Table of Contents

Section 1: Application, Enrollment & Appeals ................................................................. 9
  1.1 How to Apply for MaineCare .................................................................................. 9
  1.2 Citizenship and Identity Verification Requirement .............................................. 9
  1.3 Temporary MaineCare & 45 Day Rule ................................................................. 10
  1.4 When Will Coverage Start? Can Back Bills Be Paid? ....................................... 10
  1.5 Free MaineCare Length of Enrollment ............................................................. 11
  1.6 Options When Member Income Exceeds Guidelines ....................................... 11
  1.7 MaineCare Advocacy ........................................................................................ 17
  1.8 How to Appeal a DHHS Decision ....................................................................... 23
Section 2: Family-Related Eligibility and Coverage ...................................................... 25
  2.1 What Is MAGI? .................................................................................................. 25
  2.2 Rule to Construct MAGI MaineCare Households ............................................. 25
  2.3 Rules to Determine MAGI MaineCare Income ................................................. 30
  2.4 MAGI MaineCare Asset Rules .......................................................................... 39
  2.5 Pregnant Women .............................................................................................. 39
  2.6 Presumptive Eligibility ...................................................................................... 39
  2.7 Free MaineCare and Private Health Insurance .................................................. 40
Section 3: CHIP-Children’s Health Insurance Program ................................................ 41
  3.1 CHIP Cub Care is Low-Cost MaineCare ............................................................ 41
  3.2 CHIP Cub Care Length of Enrollment ............................................................... 41
  3.3 Children Who CAN’T Get CHIP MaineCare ...................................................... 42
  3.4 What Happens if CHIP Cub Care Premiums Aren’t Paid? ............................... 43
Section 4: Implementation of Maine’s Medicaid Expansion ........................................ 45
Section 5: Limited Family Planning Benefit ................................................................ 47
Section 6: Eligibility & Benefits for Seniors & Disabled Individuals ......................... 53
  6.1 MaineCare Coverage: Non-MAGI Categories .................................................. 53
  6.2 Countable Household Income ........................................................................... 54
  6.3 Deductions from Income .................................................................................. 56
  6.4 Asset Rules ...................................................................................................... 56
  6.5 Enrollment, Renewals, Retroactivity ................................................................. 57
  6.6 Options When Member Income Exceeds Guidelines ....................................... 59
  6.7 MaineCare Option for Workers with Disabilities .............................................. 59
  6.8 Katie Becket Children with Disabilities .............................................................. 61
  6.9 Home and Community Benefit ......................................................................... 61
  6.10 Primary Care Case Management .................................................................... 62
Section 7: Help with Medicare Costs: Medicare Savings Programs ......................... 63
  7.1 Medicare Savings Program (MSP): What Is It? ................................................ 63
  7.2 Medicare Savings Program (MSP) Eligibility .................................................. 63
  7.3 Applying for Medicare Savings Program or MSP .............................................. 65
  7.4 Do MSP Benefits Trigger the Estate Recovery Program? ............................... 65
  7.5 Appeals Process for Medicare Savings Program .............................................. 65
  7.6 Medicare Savings Program (MSP) Resources .................................................. 66
Appendices ..................................................................................................................... 69
  Appendix A: Resources .......................................................................................... 69
  Appendix B: Regional Department of Health & Human Services Offices .............. 70
  Appendix C: Maine’s Medical Assistance Programs: Who’s Covered & Who’s Not  71
  Appendix D: MaineCare Member Co-payments ..................................................... 75
  Appendix E: DHHS Consent Form .......................................................................... 76
  Appendix F: MaineCare Coverage for Immigrants ................................................. 78

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 G: Emergency Medical Conditions ................................................................................................ 80
Appendix H: Emergency Medical Condition Form ............................................................................................. 81
Appendix I: Ineligible Spouse Budget Worksheet ............................................................................................... 82
Appendix J: Worksheet for Couple Households that have Earned Income .......................................................... 83
Appendix K: MaineCare Deductible (Spend Down) ............................................................................................. 84
Appendix L: Self-Employment Income Form ......................................................................................................... 85
Appendix M: State and MaineCare Funded Home Care Programs ...................................................................... 86
Appendix N: Common Acronyms .......................................................................................................................... 87
What’s in this Guide?

This guide is about MaineCare, Maine’s Medicaid program. MaineCare is administered by DHHS or the Department of Health & Human Services. Various groups or eligibility categories are discussed in this Guide:

- Children & their parents
- Pregnant women
- Maine’s State Children’s Health Insurance Program (CHIP)
- 19 and 20-year-olds
- Former Maine foster children under 26
- Limited Family Planning Benefit
- Medicaid expansion ages 21+: expected summer 2018
- Adults with disabilities
- Seniors age 65 and older
- Medicare Savings Program, a partial-benefit MaineCare program
## MaineCare Coverage Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Benefit Level</th>
<th>Income Limit</th>
<th>Asset Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth to one year</strong></td>
<td>Full benefit MaineCare</td>
<td>196% FPL MGI</td>
<td>None</td>
</tr>
<tr>
<td><strong>Children age 0-18</strong></td>
<td>Full benefit MaineCare or CHIP with premium</td>
<td>163% FPL MAGI (free) or 213% FPL MAGI (CHIP)</td>
<td>None</td>
</tr>
<tr>
<td><strong>19- and 20-year olds</strong></td>
<td>Full benefit MaineCare</td>
<td>161% FPL MAGI</td>
<td>None</td>
</tr>
<tr>
<td><strong>Former Maine Foster Children up to age 26</strong></td>
<td>Full benefit MaineCare</td>
<td>No limit</td>
<td>None</td>
</tr>
<tr>
<td><strong>Parents or caretaker relative</strong></td>
<td>Full benefit MaineCare</td>
<td>105% FPL MAGI</td>
<td>None</td>
</tr>
<tr>
<td><strong>Pregnant Women</strong></td>
<td>Full benefit MaineCare</td>
<td>214% FPL MAGI increase household size by 1 or more</td>
<td>None</td>
</tr>
<tr>
<td><strong>Adults 21 years and older</strong></td>
<td>Full benefit MaineCare</td>
<td>138% FPL MAGI</td>
<td>None</td>
</tr>
<tr>
<td><strong>Family Planning for all ages and genders</strong></td>
<td>Limited reproductive health benefit MaineCare</td>
<td>214% FPL MAGI household &amp; income of only one</td>
<td>None</td>
</tr>
<tr>
<td><strong>Katie Beckett children under 19 with severe disability, qualified to be in an institution</strong></td>
<td>Full benefit MaineCare with monthly premium</td>
<td>Parents’ income <strong>doesn’t</strong> count. Child’s income below $2,250 Categorical Nursing Care Limit, $2,250. SSI related disregards.</td>
<td>$2,000, exclude $8,000. Only the child’s assets are countable. Parents’ assets <strong>don’t</strong> count.</td>
</tr>
<tr>
<td><strong>Adults with disabilities or over 64</strong></td>
<td>Full benefit MaineCare</td>
<td>100% FPL. Use SSI-related system of disregards</td>
<td>$2,000 single, exclude $8,000 $3,000 couples, exclude $12,000</td>
</tr>
<tr>
<td><strong>People with Medicare</strong></td>
<td>Medicare Savings Program</td>
<td>175% FPL. Use SSI-related system of disregards</td>
<td>$50,000 single, exclude $8,000 $75,000 couples, exclude $12,000</td>
</tr>
<tr>
<td><strong>Home &amp; Community Based Waiver for elderly and people with a brain injury, disability or other conditions</strong></td>
<td>Full benefit MaineCare</td>
<td>$2,250 or 300% of federal SSI benefit amount</td>
<td>$2,000 single, exclude $8,000 $3,000 couples, exclude $12,000</td>
</tr>
<tr>
<td><strong>Adults medically eligible for nursing care</strong></td>
<td>Full benefit MaineCare</td>
<td>$2,250 or 300% of federal SSI benefit amount. Use SSI-related disregards</td>
<td>$2,000 single, exclude $8,000 $3,000 couples, exclude $12,000</td>
</tr>
<tr>
<td><strong>Adults living in residential care facilities other than nursing facilities</strong></td>
<td>Full benefit MaineCare</td>
<td>Income below private pay rate for residential care facility. Use SSI-related disregards</td>
<td>$2,000 single, exclude $8,000 $3,000 couples, exclude $12,000</td>
</tr>
<tr>
<td><strong>Women with breast or cervical cancer or pre-cancerous condition</strong></td>
<td>Full benefit MaineCare</td>
<td>250% FPL. Use SSI-related disregards</td>
<td>None</td>
</tr>
<tr>
<td><strong>HIV-positive adults</strong></td>
<td>MaineCare drug coverage and other limited benefits</td>
<td>250% FPL. Use SSI-related disregards</td>
<td>None</td>
</tr>
<tr>
<td><strong>“Medically Needy” or “spend down”: Persons in a MaineCare category with income too high for full-benefit MaineCare</strong></td>
<td>Full benefit MaineCare, after large deductible is met</td>
<td>None. Use SSI-related disregards apply for deductible calculation</td>
<td>Same asset limit as applicant’s MaineCare category</td>
</tr>
<tr>
<td><strong>Adults with disabilities and seniors age 62 and older</strong></td>
<td>Low Cost Drugs for Elderly and Disabled (DEL)</td>
<td>175% FPL, limit is increased by 25% if drug costs are high. Use SSI-related disregards</td>
<td>$50,000 single, exclude $8,000 $75,000 couple, exclude $12,000</td>
</tr>
<tr>
<td><strong>Persons who do not qualify for full-benefit MaineCare</strong></td>
<td>Maine Rx Plus</td>
<td>350% FPL. Use SSI-related disregards</td>
<td>None</td>
</tr>
</tbody>
</table>

- For many MaineCare categories, some income does not count towards these limits.
- Categories with asset limits have exemptions.
- 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)
Help Paying for Health Insurance: *What Do Your Clients Qualify for?*

**Income Guidelines for MaineCare and Marketplace Plans in Effect in 2018**

### MaineCare, a free or low cost government program

<table>
<thead>
<tr>
<th>Category</th>
<th>Income: Up to 105%** FPL</th>
<th>Income: Up to 161%** FPL</th>
<th>Income: Up to 213%** FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors (65+) &amp; People with disabilities</td>
<td>$13,040.00*</td>
<td>$12,747.00**</td>
<td>$19,545.40**</td>
</tr>
<tr>
<td>People with disabilities</td>
<td>$17,660.00*</td>
<td>$17,283.00**</td>
<td>$26,500.60**</td>
</tr>
<tr>
<td>N/A</td>
<td>$21,819.00**</td>
<td>$33,455.80**</td>
<td>$44,261.40**</td>
</tr>
<tr>
<td>N/A</td>
<td>$26,355.00**</td>
<td>$40,411.00**</td>
<td>$53,463.00**</td>
</tr>
</tbody>
</table>

Additional disregards allowed in some cases

### Pregnant women

Income: Up to 214%** FPL Add 1 to household size for a pregnant woman

<table>
<thead>
<tr>
<th>Income: Up to 214%** FPL</th>
<th>$35,224.40**</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>$44,489.20**</td>
</tr>
<tr>
<td>N/A</td>
<td>$53,714.00**</td>
</tr>
</tbody>
</table>

Annual income levels are based on the year 2018.
*Includes monthly ($20) Federal and ($35 single, $80 couple) State disregards.
**Includes standard 5% disregard.

### Cost breaks on 2018 plans in the Health Insurance Marketplace

If you do not qualify for MaineCare but you buy health insurance through Maine’s Marketplace, you may be able to get breaks on costs.

#### Cost Breaks that lower your monthly premiums, AND help paying out-of-pocket costs, if your income is: 100-250% FPL

<table>
<thead>
<tr>
<th>Income: Over 250% and up to 400% FPL</th>
<th>$12,060.00 - $30,150.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>$16,240.00 - $40,600.00</td>
<td>$30,150.01 - $48,240.00</td>
</tr>
<tr>
<td>$20,420.00 - $51,050.00</td>
<td>$40,600.01 - $64,960.00</td>
</tr>
<tr>
<td>$24,600.00 - $61,500.00</td>
<td>$51,050.01 - $81,680.00</td>
</tr>
<tr>
<td>$61,500.01 - $98,400.00</td>
<td>$81,680.01 - $198,400.00</td>
</tr>
</tbody>
</table>

Annual income levels are based on the year 2017.

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Section 1: Application, Enrollment & Appeals

1.1 How to Apply for MaineCare

Applicants can get an application or enroll by:

- Meeting with certain enrollment assisters around the state, at all FQHCs and other partner organizations. Call CAHC's HelpLine, 1-800-965-7476 to get list.
- Calling the DHHS statewide for the public toll-free number: 1-855-797-4357.
- For providers, using Option 4 on the public line: 1-855-797-4357.
- Visiting a local DHHS office: see Appendix B
- Visiting a local DHHS office to use a document scanner and enrollment kiosk.
- Calling the Consumers for Affordable Health Care HelpLine at 1-800-965-7476
- Printing an application from the Internet:
  - Printing an application from the Internet: for families with children:
- You may now do a pre-screening, open an account, update or renew on-line! Go to
  https://www.maine.gov/mymaineconnection
- Fax or email a completed application to Farmington: 778-8429, 778-8410 or
  Farmington.dhhs@maine.gov
- Applications found ineligible at the Health Insurance Marketplace are sent to DHHS for Medicaid, or MaineCare, for eligibility screening.
- Boxes of disability applications can be obtained by faxing 626 5555. Must include name of agency wanting forms or printed from
- Parents, children, 19 and 20-year-olds, and pregnant women use the same application to apply.

The applicant should complete the form, save a copy, bring it to a local DHHS office or mail it to the Farmington DHHS office (see Appendix B for office list) and save a record of the date it was sent. The applicant should provide proof of current income. For example, if employed, send copies of the 4 most recent paycheck stubs. If self-employed, or employed with fluctuating income, a copy of the most recent tax form.

1.2 Citizenship and Identity Verification Requirement

To prove citizenship and identity, applicants may list the social security numbers for each of the family member applying for coverage. The Department of Health and Human Services submits the numbers to the Social Security Administration (SSA) to establish citizenship status.

The citizenship and identity verification law requires some people to prove their citizenship and their identity with other documents, listed below, to be eligible for Medicaid. If applicants are unable to prove their citizenship and identity, they will be allowed to get MaineCare for up to ninety days. If they fail to prove their citizenship within ninety days, then they may lose 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 returns, his or her citizenship and identity has already been proven.

**Documents to prove citizenship and identity:**
In cases when a social security number is not available, certain documents may be used to prove citizenship and identity. Documents must be certified copies from the issuing agency. These include documents such as passports, birth certificates, driver’s licenses, etc. You can find a full list of acceptable documents in Part 2 of the MaineCare Eligibility Manual.

