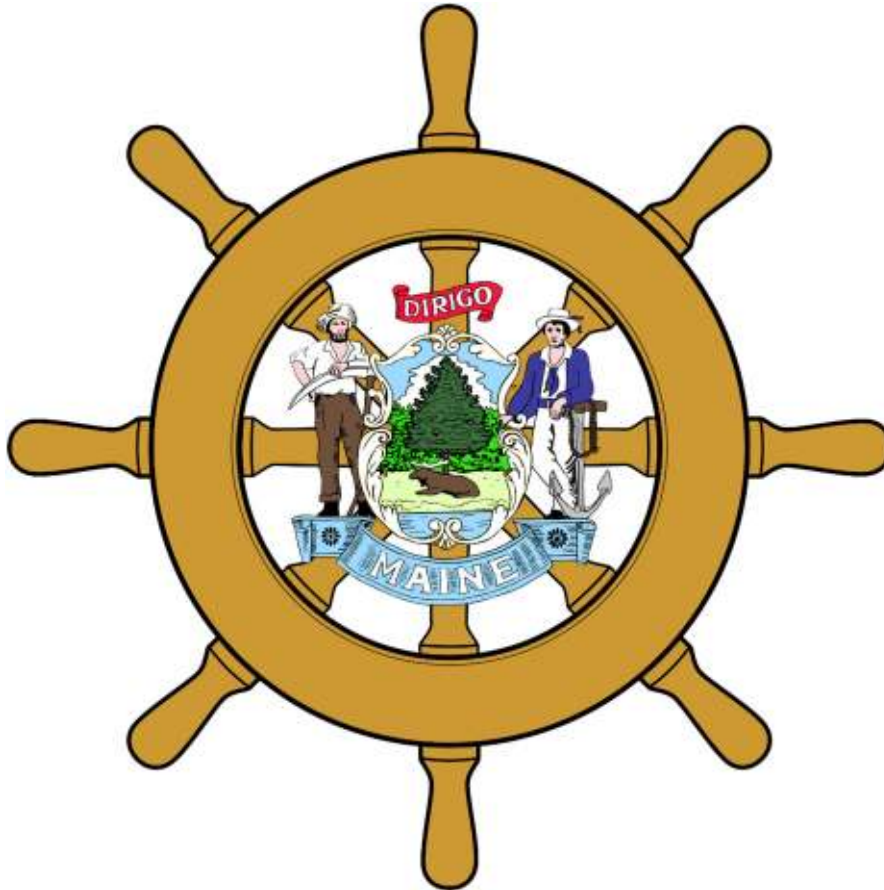


MaineCare Eligibility Guide



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



**Consumers for
Affordable
Health Care**



Maine Equal Justice
People Policy Solutions

September 9, 2022

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Section 1: Introduction

1.1 How to use this Guide

This Guide contains user-friendly explanations about how eligibility works for some common MaineCare programs. Although MaineCare provides health coverage to many Mainers of all ages, eligibility can be complex, confusing, and difficult. This guide is designed to be used by everyday Mainers and professionals. Call the Helpline at Consumers for Affordable Health Care with questions, 1-800-965-7476.

This guide is divided by sections:

- [Section 2](#) describes MaineCare basics, the two common screening methods, and the Federal Poverty Guidelines upon which eligibility is based and an overview of Maine DHHS.
- [Section 3](#) explains how MAGI screening works, which groups it applies to, and Modified Adjusted Gross Income. The steps to screen for eligibility are given with tools and resources.
- [Section 4](#) covers non-MAGI screening and the steps to screen for adults over 64, people with disabilities and others.
- [Section 5](#) describes the ways to apply for MaineCare and important tips. It also explains applicant rights and information about enrollment and renewal.
- [Section 6](#) provides information for options when MaineCare applicants are over income.
- [Section 7](#) covers advocacy, troubleshooting, common reasons for incorrect denials, how to handle incorrect denials and when to appeal.
- [Section 8](#) provides Appendices

1.2 Important MaineCare Changes

MaineCare rules, eligibility, and benefits change over time. These changes can be made by the state and apply only to MaineCare (Maine's Medicaid program). Or changes can be made by the federal government. These federal changes apply to every state's Medicaid program.

The following are changes that were made to MaineCare since we last updated this guide. If you use this guide frequently, it is important that you have the most recent version. We update this guide after annual Federal Poverty Level guidelines are released.

Notable changes:

- MaineCare Coverage for Noncitizens under age 21 or pregnant, see [Section 2.5](#)
- Dental Coverage for Adults with MaineCare, see [Section 2.6](#)
- The Public Health Emergency (PHE) and its impact on MaineCare, see [Section 2.8](#)
- Extended Post-Partum Coverage, see [Section 3.2.2](#)
- CubCare, see [Section 3.2.1](#)
- As of July 25, 2022, <https://www.mymaineconnection.gov/> is the new online website to apply for MaineCare, complete annual reviews, report changes, and receive notices from DHHS. MaineCare members who use www.maine.gov/mymaineconnection need to set up a new account at the new website. Their current accounts will be deactivated, causing current user names and passwords not to work. The new website works with smart phones and other mobile devices. Verification documents, including photos from mobile devices, can be submitted to DHHS through the member's new account.
- Starting in September 2022, MaineCare will not pay for medications prescribed by a non-MaineCare provider.

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Section 2: Foundations

2.1 What is MaineCare

MaineCare is Maine's Medicaid Program. Medicaid¹ is the federal program that provides free or low-cost health coverage to income-eligible people. MaineCare has many categories, and each is defined by factors such as age or health condition. These categories include CubCare (CHIP), coverage for pregnant persons, the Medicare Savings Program, and others. Each of these categories has its own eligibility requirements, what income is allowed, and other restrictions. Eligibility is determined by the Maine Department of Health and Human Services (DHHS) Office of Family Independence (OFI). MaineCare is run using state and federal dollars.

Every MaineCare category uses one of two screening methods. The two methods are, Modified Adjusted Gross Income (MAGI) or non-MAGI.

- MAGI: MAGI rules determine the size and who is considered in the household. This screening applies to parents, pregnant people, children, young adults, and the Medicaid Expansion category.
- Non-MAGI: This method is used for those age 65 or older, disabled, with breast or cervical cancer, HIV-AIDS, and a few other categories.

2.2 DHHS Overview

In Maine, the [Department of Health & Human Services](https://www.maine.gov/dhhs/) or DHHS (<https://www.maine.gov/dhhs/>), administers a large range of programs such as MaineCare, the Maine CDC, Child Welfare, Food and Nutrition (SNAP), Long-term care, and others.

Three offices within DHHS address MaineCare:

- The Office of Family Independence (OFI) handles MaineCare eligibility.
- The Office of MaineCare Member Services deals with MaineCare coverage and benefits.
- The Office of Adult and Disability Services (OADS) oversees some MaineCare programs, such as long-term care, as does the Office of Child and Family Services (OCFS).



