive the same disregards, it is difficult to give one number that represents an upper limit for income eligibility. However, in general, for people who are **not** working, if their income is at or below the following amounts, they will be eligible for MSP:

If single:

- \$1,798 (this is \$75 over 185% FPL).

If married:

- \$2,433 (this is \$100 over 185% FPL). If only one of you wants to enroll in MSP, your joint gross income can be up to \$337 higher, which is \$2,770.

**Remember the earned income disregard!** If you are **working**, your income can be even higher.

The Medicare Savings Program (MSP) has three levels. The component you are eligible for depends on your **countable** income (after taking the deductions above):

- If you are enrolled in Medicare and your **countable** income is **at or below 150%** of the federal poverty level (FPL), you are eligible for the Qualified Medicare Beneficiaries (QMB—often called “Quimby”) portion of the MSP benefit.
- If you are enrolled in Medicare and your **countable** income is **over 150% and equal to or less than 170% FPL**, you are eligible for the Specified Low-Income Medicare Beneficiaries (SLMB—often called “Slimby”) portion of the MSP benefit.

Consumers for Affordable Health Care HelpLine: 1-800-965-7476

The Maine Department of Health and Human Services: 1-877-543-7669

Maine Equal Justice Partners: (207) 626-7058

- If you are enrolled in Medicare and your **countable** income is **over 170% and equal to or less than 185% FPL**, you are eligible for the Qualified Individual (QI) portion of the MSP benefit.

*Even if you aren't sure you are eligible, it's a good idea to apply!*

**Important:** When determining income eligibility, be sure to note whether you are using amounts that represent **countable** income (after disregards), or amounts that represent **gross** income (before disregards).

### 6.3 How to apply to the Medicare Savings Program (MSP)

You can enroll in the Medicare Savings Program (MSP) by applying to the Maine Department of Health and Human Services (DHHS), either through the DHHS regional offices (see Appendix C) or by calling 1-877-543-7669.

People are enrolled in MSP for 12 months at a time. Before the end of the 12-month enrollment period, DHHS should send you a review form. You must return the form and continue to meet applicable eligibility guidelines for continued enrollment.

**Important: Most people who are found eligible for MSP will be automatically enrolled in the Low Cost Drugs for the Elderly and Disabled (DEL) benefit (and most people enrolled in DEL will be automatically enrolled in MSP).** See Appendix C for more information about DEL.

MSP coverage begins the second month following your application (for instance, if you apply any time in February, you would receive coverage starting on April 1). Enrollment in the SLMB or QI portion of the MSP may be retroactive up to 3 months **before** the date of your application, if you were eligible during that time period.

Like all other MaineCare programs, DHHS must make an eligibility decision within 45 calendar days (*or else they must temporarily provide the benefit until they are able to make a final decision*). Temporary coverage after the 45<sup>th</sup> day will not happen automatically - you would need to call DHHS and tell them that your application has been pending for 45 days.

Because it is the Social Security Administration (SSA) that collects the Part B premiums, even if DHHS makes a decision on your MSP application within 45 days, it may be several months until SSA stops taking your Part B premium out of your Social Security retirement or Social Security Disability Insurance (SSDI) check. You will receive a lump sum check from SSA to reimburse you for any Part B premiums that were taken out of your benefit check when in fact your MSP benefit has been paying that premium.

#### **If a person has a Medigap (Medicare Supplement) policy, should they keep it if they get onto this program?**

Probably not. They may find – depending on the coverage chosen – that the policy is no longer needed. People can suspend a Medigap policy for up to 24 months. Call [Legal Services for the Elderly](#) at 1-800-750-5353 before suspending or dropping a policy to be sure it's the best decision.

## 6.4 Does the Estate Recovery Program try to recoup benefits from the Medicare Savings Program (MSP)?

The MaineCare Estate Recovery Program does **not** apply to the Medicare Savings Program (MSP), unless you have also received full-benefit MaineCare.

## 6.5 The appeals process for the Medicare Savings Program (MSP)

Medicare Savings Program (MSP), Low Cost Drugs for the Elderly and Disabled (DEL) benefit and Maine Rx Plus members and applicants have the right to appeal almost any Department of Health and Human Services (DHHS) decision that adversely affects eligibility or benefits. The MSP provides significant financial assistance with Part D benefits and covers the Part B premium (and for some, all of the Part A and B costs); therefore, it is of crucial importance to get or maintain membership in MSP for all those who are eligible.

Members and applicants have the right to assistance with an appeal from an attorney, a family member, or another trusted person. Help may also be available through Pine Tree Legal Assistance (see below for a list of their offices and contact information), or Legal Services for the Elderly may also be able to provide help (toll-free 1-800-750-5353; in the Augusta area, call 623-1797).

Appeals must be made within 30 calendar days of the date of the DHHS **written** decision to deny or terminate MSP. To appeal a MSP decision, call or write to the regional DHHS office and ask for a fair hearing.

