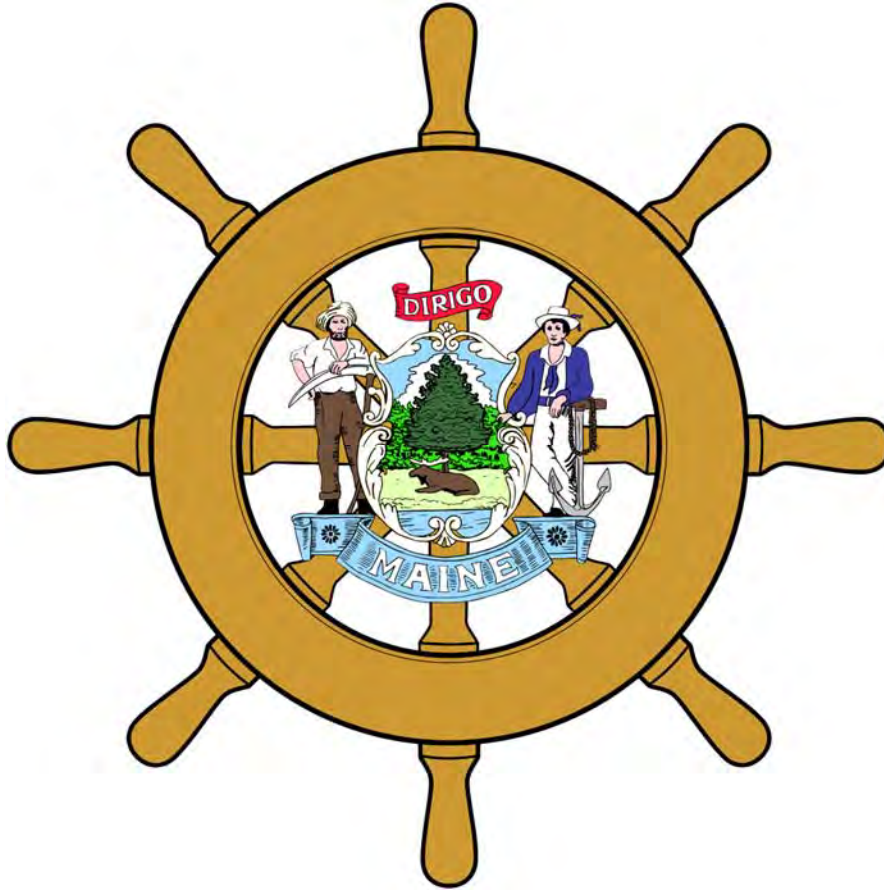


# MaineCare Eligibility Guide

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A joint project of Consumers for Affordable Health Care and Maine Equal Justice.



**Consumers for**  
**Affordable**  
**Health Care**

MAINE

**EQUAL**



**JUSTICE**  
PARTNERS

Draft October 23, 2018

NOTES

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## Section 1: Foundations

## Section 1: Foundations

### 1.1 How to use this Guide

This Guide contains user-friendly explanations about how eligibility works for some common MaineCare programs. Although MaineCare helps many Mainers of all ages to have health insurance, eligibility is complex, confusing and difficult. This resource contains information and strategies for both average Mainers and professionals.

Section 1 describes Maine Care basics, two common screening methods, and the Federal Poverty Guidelines upon which eligibility is based. It also gives an overview of the American coverage landscape with a comparison of Medicaid, Medicare and the Marketplace. Lastly, we share an overview of Maine DHHS.

In Section 2, we explain how Modified Adjusted Gross Income or MAGI screening works and which groups it applies to. The steps to screen for eligibility are given with tools and resources.

Section 3 takes you through Non-Magi categories and steps to screen for adults over 64, people with disabilities and others. We explain how to apply cool disregards.

Next, Section 4 describes the ways to apply, along with important tips. It explains applicant rights and information about enrollment and renewal.

Lastly, in Section 5, the guide covers advocacy, troubleshooting, common reasons for incorrect denials, how to handle incorrect denials and when to appeal.

### 1.2 MaineCare Basics

MaineCare is the name Maine uses for its Medicaid, the Children's Health Insurance Program or CHIP, and some other health coverage assistance programs. It is funded through both state and federal money. In Maine, DHHS or the Department of Health & Human Services administers MaineCare programs. See 1.6.

Authorized by Title XIX of the Social Security Act, **Medicaid** was signed into law in 1965 alongside Medicare. All states, the District of Columbia, and the U.S. territories have **Medicaid** programs designed to provide health coverage for low-income people. <https://www.medicaid.gov/about-us/program-history/index.html>

MaineCare has many categories or groups of people. Categories are defined by factors such as age or health condition. Each category has its own rules for who can be covered within that category, what income is allowed, and other restrictions.

Although there are many categories within MaineCare, there are only two financial screening methods.

1. MAGI or Modified Adjusted Gross Income screening was developed by the ACA or Affordable Care Act. Tax regulation is the basis for MAGI screening. This applies to parents, pregnant women, children and the new Medicaid Expansion group.

## Section 1: Foundations

2. Non-MAGI, traditional or SSI-related are three names for screening predating the ACA. It does not use the tax code. SSI refers to Supplemental Security Income. The term SSI-related is sometimes used for Non-MAGI categories. This group includes those who are age 65 or older, disabled, have breast or cervical cancer, HIV-AIDS and a few other categories.

Both screening methods, MAGI and Non-MAGI, have the **same two basic steps**:

1. First, determine the assistance unit and its members, for each applicant.
2. Then, determine the countable income belonging to each assistance unit.

### 1.3 DHHS Basic Orientation & Overview

In Maine, the Department of Health & Human Services or DHHS, administers a very large spectrum of programs, from the Division of Public Health, which does water testing, among other things, to MaineCare. When navigating MaineCare, note that OFI, the Office of Family Independence, deals with eligibility but not actual coverage. The Office of MaineCare Services deals with coverage, but not eligibility. The Office of Adult and Disability Services (OADS) oversees some MaineCare programs as does the Office of Child and Family Services (OCFS).

## Section 1: Foundations

## 1.4 What are FPLs?

Federal Poverty Levels or FPLs are dollar amounts a person or family is supposed to need each year for basic living expenses. The dollar amount increases for each additional family member.

FPLs are recalculated each year, typically resulting in a small increase. The new FPL is announced in January or February but must be applied retroactively to the beginning of that year.

In the U. S., FPLs are used to calculate eligibility for most assistance programs. Many, or perhaps most programs use some percentage of the FPL for that year. For example, the 2018 MaineCare guideline for pregnant women is 213% of FPL.

Although the official annual FPL amount is a yearly income number, many programs, including MaineCare, use the yearly number divided by 12 to arrive at monthly income. This is because MaineCare is supposed to help people based on their current needs. MaineCare should use annual income amounts for people who have varying or self-employment income.

See current Poverty Guidelines and information about them at: <https://aspe.hhs.gov/poverty-guidelines>.

## 1.5 MaineCare, Medicare & Marketplace Side by Side

Medicaid = MaineCare	Medicare	Marketplace
Health insurance for some categories of people of any age with very low income and resources.	Health insurance for people age 65 and older or disabled, of any income level.	Health insurance for people with no access to other affordable insurance.
Cooperative program: federal and state funding with state administration & implementation.	Federal program: federal administration and funding, contractor implementation.	Maine uses the federal Marketplace which operates without Maine state funding.
Medicaid programs vary by state.	Medicare program is uniform in all states though companies offering plans may be different.	The federal Marketplace is the same for all states using it, but companies and the plans may be different from state to state.
Some participants pay small copayments.	Participants pay premiums, deductibles, and coinsurance.	Participants pay premiums, deductibles, copays & coinsurance.
Benefits are comprehensive: hospital, long term care, kids dental care, transportation, additional health care services and supplies.	Benefits less comprehensive than Medicaid. Generally, long term custodial care, dental care and transportation are not covered.	Plans must cover ten essential health benefit categories of services.
Eligibility can be based on financial need, citizenship status and category.	American citizens or legal aliens residing in the US for 5 consecutive years are eligible for Medicare. Part A premiums are based on work history. Part B premiums vary, depending on income from the prior 2 years.	Eligibility for plans based on citizenship status, lack of access to other plans. Eligibility for financial aid based on income.

Section 1: Foundations



## Section 1: Foundations

## 1.6 U.S. Coverage Overview

The American Health Care System, has been called a patchwork quilt or jigsaw puzzle with missing pieces. This chart summarizes major U.S. coverage groups.

### Health Coverage in the U.S. in 2018

Acronym Key: CAP – Consumer Assistance Program; BOI – Bureau of Insurance; DOL – Department of Labor; MP – Marketplace						
Coverage Type	% in U.S.	Funding Source or Risk Bearer	Examples	Regulated by	Examples of Potential Issues or Concerns	How to Find Help
Total insured	91.2%					
Uninsured	8.8%	Federal State Taxpayers	Family glitch, incorrect denial, unaffordability, by choice	Until 2019 tax season, some people may face a tax penalty for being uninsured, unless they get an exemption.	Very low income uninsured may get hospital free care or sliding scale programs, based on income eligibility. These programs aren't insurance & don't cover all needed services.	CAP: 800-965-7476
Employer based self-funded (Private)	55.7%	Employer bears risk but may contract with another company for claims administration.	BIW, LL Bean, Hannaford, large hospitals	U.S. Department of Labor (DOL)	Self-funded plans are exempt from state regulation & governed by ERISA, a complex federal law. Dependent plans are often too costly. When job ends, COBRA is full cost.	CAP: 800- 965-7476 U.S. DOL: 866-444-3272
Employer based fully-funded (Private)		Insurance company	Can be large or small group	Maine Bureau of Insurance (BOI)	Coverage for dependents may be unaffordable. When job ends, COBRA is full cost.	CAP: 800-965-7476 BOI: 800-300-5000
Medicaid & CHIP (Public)	19.4%	Federal State Taxpayers	Currently covers most low-income people.	Maine Dept. of Health and Human Services (DHHS)	MaineCare has strict eligibility rules. Expansion implementation will include a large new group.	CAP: 800-965-7476
Medicare (Public)	16.7%	Federal Taxpayers	People age 65 and older and some people with disabilities	U.S. Centers for Medicare and Medicaid Services (CMS)	Traditional Medicare does not cover all medical expenses. Many people purchase supplemental plans through private companies.	Area Agencies on Aging (AAA) 877-353-3771

(over)

## Section 1: Foundations

Other Public Insurance (VA, TRICARE)	4.6%	Federal Taxpayers	Active and retired military and dependents	Federal government	Coverage level dependent on service.	TRICARE: 877-874-2273
Health Insurance Marketplace (Public and Private) at <a href="http://healthcare.gov">healthcare.gov</a>	3.6% Or 11.7 million	Insurance companies, state and federal funds	Most people with income 100-400% Federal Poverty Level are subsidy - eligible.	CCIIO or the Center for Consumer Information & Insurance Oversight runs the Federal Marketplace.	It is important to help the public understand options and navigate this very complicated system, which many are still unaware of. Stability depends on current federal administration.	CAP: 800-965-7476 MP: 800-318-2596
Direct Purchase	16.2%	Insurance company	Self-employed; Early retirees; anyone	Maine Bureau of Insurance	Enrollments limited to Open Enrollment or special situations.	CAP: 800-965-7476 BOI: 800-300-5000
Note: Percentages don't add up to 100. These categories are not mutually exclusive. Many Americans may be in at least two categories simultaneously.						
<b>Data sources:</b> <a href="https://www.census.gov/library/publications/2017/demo/p60-260.html">https://www.census.gov/library/publications/2017/demo/p60-260.html</a>  <a href="https://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&amp;sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D">https://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&amp;sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D</a>						
Prepared by Consumers for Affordable Health Care – Updated: August 2018						