¹ 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.medicare.gov/about-us/program-history/index.html>

2.3 What are FPLs?

[Federal Poverty Levels](#)² are defined as “a measure of income issued every year by the Department of Health and Human Services (HHS) [...and...] used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage.”³

FPLs are recalculated each year, typically resulting in small increases. The new FPL is announced in January or February but must be applied retroactively to the beginning of the year. In the U.S., FPLs are used to calculate eligibility based on household size and specific income requirements. [Household size and income requirements vary by program](#) (see appendix). Some categories set income levels greater than 100% of the federal poverty level. For example, the 2022 MaineCare guideline for pregnant people is 214% of FPL.

Because MaineCare is required to help people based on their current needs, the FPL-based income guidelines for the program the applicant is applying for is divided by 12 to arrive at a monthly income limit. However, for people who have varying or self-employment income, MaineCare should use annual income amounts.

2.4 Estate Recovery

As of 11/24/2021, [Estate Recovery](#) changed so that the Department can only seek to recover costs when:

- MaineCare paid for nursing facility services, home and community-based services, hospital and prescription drug services related to these services
- the MaineCare Member was age 55 or older at time of death and received above services
- the Member had no surviving spouse
- the Member had no children under the age of 21
- the Member had no disabled children at any age

2.5 MaineCare for Immigrant Children and Pregnant Persons

Starting 7/1/2022, immigrant children and pregnant persons can qualify for CubCare/MaineCare regardless of their immigration status. They need to meet the income guidelines to be eligible. Non-citizen pregnant persons and children can apply. An immigrant person who is pregnant and has MaineCare keeps it until they give birth or the pregnancy ends. Their infant(s) will have MaineCare for one year.

2.6 MaineCare Adult Dental Coverage

MaineCare starts to cover comprehensive preventive, diagnostic and restorative dental services for members aged 21 and over on 7/1/2022. Call MaineCare Member Services, 1-800-977-6740, for a list of dentists that accept MaineCare in your area.

2.7 MaineCare for Reproductive Health Care

MaineCare covers family planning, abortion, and pregnancy-related services. MaineCare uses state general funds to support abortion services for low-income people covered by the program when federal matching payments are not available. In the circumstances of rape, incest, or if the patient's life is in danger, federal Medicaid funding is available.

² Find [Poverty Guidelines](#) and information about them at: <https://aspe.hhs.gov/poverty-guidelines>.

³ <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>

2.8 MaineCare and the Public Health Emergency

A Federal Public Health Emergency (PHE) was declared by the US Government in January 2020. The PHE has been extended through October 13, 2022. As a result, individuals with MaineCare will not lose coverage when they report a change in household size or income that would no longer make them eligible.

Instances when MaineCare might close during the PHE include when the member:

- is deceased
- is no longer a Maine resident
- voluntarily withdraws enrollment
- ages out of CubCare
- is not validly enrolled, i.e., DHHS incorrectly granted eligibility

The Biden Administration has indicated that states will receive 60 days' notice before the end of the PHE to prepare for the end of the emergency provisions and the resumption of the pre-PHE rules. CMS will give states a full 14 months after the month in which the PHE ends to complete pending eligibility verifications and redeterminations.

States must complete redeterminations for earlier applicants deemed ineligible but, due to the PHE, were not terminated. This is to reassess their eligibility.

2.9 U.S. Coverage Overview

People who live in the United States get their healthcare coverage in many ways. Some go without. In the state of Maine, MaineCare covers an estimated 33.2% of residents, slightly less than the national Medicaid coverage estimate of 35.1%. Coverage is complex and within one family, there can be multiple "households". For example:



Mohammed and Shree are married. Both are lawfully present and have a household income of less than 138% FPL, but they have not yet been in the U.S. for 5 years. Mohammed gets his coverage through the Marketplace and, because she is pregnant, Shree has MaineCare.



Jeff and Sarah are a married couple with no dependents. Jeff is 66 and a veteran. He has Medicare and TriCare; Sarah is 64 and has employer-based coverage



Joe and Maria are domestic partners with 1 shared child. Joe has employer-based coverage that also covers his daughter. Maria is self-employed and gets her coverage through the marketplace. Her son and their shared son have MaineCare.

As you can see, household composition does not always line up with what someone considers a family and does not have to include all individuals living in a single home. Once households are determined, it may remain complicated for those individuals to navigate various coverages, their eligibility, and program benefits.

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Section 3: MAGI Methodology

3.1 MAGI Overview

MAGI screening comes from the Affordable Care Act (ACA). It is a methodology based on federal tax rules for how household size is determined and how income is counted. MAGI is used to determine MaineCare eligibility for certain groups of people. This method first determines which category the applicant belongs to. It then determines household size for everyone on the application based on tax filing status. Lastly, it determines income for each of these households.

3.2 MAGI Categories

MAGI is the method used to determine eligibility for certain MaineCare categories. The table below details MaineCare MAGI categories. Note that all categories except for CHIP 213% can be used with private health insurance and can be retroactive back 3 months prior to the month of the application.

Category	Income Limit FPL %	Benefit Level	Notes
Children under age 26 who were in foster care in the State of Maine at age 18	None	Full	If not eligible under any other Medicaid category.
Parents or caretakers of children 18 and younger at home	105%	Full	If family income goes over 105% FPL and the family has earnings from employment, parents get 12 months of "Transitional MaineCare".
Expansion: Adults 21 to 64, not eligible for Medicare or other full MaineCare category	138%	Full	Parents or other caretaker relatives without Medicare with income over 105% and under 138% FPL living with a dependent child who has MaineCare can be eligible. Applicants 21-64, not eligible for Medicare, who are deemed over income are not eligible for a MaineCare deductible (spend down).
19- and 20-year-olds	161%	Full	If the young adult is declared a tax dependent of the parents in the household, then parental income is counted in most cases.
Free coverage for children age 0-18	162%	Full	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.
Limited Family Planning Benefit	214%	Limited	There are no age or gender restrictions . Applicant's household size always counts as one, and only the income of the applicant is counted, even if the applicant has other household members with income. List of covered benefits: http://www.maine.gov/sos/cec/rules/10/ch101.htm
Pregnancy MaineCare	214%	Full	For birth parent, coverage continues for 12 months beyond the month that pregnancy ends. MaineCare ends with the birth or end of pregnancy for pregnant immigrant persons. Coverage continues longer if mother meets parent or expansion criteria. If mother had full-benefit MaineCare at birth, baby gets MaineCare for at least 1 year.
ME Rx+: Persons not qualified for full-benefit MaineCare	350% FPL See notes	Very limited	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.
Premium Coverage: CHIP for Children 0-18	213%	Full	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. Cannot be used with private insurance. Retroactive to the first day of the month of application only.

* Benefit packages are outlined Chapter 5 of the MaineCare Member Handbook, which can be found online at:

www.maine.gov/dhhs/oms/pdfs_doc/member/mainecare_mbr_handbook.doc.