If appealing a DHHS decision to end MSP benefits, the coverage can continue up to the time of the fair hearing decision, but **only** if the request for a fair hearing is made within **12 calendar days** of the date on the DHHS decision. If the 12-day deadline is missed, an appeal within the 30-day deadline can still be filed; however, the coverage will not continue up to the hearing decision. If the person wins the hearing, then DHHS may have to pay any back bills.

## 6.6 Medicare Savings Program (MSP) resources

**DHHS Pharmacy Help Desk:** 1-866-796-2463 (TTY 207-287-1828)

**Maine Equal Justice:** 1-866-626-7059

**Legal Services for the Elderly (LSE) HelpLine:** 1-800-750-5353

### **Pine Tree Legal Assistance (PTLA) (for appeals):**

**Augusta** 207-622-4731 PO Box 2429, 39 Green Street, Augusta, ME 04338

**Bangor** 207-942-8241 61 Main Street, Bangor, ME 04401

**Lewiston** 207-784-1558 145 Lisbon Street, Lewiston, ME 04240

**Machias** 207-255-8656 1 School Street, Machias, ME 04654

**Portland** 207-774-8211 PO Box 547, 88 Federal Street, Portland, ME 04112

**Presque Isle** 207-764-4349 373 Main Street, Presque Isle, ME 04769

Consumers for Affordable Health Care HelpLine: 1-800-965-7476

The Maine Department of Health and Human Services: 1-877-543-7669

Maine Equal Justice Partners: (207) 626-7058

## Appendix A: Tips for the Applicant

These tips will make the most sense if you have the application form right in front of you. You may also want to have an extra sheet of paper. If you need to explain an answer, use it to write information that won't fit on the application.

**Tip 1:** When in doubt, apply! Even if you think you and your children might not meet the guidelines, you won't know for sure unless you try.

**Tip 2:** If you expect your income to go down in the next 12 months, be sure to attach a note to let DHHS know. DHHS uses your proof of income from the past 4 weeks to estimate how much income your family will have in the next 12 months. If your income will change from what it's been, let them know!

**Tip 3:** If there is a person with disabilities in the family, be sure to indicate that on the application. In some cases, it may be advantageous to apply for disability MaineCare before applying to Social Security. If you are turned down by the Social Security Administration, you will automatically be denied disability MaineCare. However, if you get MaineCare first and later are denied Social Security, you can keep your MaineCare while you appeal the Social Security denial.

**Tip 4:** If you have any medical bills for the last 3 months, be sure to check "yes" in the box where the application asks: "Are you requesting help with medical bills incurred within the last 3 months?" Keep a copy of the bills!

**Tip 5:** You don't have to attach proof of SSI or Social Security income because DHHS can check this with their computer system.

**Tip 6:** On the application where it asks you to list household members:

- Tell whether or not adults are married
- Tell how each adult is related to each child. Note which adult is a parent and which adult is a stepparent to each child.

**Tip 7:** Be sure to list any pregnant adults who might be eligible for MaineCare themselves. Remember that pregnant women have no asset limits.

**Tip 8:** If you have children who are or were covered by private health insurance within the last 3 months, list them in box 9 on page 2 of the family application. If you think they meet one of the exceptions to the 3-month rule, explain this in a note attached to your application. DHHS will be able to tell you whether your child could get MaineCare if you dropped the private insurance. Before making a decision about dropping private insurance, consider whether your income may go up over MaineCare guidelines in the future. If it does, you want to consider whether you could get your private insurance back.

For help, call the Consumers for Affordable Health Care HelpLine at 1-800-965-7476.