**Exemptions from the law:**
There are many people who are exempt from this law so they do not have to show documents that prove their citizenship or their identity:
- People on Medicare
- People receiving Supplemental Security Income or SSI
- People receiving Social Security Disability Insurance or SSDI
- Pregnant women while covered under presumptive eligibility
- 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 had to show documents that proved their citizenship or immigration status and identity to state or federal government officials already.

**1.3 Temporary MaineCare & 45 Day Rule**
DHHS must decide within 45 calendar days from the date they get the completed application, whether mailed, from MyMaineConnection or from the Marketplace, to determine eligibility. Keep proof of submission and a record of submission date. After 45 days, follow up with a call.

If the application is missing required documents, the applicant should get a request for them. Documents must be then submitted within ten days after notice received or the applicant loses the possibility of getting temporary MaineCare 45 days after application submission.

If DHHS does not determine eligibility within 45 calendar days due to their own delays, they must send the applicant a temporary MaineCare card to use until DHHS makes a final decision. Taking longer than 45 days is common with disability applications and for self-employed, but is also common for others. Applicants often need to be very proactive to get this temporary card. The applicant may begin using the temporary 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 temporary card.

**1.4 When Will Coverage Start? Can Back Bills Be Paid?**
Everyone covered in this guide, except QMB recipients and children with CHIP 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, they should indicate that on the application.
Example: The family applied on April 15th and was eligible for free MaineCare. MaineCare may cover unpaid medical bills back to January 1st, 3 months before the month of application, provided the family was otherwise eligible during those months.

Tip: If DHHS indicates that it will not cover medical bills for the 3 months before application, the family can contact the Consumers for Affordable Health Care HelpLine, at 1-800-965-7476.

CHIP: CHIP is funded through a different law and has different rules. CHIP children, who have a monthly premium, may begin coverage on the first day of the month that DHHS received the application. The family may also choose to begin on the first day of the next month.

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

QMB or Qualified Medicare Beneficiary coverage, part of the Medicare Savings Program, explained in its own section, begins the month after an eligibility decision is made. Coverage begins for the month following the month when a complete application is submitted.

1.5 Free MaineCare Length of Enrollment

Members must re-apply or renew every 12 months for MaineCare. DHHS should send a renewal form. They'll check to make sure the member still meets income, and when applicable, asset guidelines. Members can protect their enrollment in MaineCare by knowing when their 12 months’ end. If they don’t get a renewal form the preceding month, members should call for one or renew at their online account if able.

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 or other premiums already due have been paid
4. They still fit into a coverable category and meet the income guidelines.

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

1.6 Options When Member Income Exceeds Guidelines

Here are descriptions of five options, one of which may work, when family income exceeds their MaineCare Guideline caps:
A. Transitional MaineCare for parents
B. HIPO for children
C. Health Insurance Marketplace
D. PHIP
E. MaineCare deductible or spenddowns
A. Transitional MaineCare

Parents: The family must have been on MaineCare. If parents lose it because their income goes over 105%, the parents are eligible for either 6 or 12 months of transitional MaineCare. After the first 6 months, the parents can get another 6 months of transitional MaineCare if family income is still below 185% FPL. At the 4-month point, the family should get a renewal form which must be returned to assess for eligibility for the second 6 months of transitional coverage. If family income is between 185% and 213%, parents are not eligible for the second 6 months of transitional MaineCare, but children can get low-cost MaineCare, also known as CHIP.

Children: If family income is below 163%, children may remain on free MaineCare even if the parents lose it. If the family income is between 163%-213% FPL, the family will pay a premium for coverage for their children with CHIP. If income goes above 213% FPL, the child(ren)’s eligibility will continue for the rest of the 12-month eligibility period.

B. For Children Only: 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 or HIPO. The cost is $250 per month per child. For more information, call MaineCare Member Services, 1-800-977-6740, and ask for HIPO. If you are deaf or hard of hearing and have a TTY machine, call 711, Maine Relay.

C. Purchasing Insurance on the Federal Health Insurance Marketplace:

If parents, children, or the family are losing MaineCare, they may qualify for lower costs on monthly premiums or out-of-pocket costs reductions for insurance they buy at the Health Insurance Marketplace or www.healthcare.gov. Individuals and families with income between 100-400% FPL may qualify for help.

Losing MaineCare opens a special enrollment period, so eligible families and individuals can sign up for Marketplace plans outside of Marketplace open enrollment. This special enrollment period only lasts 60 days before and 60 days after the loss of other coverage.

To learn more, visit www.healthcare.gov. To find local help, call Consumers for Affordable Health Care at 1-800-965-7476, or visit https://localhelp.healthcare.gov.

D. PHIP or Private Health Insurance Premium Benefit

PHIP stands for Private Health Insurance Premium Benefit. Sometimes, it’s cheaper for DHHS to pay for a MaineCare member to have private insurance coverage, instead of paying all the costs for a member’s medical services. When it is cost effective for DHHS, the PHIP program will pay for MaineCare members to also have private insurance coverage, usually through an employer. This way, the private insurance becomes the first payer. Then MaineCare covers any remaining costs.
Private insurance plans are considered to be cost effective, if they meet both of these requirements:

1. The monthly premium cost is at or below $400 per MaineCare eligible member AND
2. The per person deductible is at or below $6,000.

Although the purpose of PHIP is to save the state money, sometimes it also works out that non-MaineCare eligible family members can get private insurance. For PHIP to be an option, there must be at least one member of the household eligible for full MaineCare, excluding CHIP. That person must have other private coverage available, usually through an employer. If the private coverage available for that MaineCare member is a family plan that would cover other members of the household not eligible for MaineCare, PHIP will pay that family plan premium, as long as it is still cost effective. In some situations, this can help solve the family glitch.

Example: Consider a family of four with two parents over income for MaineCare in the parent category, but the two children are eligible for free MaineCare. The father is offered an employer sponsored family plan for the whole family, which meets the guidelines for being cost effective. In this situation, the PHIP program will pay the cost of the employer plan premium for the entire family. The children would also have MaineCare, which would pick up any copays or deductibles left after the employer plan pays for the kids’ services. Since the parents don’t have MaineCare, they will still have to pay the plan’s deductible and copays for their own services.

MAGI Trick! Remember that premiums for employer coverage are almost always a pre-tax deduction and thus not included in MAGI income. This means it is possible that paying premiums for employer coverage could bring down a family’s MAGI income enough to make at least some family members eligible for MaineCare- and part or all of the family eligible for PHIP!

Here is an example:

- A family of four has two parents with two kids under 18.
- The father has coverage through his employer, costing $30 a month for just him.
- It would cost $600 more a month to add his wife and two kids to the plan, for a total of $630 for the entire family, which they can’t afford. So, the wife and kids are in the family glitch and do not have any coverage.
- Current monthly MAGI income is $3,781, which is over the limit for anyone in the family to get MaineCare.

Initially, this family appears to fall into the family glitch: their income is too high for MaineCare, they don’t qualify for subsidies in the Marketplace because employer coverage is available, but they also can’t afford to cover the entire family under the employer plan.

However, PHIP still might be an option! If the entire family enrolls into the employer coverage, it would lower their monthly taxable income by $600. This is because the family pays the premium from pre-tax income, then gets reimbursed. Thus, their monthly MAGI income becomes $3,181, $600 lower than before. Now the children are eligible for MaineCare. In order to qualify for PHIP, the employer plan can’t cost more than $400 per MaineCare eligible member. Since there are two kids eligible for MaineCare, the employer plan can cost up to $800 per month and still meet...
guidelines. The total cost of the employer plan for this family is only $630 a month. So, as long as the employer plan doesn’t have a deductible larger than $6,000 per person, this family could be PHIP eligible!
Premiums are reimbursed to the PHIP member.

PHIP will either send a check or directly deposit premium reimbursements into a bank account. Members are reimbursed for premiums on a monthly basis and should receive payment from PHIP in the week that follows the first Friday of the month. PHIP is not retroactive.

How do you apply for PHIP?
PHIP Enrollment Steps When No One Has MaineCare

1. Apply for MaineCare.
2. If not eligible at first, verify someone in the family will be MaineCare eligible if the cost of employer coverage for family members not on employer plan becomes pre-tax or untaxable income.
3. Enroll the uninsured family members in the employer plan. This means paying for that month of coverage, though difficult.
5. You must apply for PHIP in the first half of a month, by the 15th, for it to become active and reimburse premium cost for the application month.

Do you need to already be enrolled in private coverage?

No, you do not have to be enrolled in the private insurance to request PHIP. You simply need to have private coverage available to you and information about which plan you would like to enroll in. It’s up to the PHIP applicant to enroll in the work insurance. PHIP eligibility gives the employee a special enrollment period, if it isn’t the employer open enrollment.

NOTE: If MaineCare ends during the year, PHIP would also end. If a policy can only be dropped during the employer insurance open enrollment period, the policyholder would be responsible to pay the insurance premiums till then.

Can PHIP work with a Marketplace plan?

Technically, yes, but it probably wouldn’t meet the guidelines. You can use PHIP with an individual insurance plan instead of employer coverage, but since the MaineCare eligible family member(s) would not qualify for Advance Premium Tax Credit, the plan probably won’t meet the standards for PHIP eligibility.
E. MaineCare Deductibles or Spend downs:

This category of MaineCare is called “Medically Needy.” People over income for certain MaineCare categories called “Categorically Needy” MaineCare, may be eligible in the “Medically Needy” category. People over 65, children under 21, parents of minors at home or people who are blind or disabled may apply in the Medically Needy category.

People in this category compile or add up unpaid bills or medical expenses until the bills equal a given amount. A math formula is used to calculate a deductible, still often called a “spend-down.” The deductible is usually recalculated every six months. But deductibles can be retroactive for one, two or three months also.

Steps:

1. Verify the applicant is in one of these coverable categories: senior, blind, disabled, pregnant, under 21 years old, or a parent with at least one minor at home at least half the time, but over income for that category.

2. Verify applicant meets “Countable” asset guidelines for Medically Needy. Skip this step for MAGI-screened applicants.

<table>
<thead>
<tr>
<th>Family – Related MAGI Asset Limits</th>
<th>SSI – Related Asset Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>No asset test</td>
<td>Single person: $2,000, exclude $8,000</td>
</tr>
<tr>
<td></td>
<td>Couples: $3,000, exclude $12,000</td>
</tr>
</tbody>
</table>

3. Subtract the Protected Income Level or PIL for the appropriate assistance unit size from countable income.

<table>
<thead>
<tr>
<th>Unit Size</th>
<th>Protected Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$315</td>
</tr>
<tr>
<td>2</td>
<td>$341</td>
</tr>
<tr>
<td>3</td>
<td>$458</td>
</tr>
<tr>
<td>4</td>
<td>$575</td>
</tr>
</tbody>
</table>

For larger households see the MaineCare Eligibility Manual Chart, http://www.maine.gov/sos/cec/rules/10/ch332.htm, Appendix, Chart 5. Charts are halfway into the Appendix, after Appendix J.

4. Multiply the remaining amount by 6 for a prospective deductible or by 1, 2 or 3 for a retroactive deductible of 1, 2 or 3 months.
Deductible Tips & Info:

- Newer applications have a check box for a 6-month deductible. If not, write across the front page of the application, “Consider for a spend down.”
- DHHS eligibility workers calculate deductibles. The information in this section is for your understanding of the process.
- Bills can only be counted once and must be unpaid to count toward the deductible.
- The free care law requires hospitals to investigate other potential coverage by any other third party, including Medicaid, before granting free care; thus the deductible should always be applied for with DHHS first, before granting free care. Once a bill is written off to free care, it can’t count toward a deductible.
- Bills can be old, as long as they haven’t been used for a prior deductible or written off to free or charity care. Bills already gone to collections make this process much harder.
- Medical debt, including old bills, can be split up and used in different time-frame deductibles.
- Bills must be submitted within a year of the MaineCare application date to be covered in the Medically Needy category.
- Medical costs of any member of the MaineCare household may be applied to the deductible, including transportation, insurance premiums or costs not coverable by MaineCare such as for eye glasses.
- If a person gets a retrospective and prospective deductible, they are distinctly separate eligibility periods.
- To qualify for a MaineCare deductible, medical expenses must equal or exceed the amount their income exceeds the Medicaid limit.
- DHHS is supposed to respond to spend down applications in ten days. Advocates may request a fair hearing after that time.

Example:
The income guideline for disability MaineCare for a household of 1 is $1,005 a month. Rob’s countable income (after his disregards totaling $75) is $1,100. Subtract the PIL for a HH of 1 from his income: 1,100 − 315 = $785. He will get a 6-month deductible amount of $785 times 6 or $4,710.

1.7 MaineCare Advocacy

MaineCare applicants who’ve been denied often assume their denial is correct. But this isn’t so. The following Red Flags list shows many common errors resulting in incorrect eligibility determinations. Any of these occurring with a denial is a red flag to look more closely. If you begin to suspect a denial is wrong, then follow the steps on the DHHS Troubleshooting Ladder. These steps include calling CAHC or MEJP for a second opinion or for suggested steps.
Denied Application Red Flags

Was someone denied? Are you sure it’s correct?

Income questions

• Was non-taxable income counted?
  o Gifts from friends or family members
  o Child support
  o Non-taxable payments such as GI education/housing payments, other non-taxable allowances/stipends
  o Dependent social security (very rarely is this taxable or countable)
  o Depreciation, a deduction, being counted as income
  o S-Corp income being triple counted

• Was income counted from a dependent who is **not required to file taxes**, even if they voluntarily filed in order to get a return?

• Was the correct income cutoff amount used for the individual’s applicable category and HH size?

• Is there varying income? Does the person work more hours in one season than another?

• Was the MAGI applicant over income for the month but not annually, called gap-filling, but not allowed to use annual income as should have happened?

• Do they have pre-tax deductions that weren’t deducted?
  o 1040 Line 27 Deductible part of self-employment tax
  o 1040 Line 28 Self Employed SEP, SIMPLE & qualified plans
  o 1040 Line 29 Self-employed health insurance deduction
  o 1040 Line 32 IRA deduction
  o Paystub Health or dental insurance
  o Paystub HSA
  o Paystub 401K retirement

• Was income from non-tax-household members counted, such as a boyfriend?

• Is the applicant in a business partnership or corporation?

• The person says the Marketplace referred them to MaineCare but MaineCare denied them.

• Did someone lose MaineCare due to counting a Cost of Living Adjustment or COLA? For those who had MaineCare at least three months prior to the COLA, COLAs
never count. For those who had MaineCare less than three months prior to the COLA, COLAs don’t count until new FPLs or Federal Poverty Levels are announced.

Household Construction or Status Questions
• Was a caretaker relative not given that status?
• Was a caretaker relative not counted in the household?
• Did the person lose MaineCare when they should have transitioned into:
  o the 19 & 20-year old category,
  o the regular parent-caretaker category, after being in the pregnancy category,
  o a child leaving the birth to 1 category,
  o or from any category to any other one

• If under 26, did the person age out of foster care in Maine at 18 or 21?
• Was someone that should have been included in the HH not counted?
  o Tax-dependent adult children living at college or with another parent
  o Other tax- dependent children or adults living with a tax filer, like a niece or nephew, or elderly parent
  o Adopted children
• Kids who meet one of the exceptions to the waiting period being denied CHIP because they had employer coverage too recently.
• Transitional MaineCare not being offered when it should have been.