3.2.1 CubCare – the Children’s Health Insurance Program (CHIP)

CubCare, Maine’s CHIP, provides low-cost, comprehensive health coverage, including dental and vision care, to children in families that earn too much money to qualify for MaineCare. CubCare has small monthly premiums based upon family size and income. It is available for eligible children ages 18 and younger.

Monthly CHIP Premiums

Family Income FPL % (before 5% disregard)	Monthly Premium 1 Child	Monthly Premium More than 1 Child
157.1% to 166%	\$8	\$16
166.1% to 177%	\$16	\$32
177.1% to 192%	\$24	\$48
192.1% to 208%	\$32	\$64

Funding for CHIP comes under a different law than Medicaid. The rules are different from some of the free MaineCare rules, but coverage is the same. The income limits are higher for CubCare as well.

There is a 3-month waiting period for CubCare when the eligible child has health coverage through a parent’s employer. The CubCare-eligible child must go three months without the employer sponsored coverage before CubCare will start. This does not apply if the employer offers coverage for the child and the family did not take it.

There are exceptions to the three-month rule. Most families meet one of the exceptions.

- The person who dropped the child’s coverage did not live with the family, such as a non-custodial parent.
- The family or employee paid 50% or more of the cost of the child’s coverage.
- 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 insurance ended for good cause such as lost eligibility for free MaineCare, subsidies in the Marketplace, loss of employer sponsored insurance due to employer decision, loss due to death or divorce of a parent, or due to involuntary separation from job.
- 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 Health Insurance Marketplace 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.”

Increase to Income Limit and Other Changes

Due to the supplemental budget passed by the Legislature and signed into law by Governor Mills, several changes to CubCare are taking place sometime **later** this year. The income limit will increase to 300% of the Federal Poverty Level. Premiums and the 3-month waiting period will be eliminated.

This guide will be updated to reflect these changes once they go into effect.

3.2.2 MaineCare for Pregnant Persons

MaineCare is available for eligible pregnant persons, covering pregnancy related care, delivery, and post-partum care. Income limits are higher in this category, up to 214% of the FPL. The pregnant person includes the baby (or babies) they are expecting in their household, increasing only the pregnant person's household size. The household size for other family members does not increase.

Presumptive Eligibility

Staff at a Federally Qualified Health Center (FQHC) or family planning center can screen and determine a person presumptively eligible. If FQHC staff determine the pregnant person's income meets the MaineCare guidelines, they can receive prenatal care that day. Once staff submits the application, all pregnancy-related services should be available in about 2 days. Once the MaineCare provider has made a presumptive determination, the person is eligible through the last day of the month following the month in which a presumptive determination is made. If the person applies for MaineCare during this presumptive eligibility period, presumptive eligibility continues through the day that the MaineCare application is granted or denied.

Presumptive Eligibility only covers pregnancy related needs, and only lasts until a regular full application is submitted. Presumptive Eligibility can only last a few weeks total.

Post-Partum Coverage Extended

As of August 1, 2022, post-partum coverage through MaineCare is extended from 60 days to 12 months.

An immigrant person who is pregnant and has MaineCare because of the new rule granting income eligible pregnant non-citizens MaineCare (see Section 2.5) will have coverage until they give birth or the pregnancy ends. Their infant(s) will automatically be eligible for MaineCare for one year.

3.2.3 Limited Family Planning Benefit

This MaineCare benefit is limited to reproductive health services. It is not full MaineCare. Individuals who are not eligible for full MaineCare in their category may be eligible for this benefit. There is no age or gender restrictions. Eligibility is based on the applicant's household size of one and their income. Other people in their regular MAGI household do not count. When the applicant's income is below 214% FPL, they may be eligible.

Services in the Limited Family Planning Benefit include:

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

Having this MaineCare limited benefit does not bar one from being eligible for private health coverage assistance at CoverMe.gov.

3.3 MAGI Assistance Unit or Household Construction

A person's tax filing status, their tax relationships, and their living arrangements are used when determining their MAGI MaineCare household.

There are **three sets of household rules**. The rule MAGI MaineCare uses depends on whether someone is categorized as either a tax filer, a tax dependent, or as neither a tax-filer nor a dependent.

Determining **tax filing status** for everyone on the application tells you which rule to use. Be sure to consider whether a tax-dependent meets any of the Rule 2 exceptions. When they do, Rule 3 applies. See Section 3.3.1 for examples.

<i>Use Rule 1 if...</i>	<i>Use Rule 2 if...</i>	<i>Use Rule 3 if...</i>
<p>Tax filer not claimed as a dependent</p>	<p>Tax dependent</p>	<p>Non-filer / non-dependent</p>
<p>Individual’s household is:</p> <ul style="list-style-type: none"> • Tax filer and all persons whom taxpayer expects to claim as a dependent^{1,2,3,4} 	<p>Individual’s household is:</p> <ul style="list-style-type: none"> • The household of the tax filer claiming individual as a dependent^{2,3,4} <hr/> <p>Exceptions (apply the rules for non-filer)</p> <ul style="list-style-type: none"> • Tax dependents not a child of the taxpayer • Children under 19⁵ living with both parents not expected to file a joint return • Children under 19⁵ claimed as tax dependent by non-custodial parents 	<p>For adults:</p> <ul style="list-style-type: none"> • Household is the individual plus, if living with individual, that person’s spouse and that person’s children under age 19³ <p>For children under age 19⁵</p> <ul style="list-style-type: none"> • Household is the child plus siblings under 19⁵ and parents (including stepparents) living with child^{3,4}
<p>¹For married couples filing jointly, each spouse is considered a tax filer</p> <p>²Married couples living together are always in each other’s household regardless of how they file</p>	<p>³A pregnant individual is counted as one for themselves, then add the number of children expected</p> <p>⁴For individuals whose household includes a pregnant person, states can count the pregnant person as 1, 2, or 1 plus the number of children expected</p>	<p>⁵States can extend the age limit to include children under 21 who are full time students.</p>
<p>Chart taken from Health Reform: Beyond the Basics, The Health Care Assister’s Guide to Tax Rules.</p>		

Special Considerations:

- ✓ Married couples living together are always counted in each other’s household regardless of whether they file a joint or separate tax return.
- ✓ Pregnant people always count themselves plus the number of unborn children they are expected to deliver.

Basic Rules for Claiming Tax Dependents:

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



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

- **Residency** – The dependent must live with the taxpayer for more than half 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). Stepchildren 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, a child who is permanently and totally disabled can be claimed as a dependent, even if they are over age 19.
- **Support** – The dependent does not provide more than half of the money for their own support.

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 taxpayer provided more than 50% of support for the individual. Note: relatives who are supported by the taxpayer do not have to have lived with the taxpayer, like if the taxpayer pays for his wife's grandmother to live in her own apartment.

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 parent category 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.

The flow chart below provides an easy explanation of how many people to include in an individual’s household based on their tax filing status. A full-page version of this chart is available in the appendix of this guide.