## Section 2: MAGI Category Eligibility

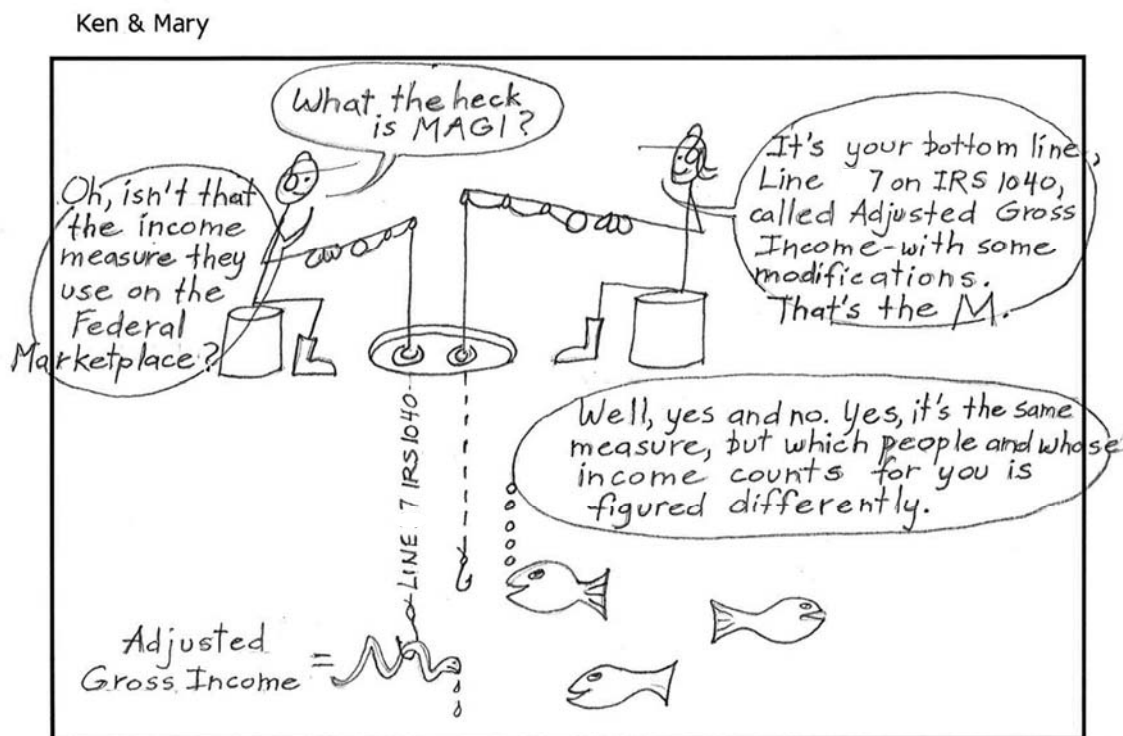
### 2.1 MAGI Overview & Categories Summaries

All MAGI categories use the same screening procedure. Modified Adjusted Gross Income comes from Adjusted Gross Income, on Line 7 of the Federal 1040 tax form. There are a small number of modifications which apply to some people.

All MAGI screened populations have a 5% disregard. In this Guide, it is already included in all charts, but DHHS uses the raw number, meaning 5% less than our numbers. DHHS applies the 5% disregard after determining income.

MAGI screening does not involve an asset test. There is no asset limit for any MAGI category.

Although the Marketplace also uses MAGI, there are critical differences in constructing an assistance unit for MaineCare. A second difference is that except in certain cases, MaineCare uses monthly income. The Marketplace uses annual income.



## Section 2: MAGI Category Eligibility

## 2.1 MAGI Categories at a Glance

The following chart summarizes much of the information about each Magi category. There is more information below the chart about some of the categories.

\*FPL: Federal Poverty Level- see Sec. 1.4 for explanation.

Category	Income Limit FPL %	Benefit Level	Can be retroactive?	Use with private insurance?	Notes
Free coverage for Children age 0-18	162%	Full	Yes, 3 months prior to the month of application	Yes	Children with income up to 161% FPL are eligible for free MaineCare. Babies under 1 with income up to 196% FPL are eligible for free MaineCare. May be able to get transitional MaineCare.
Premium Coverage: CHIP for Children 0-18	213%	Full	To first day of the month of application only	No	Children between 162%-213% FPL are eligible for low-cost MaineCare with a premium from \$8-\$64 per month, per family. Transitional MaineCare not available. Coupon & envelope sent to family for payments. See more CHIP info below.
Health Insurance Purchase Option or HIPO	none	Full	Yes	No	Allows children who lose MaineCare due to increased income to buy it for \$250 a month for any months during the 18 months after termination. Coverage is same. 8-2018: 24 enrolled
19- and 20-year-olds	161%	Full	Yes, 3 months prior to the month of application	Yes	If child declared a tax dependent of the parents in the household, then parental income is counted in most cases.
Children under age 26 who were in foster care in the State of Maine at age 18	None	Full	Yes, 3 months prior to the month of application	Yes	If not eligible under any other Medicaid category.
Parents or caretakers of children 18 and younger at home	105%	Full	Yes, 3 months prior to the month of application	Yes	Transitional coverage: If family income goes over FPL 105% and the family has earnings from employment, parents get 6 months of "Transitional MaineCare". After the first 6 months, if income is below FPL 185%, then the family may get another 6 months of Transitional MaineCare.
Adults age 21 years and older, not eligible for Medicare or any other full MaineCare coverage category	138%	Full	Yes, 3 months prior to the month of application	Yes	Law in effect starting July 2018.
Limited Family Planning Benefit	214%	Limited	Yes, 3 months prior to the month of application	Yes	There are <b>no age or gender restrictions</b> . Applicant's household size is always one. Since the applicant is a household of one, <b>only</b> the income of the applicant is counted, even if the applicant has other household members with income. See list of covered benefits: <a href="http://www.maine.gov/sos/cec/rules/10/ch101.htm">http://www.maine.gov/sos/cec/rules/10/ch101.htm</a>
Pregnant women	214%	Full	Yes, 3 months prior to the month of application	Yes	For mother, coverage continues for 2 months beyond month that pregnancy ends. Coverage will continue longer if mother meets criteria for parents. If mother had full-benefit MaineCare at birth, baby gets MaineCare for at least 1 year. See more info below.
ME Rx+ Persons not qualified for full-benefit MaineCare	350% FPL See notes	Very limited	Yes, 3 months prior to the month of application	Yes	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.

\* 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).

## Section 2: MAGI Category Eligibility

**More CHIP information**

Full benefit MaineCare makes a person ineligible for a Health Insurance Marketplace Advanced Premium Tax Credit or APTC, also called a subsidy. Limited forms of MaineCare do not disqualify a person from tax credit eligibility.

When someone has MaineCare and other insurance, MaineCare is always the secondary payor. **Children's Health Insurance Program or CHIP** is a separate law with unique rules: If a CHIP eligible child has employer sponsored insurance, there are risks involved in dropping it. There could be a 3-month CHIP waiting penalty unless an exception such as one of these is met:

**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.

**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."

**Pregnant women:** add number of children expected to deliver to mother's assistance unit only. Pregnant women are not required to cooperate with Third Party Liability or TPL or Support Enforcement to get coverage. Paternity or insurance information not required during pregnancy.

**Pregnant woman presumptive eligibility:** Staff at an FQHC or family planning center screen and determine a woman presumptively eligible. If staff determines the pregnant woman's income

## Section 2: MAGI Category Eligibility

meets the MaineCare guidelines, she can receive prenatal care that day. Once staff submits the application, all pregnancy-related services should be available in about 2 days. Once the Medicaid provider has made a presumptive determination, the woman is eligible through the last day of the month following the month in which a presumptive determination is made. If the woman applies for Medicaid during this presumptive eligibility period, presumptive eligibility continues through the day that the Medicaid application is granted or denied.

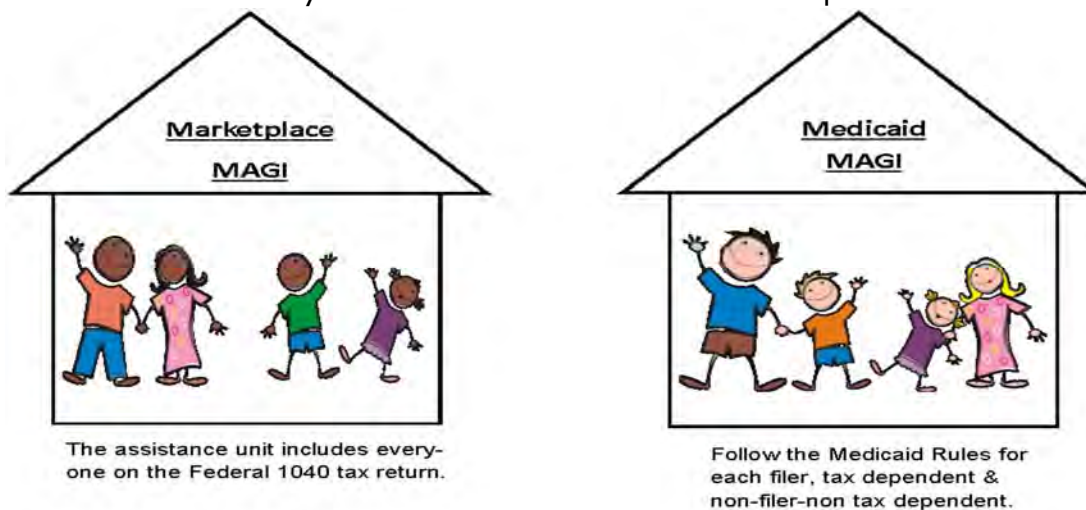
**Presumptive Eligibility for ALL MAGI Groups:** Based on the ACA, hospitals may be certified by Maine DHHS to make presumptive eligibility determinations for MAGI groups. Maine rules are so stringent that few hospitals participate in this type of presumptive eligibility.

## 2.2 MAGI Assistance Unit or Household Construction

MAGI screening has two basic steps:

1. First, determine the assistance unit and its members, for each applicant.
2. Then, determine the countable income belonging to each assistance unit.

Medicaid uses MAGI differently from the Health Insurance Marketplace.



**MaineCare or Medicaid Assistance Unit Rule:** Categorize each person as a tax filer not claimed by anyone, a tax dependent or a non-filer, non-dependent. Then follow the three rules for the three categories.

**Marketplace Assistance Unit or Tax Household Rule:** the number of people a taxpayer claims a deduction for a personal exemption.

### MaineCare & Marketplace Differences

Medicaid = MaineCare	Marketplace
Uses current year FPLs	Uses last year FPLs during fall Open Enrollment
Uses monthly income unless income is varying or from self-employment	Uses annual income from the new federal tax form 1040, line 7, Adjusted Gross Income, AGI
Assistance unit size determined by rule for tax category: filer, dependent or neither	Assistance unit or tax household determined by how many tax dependents listed by filer



## Section 2: MAGI Category Eligibility

**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. A Tax Filer's 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. A Tax Dependent's 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, which is just below:

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 just above, and for Non-filer-Non-dependents:

- For adults: Household is the adult, plus, if living with that adult, that adult's spouse and that adult's children under age 19.
- For children under age 19: Household is the child, plus siblings and parents, including step-parents living with child.

**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.

Section 2: MAGI Category Eligibility

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 or caretaker, which should be the custodial parent or caretaker, 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.