Asset Counting Errors
• Assets that should not count have been counted.

Confusing Letter Questions
• Did DHHS send the applicants a letter saying they aren’t eligible because their income is over a cited amount, but then lower on the page say they didn’t get the information they asked for?
• Was a child who recently had or currently has employer coverage denied CHIP, but not made aware that they would qualify if they did not have the employer coverage or were not in the waiting period?
• Did the person or family get a denial letter that didn’t list a specific reason why they weren’t eligible for MaineCare? In this case it’s impossible to know if the denial is correct without checking.
**Step 4:** Call Consumers for Affordable Health Care or Maine Equal Justice. Send a consent form.

**Move up to STEP 4**

**Step 3:** Request supervisor, if still unresolved.

**Move up to STEP 3**

**Alternate Step 2:** Call DHHS with client in your office or do a three-way call with client and DHHS when client is not in your office.

Tip: Have rule from MaineCare Eligibility Manual in front of you so you can quote from it and refer to chapter and section.

**OR** **Consider ALTERNATE STEP 2**

**Step 2:** Fax or email official DHHS consent to both local office & Farmington, wait 48 hours, then call or email. Save your fax receipt & note date & time. Tip: Find rule from MaineCare Eligibility Manual so you can quote from it. Refer to chapter & section. Try to resolve with eligibility specialist.

**Move up to STEP 2**

**Step 1:** Optional—Call Consumers for Affordable Health Care for a second opinion at 1-800-965-7476.

**Start Here**

**DHHS Troubleshooting Ladder**

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
DHHS Troubleshooting Ladder

Including Key Information to Resolve Problems

Follow the steps on the back to resolve problems with DHHS decisions.

Here are some helpful numbers and emails for working with the Maine Department of Health and Human Services.

Fax consent forms to DHHS Farmington scanning center using these numbers: 207-778-8429 or 207-778-8410.

Email DHHS consent forms to: farmington.dhhs@maine.gov

The DHHS statewide eligibility number is: 1-855-797-4357

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

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

Email addresses for DHHS local offices:

augusta.dhhs@maine.gov  houlton.dhhs@maine.gov
bangor.dhhs@maine.gov  lewiston.dhhs@maine.gov
biddeford.dhhs@maine.gov  machias.dhhs@maine.gov
calais.dhhs@maine.gov  portland.dhhs@maine.gov
caribou.dhhs@maine.gov  rockland.dhhs@maine.gov
ellsworth.dhhs@maine.gov  sanford.dhhs@maine.gov
farmington.dhhs@maine.gov  skowhegan.dhhs@maine.gov
fortkent.dhhs@maine.gov  southparis.dhhs@maine.gov

Consumer Assistance HelpLine: 1-800-965-7476

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
1.8 How to Appeal a DHHS Decision

If members have problems or complaints, and they are able to self-advocate, give them the rule and encourage them to discuss it with a 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 resolved this way. In some cases, the member may request that you contact DHHS for them. You will need the member’s written permission on the current standard DHHS consent form before the Eligibility Specialist can talk to you.

Members disagreeing with a DHHS decision have 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 requested 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 must reapply.

**Free MaineCare termination appeals:** When appealing a DHHS decision ending coverage, the coverage can continue up to the time of the fair hearing, if the hearing is requested within 15 calendar days of the date on the DHHS decision. If the 15-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 member wins the hearing, DHHS will pay back bills up to the hearing.

**CHIP MaineCare 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.

**Get free help:**
For 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.

[Appendix E](#): Consent Form Example acceptable to DHHS.
Section 2: Family-Related Eligibility and Coverage

2.1 What Is MAGI?
MAGI or Modified Adjusted Gross Income Overview:
- Alert! Medicaid MAGI & Marketplace MAGI are slightly different.
- Modified Adjusted Gross Income is the IRS Adjusted Gross Income, on Line 37 of the 1040, plus a few modifications.
- Who is MAGI-screened? Parent & Caretaker group, pregnant women, children.
- Who isn’t MAGI-screened? Seniors, people with disabilities, women with breast or cervical cancer or those with HIV/AIDS are Non-Magi applicants.

2.2 Rule to Construct MAGI MaineCare Households
Alert! MAGI Medicaid and MAGI Marketplace household construction are different.

MAGI Marketplace Household:
Household size is the number of people a taxpayer claims a deduction for a personal exemption.

MAGI Medicaid Household:
There are 3 rules for 3 tax kinds of people. The 3 kinds of people are:
1. Tax filers who are not claimed as a tax dependent
2. Tax dependents
3. Non-filers who are also not claimed as a tax dependent

Rule 1. Tax Filer Household is the tax filer and everyone the tax filer expects to claim as a tax dependent. For married couples filing jointly, each spouse is a tax filer.

Rule 2. Tax Dependent Household is same as the household of tax filer claiming the dependent, UNLESS the person meets one of these 3 exceptions. For these 3 exceptions, use the Non-filer rule, Rule 3:
- Exception 1: Tax dependent who is not a child or spouse of the taxpayer
- Exception 2: Children living with both parents who won’t file a joint tax-return
- Exception 3: Children claimed as tax dependent by a non-custodial parent

Rule 3. Use Rule 3 for Rule 2 Exceptions and for Non-filer-Non-dependents:
- For adults: Household is the adult, plus, if living with that adult, that adult’s spouse and children under age 19.
- For children under age 19: Household is the child, plus siblings and parents, including step-parents living with child.
MaineCare Household Tips:

- The parent applying for MaineCare doesn’t need court ordered legal custody to be considered maintaining a home for the child.
- If the child lives part time with each parent, the parent with whom the child resides over 50% of the time must apply for the child. If the child lives 50% of the time with each parent, either parent can apply for the child but not both.
- The countable income of the applying parent is considered in determining eligibility of the child.
- A parent may be eligible for family-related MaineCare when the child resides with the parent at least 50% of the time, regardless of whether they claim the child as a tax dependent. The custodial parent household size is based on who is claimed on taxes.

Basic Rules for Claiming Tax Dependents

An individual cannot claim someone as a tax dependent if the individual is being claimed as a tax dependent by another tax payer.

There are five specific criteria that must be met to claim a child as a dependent:

- Residency – The dependent must live with the tax payer for at least six months of the year;
- Relationship – The dependent must be the taxpayer’s son, daughter, brother, sister, adopted child, eligible foster child, or a descendant of any of those (such as grandchildren, nieces, and nephews). Step-children and half-siblings also meet this qualification.
- Age – The dependent must be under age 19 at the end of the year, or under age 24 if the dependent is a full-time student. However, any child who is permanently and totally disabled can be claimed as a dependent, even if he/she is over age 19.
- Support – The dependent does not provide more than half of the money for his/her own support.
- No Joint Return – the dependent cannot file a joint return unless the return is filed only in order to receive a refund of income tax withheld or estimated tax paid.

Relatives other than children can be claimed as a tax dependent if the individual did not earn more than $4,000 for the entire year and the tax payer provided more than 50% of support for the individual.

Note: relatives who are supported by the tax payer do not have to have lived with the tax payer, like if the tax payer pays for his wife’s grandmother to live in her own apartment.
### MAGI Household Composition

<table>
<thead>
<tr>
<th>Marketplace MAGI for all Tax Filers and Dependents</th>
<th>Medicaid MAGI for Tax Filers and Tax Dependents</th>
<th>Medicaid MAGI for Non-filer-Non-dependents, and Tax Dependent Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Rule:</strong> Marketplace household = tax filer(s) + tax dependents</td>
<td><strong>General Rule:</strong> Medicaid household = tax filer(s) + tax dependents</td>
<td><strong>General Rule for Adults:</strong> Medicaid household =</td>
</tr>
<tr>
<td>Household is same for every member.</td>
<td>Exceptions are below.</td>
<td>• The applicant adult</td>
</tr>
<tr>
<td>Tax filer(s) not dependents</td>
<td>• For all tax filers and most tax dependents (see exceptions below) use the general rule above, with the following modifications:</td>
<td>• The applicant’s spouse, if living with applicant</td>
</tr>
<tr>
<td>o Includes spouses filing jointly</td>
<td>o If married &amp; living together, include spouses in each other’s households regardless of how they file taxes.</td>
<td>• The applicant’s children under 19, if living with applicant</td>
</tr>
<tr>
<td>Tax dependents can be</td>
<td>o If pregnant, add the number of pregnancies the woman is carrying to her household size</td>
<td>• If pregnant, the number of pregnancies the applicant is carrying</td>
</tr>
<tr>
<td>o Qualifying child</td>
<td></td>
<td><strong>General Rule for Children:</strong> Medicaid household =</td>
</tr>
<tr>
<td>o Qualifying relative</td>
<td>Exceptions: For tax dependents that meet any of these 3 exceptions, use rules for Non-filers &amp; Non-dependents, in the next column</td>
<td>• The applicant child</td>
</tr>
<tr>
<td>Not lawfully present?</td>
<td>1. Tax dependent is not the spouse or minor child of the tax filer</td>
<td>• The child’s parent(s), if living with child</td>
</tr>
<tr>
<td>o No coverage but count in household size for others</td>
<td>2. Child claimed by only 1 parent, but lives with both parents together</td>
<td>• The child’s sibling(s) under 19, if living with child</td>
</tr>
<tr>
<td>Married couples must file jointly to be eligible for PTC &amp; CSR</td>
<td>3. Child claimed by a non-custodial parent</td>
<td>• The child’s spouse, if living with child</td>
</tr>
<tr>
<td><strong>Exceptions:</strong></td>
<td></td>
<td>• The child’s children, if living with child</td>
</tr>
<tr>
<td>o Domestic abuse survivor</td>
<td></td>
<td>• If pregnant, the number of pregnancies the applicant is carrying</td>
</tr>
<tr>
<td>o Abandoned spouse</td>
<td>Child is defined as under 21.</td>
<td></td>
</tr>
<tr>
<td>o Qualifying head of household</td>
<td>Child includes biological, adopted, and step-children.</td>
<td></td>
</tr>
<tr>
<td>o Couples legally separated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Summary of Medicaid Household Rules

<table>
<thead>
<tr>
<th>Tax filer not claimed as a dependent</th>
<th>Tax dependent</th>
<th>Non-filer / non-dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual's household is:</td>
<td>Individual's household is:</td>
<td>For adults:</td>
</tr>
<tr>
<td>• Tax filer and all persons whom taxpayer expects to claim as a dependent&lt;sup&gt;1,2,3&lt;/sup&gt;</td>
<td>• The household of the tax filer claiming individual as a dependent&lt;sup&gt;2,3&lt;/sup&gt;</td>
<td>Household includes the individual, plus if living with the individual, the individual’s spouse and children under age 19.</td>
</tr>
<tr>
<td></td>
<td>EXCEPTIONS (apply the rules for non-filer)</td>
<td>For children under age 19:</td>
</tr>
<tr>
<td></td>
<td>• Tax dependents not a child of the taxpayer</td>
<td>• Household is the child plus siblings under 19 and parents (including step-parents) living with child&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>• Children under 19 living with both parents not expected to file a joint return</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Children under 19 claimed as tax dependent by non-custodial parents</td>
<td></td>
</tr>
</tbody>
</table>

1 For married couples filing jointly, each spouse is considered a tax filer
2 Married couples living together are always in each other’s household regardless of how they file
3 A pregnant woman is counted as herself plus the number of children she is expecting

How to Determine An Individual’s Medicaid Household

### Countable Medicaid MAGI Income

<table>
<thead>
<tr>
<th>Income source</th>
<th>Countable?</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Support Received</td>
<td>No</td>
<td>Payers pay tax on it; there is no deduction for it. So receivers don’t have to pay tax on it.</td>
</tr>
<tr>
<td>Gifts, inheritances, vendor payments</td>
<td>No</td>
<td>Most are not taxable income. Lump sum income is MaineCare income only in the month received. MaineCare members keep coverage until end of month; thereafter one-time lump sums are assets.</td>
</tr>
<tr>
<td>Salary deferrals: flexible spending, cafeteria &amp; 401 K &amp; other retirement plans</td>
<td>No</td>
<td>They are pre-tax, meaning not taxable income. They show in the amount BEFORE the gross.</td>
</tr>
<tr>
<td>Social Security benefits for children</td>
<td>No</td>
<td>Children are tax dependents not expected to be required to file, therefore their income is not included. Government benefits based on need are not taxable.</td>
</tr>
<tr>
<td>TANF &amp; SSI</td>
<td>No</td>
<td>Government benefits based on need are not taxable.</td>
</tr>
<tr>
<td>Workers’ compensation</td>
<td>No</td>
<td>It is not taxable income.</td>
</tr>
<tr>
<td>Veterans’ disability &amp; survivor benefits</td>
<td>No</td>
<td>They are not taxable income.</td>
</tr>
<tr>
<td>Military retirement pay</td>
<td>Yes</td>
<td>It is taxable income.</td>
</tr>
<tr>
<td>Alimony Received</td>
<td>Yes</td>
<td>Payers don’t pay tax on it. They deduct it Line 31a, Form 1040. So the receiver does pay tax on it.</td>
</tr>
<tr>
<td>Social Security &amp; SSDI received by adults</td>
<td>Yes</td>
<td>These benefits are not taxed when paid in, but are taxed when received.</td>
</tr>
<tr>
<td>Self-employment income, after deductions for expenses, depreciation &amp; losses</td>
<td>Yes</td>
<td>Profit remaining after expenses are subtracted is what you pay taxes on.</td>
</tr>
<tr>
<td>Wages</td>
<td>Yes</td>
<td>Wages are taxable.</td>
</tr>
</tbody>
</table>

Current income is used to establish monthly countable income for Medicaid, unless the income fluctuates, in which case it should be seen over the broadest time period possible.

### Modified Adjusted Gross Income under the Affordable Care Act

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
Under the Affordable Care Act, eligibility for income-based Medicaid and subsidized health insurance through the Exchanges will be calculated using a household’s Modified Adjusted Gross Income (MAGI). The Affordable Care Act definition of MAGI under the Internal Revenue Code and federal Medicaid regulations is shown below. For most people applying for health coverage under the Affordable Care Act, MAGI will be equal to Adjusted Gross Income.