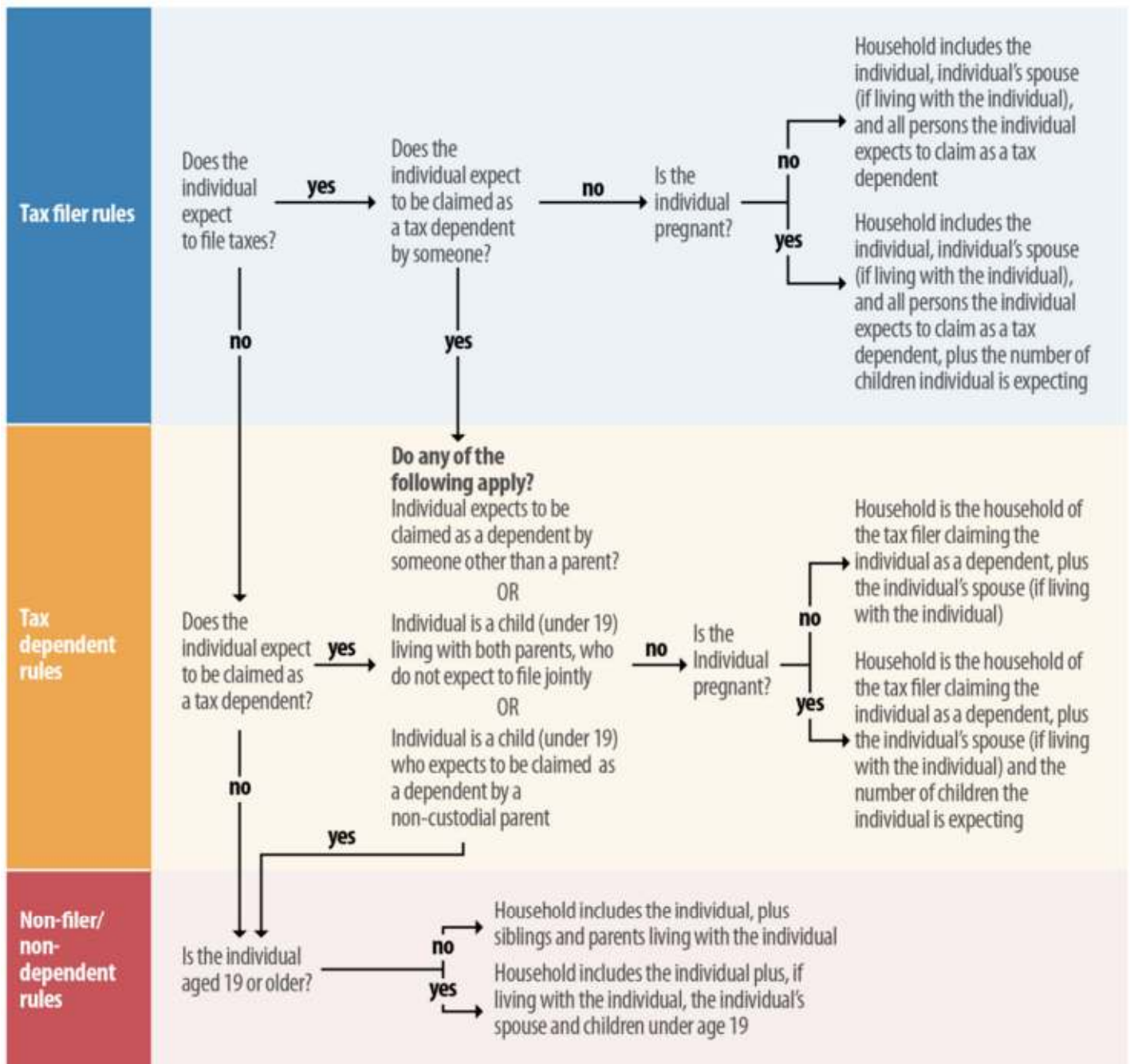


Chart taken from Health Reform: Beyond the Basics, *The Health Care Assister’s Guide to Tax Rules*.

3.3.1 MAGI Medicaid Household Construction Examples

Below are example “families”. A description of each family is provided. Each person applying for benefits is looked at separately to determine their **tax-filer status** which is then used to determine their **household size**. Reference the Rule Chart on page 14 to help work out household size.

Lisa and Luke

Lisa lives with her 7-year-old son, Luke. She files taxes as a single individual. Luke’s dad claims him on his taxes. Luke’s dad does not live with Luke and Lisa.

Applicant	Lisa	Luke
Tax filing status:	Tax filer.	Tax dependent.
Dependents?	No.	N/A
Do rule 2 exceptions apply?	N/A	Yes. Children under 19 claimed as a tax dependent by a non-custodial parent.
Which rule applies?	Rule 1 for Tax filers because Lisa is a tax filer.	Rule 3 for Non-filers, non-dependents because he meets one of the exceptions to Rule 2 for Tax Dependents.
Household size:	Her household size is 1 because Rule 1 for Tax Filers states that <i>their household size is the tax filer, the spouse filing jointly, and everyone the tax filer claims as a dependent.</i>	Luke’s household size is 2 because Rule 3 states that <i>children under 19 include their siblings under 19 and their parents (including step-parents) living with the child.</i> Luke lives with his mother and although she does not claim him, Luke gets to count her in his household.

Rose’s Family

Rose lives with and supports her elderly 70-year-old father, Finn. She also lives with her teenage daughter, Lily. Rose files a tax return, claiming her father and daughter as dependents.

Applicant	Rose	Finn	Lily
Tax filing status:	Tax filer	Tax dependent	Tax dependent
Dependents?	2 (her father and daughter)	No.	N/A
Do rule 2 exceptions apply?	N/A	Yes: expects to be claimed as a dependent by someone other than a parent.	No.
Which rule applies?	Rule 1 – Tax filer not claimed as a dependent.	Rule 3 Non-filer/Non-Dependent because he meets one of the exceptions for Rule 2 Tax Dependent.	Rule 2 Tax dependent because Lily is Rose’s tax dependent, and she does not meet any of the Rule 2 exceptions.
Household size:	3 because Rule 1 states that the household is the household of the tax filer plus all the persons the tax filer expects to claim as a dependent.	Finn is an adult, under Rule 3 Non-filer/Non-dependent Finn’s household is himself plus, if living with him, his spouse and his children under age 19. Finn is not living with his spouse or children under 19. Finn’s household is 1 .	3 because Rule 2 Tax Dependent states that the individual’s household is the same as the tax filer claiming them as a dependent. Lily’s mom Rose claims her as a dependent. Rose’s household size is 3 , therefore Lily’s is 3 the same as her mom’s.

Polly, Jill, and Grandma

Grandma lives with her 7-year-old granddaughter Polly. Sometimes Polly’s mom, Jill, 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. Gram wants to know if Pam and Polly can continue to get MaineCare together.