## How to Determine An Individual's Medicaid Household

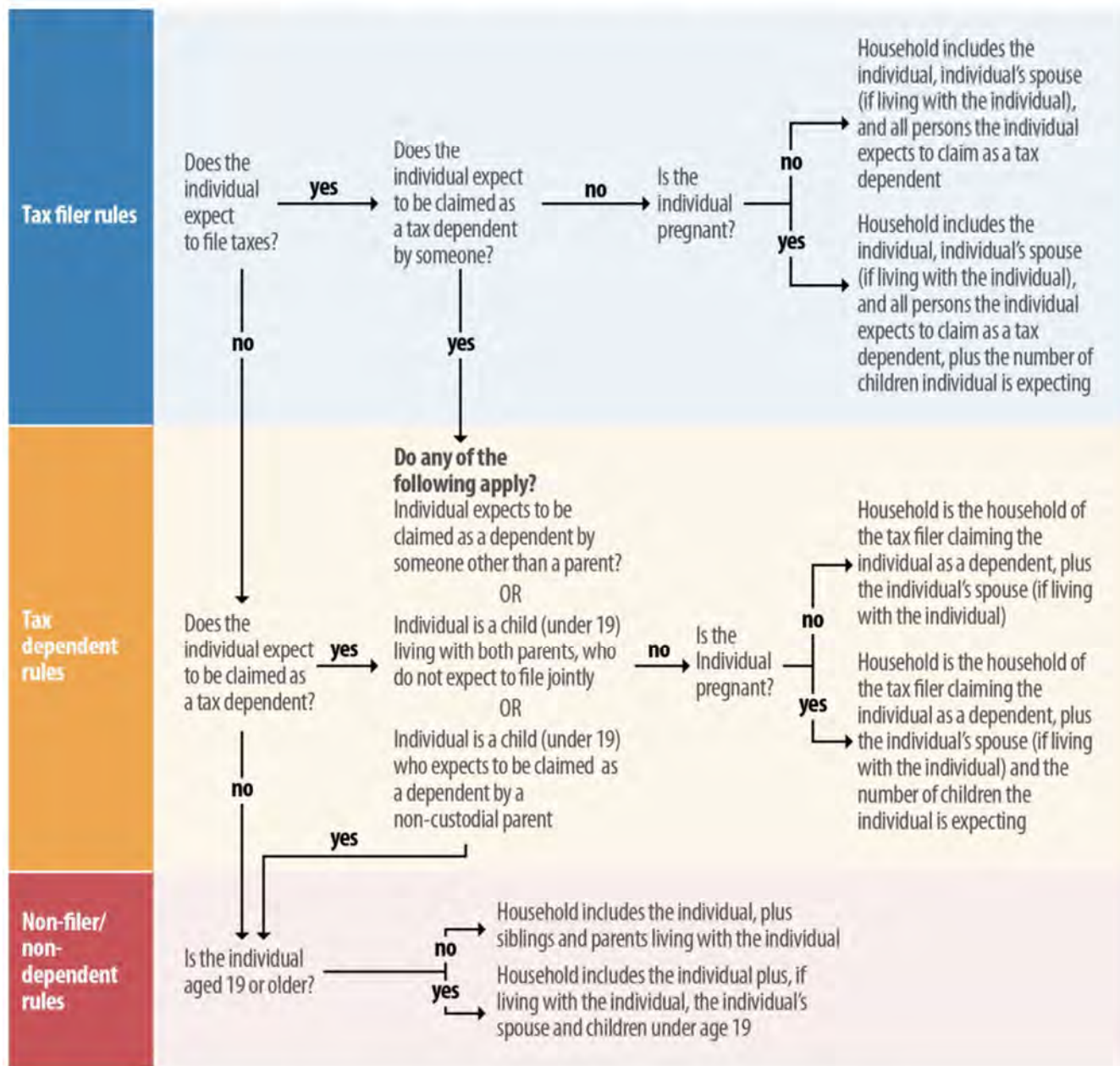


Chart taken from Health Reform: Beyond the Basics, *The Health Care Assister's Guide to Tax Rules*.

## Summary of Medicaid Household Rules

Tax filer not claimed as a dependent	Tax dependent	Non-filer / non-dependent
Individual's household is: • Tax filer and all persons whom taxpayer expects to claim as a dependent <sup>1,2,3</sup>	Individual's household is: • The household of the tax filer claiming individual as a dependent <sup>2,3</sup>  ----- <b>EXCEPTIONS (apply the rules for non-filer)</b> • Tax dependents not a child of the taxpayer • Children under 19 living with both parents not expected to file a joint return • Children under 19 claimed as tax dependent by non-custodial parents	For adults: • Household is the individual plus, if living with individual, spouse and children under age 19 <sup>3</sup>  For children under age 19 : • Household is the child plus siblings under 19 and parents (including step-parents) living with child <sup>3</sup>
<sup>1</sup> For married couples filing jointly, each spouse is considered a tax filer <sup>2</sup> Married couples living together are always in each other's household regardless of how they file	<sup>3</sup> A pregnant woman is counted as herself plus the number of children she is expecting	

Chart taken from Health Reform: Beyond the Basics, *The Health Care Assister's Guide to Tax Rules*.

## Section 2: MAGI Category Eligibility

## MAGI Household Composition: Marketplace vs. Medicaid

Marketplace MAGI for all Tax Filers and Dependents	Medicaid MAGI for Tax Filers and Tax Dependents	Medicaid MAGI for Non-filer-Non-dependents, and Tax Dependent Exceptions
<p>General Rule: Marketplace household = tax filer(s) + tax dependents</p> <ul style="list-style-type: none"> <li>Household is same for every member.</li> <li>Tax filer(s) not dependents <ul style="list-style-type: none"> <li>Includes spouses filing jointly</li> </ul> </li> <li>Tax dependents can be <ul style="list-style-type: none"> <li>Qualifying child</li> <li>Qualifying relative</li> </ul> </li> <li>Not lawfully present? <ul style="list-style-type: none"> <li>No coverage but count in household size for others</li> </ul> </li> <li>Married couples must file jointly to be eligible for PTC &amp; CSR</li> </ul> <p>Exceptions:</p> <ul style="list-style-type: none"> <li>Domestic abuse survivor</li> <li>Abandoned spouse</li> <li>Qualifying head of household</li> <li>Couples legally separated</li> </ul>	<p>General Rule: Medicaid household = tax filer(s) + tax dependents</p> <p>Exceptions:</p> <ul style="list-style-type: none"> <li>For <b>all</b> tax filers and <b>most</b> tax dependents (see exceptions below) use the general rule above, with the following modifications: <ul style="list-style-type: none"> <li>If married &amp; living together, include spouses in each other's households regardless of how they file taxes.</li> <li>If pregnant, add the number of pregnancies the woman is carrying to her household size</li> </ul> </li> </ul> <p><b>Exceptions:</b> For tax dependents that meet any of these 3 exceptions, use rules for Non-filers &amp; Non-dependents, in the next column.</p> <ol style="list-style-type: none"> <li>Tax dependent is not the spouse or minor child of the tax filer</li> <li>Child claimed by only 1 parent, but lives with both parents together</li> <li>Child claimed by a non-custodial parent</li> </ol>	<p>General Rule for Adults: Medicaid household =</p> <ul style="list-style-type: none"> <li>The applicant adult</li> <li>The applicant's spouse, if living with applicant</li> <li>The applicant's children under 19, if living with applicant</li> <li>If pregnant, the number of pregnancies the applicant is carrying</li> </ul> <p>General Rule for Children: Medicaid household =</p> <ul style="list-style-type: none"> <li>The applicant child</li> <li>The child's parent(s), if living with child</li> <li>The child's sibling(s) under 19, if living with child</li> <li>The child's spouse, if living with child</li> <li>The child's children, if living with child</li> <li>If pregnant, the number of pregnancies the applicant is carrying</li> </ul> <p>Child is defined as under 21.</p> <p>Includes biological, adopted, and step-children.</p>
<p>Adapted from the NHeLP MAGI Household Quick Reference Guide  <a href="http://www.healthlaw.org/publications/browse-all-publications/MAGI-quick-reference#.WLW8PPnyvyQ">http://www.healthlaw.org/publications/browse-all-publications/MAGI-quick-reference#.WLW8PPnyvyQ</a></p>		

## Section 2: MAGI Category Eligibility

	<b>1<sup>st</sup> Income Cap: 100%</b>	<b>2<sup>nd</sup> Income Cap: 105%</b>	<b>3<sup>rd</sup> Income Cap: 161%</b>	<b>4<sup>th</sup> Income Cap: 162%</b>	<b>Top Income Caps: 213%</b>	<b>Top Income Caps: 214%</b>
<b>Household Size</b>	Household monthly countable income is equal to or less than <b>100% FPL*</b>  <b>Old system of disregards apply</b>  This cap is for: <ul style="list-style-type: none"> <li>Age 65 and older (free)</li> <li>Disabled (free)</li> </ul>	Household monthly countable income is equal to or less than <b>100% FPL* plus 5% standard MAGI disregard</b>  This cap is for: <ul style="list-style-type: none"> <li>Parents with minor children at home (free)</li> </ul>	Household monthly countable income is equal to or less than <b>156% FPL* plus 5% standard MAGI disregard</b>  This cap is for: <ul style="list-style-type: none"> <li>19 &amp; 20 year olds (young adults) (free)</li> </ul>	Household monthly countable income is equal to or less than <b>157% FPL* plus 5% standard MAGI disregard</b>  This cap is for: <ul style="list-style-type: none"> <li>Children up to 19 (free)</li> </ul>	Household monthly countable income is equal to or less than <b>208% FPL* plus 5% standard MAGI disregard</b>  This cap is for: <ul style="list-style-type: none"> <li>Children up to 19 CHIP with monthly premium</li> </ul>	Household monthly countable income is equal to or less than <b>209% FPL* plus 5% standard MAGI disregard</b>  This cap is for: <ul style="list-style-type: none"> <li>Pregnant women (free) – increase household size by one (unless twins)</li> </ul>
1	<b>\$1,012</b>	<b>\$1,063</b>	<b>\$1,629</b>	<b>\$1,639</b>	<b>\$2,155</b>	Not Applicable
2	<b>\$1,372</b>	<b>\$1,441</b>	<b>\$2,209</b>	<b>\$2,223</b>	<b>\$2,922</b>	<b>\$2,936</b>
3	<b>\$1,732</b>	<b>\$1,819</b>	<b>\$2,788</b>	<b>\$2,806</b>	<b>\$3,689</b>	<b>\$3,706</b>
4	<b>\$2,092</b>	<b>\$2,197</b>	<b>\$3,368</b>	<b>\$3,389</b>	<b>\$4,456</b>	<b>\$4,477</b>
5	<b>\$2,452</b>	<b>\$2,575</b>	<b>\$3,948</b>	<b>\$3,972</b>	<b>\$5,223</b>	<b>\$5,247</b>
6	<b>\$2,812</b>	<b>\$2,953</b>	<b>\$4,527</b>	<b>\$4,555</b>	<b>\$5,989</b>	<b>\$6,017</b>
<b>Each extra Add</b>	<b>\$360</b>	<b>\$378</b>	<b>\$580</b>	<b>\$584</b>	<b>\$767</b>	<b>\$771</b>

\*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.



## 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

			
<b>Seniors (65+) &amp; People with disabilities</b> Income: Up to 100% FPL	<b>Parents with minor children at home</b> Income: Up to 105%** FPL	<b>Young Adults (19 &amp; 20 years)</b> Income: Up to 161%** FPL	<b>Pregnant women</b> Income: Up to 214%** FPL Add 1 to household size for a pregnant woman
 \$13,040.00*	 \$12,747.00**	 \$19,545.40**	 N/A
 \$17,660.00*	 \$17,283.00**	 \$26,500.60**	 \$35,224.40**
 N/A	 \$21,819.00**	 \$33,455.80**	 \$44,469.20**
 N/A	 \$26,355.00**	 \$40,411.00**	 \$53,714.00**
<b>Additional disregards allowed in some cases</b>		<b>No additional disregards</b>	

Annual income levels are based on the year 2018

\*Includes monthly (\$20) Federal and (\$55 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.

<b>Cost Breaks that lower your monthly premiums, AND help paying out-of-pocket costs, if your income is: 100-250% FPL</b>	<b>Cost Breaks that lower your monthly premiums, if your income is: Over 250% and up to 400% FPL</b>	<b>You are able to buy health insurance through Maine's Marketplace, but you do not qualify for any breaks on costs, if your income is: Over 400% FPL</b>
 \$12,060.00 - \$30,150.00	 \$30,150.01 - \$48,240.00	 \$48,240.01+
 \$16,240.00 - \$40,600.00	 \$40,600.01 - \$64,960.00	 \$64,960.01+
 \$20,420.00 - \$51,050.00	 \$51,050.01 - \$81,680.00	 \$81,680.01+
 \$24,600.00 - \$61,500.00	 \$61,500.01 - \$98,400.00	 \$98,400.01+

Annual income levels are based on the year 2017.

## Section 2: MAGI Category Eligibility

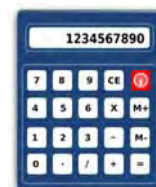
## 2.3 MAGI Assistance Unit Countable Income

Constructing the assistance unit is always the first step in screening or double-checking a MaineCare denial for errors. The second step is calculating the income for each assistance unit.

**What if the income varies?** Current average monthly income is generally used to establish monthly countable income. But if the income is fluctuating, then it's best to look at year-to-date income divided by the number of weeks to derive average weekly income and then multiply that by 4.3 to get average monthly income. If income is from self-employment, it should be based on most recent taxes or a W2 form. Seasonal income only counts for the months of the season.