Modified Adjusted Gross Income (MAGI) =

<table>
<thead>
<tr>
<th>Include:</th>
<th>Deduct:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Wages, salaries, tips, etc.</td>
<td>• Certain self-employed expenses&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>• Taxable interest</td>
<td>• Student loan interest deduction</td>
</tr>
<tr>
<td>• Taxable amount of pension, annuity or IRA distributions and Social Security benefits</td>
<td>• Tuition and fees</td>
</tr>
<tr>
<td>• Business income, farm income, capital gain, other gains (or loss)</td>
<td>• Educator expenses</td>
</tr>
<tr>
<td>• Unemployment compensation</td>
<td>• IRA deduction</td>
</tr>
<tr>
<td>• Ordinary dividends</td>
<td>• Moving expenses</td>
</tr>
<tr>
<td>• Alimony received</td>
<td>• Penalty on early withdrawal of savings</td>
</tr>
<tr>
<td>• Rental real estate, royalties, partnerships, S corporations, trusts, etc.</td>
<td>• Health savings account deduction</td>
</tr>
<tr>
<td>• Taxable refunds, credits, or offsets of state and local income taxes</td>
<td>• Alimony paid</td>
</tr>
<tr>
<td>• Other income</td>
<td>• Domestic production activities deduction</td>
</tr>
</tbody>
</table>

Note: Do not include Supplemental Security Income (SSI), Veterans’ disability payments, workers’ compensation or child support received. Pre-tax contributions, such as those for child care, commuting, employer-sponsored health insurance, flexible spending accounts and retirement plans such as 401(k) and 403(b), are not included in AGI but are not listed above because they are already subtracted out of W-2 wages and salaries.

Add back certain income

- Non-taxable Social Security benefits (Line 20a minus 20b on a Form 1040)
- Tax-exempt interest (Line 8b on a Form 1040)
- Foreign earned income & housing expenses for Americans living abroad (calculated on a Form 2555)

For Medicaid eligibility exclude from income

- Scholarships, awards, or fellowship grants used for education purposes and not for living expenses
- Certain American Indian and Alaska Native income derived from distributions, payments, ownership interests, real property usage rights, and student financial assistance
- An amount received as a lump sum is counted as income only in the month received

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<sup>1</sup> Medicaid eligibility is generally based on MAGI for parents and childless adults under age 65, children and pregnant women, but not for individuals eligible on the basis of being aged, blind, or disabled.
<sup>2</sup> Internal Revenue Code Section 36B(d)(2)(B)
<sup>3</sup> Public Health and Welfare Code Section 435.603(e)
<sup>4</sup>Deductible part of self-employment tax; SEP, SIMPLE, and qualified plans; health insurance deduction
Determining Income for MAGI Medicaid

MAGI is Modified Adjusted Gross Income, a tax based measure:

<table>
<thead>
<tr>
<th>AGI</th>
<th>Adjusted Gross Income, Line 37, IRS Form 1040</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified by:</td>
<td></td>
</tr>
<tr>
<td>Plus Excluded foreign income</td>
<td>US citizens living abroad may be able to exclude up to a certain amount of foreign income</td>
</tr>
<tr>
<td>Plus Tax exempt interest</td>
<td>Such as municipal bond interest, some retirement benefits</td>
</tr>
<tr>
<td>Plus Non-taxable Social Security benefits</td>
<td>Social Security may be partly taxed &amp; partly untaxed; it depends on how much other income there is, but it all counts.</td>
</tr>
<tr>
<td>For Medicaid only:</td>
<td></td>
</tr>
<tr>
<td>Lump sum income</td>
<td>Count only in month received; member keeps coverage till end of month, after which it is an asset.</td>
</tr>
<tr>
<td>Subtract certain scholarship/fellowship income</td>
<td></td>
</tr>
<tr>
<td>Subtract certain Native American/Alaska income</td>
<td></td>
</tr>
</tbody>
</table>

Rule for MAGI Medicaid Income Counting:
Household income = Sum of the MAGI of everyone in the tax household who is required to file a tax return. That means that income of children and tax dependents is not counted unless high enough to be expected to be required to file a tax return.

Who is required to file: Tax Dependents under 65:

**Single dependents** under age 65 must file a return if any of the following apply:
- His/her unearned income was more than $1,050.
- His/her earned income was more than $6,350.
- His/her gross income was more than the larger of:
  - $1,050, or
  - earned income (up to $6,000) plus $350.

**Married dependents** under age 65 must file a return if any of the following apply:
- His/her unearned income was more than $1,050.
- His/her earned income was more than $6,350.
- His/her gross income was at least $5
  - and your spouse files a separate return and itemizes deductions.
- His/her gross income was more than the larger of:
  - $1,050, or
  - earned income (up to $6,000) plus $350.
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. SSI recipients may be included in the MAGI household depending on whether they are a dependent in the household or if not, whether the parent is a filer or not. In any event, the SSI will not count as income. In summary, the person may or may not count toward household size, but their income will not count.

<table>
<thead>
<tr>
<th>Funding</th>
<th>SSI (Supplemental Security Income) Usually received on the 1st</th>
<th>SSDI (Social Security Disability Insurance) Usually received on the 3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Federal income supplement program funded by general tax revenues, not Social Security taxes. Provided under Social Security Act, Title XVI.</td>
<td>Based on earnings record &amp; whether the person worked enough quarters. Provided under Social Security Act, Title II.</td>
</tr>
<tr>
<td>Payments</td>
<td>Amount of payments is based on a minimal need formula to help blind, disabled, aged or others with very low income. Payments are typically received on the first day of the month.</td>
<td>Amount of the payments is based on how much the wage earner paid into Social Security. Payments are typically received on the third day of the month.</td>
</tr>
<tr>
<td>Health Coverage</td>
<td>Medicaid is automatically available.</td>
<td>Medicare is available after 24 months of SSDI.</td>
</tr>
<tr>
<td>Note:</td>
<td>Some may eventually also be eligible for Medicare, in addition to Medicaid.</td>
<td>Some, if their SSDI check is very low, may also be eligible for Medicaid.</td>
</tr>
</tbody>
</table>
Important concepts to remember:

- MaineCare must use new, current year FPLs, but the Marketplace always uses previous year FPLs until enrollment for the following year. Look at each individual separately, one by one. Each member’s household may be different from the other family member’s household.

### How to Determine if an Individual's Income Should Count

1. Is the individual required to file a tax return?
   - **YES**: The individual’s income always counts.
   - **NO**
     2. Are the parents of this individual in this MAGI?
        - **YES**: The individual’s income does not count for this MAGI household.
        - **NO**
          3. Is the person who claims the individual as a tax dependent in this MAGI household?
             - **YES**: The individual’s income counts for this MAGI household.
             - **NO**: The individual’s income does not count for this MAGI household.
### 2018 Monthly Countable Income MaineCare Eligibility Chart

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Household monthly countable income is equal to or less than 100% FPL*</td>
<td>Household monthly countable income is equal to or less than 105% FPL* plus 5% standard MAGI disregard</td>
<td>Household monthly countable income is equal to or less than 161% FPL* plus 5% standard MAGI disregard</td>
<td>Household monthly countable income is equal to or less than 162% FPL* plus 5% standard MAGI disregard</td>
<td>Household monthly countable income is equal to or less than 213% FPL* plus 5% standard MAGI disregard</td>
<td>Household monthly countable income is equal to or less than 214% FPL* plus 5% standard MAGI disregard</td>
</tr>
</tbody>
</table>
|                | This cap is for:  
|                | • Age 65 and older (free)  
|                | • Disabled (free) | This cap is for:  
|                | • Parents with minor children at home (free) | This cap is for:  
|                | • 19 & 20 year olds (young adults) (free) | This cap is for:  
|                | • Children up to 19 (free) | This cap is for:  
|                | • Children up to 19 | CHIP with monthly premium | This cap is for:  
|                | • Pregnant women (free) – increase household size by one (unless twins) |

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,012</td>
<td>$1,063</td>
<td>$1,629</td>
<td>$1,639</td>
<td>$2,155</td>
<td>Not Applicable</td>
</tr>
<tr>
<td></td>
<td>$1,372</td>
<td>$1,441</td>
<td>$2,209</td>
<td>$2,223</td>
<td>$2,922</td>
<td>$2,936</td>
</tr>
<tr>
<td></td>
<td>$1,732</td>
<td>$1,819</td>
<td>$2,788</td>
<td>$2,806</td>
<td>$3,689</td>
<td>$3,706</td>
</tr>
<tr>
<td></td>
<td>$2,092</td>
<td>$2,197</td>
<td>$3,368</td>
<td>$3,389</td>
<td>$4,456</td>
<td>$4,477</td>
</tr>
<tr>
<td></td>
<td>$2,452</td>
<td>$2,575</td>
<td>$3,948</td>
<td>$3,972</td>
<td>$5,223</td>
<td>$5,247</td>
</tr>
<tr>
<td></td>
<td>$2,812</td>
<td>$2,953</td>
<td>$4,527</td>
<td>$4,555</td>
<td>$5,989</td>
<td>$6,017</td>
</tr>
<tr>
<td></td>
<td>$360</td>
<td>$378</td>
<td>$580</td>
<td>$584</td>
<td>$767</td>
<td>$771</td>
</tr>
</tbody>
</table>

*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 161% to 213% 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.

---

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
MaineCare Eligibility Guide

Section 2: Family-Related Eligibility & Coverage

Form 1040

Department of the Treasury – Internal Revenue Service

U.S. Individual Income Tax Return


See separate instructions.

Your first name and initial

Last name

Your social security number

If a joint return, spouse’s first name and initial

Last name

Spouse’s social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse’s SSN above and full name here.

4 Head of household (with qualifying person). (See instructions.)

Check only one box.

5 Qualifying widow(er) (see instructions)

Exemptions

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b

No. of children on 6c who:

✓ lived with you

✓ did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

8b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

9b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15b Taxable amount

16a Pensions and annuities

16b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid

31b Recipient’s SSN

32a IRA deduction

32b Taxable amount

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35.

37 Subtract line 35 from line 22. This is your adjusted gross income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 1132085

Form 1040 (2017)
MaineCare Eligibility Guide
Section 2: Family-Related Eligibility & Coverage

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

Form 1040 (2017)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>Amount from line 37 (adjusted gross income)</td>
</tr>
<tr>
<td>39a</td>
<td>Check □ You were born before January 2, 1953; □ Blind.</td>
</tr>
<tr>
<td>39b</td>
<td>If □ Spouse was born before January 2, 1953, □ Blind.</td>
</tr>
<tr>
<td>39c</td>
<td>Total boxes checked □ 39a □ 39b □ 39c</td>
</tr>
<tr>
<td>40</td>
<td>Itemized deductions (from Schedule A) or your standard deduction (see left margin)</td>
</tr>
<tr>
<td>41</td>
<td>Subtract line 40 from line 38</td>
</tr>
<tr>
<td>42</td>
<td>Exemptions. If line 38 is $55,900 or less, multiply $4,590 by the number on line 6d. Otherwise, see instructions.</td>
</tr>
<tr>
<td>43</td>
<td>Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-</td>
</tr>
<tr>
<td>44</td>
<td>Tax (see instructions). Check any from: a □ Form(s) 8814 b □ Form 4722 c □</td>
</tr>
<tr>
<td>45</td>
<td>Alternative minimum tax (see instructions). Attach Form 6251</td>
</tr>
<tr>
<td>46</td>
<td>Excess advance premium tax credit repayment. Attach Form 8862</td>
</tr>
<tr>
<td>47</td>
<td>Add lines 44, 45, and 46</td>
</tr>
<tr>
<td>48</td>
<td>Foreign tax credit. Attach Form 1116 if required</td>
</tr>
<tr>
<td>49</td>
<td>Credit for child and dependent care expenses. Attach Form 2441</td>
</tr>
<tr>
<td>50</td>
<td>Education credits from Form 8863, line 19</td>
</tr>
<tr>
<td>51</td>
<td>Retirement savings contributions credit. Attach Form 8880</td>
</tr>
<tr>
<td>52</td>
<td>Child tax credit. Attach Schedule 8812, if required</td>
</tr>
<tr>
<td>53</td>
<td>Residential energy credits. Attach Form 5695</td>
</tr>
<tr>
<td>54</td>
<td>Other credits from Form: a □ 8800 b □ 8801 c □</td>
</tr>
<tr>
<td>55</td>
<td>Add lines 48 through 54. These are your total credits</td>
</tr>
<tr>
<td>56</td>
<td>Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-</td>
</tr>
<tr>
<td>57</td>
<td>Self-employment tax. Attach Schedule SE</td>
</tr>
<tr>
<td>58</td>
<td>Unreported social security and Medicare tax from Form: a □ 4137 b □ 8919</td>
</tr>
<tr>
<td>59</td>
<td>Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required</td>
</tr>
<tr>
<td>60a</td>
<td>Household employment taxes from Schedule H</td>
</tr>
<tr>
<td>60b</td>
<td>First-time homebuyer credit repayment. Attach Form 5406 if required</td>
</tr>
<tr>
<td>61</td>
<td>Health care: (individual responsibility (see instructions)) Full-year coverage</td>
</tr>
<tr>
<td>62</td>
<td>Taxes from: a □ Form 8959 b □ Form 8960 c □ Instructions; enter code(s)</td>
</tr>
<tr>
<td>63</td>
<td>Add lines 56 through 62. This is your total tax</td>
</tr>
<tr>
<td>64</td>
<td>Federal income tax withheld from Forms W-2 and 1099</td>
</tr>
<tr>
<td>65</td>
<td>2017 estimated tax payments and amount applied from 2016 return</td>
</tr>
<tr>
<td>66a</td>
<td>Earned income credit (EIC)</td>
</tr>
<tr>
<td>66b</td>
<td>Nonrefundable combat pay election</td>
</tr>
<tr>
<td>67</td>
<td>Additional child tax credit. Attach Schedule 8812</td>
</tr>
<tr>
<td>68</td>
<td>American opportunity credit from Form 8863, line 8</td>
</tr>
<tr>
<td>69</td>
<td>Net premium tax credit. Attach Form 8862</td>
</tr>
<tr>
<td>70</td>
<td>Amount paid with request for extension to file</td>
</tr>
<tr>
<td>71</td>
<td>Excess social security and tier 1 RRTA tax withheld</td>
</tr>
<tr>
<td>72</td>
<td>Credit for federal tax on fuels. Attach Form 4136</td>
</tr>
<tr>
<td>73</td>
<td>Credits from Form: a □ 8808 b □ 8834 c □ 8885 d □</td>
</tr>
<tr>
<td>74</td>
<td>Add lines 64, 65, 66a, and 67 through 73. These are your total payments</td>
</tr>
<tr>
<td>75</td>
<td>Refund</td>
</tr>
<tr>
<td>76a</td>
<td>Amount of line 75 you want refunded to you. If Form 8888 is attached, check here</td>
</tr>
<tr>
<td>76b</td>
<td>Direct deposit. See instructions.</td>
</tr>
<tr>
<td>77</td>
<td>Amount of line 75 you want applied to your 2018 estimated tax</td>
</tr>
<tr>
<td>78</td>
<td>Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions</td>
</tr>
<tr>
<td>79</td>
<td>Estimated tax penalty (see instructions)</td>
</tr>
</tbody>
</table>

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?