Applicant	Polly	Jill	Grandma
Tax filing status:	Dependent	No	No
Dependents?	n/a	n/a	Polly
Do rule 2 exceptions apply?	Yes. Under 19 claimed by non-custodial parent.	n/a	n/a
Which rule applies?	Rule 3 Non-filer/Non-Dependent because she meets one of the exceptions for Rule 2 Tax Dependent.	n/a	n/a
Household size:	1, because she is a dependent under 19 being claimed by a non-custodial parent not living with a parent(s) or sibling (s)	1	2: herself and Polly

Practice: Rob’s and Rita’s Family (answers on following page)

Rob and Rita Reyes are married and have two minor children, Ginny and Kevin. The parents file a joint tax return and claim both kids as dependents.

Applicant	Rob	Rita	Ginny	Kevin
Tax filing status:				
Dependents?				
Do rule 2 exceptions apply?				
Which rule applies?				
Household size:				

Answers to Rob’s and Rita’s Family Practice Exercise

Applicant	Rob	Rita	Ginny	Kevin
Tax filing status:	Tax filer, married filing jointly	Tax filer, married filing jointly	Tax dependent	Tax dependent
Dependents?	Yes	Yes	No	No
Do rule 2 exceptions apply?	No	No	No	No
Which rule applies?	Rule 1	Rule 1	Rule 2 no exceptions to Rule 2 apply	Rule 2 no exceptions to Rule 2 apply
Household size:	Four because the tax filer’s household is themselves plus everyone they expect to claim as a dependent. Married couples living together are always in each other’s households regardless of how they file.	Four because the tax filer’s household is themselves plus everyone they expect to claim as a dependent. Married couples living together are always in each other’s households regardless of how they file.	Four because the individual’s household is the same as the tax filer claiming them as a dependent. No exceptions to Rule 2 apply.	Four because the individual’s household is the same as the tax filer claiming them as a dependent. No exceptions to Rule 2 apply.

3.3.2 Practice Calculating Federal Poverty Income Levels

		MaineCare (disability/ elderly)	MaineCare (parents of minor children)	MaineCare Expansion (21- 64 year olds without Medicare)	MaineCare (19 & 20 year olds)	MaineCare (minor children)
2022 FPL’s		100%	105%	138%	161%	162%
Family Size		Non-MAGI Use disregards	MAGI 5% included	MAGI 5% included	MAGI 5% included	MAGI 5% included
1	weekly	263.49	276.74	363.49	424.19	426.74
	monthly	1,133.00	1,190.00	1,563.00	1,824.00	1,835.00
	yearly	13,590.00	14,269.50	18,754.20	21,879.90	22,015.80
2	weekly					
	monthly					
	yearly					
each person add		91.63	96.05	126.28	147.44	148.37
		394.00	413.00	543.00	634.00	638.00
		4,720.00	4,956.00	6,513.60	7,599.20	7,646.40

The Federal Poverty Level (FPL) is an annual income amount. It is published once a year in January; <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>. As noted throughout this Guide, different MaineCare categories use different percentages of the Federal Poverty Level for income eligibility limits. It’s good to know the calculation to convert the percentages of the FPL into dollar amounts. The FPLs as

percentages does not tell you how much income the consumer can have and be eligible for MaineCare in their category. By using the calculation, the percentage of the FPL is converted into income limits.

Example: the income limits for MaineCare in the elderly/disabled category are 100% of the FPL while the income limit for CubCare is 213% of the FPL. Stating the income limits this way does not tell you the dollar amount for eligibility. To determine the dollar amount for income limits in the various MaineCare categories, take the published FPL annual income (this is 100%) and multiply it by the percentage of the FPL for that specific category, then divide it by 12 to get the monthly dollar amount. Divide the monthly amount by 4.3 to get the weekly amount.

The expansion category is 138% of the FPL. What is the income limit for a single person?

- The FPL for a single person is \$13,590 (using the link above).
- Multiply $\$13,590 \times 138\%$ (1.38).
- This equals \$18,754.20. This is the annual income limit for a single person in the expansion category.
- $\$18,754.20 / 12 = \$1,562.85$. This is the monthly income limit for a single person in the expansion category.
- $\$1,562.85 / 4.3 = \363.45 . This is the weekly income limit.

Let's try this for a household of 2 in the minor children category. The income limit is 162% of the FPL. Use the above link to find what the FPL is for a household of 2.

- The FPL for a household of 2 is \$18,310.
- Multiply $\$18,310 \times 162\%$ (1.62).
- This equals \$29,662.20.
- $\$29,662.20 / 12 = \$2,471.85$. This is the monthly income limit for a household of 2 in the minor children category.
- $\$2,471.84 / 4.3 = \574.66 . This is the weekly income limit for a household of 2 in the minor children category.

Different household sizes and different income limits can also be calculated knowing only the FPL for a single person. For each additional person, add \$4720 to the annual income, then proceed with the calculations.

Example: Knowing only the FPL for a single person, that CubCare is 213% of the FPL, and working with a household of 3 for CubCare, here's the income calculation:

- The FPL for a single person is \$13,590
- Multiply $\$4,720 \times 2$ (for 2 additional people)
- This equals \$9,440
- Add this to \$13,590. $\$13,590 + \$9,440 = \$23,030$
- **\$23,030 is 100% of the FPL for a household of 3**
- Multiply $\$23,030 \times 213\%$ (2.13) = \$49,053.90 = annual income limit for a household of 3 for CubCare
- $\$49,053.90 / 12 = \$4,087.83$ = monthly income limit for CubCare for a household of 3
- $\$4,087.83 / 4.3 = \950.66 = weekly income limit for CubCare for a household of 3

Using the above examples, practice calculating the income limits for 100%, 105% and 161% of the FPL for a household of 2, filling in the chart. The answers are on the next page.

Answers:

100% for a household of 2

$$18310 / 12 = 1525.84 / 4.3 = 354.85$$

105% for a household of 2

$$18310 \times 105\% (1.05) = 19225.50 / 12 = 1602.13 / 4.3 = 372.59$$

161% for a household of 2

$$18310 \times 161\% (1.61) = 29479.10 / 12 = 2456.60 / 4.3 = 571.30$$

Fortunately, if math is not your thing, CAHC's done the calculations and provides our comprehensive **Health Coverage Income Eligibility Guidelines** chart [online](#) and in the Appendices (Appendix N).