## Appendix B: Regional Department of Health & Human Services Offices

Regional Office Location	Address	Telephone Numbers
<u>Augusta Regional Office</u>	35 Anthony Avenue 11 SHS Augusta, Maine 04333	(207)624-8090 ASPIRE (207)624-8080 or 1-800-452-1926 FAX: 207-624-8124 TDD/TTY: 1-800-606-0215
<u>Bangor Regional Office</u>	396 Griffin Road Bangor, Maine 04401	(207)561-4100 or 1-800-432-7825 FAX: 207-561-4493 TDD/TTY: 1-800-606-0215
<u>Biddeford District Office</u>	208 Graham Street Biddeford, Maine 04005	(207)454-9000 or 1-800-322-1919 FAX: 207-454-9012 TDD/TTY: 1-800-606-0215
<u>Calais District Office</u>	392 South Street Calais, Maine 04619	(207)454-9000 or 1-800-622-1400 FAX: 207-454-9012 TDD: 1-800-606-0215
<u>Caribou District Office</u>	30 Skyway Drive Unit 100 Caribou, Maine 04736	(207)493-4000 or 1-800-432-7366 FAX: 207-493-4004 TDD/TTY: 1-800-606-0215
<u>Ellsworth District Office</u>	17 Eastward Lane Ellsworth, Maine 04605	(207)667-1656 or 1-800-432-7823 FAX: 207-667-5364 TDD/TTY: 1-800-606-0215
<u>Farmington District Office</u>	114 Corn Shop Lane Farmington, Maine 04938	(207)778-8400 or 1-800-442-6382 FAX: 207-778-8429 TDD/TTY: 1-800-606-0215
<u>Fort Kent District Office</u>	137 Market Street Fort Kent, Maine 04743-1447	(207)834-7700 or 1-800-432-7340 FAX: 207-834-7780 TDD/TTY: 1-800-606-0215
<u>Houlton Regional Office</u>	11 High Street Houlton, Maine 04730	(207)532-5000 or 1-800-432-7338 FAX: 207-532-5027 TDD/TTY: 1-800-606-0215
<u>Lewiston Regional Office</u>	200 Main Street Lewiston, Maine 04240	(207)795-4300 ASPIRE (207)795-4423 or 1-800-482-7517 FAX: 207-795-4551 TDD/TTY: 1-800-606-0215
<u>Machias District Office</u>	13 Prescott Drive Machias, Maine 04654	(207)255-2000 or 1-800-432-7846 FAX: 207-255-2022 TDD/TTY: 1-800-606-0215
<u>Portland Regional Office</u>	161 Marginal Way Portland, Maine 04101	(207)822-2000 or 1-800-482-7520 FAX: 207-822-2310 TDD/TTY: 1-888-720-1925
<u>Rockland District Office</u>	91 Camden Street Suite 103 Rockland, Me 04841	(207)596-4217 or 1-800-432-7802 FAX: 207-596-4331 TDD/TTY: 1-800-606-0215
<u>Sanford District Office</u>	890 Main Street Suite 208 Sanford, Maine 04073	(207)490-5400 or 1-800-482-0790 FAX: 207-490-5499 TDD/TTY: 1-800-606-0215
<u>Skowhegan District Office</u>	98 North Avenue Suite 10, Suite 10 Skowhegan, Maine 04976	(207)474-4800 or 1-800-452-4602 FAX: 207-474-4890 TDD/TTY: 1-800-606-0215
<u>South Paris Regional Office</u>	243 Main Street Suite #6 South Paris, Maine 04281	(207)744-1200 or 1-888-593-9775 FAX: 207-743-8735 TDD/TTY: 1-800-606-0215

## Appendix C: Maine's Medical Assistance Programs: Who's Covered & Who's Not

### Maine's Medical Assistance Programs: Who's Covered and Who's Not?

Category	Benefit Level	Income Limit <sup>1</sup>	Asset Limit	Notes
Children age 0-18	Full-benefit MaineCare	200% FPL (federal poverty level)	None	Children with income up to 150% FPL are eligible for <u>free</u> MaineCare; infants under 1 with income up to 185% FPL are eligible for <u>free</u> MaineCare. Children between 150%-200% FPL are eligible for <u>low-cost</u> MaineCare (with a premium from \$8-\$64 per month, per family). Children in higher-income families who have a serious medical condition are served under the <b>Katie Beckett</b> option. For the Katie Beckett option, only the income and assets of the child who has the disabling condition (not the parents' income or assets) are counted. There is an asset limit of \$2,000 for the child for Katie Beckett coverage. <b>Full Cost Purchase Option</b> allows families who lose coverage due to increased income to buy into MaineCare at a cost of \$250 per month per child for 18 months.
19- and 20-year-olds	Full-benefit MaineCare	150% FPL	\$2,000 <sup>2</sup> (Many assets are excluded.)	Income of parents in the household is counted in some circumstances.
Parents with children age 18 and younger at home <sup>3</sup>	Full-benefit MaineCare	200% FPL	\$2,000 <sup>2</sup> (Many assets are excluded.)	<b>Transitional coverage:</b> If family income increases from under 150% to over 200% FPL due to earnings, an additional 6 months of coverage is available. These individuals are also eligible for transitional coverage for 4 months if the reason for the increase in income is child support.
Pregnant women	Full-benefit MaineCare	200% FPL	None	For the mother, coverage continues for 2 months beyond the month that pregnancy ends. Coverage will continue longer if the mother meets criteria above for parents. If the mother had full-benefit MaineCare when the baby was born, the baby will be covered by MaineCare for at least 1 year.

<sup>1</sup> For most MaineCare benefits, some income does not count towards these limits.

<sup>2</sup> Asset rules now exempt \$8,000 for an individual and \$12,000 for a household of 2 or more in certain savings, including retirement savings!

<sup>3</sup> DHHS rules cover parents with an 18-year-old who will finish high school by age 19.