Yes. Complete below. No

Designer’s name
Phone no.
Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Your signature
Date
Your occupation
Daytime phone number
Spouse’s signature. If a joint return, both must sign.
Date
Spouse’s occupation
If the IRS sent you an Identity Protection PIN enter it here (see note)

Paid Preparer Use Only

Print/Type preparer’s name
Preparer’s signature
Date
Check □ if self-employed
PTIN
Firm’s name
Firm’s EIN
Firm’s address
Phone no.

Go to www.irs.gov/Form1040 for instructions and the latest information.
2.4 MAGI MaineCare Asset Rules
Money or gifts received:
Assets do not count against MAGI applicants. If a family receives a lump sum of money, it counts as income the month received and an uncountable asset after the month received.

2.5 Pregnant Women
General eligibility rules for pregnant women:
- Eligible up to 214% of the federal poverty level
- Household size is increased by one, or two if expecting twins, for the pregnant woman only, not for other household members.
- Cooperation with Third Party Liability or TPL and support enforcement are not factors in determining eligibility: applicant doesn’t have to give paternity or insurance information for pregnancy coverage.
- 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 60th 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.

2.6 Presumptive Eligibility
There are two kinds of Presumptive Eligibility.
- Pregnant Women: Presumptive Eligibility for pregnant women is available at Federally Qualified Health Centers or FQHCs around and family planning offices choosing to provide presumptive eligibility. If staff determines that the pregnant woman’s income meets MaineCare guidelines, she can receive prenatal care beginning the day she comes for services. Staff submits the application to DHHS and in about 2 days, all MaineCare services will be available.
- MAGI Groups of children, parents, pregnant women: Based on the ACA, hospitals may be certified by Maine DHHS to make presumptive eligibility determinations for MAGI groups—children, pregnant women and parents. Maine rules are so stringent that few hospitals participate in this type of 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, these applicants should apply for on-going MaineCare coverage through the
2.7 Free MaineCare and Private Health Insurance

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

- If the family meets 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.
- Exception: see CHIP in Section 3.
- NOTE: Applicants eligible for Medicaid are not simultaneously eligible for financial help with tax subsidies for insurance bought in the Marketplace.
Section 3: CHIP-Children’s Health Insurance Program

3.1 CHIP Cub Care is Low-Cost MaineCare
CHIP Cub Care is a way some children who are a little over the income guidelines for free MaineCare, meaning between 162% and 213% FPL with the 5% disregard, can get MaineCare by paying a small monthly premium. Maine calls this program Cub Care. It is funded by a different law than Medicaid so the rules are different from some of the free MaineCare rules, but coverage is exactly the same.

### Cub Care

<table>
<thead>
<tr>
<th>Family Income as % of FPL, before 5% disregard</th>
<th>Monthly Premium for one (1) child</th>
<th>Monthly Premium for Two (2) or more children</th>
</tr>
</thead>
<tbody>
<tr>
<td>157.1% to 166%</td>
<td>$ 8</td>
<td>$16</td>
</tr>
<tr>
<td>166.1% to 177%</td>
<td>$16</td>
<td>$32</td>
</tr>
<tr>
<td>177.1% to 192%</td>
<td>$24</td>
<td>$48</td>
</tr>
<tr>
<td>192.1% to 208%</td>
<td>$32</td>
<td>$64</td>
</tr>
</tbody>
</table>

3.2 CHIP Cub Care Length of Enrollment
CHIP children with a monthly premium may continue receiving coverage until they turn 19 years old. Nineteen and 20-year-olds may then be eligible for free coverage. DHHS should 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 should continue seamlessly.

For Potential CHIP Cub Care children:
- **CHIP Three Month Rule:** If the household’s income is in the CHIP range, between 162% and 213% FPL, there are barriers 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 potential CHIP Cub Care children:
- The family or 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 employer dropping coverage, a change in jobs or loss of a job for a reason that was not the family member’s or employee’s fault or death or divorce of a family member.
• 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 9.5% of all family income for family coverage, including the child or the cost of the child’s coverage is over 5% of the family income.
• The child’s policy was very limited. For example, it just covered dental care or one disease, such as cancer.
• The child has special health care needs.
• The child’s parent becomes eligible for tax credits on the Health Insurance Marketplace due to employer sponsored insurance failing affordability test.
• 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 must wait until January or 3 months, for MaineCare.

Warnings: Parents should not drop other insurance coverage until they find out if their children will be eligible for CHIP MaineCare. From Lea Studholme at MaineCare: “There are exceptions to the 3-month waiting period for dropping coverage. If they provide proof that they meet one of those exceptions, we can grant coverage once the private insurance is dropped. We won’t be able to start coverage until the children are no longer on the employer based coverage. We’d be happy to discuss this with the family, but we also can’t advise them when, or if it’s appropriate, to drop coverage.”

If a parent does not live with his or her child and was 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 must repay any medical bills that MaineCare pays.”

CHIP and the Marketplace: Children can be added to a parent’s Marketplace plan, but when eligible for the state’s Children’s Health Insurance Program, CHIP, the children are not eligible for premium tax credits.

3.3 Children Who CAN’T Get CHIP MaineCare

Children are ineligible for CHIP MaineCare even if their income is between 162% FPL to 213% FPL if they live in a public institution or an institution for mental illness. Children ineligible for CHIP due to this reason may be able to find coverage on the state Health Insurance Marketplace. Children in families with lower income may be eligible for free MaineCare.
Up until August 2017, children of state employees were ineligible for CHIP regardless of whether their income was in the CHIP range. This is now no longer true; however, it may take some time for DHHS workers to become aware of this.

3.4 What Happens if CHIP Cub Care 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 162% FPL, the child(ren) will be covered by free MaineCare, eliminating CHIP premiums.
Section 4: Implementation of Maine’s Medicaid Expansion

1. **When will newly eligible Mainers get their healthcare coverage?**

   The law the voters passed requires the administration to provide health coverage to people within 180 days of the effective date of the law. The administration is therefore required to provide coverage to people who are eligible no later than July 2, 2018.

2. **What is the timeline for implementation of Medicaid expansion?**

   - Nov. 7, 2017 - Ballot measure passed with a strong majority (59% of Maine voters).
   - Dec. 4, 2017 – Governor made public proclamation of the election results.
   - Jan. 3, 2018 - Legislature convenes. Thirty days have passed since the governor’s proclamation and the law becomes effective on this day.
   - Feb. 17, 2018 - While the law is effective on January 3rd, it becomes operative 45 days after the Legislature convenes.
   - April 3, 2018 – This is 90 days after the effective date, and DHHS must submit a State Plan Amendment to the federal government by this day.
   - July 2, 2018 (state fiscal year ’19) – No later than 180 days after the effective date, people become newly eligible under the law.

3. **What is the basis for eligibility for expansion categories?**

   Applicants for expanded Medicaid will be screened for eligibility according to MAGI or Modified Adjusted Gross Income procedures, similar to how families and children are currently screened. Applicants will need to show current income. There will not be an asset test.

4. **How will people apply?**

   Potential applicants may use any existing paper application, apply at [MyMaineConnection](#), or go into any DHHS office.
Section 5: Limited Family Planning Benefit

This benefit became Maine law on July 11, 2015, when Governor LePage did not act on it. People began to apply and receive services through this waiver during Autumn 2016.

What does this benefit cover?
You can find a full list of covered services in Chapter 101, Sec. 4, of the MaineCare Benefits Manual, (http://www.maine.gov/sos/cec/rules/10/ch101.htm), included in the following pages.

These services include:
- Annual well-person exams
- Breast & cervical cancer screenings
- All types of birth control
- Sterilization procedures, for men and women
- STI, UTI and BV testing and treatment
- Immunizations for STIs, including HPV and Hepatitis B vaccines
- Patient education and counseling
- Other reproductive health services

Who can get this benefit?
- Individuals who can’t get regular full-benefit MaineCare may be eligible for this benefit. This includes people in the current coverage gap, as well as people who are over the income limit in their category to get MaineCare.
- There are no age or gender restrictions.
- The same residency requirements apply as regular MaineCare.

How is eligibility determined?
The Family Planning Waiver or Limited Family Planning Benefit uses a special form of MAGI to screen for eligibility.

Household size: The applicant’s household size is always one. The household for this benefit is just the applicant, even if there are other people in their regular MAGI household.

Income: The income limit is 214% FPL. MAGI rules apply when calculating income.
- The FPL base income limit before disregard is 209%, with a 5% disregard like all MAGI-screened categories.
- Since the applicant is a household of one, only the income of the applicant is counted, even if the applicant has other household members with income.
- Countable income is just like other MAGI countable income. Primarily, it is income shown and taxed on the front side of the Federal 1040. As with other MAGI screening, we need to add back in untaxed social security, non-taxable interest and foreign earned income. Other non-taxable income, like gifts or child support do not count.
- There is no asset test.

What else should I know about this benefit?
Retroactive coverage should be available up to 90 days prior to the application date.
• This is not health insurance. This benefit does not meet ACA minimum essential coverage requirements and does not protect people from having to pay the individual mandate penalty on their taxes.
• People are eligible for this benefit even if they have other health insurance, including a Marketplace plan. People can still be eligible for APTCs and CSRs with this benefit.
• Although people can’t get this benefit if they have full-benefit MaineCare, they can still get the family planning benefit while having other benefits, like MaineRX Plus or DEL.

How can people apply?
People can apply for this benefit the same way they would apply for regular MaineCare: online or by submitting a paper application.

Use the online portal: People can apply online through the MaineCare portal at www.maine.gov/mymaineconnection. At the beginning of the online application there is a page where people can check off what benefits they would like to apply for. There is a checkbox for Family Planning Services on this page under MaineCare Services. Applicants should check this box to apply for the family planning benefit.

Fill out a paper application: People can get a paper application sent to them by calling CAHC’s HelpLine at 1-800-965-7476 or they can print an application from the internet. People can apply for this benefit on the same applications used for regular MaineCare. Applicants should submit their application at their local DHHS office or mail it to the Farmington DHHS office (see Appendix B for office locations).

- MaineCare application for families: This application can be found online at: http://www.maine.gov/dhhs/ofi/documents/MaineCare-RevApp-FPCoverage-Oct-2016.pdf.

To apply using this application, check the box at the bottom of the 3rd page that says someone in the household is interested in getting a limited MaineCare benefit for family planning services if they are not eligible for full MaineCare.

Below this checkbox there is a space to write the names of the household members interested in applying for the benefit.

- Other MaineCare applications: Other applications used to apply for MaineCare don’t have a specific box to apply for the family planning benefit. However, these applications can still be used to apply for the family planning benefit if they are submitted with the Family Planning Coverage Supplement Form, found here: http://www.maine.gov/dhhs/ofi/public-assistance/pdf/family-planning-app-supplement-form.pdf.

The supplement form must be used with the following application:
  - Application for MaineCare (including DEL, Maine RX, Buy-In and State SSI) and Food Supplement Benefits:

Apply in person: People can get in-person application assistance with certain enrollment assisters around the state. Call CAHC’s HelpLine, 1-800-965-7476 to find out where. People can apply in person at their local DHHS office using the enrollment kiosk.

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
4.01 SUMMARY

This section establishes procedures for implementing the Limited Family Planning Benefit. Under the Limited Family Planning Benefit, MaineCare provides a targeted set of family planning services and supplies and family planning-related services to eligible individuals who are not otherwise eligible for full MaineCare benefits. No other MaineCare services, except those listed in this policy, are covered. Services performed by providers must be within the scope of practice of his or her professional licensure as defined by state law.

The goal is to improve the health of individuals and families in Maine by improving access to family planning services and decreasing the overall costs of health care by helping prevent or delay pregnancies and to improve overall reproductive health of Enrollees.

4.02 DEFINITIONS

Unless otherwise indicated, the following terms have the following meanings:

4.02-1 Benefit is the Limited Family Planning Services.

4.02-2 Enrollee is an individual who has applied for and been determined eligible to receive services under this Chapter.

4.02-3 Family Planning Related Services refers to medical diagnosis and treatment services, including reproductive health services, provided as part of or as follow up to a family planning visit.

4.02-4 Family Planning Services refers to services relating to the individuals’ desire to prevent or delay pregnancy, or regulate the number and spacing of children.

4.02-5 Federal Poverty Levels (FPL) are the income levels established annually by the U.S. Department of Health and Human Services and can be found on the Internet at: https://aspe.hhs.gov/poverty-guidelines. An individual also can receive a copy of the current FPL amounts by contracting his/her local DHHS office, or by writing to:

Office for Family Independence
11 State House Station
19 Union Street
Augusta, ME 04333
4.02-6 MaineCare Eligibility Manual is the Office for Family Independence procedures that establish application and eligibility determination policies for MaineCare assistance. This manual can be found under the 10-144 Code of MaineCare Regulations, Chapter 332 at: http://www.maine.gov/sos/cec/rules/10/ch332.htm.

4.03 ELIGIBILITY
Individuals must meet the eligibility criteria as set forth below:

A. Be an individual who is not pregnant; and

B. Be an individual whose income is at or below 209% (two hundred and nine percent) of the FPL; and

C. Meet any additional criteria for the Benefit required under the MaineCare Eligibility Manual.

It is the responsibility of the provider to verify an Enrollee’s eligibility for the Limited Family Planning Benefit, as described in MaineCare Benefits Manual, Chapter I, prior to providing services.

4.04 COVERED SERVICES
A covered service is a service for which payment to a provider is permitted under this section of the MaineCare Benefits Manual. The services covered under this policy are listed below:

A. Office visits for family planning.

B. FDA-approved oral contraceptives, devices, and supplies.

C. Over-the-counter contraceptives, including condoms, spermicides, and sponges, if prescribed.

D. Patient family planning education and counseling.

E. Follow-up visits for complications associated with contraceptive methods.

F. Breast and pelvic exams and cancer screening.

G. Pap smears, colposcopies, biopsies, and cryotherapies for cervical dysplasia.

H. Treatment of genital tract and genital skin infections and disorders.

I. Diagnosis and treatment of Sexually Transmitted Infections (STIs).

J. Testing, prevention education, counseling and referral for Human Immunodeficiency Virus (HIV).

K. Limited pharmacy services, consisting of birth control supplies and medications, vaccines, and supplies to prevent and treat STIs and other reproductive health infections.

L. Limited laboratory services, consisting of testing for STIs, HIV, anemia, sickle cell disease, cervical and testicular cancer screening, and pap smears.
4.04 COVERED SERVICES (cont.)

M. Anesthesia services when medically necessary for a procedure that is covered under the Limited Family Planning Benefit.

N. Sterilization if a properly completed sterilization consent form in accordance with the requirements of 42 C.F.R. 441, Subpart F, is attached to the billing claim.

O. Provision of immunization services for STIs, including but not limited to, Hepatitis B where medically indicated.

P. Treatment of major complications related to family planning services and family planning-related services (e.g., treatment of perforated uterus due to IUD insertion; severe menstrual bleeding by Depo-Provera injection, requiring dilation and curettage; or treatment of surgical; or anesthesia-related complications during a sterilization procedure).