2022 MaineCare Income Guidelines

		MAGI Categories						
		Based on FPL <u>as of January 12, 2022</u>						
		MaineCare (parents of minor children)	MaineCare Expansion (21- 64 year olds without Medicare)	MaineCare (19 & 20 year olds)	MaineCare (minor children)	MaineCare (Birth to age 1)	CHIP CubCare (kids 18 & under) \$8 -\$64 a month	MaineCare (pregnant people)
		105%	138%	161%	162%	196%	213%	214%
		MAGI 5% included	MAGI 5% included	MAGI 5% included	MAGI 5% included	MAGI 5% included	MAGI 5% included	MAGI 5% included
Family Size								
1	<i>weekly</i>	276.74	363.49	424.19	426.74	516.28	561.16	563.72
	<i>monthly</i>	1,190.00	1,563.00	1,824.00	1,835.00	2,220.00	2,413.00	2,424.00
	<i>yearly</i>	14,269.50	18,754.20	21,879.90	22,015.80	26,636.40	28,946.70	29,082.60
2	<i>weekly</i>	372.79	489.77	571.40	574.88	695.58	756.05	759.53
	<i>monthly</i>	1,603.00	2,106.00	2,457.00	2,472.00	2,991.00	3,251.00	3,266.00
	<i>yearly</i>	19,225.50	25,267.80	29,479.10	29,662.20	35,887.60	39,000.30	39,183.40
3	<i>weekly</i>	468.84	616.05	718.60	723.26	874.88	950.70	955.35
	<i>monthly</i>	2,016.00	2,649.00	3,090.00	3,110.00	3,762.00	4,088.00	4,108.00
	<i>yearly</i>	24,181.50	31,781.40	37,078.30	37,308.60	45,138.80	49,053.90	49,284.20
4	<i>weekly</i>	564.88	742.33	866.05	871.40	1,054.19	1,145.58	1,150.93
	<i>monthly</i>	2,429.00	3,192.00	3,724.00	3,747.00	4,533.00	4,926.00	4,949.00
	<i>yearly</i>	29,137.50	38,295.00	44,677.50	44,955.00	54,390.00	59,107.50	59,385.00
<i>Each Additional Person ADD</i>		96.05	126.28	147.44	148.37	179.30	194.88	195.81
		413.00	543.00	634.00	638.00	771.00	838.00	842.00
		4,956.00	6,513.60	7,599.20	7,646.40	9,251.20	10,053.60	10,100.80

3.3.2 MAGI Household Countable Income

Once the household size for every applicant is established, the next step is determining each assistant unit's countable income.

MAGI or Modified Adjusted Gross Income comes from Adjusted Gross Income, on Line 11 of the Federal 1040 tax form plus untaxed Social Security or Social Security Disability benefits for adults and untaxed foreign income.

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. MAGI includes minors and people between 21 and 64 who are not eligible for Medicare.

Remember, for MAGI populations, household size for each applicant is established first, then countable income for each household is determined second.

MAGI or Modified Adjusted Gross Income is the total of the following for each member of your household *who is required* to file a tax return:

- Your [adjusted gross income \(AGI\)](#) on your federal tax return
- Excluded foreign income
- Nontaxable Social Security benefits (including tier 1 railroad retirement benefits)
- Tax-exempt interest
- MAGI does not include Supplemental Security Income (SSI)

Rule for MAGI Medicaid Income Counting

Household income = Sum of the MAGI of everyone in the household who is *required* to file a tax return. The income of tax dependents/children *only counts* when they are *required* to file a tax return. For 2021, unmarried tax dependents are required to file only if they earn over \$12,550. ⁴

Example: Johnny, 17, is counted in Sam's (his father) household because Sam claims him as a dependent. Johnny's household is the same as Sam's household because Johnny doesn't meet any of the tax dependent exceptions. Sam's income is \$35,000 from his job. Johnny's income is \$13,000 from his job. Johnny's income is counted for Sam's household and for Johnny's household because Johnny is a tax dependent *required* to file a tax return. Johnny's income is over the tax filing threshold for tax dependents. Sam's household income is \$48,000. Johnny's household income is \$48,000.

⁴ For more information on tax dependent filing status see: https://www.irs.gov/publications/p929#en_US_2021_publink1000203737

Countable Medicaid MAGI Income

Income source	Countable?	Why?
Child Support Received	No	It is not taxable to receivers. It is only taxable for the payer of 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	It depends.	Alimony paid pursuant to an Order before 1/1/19 does count as income. For orders or amended orders issued after 1/1/19, alimony does not count.
Difficulty of Care Payments	It depends.	Optional to claim or not claim per IRS regulation.
Social Security & SSDI received by adults	Yes	These benefits are not taxed when paid in but are taxed when received.
Self-employment income, after deducted expenses, depreciation & losses	Yes	Profit remaining after expenses are subtracted is what you pay taxes on.
Wages	Yes	Wages are taxable.

3.3.3 Determining Income for MAGI Medicaid

Medicaid uses current monthly income, income from the past four weeks. When working with an applicant with fluctuating income, divide the most recent year-to-date income figure by the number of weeks in the time frame. This gives you their average weekly income. Then multiply their average weekly income by 4.3 to get their average monthly income. When 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 it was earned.

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

- **Weekly** paycheck: multiply gross **taxable** amount by 4.3 for monthly income.
- **Biweekly** pay: multiply gross **taxable** amount by 2.15 for monthly income.
- **Paycheck twice per month** (usually on the 1st and 15th): multiply gross taxable amount by 2 for monthly income.



Pre-tax deductions, such as student loan interest payments, payroll deductions for health insurance and/or retirement accounts, etc. are subtracted from gross wages thereby lowering countable income.

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

AGI	Adjusted Gross Income, Line 11, 2020 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 MAGI 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	

3.3.4 MAGI Income Red Flags

- Difficulty of Care income is only countable in MAGI when taxable. Case law and IRS guidance gives the taxpayer the choice of whether this is taxable or not, depending on how it would affect other tax benefits. If a MAGI-screened person receives non-taxed Difficulty of Care income, it is not to be counted for MaineCare. Difficulty of Care income does count for non-MAGI -screened individuals.
- Some self-employed individuals have a type of tax deduction called depreciation on large equipment. Depreciation can be confusing and is sometimes mistakenly counted as income. It is not income. It is a loss of value of equipment.

3.3.5 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

	SSI (Supplemental Security Income) Usually received on the 1 st	SSDI (Social Security Disability Insurance) Usually received on the 3 rd
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	Medicaid is automatically available.	Medicare 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.

MAGI MaineCare Income Example: Rose’s Family

Rose lives with and supports her elderly father, Finn. She also lives with her teenage daughter, Lily. Rose files a tax return, claiming her father and daughter as dependents. Rose’s gross weekly wages are \$675. She makes monthly student loan interest payments of \$50. Lily works part-time and is paid \$270 bi-weekly. Finn receives \$900 in monthly Social Security retirement benefits. What is everyone’s countable income?

	Household Size	Dependent?	Category	Income	Countable?	Deduction	Countable income	Eligible?
Rose	3	No	Expansion (\$2,649 for household of 3)	weekly gross wages: \$625	Yes (multiply \$625 x 4.3)	Monthly student loan payment: \$50	\$2637.50	Yes
				$\$625 \times 4.3 = \2687.20		$\$2687.50 - \50		
Finn*	1	Yes	MaineCare (disabled/elderly)	Social Security: \$900	No (SS doesn’t count)	n/a	\$0	Yes*
Lily	3	Yes	Minor Children (\$3,110 for household of 3)	Bi-weekly wages: \$270	No (not required to file)	n/a	\$0	Yes
				$\$270 \times 2.15 = \580.50		$\$580.50 \times 12 = \6966 (less than \$12,550 tax filing threshold)		
<i>*Finn’s eligibility is determined using non-MAGI. See next section for explanation.</i>								

Compare countable income to the MAGI MaineCare category and income limit for household size on the FPL chart. If income is below the limit for the category and household size, the applicant may be eligible.