Use this formula to calculate regular, non-varied monthly countable income:

- **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 1<sup>st</sup> and 15<sup>th</sup>): multiply the gross amount by 2 for monthly income.



**What is Gross income?** Gross income is the full amount of taxable wages before deductions.

### Determining Income for MAGI Medicaid

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

AGI	Adjusted Gross Income, Line 7, <i>new</i> IRS Form 1040
Modified by:	
Plus excluded foreign income	US citizens living abroad may be able to exclude up to a certain amount of foreign income
Plus, tax exempt interest	Such as municipal bond interest, some retirement benefits
Plus, non-taxable Social Security benefits	Social Security may be partly taxed & partly untaxed; it depends on how much other income there is, but it all counts.
For Medicaid only:	
Lump sum income	Count only in month received; member keeps coverage till end of month, after which it is an asset.
Subtract certain scholarship / fellowship income	
Subtract certain Native American/Alaska income	

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 meeting threshold to be **required** to file a tax return.
- Unmarried tax dependents are now required to file only if earning over \$12,000, so only income from unmarried tax dependents earning over \$12,000 should count in MAGI.

## Section 2: MAGI Category Eligibility

**Who Is Required to File?**

"The tax law enacted by Republicans in December 2017, established a new filing threshold of \$12,000 for individuals under age 65, which applies to the 2018 tax year. (See § 11041(e), Public Law No. 115-97, 131 Stat 2054. "An Act to provide for reconciliation pursuant to titles II and V of the concurrent resolution on the budget for fiscal year 2018."

**State Medicaid programs should be using the new filing threshold for 2018 MAGI-based eligibility determinations. Under 42 CFR 435.603(d)(2)(i), total household income for Medicaid MAGI includes income of dependents expected to file a tax return for the taxable year in which eligibility for Medicaid is being determined.**

Under the old rules, the income of dependents with earned-income over the tax filing threshold of \$6,350 would be included in total household income. The new tax law raises that amount to \$12,000.

Therefore, dependent's income which would have been included under the old rules, is now excluded. The net result will be that more individuals and families will be Medicaid eligible. Wayne Turner, National Health Law Program"

**Countable Medicaid MAGI Income**

Income source	Countable?	Why?
Child Support Received	No	Payers pay tax on it; there is no deduction for it. So receivers don't have to pay tax on it.
Gifts, inheritances, vendor payments	No	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.
Salary deferrals: flexible spending, cafeteria & 401 K & other retirement plans	No	They are pre-tax, meaning not taxable income. They show in the amount BEFORE the gross.
Social Security benefits for children	No	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.
TANF & SSI	No	Government benefits based on need are not taxable.
Workers' compensation	No	It is not taxable income.
Veterans' disability & survivor benefits	No	They are not taxable income.
Military retirement pay	Yes	It is taxable income.
Alimony Received	Yes	Alimony paid pursuant to an Order entered into before 1/1/19 does count as income. For orders or amended orders issued after 1/1/19, alimony will not be counted.
Social Security & SSDI received by adults	Yes	These benefits are not taxed when paid in, but are taxed when received.
Self-employment income, after deductions for expenses, depreciation & losses	Yes	Profit remaining after expenses are subtracted is what you pay taxes on.
Wages	Yes	Wages are taxable.

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.



Under the Affordable Care Act, eligibility for income-based Medicaid<sup>1</sup> 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<sup>2</sup> and federal Medicaid regulations<sup>3</sup> 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) =

Adjusted Gross  
Income (AGI)  
Line 7 on a  
Form 1040

**Include:**

- Wages, salaries, tips, etc.
- Taxable interest
- Taxable amount of pension, annuity or IRA distributions and Social Security benefits
- Business income, farm income, capital gain, other gains (or loss)
- Unemployment compensation
- Ordinary dividends
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Taxable refunds, credits, or offsets of state and local income taxes
- Other income

**Deduct:**

- Certain self-employed expenses<sup>4</sup>
- Student loan interest deduction
- Tuition and fees
- Educator expenses
- IRA deduction
- Penalty on early withdrawal of savings
- Health savings account deduction
- Domestic production activities deduction
- Certain business expenses of reservists, performing artists, and fee-basis government officials

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 5a minus 5b on a Form 1040)
- Tax-exempt interest (Line on 2a on Form 1040)
- Foreign earned income & housing expenses for Americans living abroad (calculated on a Form 2555)

**-**  
For Medicaid eligibility  
Exclude  
from  
income

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

<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



## Section 2: MAGI Category Eligibility

**Determining Income for MAGI Medicaid**

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

AGI	Adjusted Gross Income, Line 7, <i>new</i> IRS Form 1040
<b>Modified by:</b>	
Plus Excluded foreign income	US citizens living abroad may be able to exclude up to a certain amount of foreign income
Plus Tax exempt interest	Such as municipal bond interest, some retirement benefits
Plus Non-taxable Social Security benefits	Social Security may be partly taxed & partly untaxed; it depends on how much other income there is, but it all counts.
<b>For Medicaid only:</b>	
Lump sum income	Count only in month received; member keeps coverage till end of month, after which it is an asset.
Subtract certain scholarship/fellowship income	
Subtract certain Native American/Alaska income	

**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.

**SSI vs. SSDI**

	<b>SSI</b> Supplemental Security Income Usually received on the 1 <sup>st</sup>	<b>SSDI</b> Social Security Disability Insurance Usually received on the 3 <sup>rd</sup>
Funding	Federal income supplement program funded by general tax revenues, not Social Security taxes. Provided under Social Security Act, Title XVI.	Based on earnings record & whether the person worked enough quarters. Provided under Social Security Act, Title II.
Payments	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.	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.
Health Coverage	<b>Medicaid</b> is automatically available.	<b>Medicare</b> is available after 24 months of SSDI.
Note:	Some may eventually also be eligible for Medicare, in addition to Medicaid.	Some, if their SSDI check is very low, may also be eligible for Medicaid.

Form 1040 (2018)				Page <b>2</b>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .</p> <p><b>2a</b> Tax-exempt interest . . . . .</p> <p><b>3a</b> Qualified dividends . . . . .</p> <p><b>4a</b> IRAs, pensions, and annuities . . . . .</p> <p><b>5a</b> Social security benefits . . . . .</p> <p><b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 . . . . .</p> <p><b>7</b> Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 . . . . .</p> <p><b>8</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .</p> <p><b>9</b> Qualified business income deduction (see instructions) . . . . .</p> <p><b>10</b> Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .</p> <p><b>11</b> a Tax (see inst.) (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> ) . . . . .</p> <p><b>b</b> Add any amount from Schedule 2 and check here . . . . .</p> <p><b>12</b> a Child tax credit/credit for other dependents . . . . . <b>b</b> Add any amount from Schedule 3 and check here . . . . .</p> <p><b>13</b> Subtract line 12 from line 11. If zero or less, enter -0- . . . . .</p> <p><b>14</b> Other taxes. Attach Schedule 4 . . . . .</p> <p><b>15</b> Total tax. Add lines 13 and 14 . . . . .</p> <p><b>16</b> Federal income tax withheld from Forms W-2 and 1099 . . . . .</p> <p><b>17</b> Refundable credits: <b>a</b> EIC (see inst.) . . . . . <b>b</b> Sch 8812 . . . . . <b>c</b> Form 8863 . . . . .</p> <p><b>Add any amount from Schedule 5</b> . . . . .</p> <p><b>18</b> Add lines 16 and 17. These are your total payments . . . . .</p> <p><b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b> . . . . .</p> <p><b>20a</b> Amount of line 19 you want <b>refunded to you</b>. If Form 8863 is attached, check here . . . . .</p> <p><b>b</b> Routing number . . . . . <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings . . . . .</p> <p><b>d</b> Account number . . . . .</p> <p><b>21</b> Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . . <b>21</b> . . . . .</p> <p><b>Amount You Owe</b> <b>22</b> <b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions . . . . .</p> <p><b>23</b> Estimated tax penalty (see instructions) . . . . . <b>23</b> . . . . .</p> </div> <div style="width: 50%;"> <p><b>1</b> . . . . .</p> <p><b>2b</b> Taxable interest . . . . .</p> <p><b>3b</b> Ordinary dividends . . . . .</p> <p><b>4b</b> Taxable amount . . . . .</p> <p><b>5b</b> Taxable amount . . . . .</p> <p><b>6</b> . . . . .</p> <p><b>7</b> . . . . .</p> <p><b>8</b> . . . . .</p> <p><b>9</b> . . . . .</p> <p><b>10</b> . . . . .</p> <p><b>11</b> . . . . .</p> <p><b>12</b> . . . . .</p> <p><b>13</b> . . . . .</p> <p><b>14</b> . . . . .</p> <p><b>15</b> . . . . .</p> <p><b>16</b> . . . . .</p> <p><b>17</b> . . . . .</p> <p><b>18</b> . . . . .</p> <p><b>19</b> . . . . .</p> <p><b>20a</b> . . . . .</p> <p><b>22</b> . . . . .</p> </div> </div>				
<div style="border: 1px solid black; padding: 5px; width: 150px; float: left; margin-right: 10px;"> <b>Standard Deduction for—</b>  <ul style="list-style-type: none"> <li>• Single or married filing separately, \$12,000</li> <li>• Married, filing jointly or qualifying widow(er), \$24,000</li> <li>• Head of household, \$18,000</li> <li>• If you checked any box under Standard deduction, see instructions.</li> </ul> </div> <div style="clear: both;"></div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Refund</b></p> <p><b>20a</b> Amount of line 19 you want <b>refunded to you</b>. If Form 8863 is attached, check here . . . . .</p> <p><b>b</b> Routing number . . . . . <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings . . . . .</p> <p><b>d</b> Account number . . . . .</p> <p><b>21</b> Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . . <b>21</b> . . . . .</p> <p><b>Amount You Owe</b> <b>22</b> <b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions . . . . .</p> <p><b>23</b> Estimated tax penalty (see instructions) . . . . . <b>23</b> . . . . .</p> </div> <div style="width: 50%;"> <p><b>19</b> . . . . .</p> <p><b>20a</b> . . . . .</p> <p><b>21</b> . . . . .</p> <p><b>22</b> . . . . .</p> <p><b>23</b> . . . . .</p> </div> </div>				

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form **1040** (2018)

## Section 2: MAGI Category Eligibility

## 2.4 MAGI Example

Grandma lives with her 7-year old granddaughter Polly. Sometimes Polly's mom, Pam, lives there too but mostly, she stays at other people's houses. Grandma is going to become Polly's guardian.

Currently, Polly has MaineCare with her mom, whose income is about \$50 a week, from cleaning. Gram wants to know if Pam and Polly can continue to get MaineCare together.

MAGI screening is used for children and parents or caretakers of minor children. We must figure out the assistance unit for each person, one by one.

Let's start with Polly. As a minor, and tax dependent, her assistance unit would normally be that of the person claiming her on taxes. So, we need to ask who is going to claim Polly next tax season. We find that Grandma will claim Polly next time. This means Polly meets one of three exceptions to the rule. The three exceptions are children under 19 claimed as tax dependents by noncustodial parents, living with both parents not expected to file a joint return, or tax dependents not a child of the taxpayer.

Polly fits the last exception: not a child of the tax filer. Using the preceding flow chart, we see that Polly's assistance unit is herself, but there is no parent or sibling with her. Even though Gram will be the guardian, that is not the same as a parent or stepparent. Polly has no income of her own, so there is no income in her assistance unit of one. She is eligible for MaineCare.

Next, let's look at Pam, age 32, who is trying to recover from addiction. She is barely scraping by with a cleaning job since she lost her previous job. She is not maintaining a home for a child so cannot access MaineCare via the parent category. With so little income she is clearly eligible through expansion.

Lastly, there is Gram. Her monthly income is \$2100. Using the assistance unit household construction chart, we place Gram as a tax filer who is claiming one person. So, counting herself, she is a MAGI assistance unit of two. Her income is very far over the parent or caretaker group in MaineCare, as well as the expansion group. If she actually needs coverage, she could enroll in a Marketplace plan during next Open Enrollment.