4.05 NON-COVERED SERVICES

MaineCare will not reimburse for services provided that are non-covered services under this benefit. Non-covered services include:


B. Abortion services and abortion-related services.

C. Artificial Insemination.

D. In vitro fertilization.

E. Fertility drugs.

F. Treatment for HIV (These services are covered under the Maine HIV/AIDS Waiver).

G. Hysterectomies.

H. Transportation.

I. Services unrelated to family planning.
Section 6: Eligibility & Benefits for Seniors & Disabled Individuals

Seniors and disabled adults are referred to as Non-MAGI applicants.

This section describes coverage for:
- Seniors age 65 and older called SSI-related
- People with disabilities called SSI-related
- Katie Beckett for children disabled enough to be in an institution

<table>
<thead>
<tr>
<th>Medicare &amp; Medicaid: What’s the Difference?</th>
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</thead>
<tbody>
<tr>
<td><strong>Medicare</strong></td>
</tr>
<tr>
<td>Health insurance for people age 65 and older or disabled, of any income level.</td>
</tr>
<tr>
<td>Federal program: federal administration and funding, contractor implementation.</td>
</tr>
<tr>
<td>Medicare program is uniform in all states.</td>
</tr>
<tr>
<td>Participants pay premiums, deductibles, and coinsurance.</td>
</tr>
<tr>
<td>Benefits less comprehensive than Medicaid. Generally, long term custodial care, dental care and transportation are not covered.</td>
</tr>
<tr>
<td>Eligibility is based on Social Security or Railroad Retirement eligibility and age or disability.</td>
</tr>
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</table>

MaineCare coverage for seniors and people with disabilities have important differences from family or MAGI coverage. This section outlines major eligibility and coverage differences for seniors and people with disabilities.

6.1 MaineCare Coverage: Non-MAGI Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
<th>Coverage Amount</th>
<th>Benefit Package*</th>
</tr>
</thead>
</table>

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
People with disabilities        Free      Full        6
Seniors age 65 and older        Free      Full        6

* 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.

6.2 Countable Household Income in MaineCare Senior & Disability Categories

Figuring Household Size
Using correct household size means 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:

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 18, 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.

What income counts: (partial list)
- Earned income: gross wages from an employer
- Self-employed income: 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 only during the months worked
- Unearned income: such as Social Security Disability Insurance (SSDI), unemployment benefits, or Workers’ Compensation
- Interest
What income 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 family size. These individuals may be eligible for MaineCare in a different category and as a separate household.
- Child support does not count for a disabled parent, only for a child in Katie Beckett.
- 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) don’t count to the extent used to purchase benefits.
- Loans
- Cost of Living increases (COLAs) published in January, February or March don’t count until the month after the month the new Federal Poverty Levels (FPLs) are published. For those who have MaineCare for at least 3 months prior to the COLAs, the COLA will not count at all.

Cost of Living Adjustments: (COLAs)
There are three COLA (cost of living adjustment) rules:

1. Social Security (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

Formula to calculate the monthly countable income for MaineCare:

- Weekly paycheck: multiply the gross amount by 4.3 for monthly income.
- Biweekly paycheck: multiply the gross amount by 2.15 for monthly income.
- Paycheck twice per month (usually on the 1st and 15th): multiply the gross amount by 2 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 unless the income if either fluctuating or from self-employment, in which case income should be based on most recent taxes or a W2 form.
6.3 Deductions from Income in Senior & Disability Categories

1. Make 2 lists: first, all earned income and second, all unearned income of the individual & spouse. Exclude income of dependents at this point.
2. Subtract $20 for federal disregard from unearned income total.
   - If the person has less than $20 unearned income, 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).
3. Deductions from earned income: skip to 4 if no earned income.
   a. Subtract any Impairment-Related Work Expenses (IRWE).
   b. Subtract $65 from earned income.
   c. Subtract 50% of remaining earned income.
4. Add remaining unearned & earned income back together.
5. Subtract state disregard from remaining countable income:
   - Individual = $55, Household more than one = $80.
6. Subtract these 3 types of Cost of Living Adjustments (COLA) as long as the MaineCare member is already on MaineCare or has received MaineCare within the past 3 months.
   a. Social Security retirement benefits.
   b. Social Security Disability Insurance (SSDI) benefits.
   c. Railroad retirement.
7. Subtract wages of dependent children.
8. Subtract TANF cash benefits.
9. If the elderly or disabled person has a spouse or dependent children, additional deductions may be allowed.

MaineCare with an ineligible spouse.
For someone who is a senior or disabled, and living with his or her spouse, the income limit can be higher if only one spouse signs up for MaineCare. If the couple is $375 or less over income, check with an Eligibility Specialist regarding MaineCare with an ineligible spouse. This eligibility option disregards $375 from the ineligible spouse’s income (in addition to all deductions listed above). It also may be possible for spouses to alternate eligibility, switching their eligibility status with one another as often as once per month. See Appendices I & J.

MaineCare with an ineligible child.
For someone who is a senior or has a disability, and living with his or her child, the income limit can be higher if the child does not receive TANF, SSI or State Supplement. If the parent is over income, check with an Eligibility Specialist regarding MaineCare with an ineligible child. This eligibility option disregards up to $375 for each ineligible child from the countable income (in addition to all the deductions listed above). To determine the amount that can be deducted for each child, subtract the child’s countable income (e.g. Social Security benefits) from the maximum child allocation ($375 in 2018). The remainder for each child is subtracted from the parent(s)’ income, unless it is a negative number. If it is a negative number, don’t use it. This happens if the child’s SS is higher than the disregard. This deduction ends when the child turns 18, or if in school, up to age 22. See Appendices I & J.

6.4 Asset Rules for Senior & Disability Categories
There are asset limits for SSI-related MaineCare:

- $2,000 for single individuals
- $3,000 for a household of two

**Assets that do not count against the $2,000 or $3,000 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 (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 the disabled)
- Property used to produce income, such as boats, trucks, and machinery
- Money in a savings account, Certificate of Deposit (CD), pension plan, or Investment Retirement Account (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
- 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
- Jointly owned property which the other owner refuses to sell
- Other less common assets listed in DHHS rules

**Equity value of owned property:**

Going beyond the primary residence, which does not count, to other property and assets that do count against the $2,000 limit, count only the equity (paid-off amount) value of the property towards the asset limit. So, if a family owns land worth $7,000, but only has $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, putting them over the asset limits, it counts as income the first month and an asset thereafter. 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 nine months. Call Maine Equal Justice for more information at 207-626-7058.

Whole life insurance policies are excluded if 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

**6.5 Enrollment, Renewals, Retroactivity**
Members must renew or re-apply every 12 months for MaineCare. DHHS should send a renewal form, but if they don’t, the member should be pro-active and request one near the end of the 12 months. 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. They still meet the income and asset guidelines.

Everyone covered in this guide, except CHIP children, who pay a monthly premium, 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 state that on their application.

If a person becomes too ill to earn an income, it is usually better to apply for MaineCare disability coverage before applying for Social Security benefits. These benefits could either be income from Disability Insurance, SSDI or SSI (also called Supplemental Security Income). The local MaineCare system is far easier to work with than the Social Security System. If the person applies to Social Security first and is denied, the person will automatically be denied MaineCare, as the same disability guidelines are used. Call CAHC at 1 800 965 7476 for further explanation.

If a person receives MaineCare first, then is subsequently denied by Social Security, as long as the Social Security decision remains in appeal process, the Social Security denial won’t trigger a MaineCare closing.
6.6 Options When Member Income Exceeds Guidelines

MaineCare with a deductible: See Section 1.6

Health Insurance Marketplace
Losing MaineCare opens a special enrollment period that lets eligible people buy plans in the Health Insurance Marketplace outside of open enrollment. This special enrollment period only lasts for 60 days before and 60 days after the loss of other coverage. People with household income between 100-400% FPL may qualify for lower monthly premiums or out-of-pocket costs.

Warning! Most people who are eligible for Medicare are NOT eligible for Marketplace plans. This rule applies even if the person has not enrolled in Medicare. There is one exception to this rule: People who are eligible for Medicare, but have to pay a premium for Medicare Part A can still get Marketplace plans and may qualify for subsidies, if income eligible. Medicare Part A is Hospital Insurance that most Medicare-eligible people get for free if they or their spouse paid Medicare taxes for a certain amount of time while working. Most people don’t have to pay for Medicare Part A, so most people who are eligible for Medicare are not eligible for Marketplace plans.

To learn more, visit www.healthcare.gov. To find local help, call Consumers for Affordable Health Care at 1-800-965-7476, or visit https://localhelp.healthcare.gov.

6.7 MaineCare Option for Workers with Disabilities
The MaineCare Option for Workers with Disabilities, also 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 must 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:
1) Meets the Social Security guidelines for a disability, and
2) Has earnings, usually from a job, and
3) Meets each of the following financial guidelines:

For a household of 1:
- **Unearned income**: Monthly income from retirement, Social Security, Supplemental Security Income (SSI), or other income that is not wages from a job must be $1,012 or 100% FPL or less after deductions. Not all income is counted. After standard deductions are applied, unearned income can be as high as $1,087 per month.
- **Earned income** or pay from work: When added to any unearned income (not from a job) must be $2,530 or 250% FPL or less after deductions.
- **Assets**: Must be $8,000 or less. Not all assets are counted. For example, your home, car, and up to $8,000 in savings are not counted.

For a household of 2:
- **Unearned income**: Monthly income from retirement, Social Security, Supplemental Security Income (SSI), or other income that is not wages from a job must be $1,372 or 100% FPL or less
after deductions. Not all income is counted—after standard deductions are applied, unearned income can be as high as $1,472 per month.

- **Earned income** or pay from work: When added to unearned income (not from a job) must be $3,430 or 250% FPL or less after deductions.

- **Assets:** Must be $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. Send all applications to the Farmington DHHS office. 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. It will be 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.

To learn more, go to [http://www.maine.gov/dhhs/samhs/mentalhealth/mh-system/vocational-resources/mainecare-option.shtml](http://www.maine.gov/dhhs/samhs/mentalhealth/mh-system/vocational-resources/mainecare-option.shtml)
6.8 Katie Becket Children with Disabilities

Katie Beckett is a MaineCare category for children with severe health conditions who are not in a medical facility but need the level of care of a facility. The costs of providing needed services outside the home can’t be more than the annual cost of institutional care. Children qualifying for Katie Beckett are given full benefit MaineCare coverage.

A child may get Katie Beckett if ALL apply:
- 18 years old or younger;
- Is not eligible for MaineCare in another category;
- Does not live in a medical institution; and,
- Meets the Social Security definition for disability.
- Meets institutional level of care

What if my child has private insurance?
A child can get Katie Beckett 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.

What are the financial guidelines?
The parents’ income and assets do not count when applying for Katie Beckett. Only the income and assets of the child are looked at. For most children, there are no assets or income to look at.

Even though the parents’ income is not looked at for eligibility, the parents’ income is looked at when figuring out the monthly premium.

Will I have to pay for Katie Beckett?
There are low cost premiums for Katie Beckett coverage. The monthly 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.

6.9 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 or $2,250 in 2018) 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-ELDERS1 (1-877-353-3771).

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
6.10 Primary Care Case Management: How It Works

Elderly, disabled and non-categorical MaineCare members will be enrolled in Primary Care Case Management, following the same rules.

However, they can’t enroll in Primary Care Case Management 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 7: Help with Medicare Costs: Medicare Savings Programs

7.1 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. SLMB and QI have the same benefits but different funding sources.

<table>
<thead>
<tr>
<th>Medicare Savings Program (MSP) Benefits:</th>
<th>QMB ≤ 140% FPL</th>
<th>SLMB ≤ 165% FPL</th>
<th>QI ≤ 175% FPL</th>
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<tr>
<td>Part A</td>
<td></td>
<td></td>
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<tr>
<td>Premium</td>
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</table>

7.2 Medicare Savings Program (MSP) Eligibility

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

1. You must be enrolled in or eligible for Medicare.
2. Your “countable” income, after subtracting all the allowable disregards, must be at or below 175% FPL (see Appendix D).
3. Meet liquid asset limits of $50,000 for an individual or $75,000 for a couple.

Liquid Assets:

Assets that count towards the $50,000/$75,000 asset limit for MSPs: Only liquid assets count. Liquid assets are those assets that can readily be converted to cash, such as:

- Retirement accounts such as IRAs & 401Ks
Bank accounts including CDs

Annuities: The “current cash value” of the annuity that is “available to the individual” minus any penalty fees for withdrawal counts as a liquid asset but monthly annuity payments are income.

 Exclude the first $8,000/$12,000 for an individual/couple. Only count the net amount available upon liquidation.

SSI - Related Categorically Needy Medicaid budgeting rules are used for MSP.

Allowable deductions: Deductions must be made in order listed below.

- **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).
- **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.
- **Earned income disregard** (this deduction is only for people who are earning wages through employment):
  - Deduct $65 from an individual’s or couple’s earned income.
  - Deduct half of the remaining amount of earned income.
- **State disregard**: deduct $55 from an individual’s gross income, or $80 from a couple’s gross income.
- Other less common disregards (for example, for dependent children or for a couple where only one spouse is applying for MaineCare or certain COLA disregards). 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: $1,846 or $75 over 175% FPL.
- If married: $2,501 or $100 over 175% FPL. If only one of you wants to enroll in MSP, your joint gross income can be up to $375 higher, which is $2,876.

Remember the earned income disregard!

If you are working, your income can be even higher.

The Medicare Savings Program or 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 140% 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 140% and equal to or less than 160% FPL, you are eligible for the Specified Low-Income Medicare Beneficiaries (SLMB—often called “Slimby”) portion of the MSP benefit.
- If you are enrolled in Medicare and your countable income is over 140% and equal to or less than 175% 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).

7.3 Applying for Medicare Savings Program or 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 B) 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 or DEL benefit. Also, 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 make a final decision. Temporary coverage after the 45th 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 or 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 or 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 or 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.

7.4 Do MSP Benefits Trigger the Estate Recovery Program?

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

7.5 Appeals Process for Medicare Savings Program
Medicare Savings Program, Low Cost Drugs for the Elderly and Disabled benefit and Maine Rx Plus members and applicants have the right to appeal almost any Department of Health and Human Services decision that adversely affects eligibility or benefits. The MSP provides significant financial assistance with Part D benefits and covers the Part B premium. For some, it covers 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 Appendix A for contact information), or Legal Services for the Elderly may also be able to provide toll-free help 1-800-750-5353. Those in the Augusta area can 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 15 calendar days of the date on the DHHS decision. If the 15-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.