Disabled adults and seniors age 65 and older	Full-benefit MaineCare	100% FPL	\$2,000 (\$3,000/couple) <sup>2</sup> (Many assets are excluded.)  Workers with disabilities: \$8,000 (\$12,000/couple) (Many assets are excluded.)	Full-benefit MaineCare “wraps around” Medicare. It covers nearly all Medicare costs. Individuals who are enrolled in Medicare will need to be enrolled in a Medicare Part D prescription drug plan (PDP) and will get their drugs through Part D. Call the DHHS Pharmacy Help Desk at 1-866-796-2463 for questions about Part D. <b>MaineCare Option for Workers with Disabilities:</b> People with disabilities who work may be eligible for full-benefit MaineCare if their unearned income is under 100% FPL and their total income, including earnings, is under 250% FPL. Some people may have monthly premiums.
<b>Category</b>	<b>Benefit Level</b>	<b>Income Limit<sup>1</sup></b>	<b>Asset Limit</b>	<b>Notes</b>
Disabled Adults and seniors age 65 and older who have Medicare	Limited-benefit MaineCare	185% FPL	None	<b>Medicare Savings Program (MSP, or “Buy In”):</b> MaineCare will pay the Medicare Part B premiums for those below 185% of FPL. For those below 150% of FPL MaineCare will also pay the Part A & B deductibles, co-insurance/co-pays. MSPs will have <b>no</b> Part D premium, deductible or “donut-hole.” Co-payments are limited.
“Non-Cats”: adults who do not fit into one of the “categories” for full-benefit MaineCare	Partial-benefit MaineCare	100% FPL	\$2,000 (\$3,000/couple) <sup>2</sup> (Many assets are excluded.)	Adults ages 21-64 who are not disabled and do not have minor children living at home may be eligible for MaineCare if their income is below 100% FPL and they are under the asset limit. Covered services are limited. There is usually a waiting list for this program. Individuals will be moved off of the waiting list and onto the program as spaces become available.
Adults living in Nursing Facilities	Full-benefit MaineCare	Gross Income must be below the semi-private room rate of the nursing facility in which the person resides.	\$2,000 (\$3,000/couple) <sup>2</sup> (Many assets are excluded.)	The person will pay most of their income toward the cost of care in the nursing facility, unless they have a spouse at home. The Member will keep at least \$40 per month for personal needs.
Adults medically eligible for a Nursing Facility but who are living at home through the Home and Community Based Waiver	Full-benefit MaineCare	300% of the federal SSI Benefit Amount (\$2022 in 2011)	\$2,000 (\$3,000/couple) <sup>2</sup> (Many assets are excluded.)	The person will be able to keep income equaling up to 125% of the Federal Poverty Level. All other income will be used to pay for the cost of care.
Adults living in residential care facilities <b>other</b> than nursing facilities	Full-Benefit MaineCare	Countable Income must be below the private pay rate for the residential care facility.	\$2000 (\$3000/couple) Many assets are excluded.	The person will pay most of their income toward the cost of care in the residential care facility. Member will generally keep about \$70 per month for personal needs.
Women who have breast or cervical cancer (or pre-cancerous condition)	Full-benefit MaineCare	250% FPL	None	Women must be without insurance; age 40-64; have a positive screening for breast or cervical cancer at an approved screener. For more information: 1-800-350-5180.

HIV-positive adults	MaineCare drug coverage and other limited benefits	250% FPL	None	Individual must be HIV-positive (with or without diagnosis of AIDS); coverage includes prescriptions and physician and hospital services. There are some limitations on services; copays are higher (\$10 per prescription and per office visit) than for full-benefit MaineCare. There is a limit on the number of individuals who can participate in the program.
“Medically Needy” or “Spend Down”: persons whose income is too high for full-benefit MaineCare	Full-benefit MaineCare, after a large deductible is met	None	\$2,000 (\$3,000 for some couples) <sup>2</sup> (Many assets are excluded.)	The Medically Needy benefit helps people with catastrophic health care expenses; participants must be in a coverable group (65 or older, disabled, 20 or younger, pregnant, or the parent of a minor child); the deductible amount depends on income level; medical bills and other costs associated with medical care must have been incurred, but don’t need to have been paid; certification is usually for 6 months. Old medical bills still owed can go toward the deductible.
<b>Category</b>	<b>Benefit Level</b>	<b>Income Limit<sup>1</sup></b>	<b>Asset Limit</b>	<b>Notes</b>
Disabled adults and seniors age 62 and older	Low Cost Drugs for the Elderly and Disabled (DEL)	185% FPL (income limit is increased by 25% if drug costs are high.)	None	DEL covers: 1) 80% of generic drugs costs (member pays 20% and small copay); 2) 80% of drugs costs for 14 specific health problems (member pays 20% and small copay); 3) A small discount off the retail cost of many other medications; 4) A catastrophic drug benefit covers 80% of the cost of most needed drugs after the person incurs \$1,000 out-of-pocket using their DEL card (member pays 20% and small copay). Some drugs require prior authorization. Most individuals who are also enrolled in Medicare will need to be enrolled in a Medicare Part D prescription drug plan (PDP) and will get their drugs through Part D. Call the DHHS Pharmacy Help Desk at 1-866-796-2463 for questions on Part D.
Persons who do not qualify for full-benefit MaineCare	Maine Rx Plus	350% FPL (see notes)	None	People over 350% FPL will be eligible if they have out-of-pocket prescription drug expenses exceeding 5% of the family’s income, or out-of-pocket medical expenses exceeding 15% of the family’s income. Drugs listed as “preferred” on the MaineCare preferred drug list (PDL) are covered; savings are approximately 15% on brand name drugs and 60% on generic drugs.