- Rose is in the parent/caretaker category, her household is 3. The current income limit for a household of 3 in the parent/caretaker category is \$2,016. Rose’s monthly countable income is \$2,637.50. She is over income in this category. She is under the income limit (\$2,649) for the expansion category.
- Finn is over 65. He is a household of one. He is not in a MAGI MaineCare category due to his age.
- Lily is in the minor children category and the CubCare category. Her household size is 3. Because Lily’s wages do not count, her monthly countable income is the same as Rose’s (\$2,637.50). She will be screened under the minor children category because her monthly income is below the limit for a household of 3 in the minor children category (\$3,110).

Rose is an adult with a child eligible for MaineCare, who is over income in the parent/caretaker category and is therefore eligible in the expansion category. This happens when the adult’s monthly income is over the limit in the parent/caretaker category (105% FPL) but is below the limit for their household size in the expansion category (138% FPL).

Remember, the following MaineCare categories use MAGI screening:

- Parent/Caretaker Relative
- Adults, 21 - 64 year olds without Medicare
- People aged 19 to 20
- Minor Children
- Children birth to age 1
- Pregnant People
- CubCare also known as CHIP
- Limited Family Planning Benefit
- MaineRx

MAGI MaineCare Income Example: Polly’s Family

Grandma lives with her 7-year-old granddaughter, Polly. Sometimes Polly’s mom, Jill, 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 \$100 a week, from cleaning. Gram wants to know if Jill and Polly can continue to get MaineCare together. MAGI screening is used for children and parents or caretakers of minor children. First, we must figure out household size for each person, one by one.

	Household Size	Dependent?	Category	Income	Countable?	Deduction	Countable income	Eligible?
Polly	1	Yes	Minor Children (\$1,835 for household of 1)	\$0	N/A	None	None	Yes
Jill	1	No	Expansion (\$1,563 for a household of 1)	\$430	Yes	None	\$430	Yes
Gram	2	No	Parent/Caretaker or Expansion (\$2,106 for household of 2)	\$2,100	Yes	Monthly IRA contribution: \$100	\$2,000	Yes*

*Gram’s income is close to the income limit for her category. If her income increases or her IRA contribution decreases, she may become ineligible. If Polly loses MaineCare, Gram may lose it.

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: tax dependent not a child of the taxpayer. Using the flow chart on page 17, 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 Jill, age 32. 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. She is 59 and her monthly income is \$2,100. She contributes \$100 a month to her IRA. 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 over the limit in the parent/caretaker category in MaineCare.

The current monthly income limit for a household of two in the parent/caretake category is \$1,603. Gram is eligible in the expansion category. For a household of two in the expansion category, the income limit is \$2,106 per month. Gram is eligible in expansion because she claims Polly as a dependent, provides a home for Polly, and Polly is MaineCare eligible.

If Gram's monthly IRA contribution goes down or if she has an increase in income, she may lose MaineCare. If Polly is no longer eligible for MaineCare, Gram may lose it in the expansion category.

NOTES

Section 4: Non-MAGI Eligibility

4.1 Non-MAGI Overview & Categories Summaries

Non-MAGI, or SSI-related MaineCare covers different categories than MAGI-MaineCare. Non-MAGI, or SSI-related, refers to the eligibility screening method that is different than the MAGI screening method. Household and income are determined by using different household construction rules and standard disregards for income. This screening method considers assets. It is not tied to applicant tax filing status. SSI refers to Supplemental Security Income. The term SSI-related is sometimes used for Non-MAGI categories. People can be eligible for SSI-related related MaineCare without getting SSI.

The Non-MAGI categories covered in this section are:

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

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 aged 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, kids’ dental care, transportation, long-term care, 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.

Chart 4.1 on the next page shows the categories that are screened using the Non-MAGI method.

Chart 4.1 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	Child’s gross income: 300% of federal SSI Benefit Amount		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. See Chart 4.1 in the MaineCare Eligibility Manual Appendix. Premiums on sliding scale. Parent income counted for premium calculation. Monthly premiums are lower if child has private insurance also.
Medicare Savings Program for Disabled Adults and seniors age 65 and older who have Medicare	150% QMB 170% SLMB 185% QI No Estate Recovery	*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 month after application. SLMB level: Yes, 3 months. QI level: Yes, 3 months.	Medicare Savings Program (MSP, or “Buy In”): MaineCare will pay the Medicare Part B premiums for those below FPL 185%. Below FPL 150% 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: \$3.95 generics, \$9.85 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 or Adults with disabilities	100%	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	Couple asset limit is \$3,000, with up to \$12,000 in savings excluded. Single asset limit is \$2,000, with up to \$8,000 excluded.
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	Couple: \$12,000 Single: \$8000	Full	Yes	This category has a small premium between \$10 to \$20 a month, for members with income over 150%. Couple asset limit is \$12,000, with up to \$12,000 in savings excluded. Single asset limit is \$8,000, with up to \$8,000 excluded.
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.

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 200% FPL 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.
MaineCare deductible, “Medically Needy” or “Spend Down”: persons whose income is too high for full-benefit MaineCare	None		\$2,000 (\$3,000 for couples) Many assets don’t count	Full-benefit MaineCare after meeting deductible	Yes	Primarily helps people with catastrophic health care expenses. Participants must be in a coverable category. Applicants 21-64, not eligible for Medicare, cannot get a MaineCare deductible (spend down). 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. Can reset then if still eligible. Old unpaid medical bills can be applied to deductible.

Category	Income Limit	Disregards	Asset Limit	Benefit Level	Can be retroactive	Notes
DEL: Disabled adults and seniors age 62 and older	185% 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.

4.1.1 Katie Beckett Program

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 cannot be more than the annual cost of institutional care. Children qualifying for Katie Beckett are given full benefit MaineCare coverage. This program has annual benefit limits. Families should be notified if they are nearing 75% their annual benefit limit. 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 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.** (See Chart 4.1) 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 the monthly premium.

Paying 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 **and** 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.

For more information about the Katie Beckett Program, see:

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Guide-to-the-Katie-Beckett-Application-Process.pdf>

For help applying for Katie Beckett, call the Maine Parent Federation to speak with a Family Support Navigator: 1-800-870-7746.

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

4.1.2 Medicare Savings Program

Medicare doesn’t pay the full cost of health care. There are deductibles, co-pays, co-insurance, and premiums. MaineCare has a benefit called the Medicare Savings Program (MSP) that **helps pay these costs**. It 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. SLMB and QI both have the same benefits but different funding sources. To enroll in MSP, a person must be eligible for Medicare Part A (free or with a premium), even if not currently enrolled. The MSP can cover Medicare Part A premiums if applicant is required to pay them. The applicant will also be enrolled into Part B if they are not. The MSP covers late enrollment penalties for Part A, B, and D.