## Section 3: Non-MAGI Eligibility

## Section 3: Non-MAGI Eligibility

### 3.1 Non-MAGI Overview & Categories Summaries

The Non-MAGI categories covered in this section are:

- Katie Beckett for children disabled enough to live in an institution
- Medicare Savings Program
- Seniors age 65 and older called SSI-related
- People with disabilities called SSI-related
- MaineCare for Workers with Disabilities

People can be eligible for SSI-related MaineCare without getting SSI although most people get them simultaneously. But the criteria are different and a person can lose SSI while still being eligible for MaineCare in the disability category. The SSI termination or denial may be based on grounds other than disability, such as income or assets, for which MaineCare has different rules. Double check the reason for denial or termination.

#### Medicare & Medicaid: What's the Difference?

Medicaid	Medicare
Health insurance for some categories of people of any age with very low income and resources.	Health insurance for people age 65 and older or disabled, of any income level.
Cooperative program: federal and state funding with state administration & implementation.	Federal program: federal administration and funding, contractor implementation.
Medicaid programs vary by state.	Medicare program is uniform in all states though companies offering plans may be different.
Some participants pay small co-payments.	Participants pay premiums, deductibles, and coinsurance.
Benefits are comprehensive: hospital, long term care, kids dental care, transportation, additional health care services and supplies.	Benefits less comprehensive than Medicaid. Generally, long term custodial care, dental care and transportation are not covered.
Eligibility can be based on financial need, citizenship status and category.	American citizens or legal aliens residing in the US for 5 consecutive years are eligible for Medicare. Part A premiums are based on work history. Part B premiums vary, depending on income from the prior 2 years.

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## Section 3: Non-MAGI Eligibility

Chart 3.1 Non-MAGI Categories at a Glance

Category	Income Limit	Disregards	Asset Limit	Benefit Level	Can be retroactive	Notes
Katie Beckett for severely disabled children birth up to 19	105% See more notes below		Child asset limit is \$2000.  No asset limit for parents.	Full	Yes	Application must include financial application, disability application, if they don't already have SSI, and in-home medical assessment. This program is for children with a disability that is severe enough that they would qualify to live in an institution.  Only child's income counted for eligibility.  Premiums on sliding scale. Parent income counted for premium calculation. Monthly premiums are lower if child has private insurance also.
Medicare Savings Program: Disabled Adults and seniors age 65 and older who have Medicare.	140% QMB  165% SLMB  175% Q1	*Couple: \$100 a month *Single: \$75 a month *Working & Ineligible spouse deductions: See Non-MAGI countable income	Liquid asset test: Couple: \$87,000 Single: \$58,000	Limited	QMB level: to application month only.  SLMB level: Yes, 3 months.  Q1 level: Yes, 3 months.	Medicare Savings Program (MSP, or "Buy In"): MaineCare will pay the Medicare Part B premiums for those below FPL 175%. Below FPL 140% MaineCare will also pay the Part A & B deductibles, co-insurance/co-pays. Maine pays these for in-state providers. Out-of-state providers may not balance-bill for them.  MSP recipients will have no Part D premium deductible "donut-hole." Co-payments are limited: \$2.65 generics, \$6.60 for brand name drugs.  MSP Part D coverage includes Low Income Subsidy or LIS. If enrolled as of July, member keeps LIS rest of and subsequent year even if eligibility for MSP is lost.
Adults 65 & up  Adults with disabilities	105%	Couple: \$100 a month Single: \$75 a month *Working & Ineligible spouse deductions: See Non-MAGI countable income	Couple: \$15,000 Single: \$10,000	Full	Yes	
MaineCare for Workers with disabilities	Unearned: 100% Earned: 250%	Couple: \$100 a month Single: \$75 a month *Working & Ineligible spouse deductions: See Non-MAGI countable income	Single: \$8000 Couple: \$12,000	Full	Yes	This category has a small premium between \$10 to \$20 a month, for members with income over 150%.
Adults living in Nursing Facilities	See notes.		Couple: \$15,000  Single: \$10,000	Full	Yes	Gross income must be below the semi-private room rate of the nursing facility in which the person resides.  The person will pay most of their income toward the cost of care in the nursing facility, unless they have a spouse at home, called a community spouse. The Member will keep at least \$40 per month for personal needs.

## Section 3: Non-MAGI Eligibility

Category	Income Limit	Disregards	Asset Limit	Benefit Level	Can be retroactive	Notes
Adults living in residential care facilities, e.g. assisted living, other than nursing facilities	See notes.		Couple: \$15,000 Single: \$10,000	. Full	Yes	Countable Income must be below the private pay rate for the residential care facility.  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.
Home and Community Based Waiver: adults living at home (Elderly, Disabled, Brain Injury, "other related conditions" Ex: cerebral palsy.	Gross income: 300% of federal SSI Benefit Amount		Couple: \$15,000 Single: \$10,000	Full	Yes	This is a gross income test. The person will be able to keep income equaling up to FPL 200% and allowed deductions for medical costs. All other income will be used to pay for the cost of care. No deeming of income or assets from a spouse: Income and assets of a non-waiver spouse do not count.
Special Benefit Waiver: HIV-positive adults	250% FPL		None	Drugs and other limited benefits	Yes	Individual must be HIV-positive, with or without AIDS diagnosis. Coverage includes prescriptions, physician and hospital services. There are some limitations on services. Copays are \$10 per prescription and per office visit. Limited number of spaces in program.
Women with breast, cervical cancer or pre-cancerous condition	250% FPL		None	Full	Yes	Women must be uninsured; age 40-64; have a positive screening for breast or cervical cancer at an approved screener. For more information: 1-800-350-5180.



## Section 3: Non-MAGI Eligibility

MaineCare deductible, "Medically Needy" or "Spend Down": persons whose income is too high for full-benefit MaineCare	None		\$2,000 (\$3,000 for some couples) (Many assets are excluded.)	Full-benefit MaineCare after meeting deductible	Yes	Primarily helps people with catastrophic health care expenses. Participants must be in a coverable group. Deductible amount depends on income level. Medical bills and other costs associated with medical care must have been incurred to count, but don't need to have been paid. Usually lasts 6 months. Old unpaid medical bills can be applied to deductible.
Disabled adults and seniors age 62 and older	175% Allowed income increased by 25% if drug costs are high.		Liquid Asset Test \$58,000 single \$87,000 couple	Low Cost Drugs for the Elderly and Disabled (DEL)		DEL covers: 1) 80% of generic drugs costs (member pays 20% and small copay); 2) 80% of drugs costs for 14 specific health problems (member pays 20% and small copay); 3) A small discount off the retail cost of many other medications; 4) A catastrophic drug benefit covers 80% of the cost of most needed drugs after the person incurs \$1,000 out-of-pocket using their DEL card (member pays 20% and small copay). Some drugs require prior authorization. Most individuals who are also enrolled in Medicare need to be enrolled in a Medicare Part D prescription drug plan & will get their drugs through Part D. Call the DHHS Pharmacy Help Desk at 866-796-2463 for questions on Part D.
Persons not qualified for full-benefit MaineCare	350% FPL (see notes)		None	Maine Rx Plus		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.

\* 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).



## Section 3: Non-MAGI Eligibility

**3.1.1 Katie Beckett Program Special Notes:**

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. This program has annual caps. Families should be notified if they are nearing 75% their cap. At 18, Katie Beckett children can get MaineCare as an adult.

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;
- Meets the Social Security definition for a disabled child;
- 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.

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

**Sec 3.1.2 Medicare Savings Program Special Notes**

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 3 levels: 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. To enroll in MSP, a person must have at least Medicare Part A. Then the person will be enrolled into Part B also.

## Section 3: Non-MAGI Eligibility

The Medicare Savings Program or MSP has three levels. MSP level eligibility is based on your **countable** income, after standard deductions:

- If you have Medicare and your countable income is at or below 140% of the federal poverty level, you may be eligible for the Qualified Medicare Beneficiaries or QMB, or Quimby.
- If you have Medicare and your countable income is equal to or less than 160% FPL, you may be eligible for the Specified Low-Income Medicare Beneficiaries or SLMB, or Slimby.
- If you have Medicare and your countable income is equal to or less than 175% FPL, you are eligible for the Qualified Individual (QI) portion of the MSP benefit.

**Important:** When determining income eligibility, use **countable** income, after disregards.

Medicare Savings Program (MSP) Benefits: MSP has no Estate Recovery. Will MSP pay for the cost of my....?			
	QMB ≤ 140% FPL	SLMB ≤ 165% FPL	QI ≤ 175% FPL
Part A			
Premium	Yes	No	No
Deductible	Yes	No	No
Co-insurance & co-pay	Yes	No	No
Part B			
Premium	Yes	Yes	Yes
Deductible	Yes	No	No
Co-insurance & co-pay	Yes	No	No
Part D			
Premium	Yes	Yes	Yes
Deductible	Yes	Yes	Yes
Donut hole	Yes	Yes	Yes
Co-insurance	Yes	Yes	Yes
Co-pay	Partial	Partial	Partial

Only liquid assets count towards the asset limit for MSP. Liquid assets can be converted to cash, such as:

- Retirement accounts such as IRAs & 401Ks; Only count the net amount available upon liquidation, or cash-out value.
- 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.

SSI - Related Categorically Needy Medicaid budgeting rules are used for MSP. The PHIP program may pay for Medigap policies for MSP recipients. See PHIP in Section 4.

### 3.1.3 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

## Section 3: Non-MAGI Eligibility

applicant must also meet income and asset limits, although the income limits are higher (300% of SSI benefit level) than for full-benefit MaineCare. Also, if the individual has a spouse, much of the spouse's income will be disregarded. To learn more about these benefits, call your local Area Agency on Aging at 1-877-ELDERS1 (1-877-353-3771). To apply as for "nursing home level care at home."

### 3.2 Non-MAGI Assistance Unit or Household Construction

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

This means that married couples not living together in the same space don't count each other or each other's income.

Who has legal responsibility?

Legal responsibility only flows from spouse to spouse and from parent to child.

- 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.

If it was better to screen an unmarried couple with Non-MAGI MaineCare, they can be in the same household only if they have a child in common.

### 3.3 Non-MAGI Assistance Unit Countable Income

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
- See full list at:

<https://view.officeapps.live.com/op/view.aspx?src=https://www.maine.gov/sos/cec/rules/10/144/ch332/144c332-sans-extras.doc>, Part 17

## Section 3: Non-MAGI Eligibility

**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 Katie Beckett child, even when arrearages are being paid off.
- 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
- Vendor payments: when someone pays a bill directly to a vendor for a member, such as rent.
- 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.

Use this 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 1<sup>st</sup> and 15<sup>th</sup>): multiply the gross amount by 2 for monthly income.