<sup>1</sup> For most MaineCare benefits, some income does not count towards these limits.

<sup>2</sup> Asset rules now exempt \$8,000 for an individual and \$12,000 for a household of 2 or more in certain savings, including retirement savings!

## Appendix D: 2012 Federal Poverty Levels

### 2012 Federal Poverty Level (FPL) Annual Income

Household Size	100%	150%	185%	200%	250%	350%
1	\$11,170	\$16,755	\$20,664.5	\$23,340	\$27,925	\$39,095
2	\$15,130	\$22,695	\$27,990.5	\$30,260	\$37,825	\$52,955
3	\$19,090	\$28,635	\$35,316.5	\$38,180	\$47,725	\$66,815
4	\$23,050	\$34,575	\$42,642.5	\$46,100	\$57,625	\$80,675
5	\$27,010	\$40,515	\$49,968.5	\$54,020	\$67,525	\$94,535
6	\$30,970	\$46,455	\$57,294.5	\$61,940	\$77,425	\$108,395
Each Additional	\$3,960	\$5,940	\$7,326	\$7,920	\$9,900	\$13,860

### 2012 Federal Poverty Level (FPL) Monthly Income

Household Size	100%	150%	185%	200%	250%	350%
1	\$931	\$1,397	\$1,723	\$1,862	\$2,328	\$3,258
2	\$1,261	\$1,892	\$2,333	\$2,522	\$3,153	\$4,413
3	\$1,591	\$2,387	\$2,944	\$3,182	\$3,978	\$5,568
4	\$1,921	\$2,882	\$3,554	\$3,842	\$4,803	\$6,723
5	\$2,251	\$3,377	\$4,165	\$4,502	\$5,628	\$7,878
6	\$2,581	\$3,872	\$4,775	\$5,162	\$6,453	\$9,033
Each Additional	\$330	\$495	\$611	\$660	\$825	\$1,155

Poverty levels are adjusted annually according to the Consumer Price Index. Be aware that these levels will change in January or February of each year.

## Appendix E: Transportation Agencies

### **Aroostook Regional Transportation System**

P. O. Box 552  
Presque Isle, ME 04769  
Mileage Reimbursement:  
764-5246 or 1-800-621-1011  
  
Local bus service:  
764-3384 or 1-800-442-3320

### **Coastal Transportation Services**

46 Summer Street  
Rockland, ME 04841  
Bath Area: 443-6207 or  
1-800-444-6207  
Rockland Area: 596-6605 or  
1-800-289-6605

### **Community Concepts Transportation**

P. O. Box 278  
South Paris, ME 04281  
Auburn: 795-6073  
Rumford: 364-3685  
South Paris: 743-6905  
Farmington 779-0594

### **Downeast Transportation**

P. O. Box 914  
Ellsworth, ME 04605  
667-5796

### **Freeport Taxi (Provide a Ride)**

72 Pleasant Hill Road  
Freeport, ME 04032  
865-9400 or 1-800-590-9400

### **Kennebec Valley Community Action Program (KVCAP)**

**Transportation Agency**  
P. O. Box 1529  
Waterville, ME 04903  
Augusta: 626-4761  
Waterville: 873-2122  
Skowhegan: 474-8487 or  
1-800-542-8227

### **Penquis Community Action Program (Project Ride)**

P. O. Box 1162  
Bangor, ME 04402-1162  
Penobscot County: 973-3695  
Piscataquis County: 564-7116  
or 1-866-853-5969

### **PROP (People's Regional Opportunity Program)**

510 Cumberland Avenue  
Portland, ME 04101  
874-1140 or 1-800-698-4959

### **Regional Transportation**

127 St. John Street  
Portland, ME 04102  
774-2666 or 1-800-244-0704

### **Waldo County Transportation**

P. O. Box 130  
Belfast, ME 04915  
338-4769 or 1-800-439-7865

### **Washington-Hancock Community Agency**

P. O. Box 280  
Milbridge, ME 04658  
546-7544 or 1-888-805-5552

### **West Transportation, Inc.**

P. O. Box 82  
Milbridge, ME 04658  
1-800-596-2823 or 546-2823

### **Western Maine Transportation**

76 Merrow Road  
Auburn, ME 04210  
Norway, South Paris, Lewiston,  
Auburn, Rumford, Mexico  
1-800-393-9335

### **York County Community Action Program**

P. O. Box 72  
6 Spruce Street  
Sanford, ME 04073  
1-800-965-5762 or 324-5762

## Appendix F: MaineCare Member Co-payments

Members **do NOT have co-payments** when they are:

- Under 21 years old
- Pregnant (including 3 months after the pregnancy ends)
- In state custody or state guardianship
- In a
  - hospital (inpatient)
  - skilled nursing facility,
  - nursing facility,
  - Intermediate Care Facility for the Mentally Retarded (ICF-MR),
  - Private Non-Medical Institution (PNMI)
    - **AND**
    - paying for part of their care as set by OMS/DHHS.
- On a ventilator AND living in his/her home
- Utilizing services provided in Indian Health Centers
- Utilizing family planning services and supplies
- Utilizing services provided by a registered professional nurse in order to care for dressing changes for wound care, IV therapy, parenteral therapy
- Utilizing hospice services
- Utilizing emergency services

### *Co-payment Schedules*

The co-payment is based upon how much MaineCare pays for the service.