7.6 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

**Area Agencies on Aging (Statewide):** 1-800-353-3771

- **Aroostook Agency on Aging:** 1-800-439-1789
  (Aroostook County)

- **Eastern Agency on Aging:** 1-800-432-7812
  (Hancock, Penobscot, Piscataquis, & Washington Counties)

- **Spectrum Generations:** 1-800-639-1553
  (Kennebec, Knox, Lincoln, Sagadahoc, Somerset, & Waldo Counties, and Brunswick & Harpswell)

- **Southern Maine Agency on Aging:** 1-800-427-7411
  (York and Cumberland Counties, except Brunswick and Harpswell)

- **Seniors Plus:** 1-800-427-1241
  (Androscoggin, Franklin and Oxford Counties)
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
## Appendices

### Appendix A: Resources

<table>
<thead>
<tr>
<th>Organization</th>
<th>How They Help</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Agency on Aging</td>
<td>Seniors services, Medicare information</td>
<td><a href="http://maine4a.org/">http://maine4a.org/</a> 1 877 353 3771</td>
</tr>
<tr>
<td>Bureau of Insurance Consumers for Affordable Health Care (CAHC)</td>
<td>Research a broker or company</td>
<td><a href="http://www.maine.gov/pfr/insurance/license_search.htm">http://www.maine.gov/pfr/insurance/license_search.htm</a></td>
</tr>
<tr>
<td></td>
<td>File a complaint against a company</td>
<td><a href="http://www.maine.gov/pfr/insurance/complaint.htm">http://www.maine.gov/pfr/insurance/complaint.htm</a></td>
</tr>
<tr>
<td>Disability Rights Maine</td>
<td>Free legal help for disability and/or disability discrimination, including MaineCare cases, e.g. Katie Beckett.</td>
<td><a href="http://www.drcme.org">http://www.drcme.org</a> 1 800 452 1948</td>
</tr>
<tr>
<td></td>
<td>MaineCare Member Services</td>
<td>1 800 977 6740</td>
</tr>
<tr>
<td></td>
<td>MaineCare Provider Services</td>
<td>1 866 690 5585</td>
</tr>
<tr>
<td>Legal Services for the Elderly</td>
<td>Medicare free legal help for anyone</td>
<td><a href="http://www.mainelse.org/">http://www.mainelse.org/</a> 1 800 750 5353</td>
</tr>
<tr>
<td>Maine Equal Justice Partners (MEJP)</td>
<td>Help with TANF, SNAP, MaineCare and other public benefit programs</td>
<td><a href="http://www.mejp.org/">http://www.mejp.org/</a> 1 866 442 4293</td>
</tr>
<tr>
<td>Maine Bar Association</td>
<td>Lawyer Referral and Information</td>
<td><a href="http://www.mainebar.org/lawyer_need.asp">http://www.mainebar.org/lawyer_need.asp</a></td>
</tr>
</tbody>
</table>


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 B: Regional Department of Health & Human Services Offices

<table>
<thead>
<tr>
<th>Regional Office Location</th>
<th>Address</th>
<th>Telephone Numbers</th>
</tr>
</thead>
</table>
| **Augusta Regional Office**  
augusta.dhhs@maine.gov | 35 Anthony Avenue  
11 State House Station  
Augusta, Maine 04333 | (207)624-8090  
ASPIRE (207)624-8080 or 1-800-452-1926  
FAX: 207-624-8124 TDD/TTY: 711 |
| **Bangor Regional Office**  
bangor.dhhs@maine.gov | 396 Griffin Road  
Bangor, Maine 04401 | (207)561-4100 or 1-800-432-7825  
FAX: 207-561-4493 TDD/TTY: 711 |
| **Biddeford District Office**  
biddeford.dhhs@maine.gov | 208 Graham Street  
Biddeford, Maine 04005 | (207)454-9000 or 1-800-322-1919  
FAX: 207-454-9012 TDD/TTY: 711 |
| **Calais District Office**  
calais.dhhs@maine.gov | 392 South Street  
Calais, Maine 04619 | (207)454-9000 or 1-800-622-1400  
FAX: 207-454-9012 TDD/TTY: 711 |
| **Caribou District Office**  
caribou.dhhs@maine.gov | 30 Skyway Drive Unit 100  
Caribou, Maine 04736 | (207)493-4000 or 1-800-432-7366  
FAX: 207-493-4004 TDD/TTY: 711 |
| **Ellsworth District Office**  
ellsworth.dhhs@maine.gov | 17 Eastward Lane  
Ellsworth, Maine 04605 | (207)667-1656 or 1-800-432-7823  
FAX: 207-667-5364 TDD/TTY: 711 |
| **Fort Kent District Office**  
fortkent.dhhs@maine.gov | 137 Market Street  
Fort Kent, Maine 04743-1447 | (207)834-7700 or 1-800-432-7340  
FAX: 207-834-7780 TDD/TTY: 711 |
| **Houlton Regional Office**  
houlton.dhhs@maine.gov | 11 High Street  
Houlton, Maine 04730 | (207)532-5000 or 1-800-432-7338  
FAX: 207-532-5027 TDD/TTY: 711 |
| **Lewiston Regional Office**  
lewiston.dhhs@maine.gov | 200 Main Street  
Lewiston, Maine 04240 | (207)795-4300  
ASPIRE (207)795-4423 or 1-800-482-7517  
FAX: 207-795-4551 TDD/TTY: 711 |
| **Machias District Office**  
machias.dhhs@maine.gov | 13 Prescott Drive  
Machias, Maine 04654 | (207)255-2000 or 1-800-432-7846  
FAX: 207-255-2022 TDD/TTY: 711 |
| **Portland Regional Office**  
portland.dhhs@maine.gov | 151 Jetport Boulevard  
Portland, Maine 04102-1946 | (207)822-2000 or 1-800-482-7520  
FAX: 207-822-2310 TDD/TTY: 711 |
| **Rockland District Office**  
rockland.dhhs@maine.gov | 91 Camden Street  
Suite 103  
Rockland, Me 04841 | (207)596-4217 or 1-800-432-7802  
FAX: 207-596-4331 TDD/TTY: 711 |
| **Sanford District Office**  
sanford.dhhs@maine.gov | 890 Main Street  
Suite 208  
Sanford, Maine 04073 | (207)490-5400 or 1-800-482-0790  
FAX: 207-490-5499 TDD/TTY: 711 |
| **Skowhegan District Office**  
skowhegan.dhhs@maine.gov | 98 North Avenue  
Suite 10, Suite 10  
Skowhegan, Maine 04976 | (207)474-4800 or 1-800-452-4602  
FAX: 207-474-4890 TDD/TTY: 711 |
| **South Paris Regional Office**  
southparis.dhhs@maine.gov | 243 Main Street Suite #6  
South Paris, Maine 04281 | (207)744-1200 or 1-888-593-9775  
FAX: 207-743-8735 TDD/TTY: 711 |

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Send ALL applications and consent forms to:  
**Farmington District Office 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 farmington.dhhs@maine.gov
### Appendix C: Maine’s Medical Assistance Programs: Who’s Covered & Who’s Not

<table>
<thead>
<tr>
<th>Category</th>
<th>Benefit Level</th>
<th>Income Limit</th>
<th>Asset Limit</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children age 0-18</td>
<td>Full-benefit MaineCare</td>
<td>213% FPL (federal poverty level)</td>
<td>None</td>
<td>Children with income up to 161% FPL are eligible for free MaineCare; infants under 1 with income up to 196% FPL are eligible for free MaineCare. Children between 162%-213% FPL are eligible for low-cost 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 <strong>Katie Beckett</strong> 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. <strong>Full Cost Purchase Option</strong> allows families who lose coverage due to increased income to buy into MaineCare at a cost of $250 per month per child for any months during the period of 18 months following termination.</td>
</tr>
<tr>
<td>19- and 20-year-olds</td>
<td>Full-benefit MaineCare</td>
<td>161% FPL</td>
<td>None</td>
<td>If child declared a tax dependent of the parents in the household then parental income is counted in most circumstances.</td>
</tr>
<tr>
<td>Children under age 26 who were in foster care in the State of Maine at age 18</td>
<td>Full-benefit MaineCare</td>
<td>No income limit</td>
<td>None</td>
<td>Must not be eligible under any other Medicaid category.</td>
</tr>
<tr>
<td>Parents with children age 18 and younger at home</td>
<td>Full-benefit MaineCare</td>
<td>105% FPL</td>
<td>None</td>
<td><strong>Transitional coverage</strong>: If family income goes over 105% of FPL and the family has earnings from employment, then the family will get an additional 6 months of “Transitional MaineCare” coverage. After the first 6 months, if income is below 185% of FPL, then the family may get another 6 months of Transitional MaineCare. If income goes over 105% of FPL and the family has income from child support, then the family will get Transitional MaineCare for 4 months.</td>
</tr>
<tr>
<td>Adults 21 years and older (including “non-cats”)</td>
<td>Full-benefit MaineCare</td>
<td>138% FPL</td>
<td>None</td>
<td><strong>Coverage in this category does not go into effect in July, 2018.</strong></td>
</tr>
<tr>
<td>Family Planning</td>
<td>Limited benefit MaineCare</td>
<td>214% FPL MAGI household &amp; income of only one</td>
<td>None</td>
<td>For those who can’t get regular full-benefit MaineCare. There are no age or gender restrictions. The applicant’s household size is always one. The income limit is 214% FPL. MAGI rules apply when calculating income. Since the applicant is a household of one, only the income of the applicant is counted, even if the applicant has other household members with income.</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>Full-benefit MaineCare</td>
<td>214% FPL</td>
<td>None</td>
<td>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.</td>
</tr>
</tbody>
</table>

1 Parents may be covered if 18 year old will finish high school by age 19.

Prepared by Maine Equal Justice  126 Sewall St., Augusta, ME 04330  207-626-7058  www.mejp.org  2/16

OVER PLEASE
MaineCare Eligibility Guide

### Appendix

#### MaineCare Savings Program (MSP, or “Buy In”)
MaineCare will pay the Medicare Part B premiums for those below 175% of FPL. For those below 140% of FPL MaineCare will also pay the Part A & B deductibles, co-insurance/co-pays. Recipient may not be charged. MSPs will have no Part D premium, deductible or “donut-hole.” Co-payments are limited. ($2.65/$6.60 for generics/brand name drugs.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Benefit Level</th>
<th>Income Limit</th>
<th>Asset Limit</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled Adults and seniors age 65 and older who have Medicare</td>
<td>Limited-benefit MaineCare</td>
<td>175% FPL</td>
<td>liquid asset test $50,000 single $75,000 couple</td>
<td>Medicare Savings Program (MSP, or “Buy In”): MaineCare will pay the Medicare Part B premiums for those below 175% of FPL. For those below 140% of FPL MaineCare will also pay the Part A &amp; B deductibles, co-insurance/co-pays. Recipient may not be charged. MSPs will have no Part D premium, deductible or “donut-hole.” Co-payments are limited. ($2.65/$6.60 for generics/brand name drugs.)</td>
</tr>
<tr>
<td>Adults living in Nursing Facilities</td>
<td>Full-benefit MaineCare</td>
<td>Gross Income must be below the semi-private room rate of the nursing facility in which the person resides.</td>
<td>$2,000 ($3,000/couple) (Many assets are excluded.)</td>
<td>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.</td>
</tr>
<tr>
<td>Adults who are living at home through the Home and Community Based Waiver. (Elderly, Disabled, Brain Injury, “other related conditions”, such as cerebral palsy.)</td>
<td>Full-benefit MaineCare</td>
<td>300% of the federal SSI Benefit Amount</td>
<td>$2,000 ($3,000/couple) (Many assets are excluded.)</td>
<td>This is a gross income test. The person will be able to keep income equaling up to 200% of the Federal Poverty Level and allowed deductions for medical costs. All other income will be used to pay for the cost of care. Income and assets of a non-waiver spouse do not count.</td>
</tr>
<tr>
<td>Adults living in residential care facilities, e.g. assisted living, other than nursing facilities</td>
<td>Full-Benefit MaineCare</td>
<td>Countable Income must be below the private pay rate for the residential care facility.</td>
<td>$2000 ($3000/couple) Many assets are excluded.</td>
<td>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.</td>
</tr>
<tr>
<td>Women who have breast or cervical cancer (or pre-cancerous condition)</td>
<td>Full-benefit MaineCare</td>
<td>250% FPL</td>
<td>None</td>
<td>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.</td>
</tr>
</tbody>
</table>
### MaineCare Eligibility Guide

<table>
<thead>
<tr>
<th>Eligibility Category</th>
<th>Program Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV-positive adults</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>“Medically Needy” or “Spend Down”: persons whose income is too high for full-benefit MaineCare</strong></td>
<td>The Medically Needy benefit primarily helps people with catastrophic health care expenses; participants must be in a coverable group (e.g. 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 be applied to the deductible.</td>
</tr>
<tr>
<td><strong>Disabled adults and seniors age 62 and older</strong></td>
<td>DEL covers:</td>
</tr>
<tr>
<td></td>
<td>1) 80% of generic drugs costs (member pays 20% and small copay);</td>
</tr>
<tr>
<td></td>
<td>2) 80% of drugs costs for 14 specific health problems (member pays 20% and small copay);</td>
</tr>
<tr>
<td></td>
<td>3) A small discount off the retail cost of many other medications;</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Persons who do not qualify for full-benefit MaineCare</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
Appendix D: 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.

<table>
<thead>
<tr>
<th>When MaineCare pays . . .</th>
<th>the member co-payment is</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10.00 or less</td>
<td>$0.50</td>
</tr>
<tr>
<td>$10.01 - $25.00</td>
<td>$1.00</td>
</tr>
<tr>
<td>$25.01 - $50.00</td>
<td>$2.00</td>
</tr>
<tr>
<td>$50.01 – more</td>
<td>$3.00</td>
</tr>
</tbody>
</table>

(see reverse for a list of services that have a co-payment)
The following services have a co-payment (exceptions are listed on the previous page).

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

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

** 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).

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 E: DHHS Consent Form
What is the purpose of the release? Please check or write a response.

☐ To coordinate or manage my care  ☐ For a legal matter, including to provide testimony
☐ A personal request  ☐ To see if I qualify for benefits or insurance  ☐ Other ________________

Please check and print clearly below:  ☐ Send my information to  ☐ Get my information from:

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
</tr>
<tr>
<td>Fax No.</td>
<td>Fax No.</td>
</tr>
</tbody>
</table>

I understand and agree:

- “Information” may be in written, spoken and/or electronic format.

- This form will expire one year from the date below unless I revoke (take back) my permission sooner.

- To take back my permission, I will fill out the Revocation Form found at [http://www.maine.gov/dhhs/privacy/index.shtml](http://www.maine.gov/dhhs/privacy/index.shtml) and send it to the office where I receive services. It will not apply to the information that DHHS already released with my permission.

- If I take back my permission or refuse to release some or all of my information, my choice could lead to an improper diagnosis or treatment, or denial of insurance coverage.

- I permit the people and/or offices listed on this form to speak to each other for the purpose(s) on this form.

- Health information from other providers (such as doctors, hospitals, and counselors) in my DHHS file is included in this release.