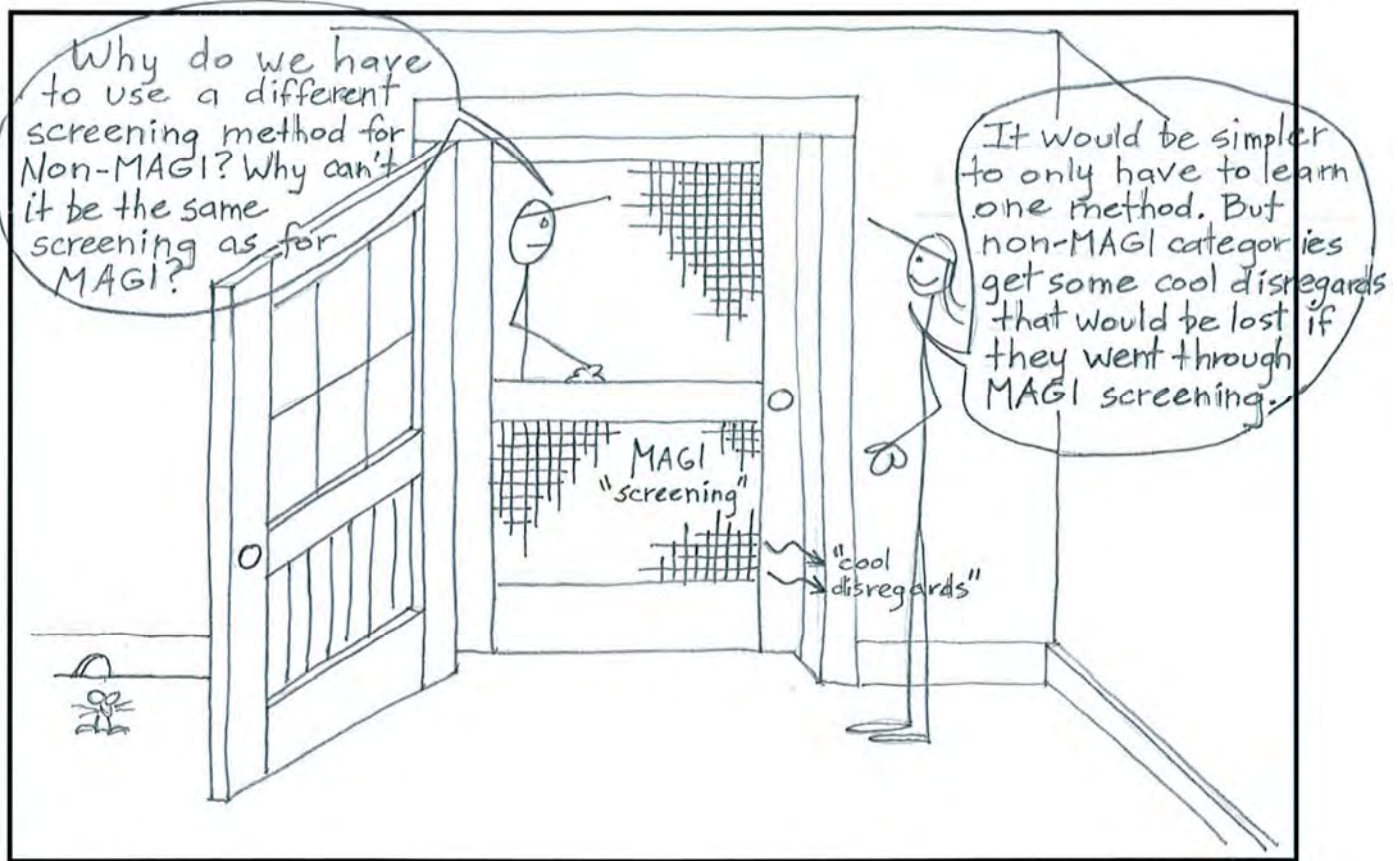
\*Remember, gross income is the full amount of taxable wages before deductions.



**Note:** Current income is used to establish monthly countable income unless the income is either fluctuating or from self-employment, in which case income should be based on most recent taxes, a W2 form or a year-to-date number on the most recent paycheck, whichever is most fair and representative.

## Section 3: Non-MAGI Eligibility

Ken &amp; Mary



## Disregards Overview for Non-MAGI or SSI-Related MaineCare

Type of Disregard	Household of 1	Household more than 1
Standard State & Federal	\$75 (\$20 + \$55)	\$100 (\$20 + \$80)
Earned income	Follow steps below	Follow steps below
Ineligible spouse or child	NA	\$375 in 2018

## Simple version for those with no earned income:

Singles: Deduct \$75 for a single person with no earned income. The \$75 is from a federal disregard of \$20 & state disregard of \$55.

Couples: Deduct \$100 for couple with no earned income. This includes a federal disregard of \$20 & state disregard of \$80.

## Deductions for people with earned income:

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).



## Section 3: Non-MAGI Eligibility

3. Deductions from **earned** income: skip to 4 if no **earned** income.
  - a) Subtract any Impairment - Related Work Expenses (IRWE). Can include work commute mileage.
  - 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) if 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 H & I.

**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 H & I.

## Section 3: Non-MAGI Eligibility

### 3.4 Non-MAGI Assistance Unit Assets

DHHS must follow SSI rules at minimum but may be more liberal. People can lose SSI for going over the SSI asset limit. This may cause an incorrect loss of MaineCare as MaineCare has a higher asset limit. If the person who lost SSI should still be MaineCare eligible, DHHS should be notified.

#### Asset Limits for Non-MAGI MaineCare

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
- Cash-out value of 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; see:  
<https://www.maine.gov/sos/cec/rules/10/ch332.htm> Part 16.

#### 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.

## Section 3: Non-MAGI Eligibility

**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

### 3.5 Non-MAGI Example

Jason, 65, and Jane, 64, are married. Jason is retired and has Medicare now, but Jane lost her insurance when she had a stroke and had to stop working. Jason wants to know if Jane can get MaineCare. Jason's income is Social Security. His gross Social Security payment before Medicare Part B is removed, is \$1775. Jane has no income of her own. They have no assets.

They are married and live together, so they constitute a Non-MAGI assistance unit together. Jane is not 65 yet, but we can suggest that she apply for MaineCare disability. To be eligible financially, their countable income must be under \$1372 monthly. Jason's income of \$1775 is over that amount so we will apply available disregards.

First, as a household of two, they get a total of \$100 of federal and state disregards, bringing the countable income to \$1675. Next, after applying the ineligible spouse disregard of \$375, countable income is \$1300. These disregards put the countable income into the range for disability MaineCare for Jane. We would encourage her to apply in this category. We would also ask Jason if he has help to pay for his Medicare costs, called the Medicare Savings Program or MSP. Even though Jane might be able to enroll in MaineCare through the ineligible spouse disregard, Jason can still apply for and enroll in MSP.



## Section 4: Application &amp; Enrollment

## Section 4: Application &amp; Enrollment

## 4.1 Application Methods &amp; Tips

Ways to Apply	How To Apply	Tips
My Maine Connection	<a href="https://www.maine.gov/mymaineconnection">https://www.maine.gov/mymaineconnection</a>	Save your app number. Save pdf of your app. Save date you submit. Call or visit DHHS to check on your app: 1.855.797.4357.
Paper Application	Call CAHC: 1.800.965.7476 Call DHHS: 1.855.797.4357 Print from: <a href="https://www.maine.gov/dhhs/ofi/forms-and-applications.shtml">https://www.maine.gov/dhhs/ofi/forms-and-applications.shtml</a>	Send copies, not originals, of needed docs. Save date you mail or drop off. Mail certified mail; keep receipt. To: DHHS, 114 Corn Shop Lane, Farmington, ME, 04938 Fax regular apps to: 778.8429 Fax disability pak to: 287.6066 Email to: <a href="mailto:Farmington.dhhs@maine.gov">Farmington.dhhs@maine.gov</a> Call or visit to check up on app.
In Person	Find your closest office here: <a href="http://gateway.maine.gov/dhhs-apps/office_finder/index.asp">http://gateway.maine.gov/dhhs-apps/office_finder/index.asp</a> or Call CAHC: 1.800.965.7476	Bring income & ID documents with you. Get there early. Get your answer in writing.
Via the Marketplace	If the Health Insurance Marketplace screens an applicant as MaineCare eligible, the information will be sent to DHHS.	If the Marketplace sends you a letter saying your info was sent to DHHS, follow up with DHHS to be sure nothing is missing.
Bulk paper disability applications	Fax: DHHS at 626.5555	

**Proof of income:**

if employed, send copies of the 4 most recent paycheck stubs. If self-employed, or employed with fluctuating income, send a copy of the most recent tax form, unless current income is different. Sometimes, the rules allow the most recent year-to-date paycheck number to be used, if it is a more fair reflection of the current situation.

As long as an application is submitted to DHHS by the last day of a month, assuming eligibility, that whole month is covered.

**Proof of job termination:**

if an applicant ended a job over 60 days before applying, the applicant should not be asked to show proof of the ending of that job.

## Section 4: Application &amp; Enrollment

**Disability applications & the Medical Review Team:**

As of June 8, 2018, the Medical Review Team (MRT) no longer exists as part of DHHS. The DHHS MRT has been replaced with a contract with UMASS until June 2019. Applicants, providers or advocates will have no direct contact with the UMASS team.

**New MRT protocol**, summer 2018, fax disability applications to Farmington fax: 287-6066.

Providers may use the Provider line to access the following information: general status updates, including dates and pending application items. The process will consist of the Eligibility Specialists assigned to the provider line reviewing the summary MRT pages through ACES, where that basic information will be available to them. Applicants and advocates may call the regional offices for the same information.

The Central Office Liaison (COL), [*Tamra Bergeron, 624-4172*], will provide direct communication from the Department to UMass.

Additionally, the COL will address e-mail submissions regarding noticing explanations, such as denials due to 'insufficient medical evidence'. E-mail subject line must be **MRT Decision Notice – Inquiry**, sent to [MRT.Mail@maine.gov](mailto:MRT.Mail@maine.gov), with the body of the email listing the first and last name of the client, client A# or social security #, date of notice and brief statement on the nature of inquiry.

The COL will also address e-mail requests for medical documentation on file. The e-mail subject line must be **MRT Medical Record Request**, sent to [MRT.Mail@maine.gov](mailto:MRT.Mail@maine.gov), with the body of the e-mail listing the first and last name of the client, client A# or social security #, with specification of the exact documents and or time frame of records needed. Upon approval of the request, the documents will be provided to the requestor via secure transmission.

All e-mail requests will be responded to as quickly as request volume and resource availability permit, but no longer than 10 business days.

**4.2: Immigrants & Refugees Citizenship & Identity Requirement**

To prove citizenship and identity, applicants may list the social security numbers for each of the family member applying for coverage. Social security numbers are not needed for non-applicants. DHHS submits the numbers via a link to the Social Security Administration (SSA) to establish citizenship status. For those listed on application with no social security number, DHHS uses the SAVE system to check.

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.

## Section 4: Application &amp; Enrollment

**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
- Infants 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.

### 4.3 Temporary Coverage and the 45-day Rule

DHHS must decide within 45 calendar days from the date they get the completed application, with no missing information, 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 applicant will **not** have to repay DHHS for services received while using the temporary card.

Applicants who become eligible for temporary MaineCare on the 46<sup>th</sup> day get full MaineCare, even if they had applied only for limited MaineCare, such as the Limited Family Planning Benefit.

### 4.4 Length of Enrollment, Annual Reviews & Denials

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

## Section 4: Application &amp; Enrollment

at their online account if able. If late returning a review, a member has 90 days to submit the review before having to reapply.

**Members will remain covered if:**

- The form is returned by the deadline stated in the letter
- Any additional information requested by DHHS has been provided
- Any CHIP or other premiums already due have been paid
- They still fit into a coverable category and meet the income guidelines.



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

**If a MaineCare member is determined no longer eligible by DHHS, the member should get a timely notice in advance:**

“Timely” means that the notice must be mailed fifteen days before the intended change would be effective (ten days for notice plus five days for mail). Part 2, Sec. 15, I:

<https://view.officeapps.live.com/op/view.aspx?src=https://www.maine.gov/sos/cec/rules/10/144/ch332/144c332-sans-extras.doc>

When an applicant with temporary MaineCare is deemed ineligible, the applicant's temporary MaineCare ends with no notice required.

Denial and termination notices should list the reason for ineligibility. If no reason is listed, call DHHS to ask the reason.

Members receiving a termination notice should appeal immediately. This maintains coverage longer. Members receiving a disability denial should ask for a reconsideration if they can show new evidence. If your termination notice contains no reason for termination, call to find out the reason.

## 4.5 Income Over Guidelines Options

Here are descriptions of five options, one of which may work, when family income exceeds their MaineCare Guideline caps:

- [Transitional MaineCare for parents](#)
- [HIPO for children](#)
- [Health Insurance Marketplace](#)
- [PHIP](#)
- [MaineCare deductible or spenddowns](#)
- [MaineCare for workers with disabilities](#)

### A. Transitional MaineCare

**Parents:** This is for parents who lose MaineCare because their earned income goes over 105%. Such 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, with a small premium, 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

## Section 4: Application &amp; Enrollment

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](http://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](http://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 can help 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.

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**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. Although the family gets reimbursed, initially they pay the premium from pre-tax income. Thus, their monthly MAGI income becomes \$3,181, \$600 lower than before. Now the children are eligible for MaineCare. To qualify for PHIP, the employer plan must be no 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, if 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.



## Section 4: Application &amp; Enrollment

**PHIP Application and Enrollment Steps When No One Has MaineCare:**

1. Apply for MaineCare.
2. If not eligible at first, verify a family member will become MaineCare eligible when 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.
4. Apply for PHIP, showing documentation of new, under-MaineCare guidelines income and employer coverage information. Call MaineCare Member Services at 1.800.977.6740 and ask for the PHIP unit for a PHIP application or get it here: at <https://www1.maine.gov/dhhs/ofi/public-assistance/pdf/PHIPweb-Application.pdf>.
5. You must apply for PHIP in the first half of a month, by the 15<sup>th</sup>, 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.