<i>When MaineCare pays . . .</i>	<i>the member co-payment is</i>
<i>\$10.00 or less</i>	<i>\$0.50</i>
<i>\$10.01 - \$25.00</i>	<i>\$1.00</i>
<i>\$25.01 - \$50.00</i>	<i>\$2.00</i>
<i>\$50.01 – more</i>	<i>\$3.00</i>

The following services have a co-payment (exceptions are listed on the previous page).

Note: There are special co-payments for members enrolled in the HIV/AIDS program.+

Non-Emergency Service *	Per Day Max	Per Month Max
Ambulance	\$3.00	\$30.00
Chiropractor	\$2.00	\$20.00
Consumer Directed Attendant	\$3.00	\$5.00
Durable Medical Equipment	\$3.00	\$30.00
Federally Qualified Health Centers	\$3.00	\$30.00
Home Health Services	\$3.00	\$30.00
Hospital (inpatient or outpatient)	\$3.00	\$30.00
Laboratory	\$1.00	\$10.00
Mental Health	\$2.00	\$20.00
Occupational Therapy	\$2.00	\$20.00
Opticians	\$2.00	\$20.00
Optometrists	\$3.00	\$30.00
Physical Therapy	\$2.00	\$20.00
Podiatrist	\$2.00	\$20.00
Prescription Drugs **	\$3.00/ prescription	\$30.00
Private Duty Nursing	\$3.00	\$5.00
Psychological Services	\$2.00	\$20.00
Rural Health Center	\$3.00	\$30.00
Speech	\$2.00	\$20.00
Substance Abuse	\$2.00	\$20.00
X-rays/Medical Imaging	\$1.00	\$10.00

**\*\* Emergency Services have no member co-payments.**

\*\* Members in Drugs for the Elderly and other pharmacy programs may have lower co-pays.

+Members in the HIV/AIDS program pay all of the regular co-payments shown above *EXCEPT FOR*

- Physician's visit – co-pay is \$10.00 (Note: there is no daily limit on member co-pays for physician visits.)
- Prescription drugs
  - generic co-pay \$10.00/30-day supply;
  - brand name co-pay \$20.00/90-day supply *by mail order only*.

Special Note: Providers may refuse to treat HIV/AIDS program members if the member does not pay the co-payment. No other MaineCare provider can refuse a patient for this reason.

## Appendix G: Consent Form Example

By signing this form I authorize the Department of Health and Human Services staff to discuss my eligibility for Medical Assistance with a representative from Consumers for Affordable Health Care. This authorization includes all confidential aspects of my case that may relate to my eligibility for Medical Assistance.

\_\_\_\_\_ Date: \_\_\_\_\_

Sign here

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medicaid ID number (if you have one): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

This consent form expires 1 year from above date unless an earlier date is here: \_\_\_\_\_

### Return to:

Consumers for Affordable Health Care  
 PO Box 2490  
 Augusta, ME 04338-2490  
 Fax 1 888 214 5233

## Appendix H: Emergency Medical Condition Form

[On Letterhead of Doctor]

Date: \_\_\_\_\_

Dear Medicaid caseworker:

This letter is to certify that Mr./Ms. \_\_\_\_\_ has/had an Emergency Medical Condition (EMC) for which immediate treatment is/was necessary.

The diagnosis of the condition is/was \_\_\_\_\_

As a result if this EMC, the patient will need/needed the following treatments \_\_\_\_\_

This patient has as an Emergency Medical Condition with acute symptoms of such severity, including severe pain, that without immediate medical attention, the result may be all of the following:

- € The patient's health is in serious jeopardy;
- € Serious impairment to bodily function; and/or
- € Serious dysfunction of any body organ or part.

The EMC began on \_\_\_\_\_ and is expected to last until \_\_\_\_\_.  
(provide exact dates)

Without treatment, this patient may suffer the following health problems and/or require

the following medical treatments: \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
(Print name and sign)

## Appendix I: Ineligible Spouse Budget Worksheet

### For Couple Households with No Earned Income

#### Steps

1. Combine total household gross income, before any deductions \_\_\_\_\_
2. Subtract \$20 \_\_\_\_\_
3. Subtract \$80 \_\_\_\_\_
4. Subtract \$349 from the “ineligible” spouse’s income \_\_\_\_\_
5. Compare result to Federal Poverty Level for 2 people. If below, then the “eligible” spouse is eligible.