- Unless I am applying for benefits, DHHS will not base my treatment, payment for services, or benefits on whether I sign this form.

- DHHS offices will keep my information confidential as required by law. If I choose to share my information with others who are not required by law to keep it private, it may no longer be protected by federal confidentiality laws.

- If alcohol or drug treatment or program (substance use disorder) records are included in this release, DHHS will include a notice saying that such information may not be re-released or shared without my written permission.

I am signing this form voluntarily. I have the right to a signed copy of this form if I request one.

Date: __________________ Signature: ____________________________

Personal Representative’s authority to sign: __________________________
Appendix F: MaineCare Coverage for Immigrants

Immigrant Eligibility for MaineCare:

Under Maine law certain legal immigrants are eligible for full MaineCare benefits while others are not.

- Undocumented immigrants do not qualify for full MaineCare benefits.
- Legal immigrants who are pregnant qualify for full benefits in the MaineCare program and will continue to qualify for up 60 days following delivery.
- Legal immigrants under the age of 21 also qualify for full MaineCare benefits.
- Certain other legal immigrants qualify for full MaineCare benefits based on their immigrant status.

List A:
Legal immigrants in one of the following groups may qualify for full MaineCare benefits:

1. Refugees;
2. Asylees;
3. Amerasian immigrants;
4. Cuban/Haitian entrants;
5. People granted withholding of deportation;
6. Victims of trafficking;
7. Derivative beneficiaries of trafficking victims;
8. Veterans;
9. Lawful Permanent Residents, parolees, or battered aliens who are also armed services members or veterans;
10. Spouses, surviving spouses, or children of veterans or active duty military personnel; and
11. Special immigrants from Iraq or Afghanistan.
12. Depending on the date of entry into the U.S., the following groups may get full MaineCare benefits:
13. Lawful Permanent Residents (LPRs) who have had LPR status for at least 5 years;
14. Abused spouses, children, the parents of battered children and the children of battered spouses;
15. Conditional entrants;
16. Parolees granted for at least 1 year (or indefinitely); and
17. Those who entered the United States before August 22, 1996, if they: (a) obtained a qualified status before that date; or (b) obtained a qualified status after August 22, 1996 but were continuously present in the United States from August 22, 1996 until becoming qualified.

List B:
Legal immigrants (who are not pregnant or under age 21) in the following groups CANNOT get full MaineCare benefits:

1. Lawful Permanent Residents (LPRs) who have had LPR status for less than 5 years and do not have one of the legal statuses in List A above;
2. People who have filed applications for permanent status and are still awaiting a decision. (For example, this applies to those who have filed an application for lawful permanent residency as the immediate relative of a U.S. citizen, or an application for asylum that is currently pending);
3. People granted deferred action or Family Unity status;
4. Non-citizens who have resided in the United States since before January 1, 1972;
5. People whom the Department of Homeland Security, including the Citizenship and Immigration Services or the Immigration and Customs Enforcement departments, or any successor agencies knows are here without status but nevertheless are allowed to remain for humanitarian or other reasons;
6. People who are under "orders of supervision" because they have removal orders but their countries are not taking them back; and
7. People in various other immigration statuses that were considered as Permanently Residing Under the Color of Law (PRUCOL), including those with certain applications pending with Federal immigration authorities.

Immigrants in List B who do not qualify for full MaineCare benefits do qualify for Emergency MaineCare for what are called “emergency medical conditions.”
Appendix G: Emergency Medical Conditions

Non-citizens who do not qualify for full MaineCare benefits either because of their immigration status or because they are undocumented, do qualify for Emergency MaineCare for certain medical conditions. MaineCare covers the cost of care when an immigrant receives care based on an “Emergency Medical Condition.”

An “Emergency Medical Condition” (EMC) is a medical condition characterized by sudden onset with acute symptoms of such severity, including severe pain, that without immediate medical attention,

- The person’s health is in serious jeopardy; or
- The person faces serious impairment to bodily function; or
- The person faces serious dysfunction of any organ or body part.

This legal definition may cover conditions that differ from an acute medical emergency requiring immediate medical attention to prevent death. Emergency MaineCare can cover the cost of care provided outside of an Emergency Room if it meets the above definition. Emergency MaineCare does expressly cover costs associated with child labor and delivery.

**NOT COVERED as an Emergency Medical Condition (EMC):** Even though what qualifies as an EMC is a decision that must be made on a case-by-case basis by a healthcare provider qualified to make such determinations, there are several medical services that are expressly not covered by Emergency MaineCare. Examples of services that are currently not considered as emergency medical conditions include, but are not limited to: dialysis, organ transplants, school-based services, personal care services, waiver services, nursing facility services and hospice services.

To ensure MaineCare coverage for Emergency Medical Conditions, health care providers can take the following steps:

- Identify the Emergency Medical Condition (EMC);
- Specify the need for immediate medical treatment resulting from the Emergency Medical Condition;
- Provide an end date for the EMC using real calendar dates. When predicting the end date is difficult, providers should use their most educated estimation;
- Specify the kinds of treatments which will be needed; for example doctor’s visits, hospitalization, pharmaceuticals, or surgery;
- State the specific treatments, including duration/frequency of treatments, necessary diagnostic testing, and names of medications that are or may be required. If possible, explain the consequences if no treatment is administered (paralysis, death, future expensive emergency treatment); and
- Document that the need for treatment is “immediate.”

<table>
<thead>
<tr>
<th>If you have individual questions or need assistance:</th>
<th>For questions about immigrant status:</th>
<th>For questions about MaineCare:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immigrant Legal Advocacy Project (ILAP)</strong></td>
<td><strong>207-780-1593 or 1-800-497-8505</strong></td>
<td><strong>207-626-7058 or 1-866-626-7059</strong></td>
</tr>
<tr>
<td><strong><a href="http://www.ilapmaine.org">www.ilapmaine.org</a></strong></td>
<td></td>
<td><strong><a href="http://www.mejp.org">www.mejp.org</a></strong></td>
</tr>
</tbody>
</table>

Many legal immigrants can qualify for financial help when they need it but the rules for immigrants can be confusing. Maine Equal Justice has created a series of “fact sheets,” you may find helpful.  
[http://mejp.org/library/health-care](http://mejp.org/library/health-care)

**Note:** These “fact sheets” are available in these nine languages:

- English
- Arabic
- Creole
- Farsi
- French
- Kinyarwanda
- Somali
- Spanish
- Swahili

Consumers for Affordable Health Care HelpLine: 1-800-965-7476  
The Maine Department of Health and Human Services: 1-855-797-4357  
Maine Equal Justice Partners: 1-866-626-7059
Appendix H: Emergency Medical Condition Form

[On Letterhead of Doctor]

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,

____________________________     ____________________________________
(Signature)                                                              (Printed Name)
**Appendix I: Ineligible Spouse Budget Worksheet**

*(See Appendix J for Couple Households that have Earned Income)*

**Ineligible Spouse Budget Worksheet**

*For Couple Households with No Earned Income*

<table>
<thead>
<tr>
<th>Steps</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ineligible Spouse’s Unearned Income:</td>
<td></td>
</tr>
<tr>
<td>2. Subtract Ineligible Spouse Standard ($375 in 2018)</td>
<td></td>
</tr>
<tr>
<td>3. Add Eligible Spouse’s Unearned Income</td>
<td></td>
</tr>
<tr>
<td>4. Subtract Federal ($20) &amp; State Disregards ($80) ($100 total)</td>
<td></td>
</tr>
<tr>
<td>5. Subtract Ineligible Child Allocation ($375 for each ineligible child in 2018)*</td>
<td></td>
</tr>
<tr>
<td>Compare answer for 5 to the FPL for 2 ($1,3728 in 2018)</td>
<td></td>
</tr>
</tbody>
</table>

*An ineligible child is one not receiving TANF, SSI or State Supplement. The child allocation ends when the child turns age 18, or if in school, up to age 22. To determine the allocation for each child, subtract the child’s countable income (e.g. Social Security benefits) from the maximum child allocation ($375 in 2018). The remainder for each child is subtracted from the parent(s)’ income.*

*(rev. 2/15)*
### Appendix J: Worksheet for Couple Households that have Earned Income

*(See Appendix I for Couple Households that have No Earned Income)*

#### Step A: Unearned Income

1. Ineligible Spouse’s Unearned Income:

2. Subtract Ineligible Spouse Standard ($375 in 2018)
   
   (If unearned income is less than $375 then subtract the balance in Step 8)

3. Add Eligible Spouse’s Unearned Income

4. Subtract Federal Disregard ($20)
   
   (If unearned income is less than $20 then subtract the balance in Step 10)

5. Subtract Ineligible Child Allocation ($375 for each ineligible child in 2018)
   
   (If unearned income is less than $375 then subtract the balance in Step 11)

6. Total net unearned income (Cannot be a negative number)

#### Step B: Earned Income

7. Ineligible Spouse’s Earned Income:

8. Subtract Remainder of Ineligible Spouse Standard
   
   (Any amount not subtracted in Step 2)

9. Add Eligible Spouse’s Earned Income

10. Subtract Remainder of Federal Disregard
    
    (Any amount not subtracted in Step 4)

11. Subtract Remainder of Ineligible Child Allocation*
    
    (Any amount not subtracted in Step 5)

12. Subtract $65

13. Subtract 50% of total from line 12

14. Total net earned income

#### Step C

15. Add net unearned and earned income (total of lines 6 & 14)

16. Subtract State Disregard ($80)

Compare answer for 16 to the FPL for 2 ($1,372 in 2018)

---

*An ineligible child is one not receiving TANF, SSI or State Supplement. The child allocation ends when the child turns age 18, or if in school, up to age 22. To determine the allocation for each child, subtract the child’s countable income (e.g., Social Security benefits) from the maximum child allocation ($375 in 2018). The remainder for each child is subtracted from the parent(s)’ income.*

Consumers for Affordable Health Care HelpLine: 1-800-965-7476
The Maine Department of Health and Human Services: 1-855-797-4357
Maine Equal Justice Partners: 1-866-626-7059
Appendix K: MaineCare Deductible (Spend Down)

Can you explain the MaineCare Deductible? If your income is too high for regular MaineCare, AND you are in a coverable category, 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 pays 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 not 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 L: Self-Employment Income Form**

**SELF EMPLOYMENT PROFIT AND LOSS STATEMENT**

SELF EMPLOYED INDIVIDUAL NAME: ____________________________________________________

CLIENT ID: ______________________________ MO/YEAR ______________

<table>
<thead>
<tr>
<th>Day</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Hours</td>
<td>Gross $</td>
<td># Hours</td>
<td>Gross $</td>
<td># Hours</td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
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<tr>
<td>Wednesday</td>
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<tr>
<td>Saturday</td>
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<tr>
<td>Sunday</td>
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<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
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</table>

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

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<thead>
<tr>
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<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
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<td>Oil</td>
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<td>Repairs</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tires</td>
<td></td>
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<td></td>
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<tr>
<td># of Miles</td>
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<td>TOTALS</td>
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**Business Related Expenses, only**

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</thead>
<tbody>
<tr>
<td>Wages for Employees</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Soc. Sec. Tax (FICA)</td>
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<td></td>
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<tr>
<td>Insur. Work. Comp.</td>
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<td></td>
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<tr>
<td>Rent</td>
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<td></td>
<td></td>
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<td>Telephone</td>
<td></td>
<td></td>
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<td>Utilities</td>
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<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>*Merchandise</td>
<td></td>
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</tr>
<tr>
<td>*Postage/Freight</td>
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<td>*Advertising</td>
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</tr>
<tr>
<td>**Loan Interest</td>
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</tr>
<tr>
<td>***Other</td>
<td></td>
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<td></td>
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<tr>
<td>***Other</td>
<td></td>
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<tr>
<td>***Other</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cost of Goods Sold**

<table>
<thead>
<tr>
<th>Item</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventory Month Start</td>
<td>$</td>
</tr>
<tr>
<td>Inventory Month End</td>
<td>$</td>
</tr>
<tr>
<td>Cost of Items Used for Personal Use</td>
<td>$</td>
</tr>
</tbody>
</table>

*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 the information given is true to the best of my knowledge.

______________________________
Signature

______________________________
Date

______________________________
Printed Name

______________________________
Phone Number

---

Consumers for Affordable Health Care HelpLine: 1-800-965-7476
The Maine Department of Health and Human Services: 1-855-797-4357
Maine Equal Justice Partners: 1-866-626-7059
## Appendix M: State and MaineCare Funded Home Care Programs

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

Consumers for Affordable Health Care HelpLine: 1-800-965-7476  
The Maine Department of Health and Human Services: 1-855-797-4357  
Maine Equal Justice Partners: 1-866-626-7059
**Appendix N: Common Acronyms**

Here is a list of acronyms you will see often in this manual:

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA</td>
<td>Affordable Care Act</td>
</tr>
<tr>
<td>CAHC</td>
<td>Consumers for Affordable Health Care</td>
</tr>
<tr>
<td>CAP</td>
<td>Consumer Assistance Program at CAHC or Community Action Program</td>
</tr>
<tr>
<td>CHIP</td>
<td>Children’s Health Insurance Program</td>
</tr>
<tr>
<td>COLA</td>
<td>Cost of Living Increase</td>
</tr>
<tr>
<td>DEL</td>
<td>Drugs for Elderly &amp; Disabled</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health &amp; Human Services</td>
</tr>
<tr>
<td>EPSDT</td>
<td>Early &amp; Periodic Screening Diagnosis &amp; Treatment</td>
</tr>
<tr>
<td>FDA</td>
<td>Family Development Account</td>
</tr>
<tr>
<td>FQHC</td>
<td>Federally Qualified Health Center (sliding scale)</td>
</tr>
<tr>
<td>FPL</td>
<td>Federal Poverty Level</td>
</tr>
<tr>
<td>IRS</td>
<td>Internal Revenue Service</td>
</tr>
<tr>
<td>MAGI</td>
<td>Modified Adjusted Gross Income</td>
</tr>
<tr>
<td>MEJP</td>
<td>Maine Equal Justice Partners</td>
</tr>
<tr>
<td>MSP</td>
<td>Medicare Savings Program</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider</td>
</tr>
<tr>
<td>PHIP</td>
<td>Premium Health Insurance Payment</td>
</tr>
<tr>
<td>PIL</td>
<td>Protected Income Level</td>
</tr>
<tr>
<td>QMB</td>
<td>Qualified Medicare Beneficiary (part of MSP)</td>
</tr>
<tr>
<td>SSA</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>SLMB</td>
<td>Specified Low Income Medicare Beneficiary (part of MSP)</td>
</tr>
<tr>
<td>SSDI</td>
<td>Social Security Disability Insurance</td>
</tr>
<tr>
<td>SSI</td>
<td>Supplemental Security Income</td>
</tr>
<tr>
<td>TANF</td>
<td>Temporary Aid for Needy Families</td>
</tr>
<tr>
<td>VA</td>
<td>Veterans Administration</td>
</tr>
</tbody>
</table>