## Section 4: Application &amp; Enrollment

**Application 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.

MAGI Asset Limits	Non-MAGI <sup>SSI - Related</sup> Asset Limits
No asset test	Single person: \$2,000, exclude \$8,000
	Couples: \$3,000, exclude \$12,000

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

Unit Size	Protected Income Level
1	\$315
2	\$341
3	\$458
4	\$575

For larger households see the [MaineCare Eligibility Manual Chart](http://www.maine.gov/sos/cec/rules/10/ch332.htm), <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. Generally, multiply monthly income by number of months for spend-down.

**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. Bills may be split up into different time frames.
- ☐ Medical debt, including old bills, can be split up and used in different time-frame deductibles.

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- ❑ 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 \$1,012 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.

**F. MaineCare 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.

## Section 4: Application &amp; Enrollment

- **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>

## Section 5: Advocacy, Troubleshooting & Appeals

### 5.1 Current Issues & Challenges

Issues to watch for as 2018 wanes and 2019 draws near:

- DHHS incorrectly counting income from outside the tax household
- DHHS incorrectly counting minor social security
- DHHS not applying new tax filing requirements when screening. The change in who is required to file is **in place now in 2018** and changes whose income can count.

### 5.2 Screening & Double-checking for Eligibility

Here is a suggested intake form for you to use when talking with clients. It contains questions that will help to sort out eligibility. Scan the Red Flags list for common reasons for incorrect denials. Are any related to your client's situation? If you feel the denial is incorrect, move to the Steps for Incorrect Denials, Sec. 5.4.

#### MaineCare Eligibility Intake Form

**Overview:** Do these 5 steps, in this order, to determine MaineCare eligibility.

1. Does each person fit in a MaineCare category or special condition?
2. Is the category MAGI or Non-MAGI?
  - a. MAGI: minor children, parents or caretakers of minors, pregnant women, 19 & 20-year olds, Expansion adults, Limited family planning.
  - b. Non-MAGI: Katie Beckett, Disabled or elderly, Medicare Savings Program, working disabled, Maine Breast & Cervical Cancer Program.
3. Who is included in each applicant's household or assistance unit?
4. What income counts in each household & what is the Federal Poverty Level for the person or unit?
5. Are assets within limits: **non-MAGI categories only**

Intake form with suggested questions:

Caller/Client: \_\_\_\_\_

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

a) Tell me about your situation.	b) How old are the people needing insurance?
c) Does someone in the family have a disability that prevents employment?	d) Does someone in the family have trouble with activities of daily living?
e) Does someone have breast or cervical cancer?	f) Did someone under age 26 age out of the foster system?

## Section 5: Advocacy, Troubleshooting &amp; Appeals

**Assistance Units:** For MAGI, construct separate units for every single person. For Non-MAGI, construct one household, the same for everyone in it.

Do you have any minor children, under 19, at home? Do they live with you at least half the time?	a) How old are the children?
b) If 18, is that child still in HS & graduating before age 19?	c) Who claims them as tax dependents?
d) Who files taxes with whom?	e) Are any applicants pregnant?
f) Who else lives with you?	g) If live-in boyfriend or girlfriend, do you have any children in common?

**Income Calculation:**

a) How many adults work?	b) Is the pay weekly, biweekly or some other way?
c) Is the pay always the same or does it vary?	d) If self-employed, what number is on line 12 of the 1040?
e) Are there any other sources of income, like child support, pensions, disability income, alimony, trusts? Note: primarily only taxable income counts for MAGI.	f) Do you have any tax-exempt withholdings taken from your paycheck like health or dental premiums or retirement contributions?

**1. Special Income Steps:**

- a. Get copies of anything that generates income for your client.
- b. MAGI: each person's income is the sum of countable MAGI income of all people in that person's MAGI or tax household.
- c. Non-MAGI: use non-MAGI rules & apply any possible disregards such as the earned income disregard or ineligible spouse disregards.
- d. Save all your calculations so you can refer back and potentially share them if you need to advocate for client with DHHS.

## Section 5: Advocacy, Troubleshooting &amp; Appeals

**Asset questions for Non-MAGI only:**

a) Do you have any savings, retirement accounts or camps, ATV, camper, motorcycle, boat, extra vehicles, etc?	b) Do you co-own the asset with someone who won't sell or is the asset for sale at a fair market value price?
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**5.3 Red Flags to Watch For**

This 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 suspect a denial is wrong, follow the troubleshooting steps. These steps include calling CAHC or MEJP for a second opinion.

**Questions to ask or check in cases of MaineCare denial:****Income questions**

- Was non-taxable income counted?
  - Gifts from friends or family members
  - Child support
  - Non-taxable payments such as GI education/housing payments, other non-taxable allowances/stipends
  - Dependent social security (very rarely is this taxable or countable)
  - Depreciation, a deduction, being counted as income
  - 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 applicant over income for the month but not annually, called gap-filling?
- **Do they have pre-tax deductions that weren't deducted?**
  - 1040 Line 27 Deductible part of self-employment tax
  - 1040 Line 28 Self Employed SEP, SIMPLE & qualified plans
  - 1040 Line 29 Self-employed health insurance deduction
  - 1040 Line 32 IRA deduction
  - Paystub Health or dental insurance
  - Paystub HSA
  - Paystub 401 K 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? COLAs never count for those who had MaineCare at least three months prior to the COLA. COLAs don't count until new FPLs or Federal Poverty Levels are announced for those who had MaineCare less than three months prior to the COLA.

## Section 5: Advocacy, Troubleshooting &amp; Appeals

**Household Construction or Status Questions**

- Did someone lose MaineCare because they lost SSI, even though they are still eligible for MaineCare?
- 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
  - the 19 & 20 year-old category,
  - the regular parent-caretaker category, after being in the pregnancy category,
  - a child leaving the birth to 1 category,
  - or from any other 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?
  - Tax-dependent adult children living at college or with another parent
  - Other tax- dependent children or adults living with a tax filer, like a niece or nephew, or elderly parent
  - 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 MC?
- Did the denial letter list no reason for denial? In this case it's impossible to know if the denial is for a correct reason without checking.



Got Questi

Care Help

Got Questions about these  
red flags?

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

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

6-626-7059



## 5.4 Steps for Incorrect Denials

1. Now, after all this work, if you feel a denied applicant is eligible,:
  - a. Look up to check associated eligibility rule here:  
<http://www.maine.gov/sos/cec/rules/10/ch332.htm>
  - b. Discuss case with a partner, with CAHC or MEJP.
2. Ask for copies of anything client has from DHHS and anything client sent including paystubs, income and expense reports; income tax returns; social security statements, anything that generates income for your client.
3. Ask for client ID#.
4. Get DHHS consent form signed. Be sure to:
  - a. Ensure date on form is up-to-date or current and correct.
  - b. Find form here: <http://www.maine.gov/dhhs/privacy/authorization-release.pdf>
  - c. Fax or email it to DHHS. Explain to client it takes at least 48 hours for DHHS to process, so you'll call or email DHHS a couple days after submitting consent. Mark your calendar.
5. Assemble all the documents and information you need.
  - a. Client ID #, DOB, SSN
  - b. Reason for call and why you think DHHS improperly denied
  - c. Eligibility rules pertaining to the case
  - d. Math calculations you saved
6. Email or call DHHS, either yourself, or do a 3-way call with your client and DHHS. See all DHHS contact information below.
  - a. 3-way calls do not require the paper consent. They are especially good when case is urgent or when client wants to participate in advocacy efforts.
  - b. Jot down the time and name of person you speak with, in case you need to call back.
  - c. Ask DHHS what the assistance units look like to see if they are miscounting and correct them if they are.
  - d. Ask what income they are counting and correct them if they have miscounted. If you know there's a problem with how income was calculated (such as with self-employment or S-corp), bring to the eligibility worker's attention.
  - e. If case is not resolved, ask to speak to a supervisor.



**Extra Tip:** If income fluctuates, determine annual income. If eligible this way, explain gap filling. **This only works with MAGI.**

## Section 5: Advocacy, Troubleshooting &amp; Appeals

## Helpful DHHS numbers and emails

- Fax consent forms to the DHHS Farmington scanning center using these numbers: 207-778-8429 or 207-778-8410.
- Email DHHS consent forms to: [farmington.dhhs@maine.gov](mailto: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  
 bangor.dhhs@maine.gov  
 biddeford.dhhs@maine.gov  
 calais.dhhs@maine.gov  
 caribou.dhhs@maine.gov  
 ellsworth.dhhs@maine.gov  
 farmington.dhhs@maine.gov  
 fortkent.dhhs@maine.gov

houlton.dhhs@maine.gov  
 lewiston.dhhs@maine.gov  
 machias.dhhs@maine.gov  
 portland.dhhs@maine.gov  
 rockland.dhhs@maine.gov  
 sanford.dhhs@maine.gov  
 skowhegan.dhhs@maine.gov  
 southparis.dhhs@maine.gov



## 5.5 When &amp; How to Appeal

Members disagreeing with a DHHS decision have the right to appeal DHHS decisions through a fair hearing. These are called administrative hearings in the rules. They are informal meetings which are recorded. You can bring support to the hearing. Hearings should be granted within 60 days, unless the person requesting the hearing requests a delay. Hearing requests should be acknowledged in writing within 5 days.

Appeal Type	Time Frame to Request Appeal	Method to Request	
Eligibility Denial	30 days from written decision	Call, follow with letter if possible	After 30 days, must reapply
Disability Denial	30 days from written decision		
Free MaineCare termination	30 days from written decision If hearing is requested within 15 days, coverage continues till hearing	Call, follow with letter if possible	If hearing is won, bills will be covered during interim.
CHIP termination	30 days from written decision	Call, follow with letter if possible	There is no way to maintain coverage until hearing
Bill Coverage Denial	60 days from written decision	Call MaineCare Member Services	

If members have problems or complaints, and they can 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. You will find a Consent Form Example acceptable to DHHS in [Appendix D](#).

**Get free help:** For advice or help, call the Consumers for Affordable Health Care HelpLine 1-800-965-7476 (TDD/TTY is the same number). HelpLine staff will make a referral to free legal services, if necessary.

## Section 6: Appendices

## Section 6: Appendices

## Appendix A: Resources

Organization	How They Help	Contact Information
Area Agency on Aging	Seniors services, Medicare information	<a href="http://maine4a.org/">http://maine4a.org/</a> 1 877 353 3771
Bureau of Insurance	Health Insurance Company listing	<a href="http://www.maine.gov/pfr/insurance/consumer/pdf/IndividualHealth.pdf">http://www.maine.gov/pfr/insurance/consumer/pdf/IndividualHealth.pdf</a> 1 800 300 5000
Bureau of Insurance Consumers for Affordable Health Care (CAHC)	Research a broker or company	<a href="http://www.maine.gov/pfr/insurance/license_search.htm">http://www.maine.gov/pfr/insurance/license_search.htm</a>
	File a complaint against a company	<a href="http://www.maine.gov/pfr/insurance/complaint.htm">http://www.maine.gov/pfr/insurance/complaint.htm</a>
	On-Line Health Care Guide	<a href="http://www.maineahc.org/guide.htm">http://www.maineahc.org/guide.htm</a> 1 800 965 7476
Co-pay Assistance	Financial Assistance	<a href="http://www.copays.org/404.php">http://www.copays.org/404.php</a>
Disability Rights Maine	Free legal help for disability and/or disability discrimination, including MaineCare cases, e.g. Katie Beckett.	<a href="http://www.drcme.org">http://www.drcme.org</a> 1 800 452 1948
DHHS MaineCare	MaineCare Eligibility Manual	<a href="http://www.maine.gov/dhhs/ofi/mainecare-manual/index.shtml">http://www.maine.gov/dhhs/ofi/mainecare-manual/index.shtml</a> or for updates: <a href="http://www.maine.gov/dhhs/oms/rules/index.shtml">http://www.maine.gov/dhhs/oms/rules/index.shtml</a>
	MaineCare Benefits Manual	<a href="http://www.maine.gov/sos/cec/rules/10/ch101.htm">http://www.maine.gov/sos/cec/rules/10/ch101.htm</a>
	MaineCare <b>Member</b> Services	1 800 977 6740
	MaineCare <b>Provider</b> Services	1 866 690 5585
Health Insurance Marketplace	Health insurance quotes & info <a href="http://www.healthcare.gov/">http://www.healthcare.gov/</a>	1 800 318 2596
Legal Services for the Elderly	Medicare free legal help for anyone	<a href="http://www.mainelse.org/">http://www.mainelse.org/</a> 1 800 750 5353
Maine Equal Justice Partners (MEJP)	Help with TANF, SNAP, MaineCare and other public benefit programs.	<a href="http://www.mejp.org/">http://www.mejp.org/</a> 1 866 442 4293
Maine Bar Association	Lawyer Referral and Information	<a href="http://www.mainebar.org/lawyer_need.asp">http://www.mainebar.org/lawyer_need.asp</a>
Pine Tree Legal Assistance	Maine free legal help for low-income	<a href="http://www.ptla.org/">http://www.ptla.org/</a>
Information about options for <b>dental care</b> can be found online: <i>(list of free and low-cost dental service providers)</i> <a href="http://www.maineahc.org/guide-to-maine-health-care/other-helpful-programs/dental-help/">http://www.maineahc.org/guide-to-maine-health-care/other-helpful-programs/dental-help/</a>		