### For Couple Households with Earned Income

#### Step A

1. Eligible Spouse’s Unearned Income \_\_\_\_\_
2. Subtract Federal Disregard (\$20.00) \_\_\_\_\_
3. Eligible Spouse’s Net Income \_\_\_\_\_  
(take 2 from 1)

#### Step B

4. Ineligible Spouse’s Earned Income: \_\_\_\_\_
5. Subtract Ineligible Spouse Standard \_\_\_\_\_  
(\$337 in 2010 and any portion of \$20 not used above)
6. Subtract \$65 & 50% of **earned** income \_\_\_\_\_
7. Add Ineligible Spouse’s unearned income \_\_\_\_\_
8. Total net income of ineligible spouse \_\_\_\_\_

#### Step C

9. Add Eligible Spouse’s and Ineligible Spouse’s \_\_\_\_\_  
Net income (total of 3 & 8)
10. Subtract State Disregard (\$80) \_\_\_\_\_
11. Net total countable income \_\_\_\_\_  
(9 minus 10)

**Compare answer to 11 to federal poverty level for 2**

(rev. 5/10)

## Appendix J: MaineCare Deductible (Spend Down)

### Can you explain the MaineCare Deductible?

If your income is too high for regular MaineCare, you may be eligible for MaineCare with a deductible. (This used to be called a "Medicaid spend-down.")

#### Here is how the deductible works:

- You will get a notice from the state telling you that you are not eligible for MaineCare.
- The notice will tell you that MaineCare can help you if your medical bills for a 6-month period are over a certain amount. This is called the "deductible."

### Do I actually have to spend all that money before MaineCare can help me?

No. Your total medical bills must be at least the amount of the deductible. You don't have to have paid them.

### Will MaineCare pay the deductible once I meet it?

No. MaineCare will not pay the deductible. That is your responsibility. Sometimes you can get "free" care or "charity" care from the hospital which can pay for your bill.

### Which Bills Will MaineCare Pay for Me?

MaineCare will pay many or most of the bills over and above the deductible amount after you meet it.

#### Here is how it works:

Let's say your MaineCare deductible is \$5000 for January 1st through June 30th. You go into the hospital on January 1st. You get out on January 8th. You then have other medical bills, like prescriptions, physical therapy, or anything else. All your bills come to \$8000.00.

You bring all your bills (including any old medical bills from before January 1st that are unpaid) into your MaineCare worker. MaineCare then looks to see on which date did your bills total \$5000 (your deductible amount). Say your hospital bill shows that by January 6th your bills totaled \$5000.00. MaineCare will then tell you that MaineCare will pay for all your medical bills for services after January 6th. (Remember that if Medicare pays some or all of the \$5000, then MaineCare will **not** count that toward your deductible. If the hospital gives you "free" care, then whatever the hospital gives to you **does** count toward your \$5000 deductible.)

MaineCare will then pay for all your medical bills for medical services that you get from January 6th until the end of June.

### What should I do if I know that I am going to have a big medical expense?

Sometimes it is better to have a MaineCare deductible for one month, instead of for 6 months. Here is how it works.

If you know you are going into the hospital on February 1st for an operation and that you won't have any big medical expenses after the month of February, then it is usually better to reapply for MaineCare in March.

When you reapply in March you will only have a 1 month deductible (for February) which is smaller than a 6 month deductible. The only downside is that MaineCare will only cover the past medical expense (once you meet your deductible) and will not cover future medical expenses.

### What Should I Do If I have Old Unpaid Medical Bills?

It is important that you tell your MaineCare worker if you have any old unpaid medical bills. These bills can sometimes be used to meet your deductible.

# Appendix K: Self Employment Income Form

SELF EMPLOYMENT PROFIT AND LOSS STATEMENT

DUE:

SELF-EMPLOYED INDIVIDUAL NAME:

CLIENT ID:

MONTH/YEAR:

DAY	Week 1		Week 2		Week 3		Week 4		Week 5	
	# hours	Gross \$	# hours	Gross \$	# hours	Gross \$	# hours	Gross \$	# hours	Gross \$
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
<b>TOTALS</b>										

**Costs for self-employment vehicles, only**

Gas						
Oil						
Repairs						
Tires						
# of miles						
<b>TOTALS</b>						

**Business Related Expenses, Only**

Wages for Employees						
Soc. Sec. Tax (FICA)						
Ins. & Work. Comp.						
Rent						
Telephone						
Utilities						
*Supplies						
*Merchandise						
*Postage/freight						
*Advertising						
*Repairs						
**Loan Interest						
***Others						
<b>TOTAL</b>						



1 0027221 00308202021000

Cost of Goods Sold	
Inventory Beginning of Month:	\$ _____
Inventory At End of Month:	\$ _____
Cost of Items Used for Personal Use:	\$ _____

\* Need to keep receipts in case they are asked for  
 \*\* Need a statement from the lender showing the principle and interest  
 \*\*\* Need to be able to prove and explain these

I state that the information given is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Appendix L: State and MaineCare Funded Home Care Programs

Program	Funding	Medical Eligibility	Financial Eligibility	Admin.	Avg. Monthly Admin Cost/Person	Avg. Service Cost/Month	Cost Sharing Monthly
MaineCare Home Health	MaineCare	Skilled nursing/therapy Homebound, w/exception	< 100% FPL 2000/3000 asset limit 8,000/12,000 exclusion* * different income/asset rules for Workers Option	Medicare certified Home Health Agencies	N/A	\$1,300	\$5
Private Duty Nursing/Personal Care Services		2 Activity of Daily Living (ADL) Monthly nursing		EIM	\$117	\$800	\$5
Consumer-directed Attendant Services		2 ADL & ability to self- direct		Alpha One	\$262	\$1,600	\$5
Adult Day Health		2 ADL or cueing w/ 4 ADL		Licensed Providers	N/A	\$400	\$5
Waiver: Elders and Adults w/Disabilities		Nursing Facility level of care	Income <\$1,635 2000/3000 asset limit 8,000/12,000 exclusion	EIM	\$117	\$1, 840	All income >\$895
Waiver: Consumer-directed		Nursing Facility Level of Care & ability to self- direct		Alpha One	\$465	\$2,811	All income >\$895
Home Based Care: Elders and Adults w/ Disabilities	State	1 ADL + 2 other ADLs, IADLs, or nursing	No upper limit \$15,000 asset disregard	Elder Independence of Maine	\$117	\$700	4% income 3% assets
Home Based Care: Consumer-directed		1 ADL plus 2 other ADL, or IADL & ability to self- direct	No upper limit \$30,000 asset disregard	Alpha One	\$262	\$1,322	Same as above
Homemaker Services		Need help with housekeeping, laundry, groceries	No upper income limit Assets less <\$50,000 for 1, <\$75,000 for 2	Home Resources of Maine Aroostook Home Health Services	\$34	\$200	20% of cost of services
Adult Day Services		1 ADL or cueing w/4 ADL		ADS providers	N/A	\$215	20% of cost of service
Alzheimer's Respite		Dementia diagnosis		Area Agencies on Aging	10% of annual allocation	\$240	20% of cost of services

Consumers for Affordable Health Care HelpLine: 1-800-965-7476  
The Maine Department of Health and Human Services: 1-877-543-7669  
Maine Equal Justice Partners: 1-866-626-7059

## Appendix M: Myths and Facts about MaineCare

**The Top 10 'Real Facts' About Fraud and Abuse in MaineCare, Food Stamps and Other Programs**

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***They are driving a new car all the time and on MaineCare.***  
**Real Facts:** Federal law allows recipients to have a car, recognizing that people need one to keep a job. This is especially true in a rural state like Maine.

---



***People are not reporting all of their assets and their kids are still on MaineCare.***  
**Real Facts:** Assets are not counted when determining a child's eligibility. Adults, except pregnant women, must meet a strict asset test.

---



***They have 'other' insurance. They shouldn't get MaineCare.***  
**Real Facts:** Some families do have other insurance, in which case, MaineCare is reimbursed by other insurance carriers.

---



***The parent is working full-time. Why are they on MaineCare?***  
**Real Facts:** Some employers do not offer health insurance or their plan is unaffordable. Many working families qualify for MaineCare.

---



***My neighbor transferred assets to get nursing home assistance.***  
**Real Facts:** This is thoroughly examined before determining eligibility. Laws are strict, but provisions exist to protect spouses.

---



***People on Food Stamps use the EBT card to buy alcohol and tobacco products.***  
**Real Facts:** Federal law does NOT allow Food Stamps to be used for anything but food. Even toothpaste is not allowed.

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***People on Food Stamps fill their carts with junk food.***  
**Real Facts:** The federal government establishes what food can be purchased. Research shows there is no difference in the type of food purchased by Food Stamp recipients and all other consumers.

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***People who are not legal citizens get all sorts of benefits.***  
**Real Facts:** They don't. The Deficit Reduction Act requires a person to prove Maine residency and be a U.S. citizen or a *legal* immigrant to get benefits.

---



***People are working AND getting disability checks.***  
**Real Facts:** Our program supports and encourages people returning to the workforce if able. Federal law allows people with disabilities to keep benefits during a transitional period.

---



***Clients are working 'under the table.'***  
**Real Facts:** This violates State and Federal law. We investigate every report of a person working 'under the table' and still collecting benefits.

---

***We are committed to running successful, publicly accountable programs that serve people in need effectively. If you have concerns about how our programs are delivering services, please call 1-800-424-9121 and trust that your report will be taken seriously.***



Department of Health  
and Human Services

*Maine People Living  
Safe, Healthy and Productive Lives*

Joni E. Beilock, Governor

Brenda M. Haney, Commissioner