## Section 6: Appendices

[www.maine.gov/dhhs/bohdcfh/odh/clinics.shtml#pnpdc](http://www.maine.gov/dhhs/bohdcfh/odh/clinics.shtml#pnpdc)

## Appendix B: Regional DHHS Office Contact List

Regional Office Location	Address	Telephone Numbers
<b>Augusta Regional Office</b> <a href="mailto:augusta.dhhs@maine.gov">augusta.dhhs@maine.gov</a>	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
<b>Bangor Regional Office</b> <a href="mailto:bangor.dhhs@maine.gov">bangor.dhhs@maine.gov</a>	396 Griffin Road Bangor, Maine 04401	(207)561-4100 or 1-800-432-7825 FAX: 207-561-4493 TDD/TTY: 711
<b>Biddeford District Office</b> <a href="mailto:biddeford.dhhs@maine.gov">biddeford.dhhs@maine.gov</a>	208 Graham Street Biddeford, Maine 04005	(207)454-9000 or 1-800-322-1919 FAX: 207-454-9012 TDD/TTY: 711
<b>Calais District Office</b> <a href="mailto:calais.dhhs@maine.gov">calais.dhhs@maine.gov</a>	392 South Street Calais, Maine 04619	(207)454-9000 or 1-800-622-1400 FAX: 207-454-9012 TDD/TTY: 711
<b>Caribou District Office</b> <a href="mailto:caribou.dhhs@maine.gov">caribou.dhhs@maine.gov</a>	30 Skyway Drive Unit 100 Caribou, Maine 04736	(207)493-4000 or 1-800-432-7366 FAX: 207-493-4004 TDD/TTY: 711
<b>Ellsworth District Office</b> <a href="mailto:ellsworth.dhhs@maine.gov">ellsworth.dhhs@maine.gov</a>	17 Eastward Lane Ellsworth, Maine 04605	(207)667-1656 or 1-800-432-7823 FAX: 207-667-5364 TDD/TTY: 711
<b>Send ALL applications and consent forms to:</b> <b>Farmington District Office 114 Corn Shop Lane Farmington Maine 04938</b> (207)778-8400 or 1-800-442-6382 FAX: 207-778-8429 TDD/TTY: 1-800-606-0215 <a href="mailto:farmington.dhhs@maine.gov">farmington.dhhs@maine.gov</a>		
<b>Fort Kent District Office</b> <a href="mailto:fortkent.dhhs@maine.gov">fortkent.dhhs@maine.gov</a>	137 Market Street Fort Kent, Maine 04743-1447	(207)834-7700 or 1-800-432-7340 FAX: 207-834-7780 TDD/TTY: 711
<b>Houlton Regional Office</b> <a href="mailto:houlton.dhhs@maine.gov">houlton.dhhs@maine.gov</a>	11 High Street Houlton, Maine 04730	(207)532-5000 or 1-800-432-7338 FAX: 207-532-5027 TDD/TTY: 711
<b>Lewiston Regional Office</b> <a href="mailto:lewiston.dhhs@maine.gov">lewiston.dhhs@maine.gov</a>	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
<b>Machias District Office</b> <a href="mailto:machias.dhhs@maine.gov">machias.dhhs@maine.gov</a>	13 Prescott Drive Machias, Maine 04654	(207)255-2000 or 1-800-432-7846 FAX: 207-255-2022 TDD/TTY: 711
<b>Portland Regional Office</b> <a href="mailto:portland.dhhs@maine.gov">portland.dhhs@maine.gov</a>	151 Jetport Boulevard Portland, Maine 04102-1946	(207)822-2000 or 1-800-482-7520 FAX: 207-822-2310 TDD/TTY: 711
<b>Rockland District Office</b> <a href="mailto:rockland.dhhs@maine.gov">rockland.dhhs@maine.gov</a>	91 Camden Street Suite 103 Rockland, Me 04841	(207)596-4217 or 1-800-432-7802 FAX: 207-596-4331 TDD/TTY: 711
<b>Sanford District Office</b> <a href="mailto:sanford.dhhs@maine.gov">sanford.dhhs@maine.gov</a>	890 Main Street Suite 208 Sanford, Maine 04073	(207)490-5400 or 1-800-482-0790 FAX: 207-490-5499 TDD/TTY: 711
<b>Skowhegan District Office</b> <a href="mailto:skowhegan.dhhs@maine.gov">skowhegan.dhhs@maine.gov</a>	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
<b>South Paris Regional Office</b> <a href="mailto:southparis.dhhs@maine.gov">southparis.dhhs@maine.gov</a>	243 Main Street Suite #6 South Paris, Maine 04281	(207)744-1200 or 1-888-593-9775 FAX: 207-743-8735 TDD/TTY: 711

## Appendix C: 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.

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

(see the next page for a list of services that have a co-payment)

## Section 6: Appendices

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

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

*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 only*.

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



## Section 6: Appendices

## Appendix D: DHHS Consent Form



Department of Health  
and Human Services  
Maine People Living  
Safe, Healthy and Productive Lives

Paul R. LePage, Governor

Ricker Hamilton, Commissioner

## Authorization to Release Information

We are committed to the privacy of your information.  
Please read this form carefully.

Which DHHS office(s) should help you? Please check.

<input type="checkbox"/> Office of MaineCare Services	<input type="checkbox"/> Substance Abuse and Mental Health Services
<input type="checkbox"/> Office for Family Independence and Medical Review Team	<input type="checkbox"/> Office of Child and Family Services
<input type="checkbox"/> Maine Center for Disease Control and Prevention	<input type="checkbox"/> Office of Aging and Disability Services
<input type="checkbox"/> Dorothea Dix Psychiatric Center	<input type="checkbox"/> Office of Administrative Hearings
<input type="checkbox"/> Riverview Psychiatric Center	<input type="checkbox"/> Other:

Whose information is being released? Please print clearly.

Individual's Name		Date of Birth	Social Security #
Home Address		Town/City	State Zip Code
Telephone ( ) -		Email address @	

What information should DHHS release? Please check all that apply.

<p><b>General permission:</b></p> <p><input type="checkbox"/> All health information from the DHHS office(s) checked above</p> <p><input type="checkbox"/> Claims or encounter data (information about visits to health care providers)</p> <p><input type="checkbox"/> Billing, payment, income, banking, tax, asset, or data needed to see if you qualify for DHHS program benefits</p> <p><input type="checkbox"/> Limit to the following date(s) or type(s) of information: (for example "Lab test dated June 2, 2017" or "Claims from 2015-2017")</p> <p>_____</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Special permission: Drug/Alcohol Referral or Services</b></p> <p><input type="checkbox"/> Include <b>all</b> drug/alcohol information in the release</p> <p><input type="checkbox"/> Include only the <b>specific</b> drug/alcohol records checked:</p> <p><input type="checkbox"/> Diagnosis and treatment</p> <p><input type="checkbox"/> Clinical notes and discharge summaries</p> <p><input type="checkbox"/> Drug/Alcohol history or summary</p> <p><input type="checkbox"/> Payment or claims information</p> <p><input type="checkbox"/> Living situation and social supports</p> <p><input type="checkbox"/> Medication, dosages or supplies</p> <p><input type="checkbox"/> Lab results</p> <p><input type="checkbox"/> Other: _____</p>
<p><b>Special permission: Mental/Behavioral Health Services</b></p> <p><input type="checkbox"/> Include this information in the release</p> <p><input type="checkbox"/> I want to review my mental health/behavioral health record before release. I understand that the review will be supervised.</p> <p><b>Please note:</b> Maine law allows us to share this information with other health care providers and health plans to coordinate your care (to help take care of you) so long as we make a reasonable effort to notify you of the release.</p>	<p><b>Special permission: HIV/AIDS Status/Test Results</b></p> <p><input type="checkbox"/> Include this information in the release</p> <p><b>Please note:</b> Maine law requires us to tell you of possible effects of releasing HIV/AIDS information. For example, you may receive more complete care if you release this information, but you could experience discrimination if your data is misused. DHHS will protect your HIV data, and all your information, as the law requires.</p>

Are you asking DHHS to send your information by EMAIL? ☐ Yes.

Although DHHS has privacy and security protections for my information, I understand that email and the internet have risks that DHHS cannot control. It is possible that my emailed information could be read by a third party. I ACCEPT THOSE RISKS and still ask DHHS to send my information by email. INITIAL HERE \_\_\_\_\_

Where should DHHS send your information by email? Please print the email address clearly:

## Section 6: Appendices

**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:

Name _____ Address _____ City, State, Zip Code _____ Phone _____ Fax No. _____	Name _____ Address _____ City, State, Zip Code _____ Phone _____ Fax No. _____
--	--

I understand and agree that:

- "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> 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 E: 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 to 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.

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**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."**

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## Appendix F: 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".

**If you have individual questions or need assistance:**

**For questions about immigrant status:**  
Immigrant Legal Advocacy Project (ILAP)  
207-780-1593 or 1-800-497-8505  
[www.ilapmaine.org](http://www.ilapmaine.org)

**For questions about MaineCare:**  
Maine Equal Justice Partners (MEJP)  
207-626-7058 or 1-866-626-7059  
[www.mejp.org](http://www.mejp.org)

Many legal immigrants can qualify for financial help when they need it but the rules for immigrants can be confusing. Maine Equal Justice offers a series of helpful "fact sheets" <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

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## Appendix G: Emergency Medical Condition Form

*[On Letterhead of Doctor]*

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

Dear Medicaid caseworker:

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Doctor's Printed Name)



## Appendix H: Ineligible Spouse Budget Worksheet

(See [Appendix I](#) for Couple Households that have Earned Income)

### Ineligible Spouse Budget Worksheet

**For Couple Households with No Earned Income**

Steps	
1. Ineligible Spouse's Unearned Income:	
2. Subtract Ineligible Spouse Standard (\$375 in 2018)	
3. Add Eligible Spouse's Unearned Income	
4. Subtract Federal (\$20) & State Disregards (\$80) (\$100 total)	
5. Subtract Ineligible Child Allocation (\$375 for each ineligible child in 2018)*	
Compare answer for 5 to the FPL for 2 (\$1,3728 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.*

(rev. 2/15)

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**Appendix I: Worksheet for Couple Households that have Earned Income***(See [Appendix H](#) for Couple Households that have No Earned Income)*

<b>Step A: Unearned Income</b>	
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)	
<b>Step B: Earned Income</b>	
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	
<b>Step C</b>	
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.*

## Section 6: Appendices

## Appendix J: 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. Unpaid bills can be included.

### 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.

## Section 6: Appendices

**Appendix K: Self-Employment Income Form****SELF EMPLOYMENT PROFIT AND LOSS STATEMENT**

DUE \_\_\_\_\_

SELF EMPLOYED INDIVIDUAL NAME: \_\_\_\_\_

CLIENT ID: \_\_\_\_\_

MO/YEAR \_\_\_\_\_

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

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

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

**Business Related Expenses, only**

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

**Cost of Goods Sold**

Inventory Month Start	\$
Inventory Month End	\$
Cost of Items Used for Personal Use	\$

\*Need to keep receipts in case the 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

## Section 6: Appendices

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

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

## Section 6: Appendices

## Appendix M: Common Acronyms

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

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