MEDICARE SAVINGS PROGRAM COVERAGE			
	QMB	SLMB	QI
Medicare Part A Premium (if applicable)	X		
Medicare Part A Lifetime Penalties (if applicable)	X		
Medicare Part A Deductible	X		
Medicare Part B Premium	X	X	X
Medicare Part B Lifetime Penalties (if applicable)	X	X	X
Medicare Part B Deductible	X		
Medicare Part B Co-insurance	X		
Medicare Part D Premium	X	X	X
Medicare Part D Lifetime Penalties (if applicable)	X	X	X
Medicare Part D Deductible	X	X	X
Medicare Part D Donut Hole	X	X	X
Medicare Part D Copay	X	X	X
Maine Rx	X	X	X
DEL (Low Cost Drugs for the Elderly and Disabled Program)	X	X	X

Eligibility for any of the three levels in the MSP is based upon **countable income**, income after standard disregards is subtracted. Screening uses SSI-Related budgeting rules. Each tier has its own income guideline.

- QMB or Qualified Medicare Beneficiary – 150% of the federal poverty level.
- SLMB or Specified Low Income Medicare Beneficiary – 170% of the federal poverty level.
- QI or Qualified Individual – 185% of the federal poverty level.

The MSP **has no estate recovery**.

Only liquid assets count towards the asset limit for MSP. Liquid assets can be easily 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. Monthly annuity payments are income.

The asset limit for a single person is \$50,000 with the first \$8,000 excluded. For a married couple, the asset limit is \$75,000 with the first \$12,000 excluded.

The MSP uses SSI-Related Categorically Needy Medicaid budgeting rules. See the **MaineCare Eligibility Manual** (<https://www.maine.gov/sos/cec/rules/10/ch332.htm>) Part 7 Section 3.3 for an individual, Section 4.3 for a couple.

4.1.3 Long Term Care - MaineCare

To receive MaineCare coverage for nursing home care or equivalent care at home, an individual must need the level of medical care given in a nursing home. There are other MaineCare programs that offer different levels of care in the home, depending on an individual's needs. The applicant must also meet income and asset limits, although the income limits are higher (300% of SSI benefit level, see Chart 4.1) 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) or the Long-Term Care Ombudsman Program at 1-800-499-0229.

4.1.4 MaineCare Option for Workers with Disabilities

The MaineCare Option for Workers with Disabilities, also called the Working Disabled Benefit or the Medicaid Buy-In, allows members to earn more and keep their MaineCare benefits. For this benefit, the person 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 they:

- 1) Meet the Social Security guidelines for a disability, and
- 2) Have earnings, usually from a job, and
- 3) Meet 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 \$1,133 or 100% FPL or less after deductions. Not all income is counted.
- **Earned income** or pay from work: When added to any unearned, not from a job income, must be \$2,832 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 \$1,526 or 100% FPL or less after deductions.
- **Earned income** or pay from work: When added to unearned income (not from a job) must be \$3,815 or 250% FPL or less after deductions.
- **Assets:** Must be \$12,000 or less. Not all assets are counted. For example, your home, car[s], and up to \$12,000 in savings are not counted.

If a person meets the three guidelines listed above, they may be eligible for MaineCare. Even if income is above these amounts, they 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 (\$1,699 for a single person, \$2,289 for a couple), 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 <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/DRAFT%202021%20WD%20Brochure.pdf>

4.2 Non-MAGI Household Construction

Non-MAGI household construction does not use taxes. Using the correct assistance unit or household size means that income and assets will be counted at the right 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 Non-MAGI household if they meet **all three** of the following criteria:

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

Who has legal responsibility?

Legal responsibility only flows from spouse to spouse and from parent to minor 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.
- Married couples not living together in the same space do not count each other in the household, nor count each other's income.
- Unmarried couples living in the same space do not count for each other.
- An unmarried couple who has a child in common can be in same household for Non-MAGI MaineCare.

4.3 Non-MAGI Household Countable Income

What income counts: (partial list)

- Earned income: gross wages from an employer.
- Self-employed income: use “net profit and loss” line 31 on the Schedule C, unless other current information is provided.
- Seasonal income is counted only during the months worked.
- Unearned income: such as Social Security Retirement, Social Security Disability Insurance (SSDI), unemployment benefits, or Workers’ Compensation.
- Interest.
- See full list at: <https://www.maine.gov/sos/cec/rules/10/ch332.htm>, Part 17.

What income does not count: (partial list)

- Income from someone living in the same space as the applicant(s) who does not have financial responsibility for the applicant. Those not legally responsible are not financially responsible and their income does not count. These other household members also do not count in figuring household 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 aged 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 had 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 categories 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 Non-MAGI MaineCare:

- **Weekly** paycheck: multiply the gross amount by 4.3 for monthly income.
- **Biweekly** paycheck: multiply the gross amount by 2.15 for monthly income.
- **Paycheck twice per month** (usually on the 1st and 15th): multiply the gross amount by 2 for monthly income.

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

Note: Current income is used to establish monthly countable income unless the income is either fluctuating or from self-employment. In these cases, income should be based on most recent taxes, other profit and loss statements, a W2 form or a year-to-date number on the most recent paycheck, whichever is most fair and representative.

Disregards Overview for Non-MAGI SSI-Related MaineCare

Type of Disregard	Household of 1	Household more than 1
Standard Federal & State	\$75 (\$20 + \$55)	\$100 (\$20 + \$80)
Earned income	Follow steps below	Follow steps below
Ineligible spouse or child	NA	\$420 in 2022

Simple version for those with no earned income (wages):

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 a couple with no earned income. This includes a federal disregard of \$20 & state disregard of \$80.

Deductions for people with earned income (wages):

1. Make 2 lists, side by side: 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 column total.
If the person has less than \$20 unearned income, subtract the balance from the earned income of an individual's or couple's gross income (unless the only income received is from a need-based source, like a Veteran's pension, or all in-kind donations).
3. Deductions from **earned** income: skip to 4 if no **earned** income.
 - a) Subtract any Impairment Related Work Expenses (IRWE). 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 \$420 or less over income, in 2022, request the application be processed with an ineligible spouse, indicating which spouse to be deemed ineligible. This option disregards \$420 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 for worksheet.

MaineCare with an ineligible child.

For someone who is a senior or has a disability, 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, request an ineligible child disregard. This eligibility option disregards up to \$420 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 (\$420 in 2022). 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 for worksheet.

4.4 Non-MAGI Asset Limits

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 for Non-MAGI:

- 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 a person with a disability)
- 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 for sale at market value
- 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.

Additional assets that do not count for any MaineCare applicant or 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.

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, notify DHHS.

4.5 Non-MAGI Example

Dan is self-employed. He and his wife have two minor children. Dan and his wife file taxes together and both claim their two children. Dan's mom, Donna, a 64-year-old disabled person with Medicare, also lives with them. Dan and his wife and children will all be screened according to MAGI.

Donna is considered a household of one. Although she lives with her son, there is no longer any legal responsibility between them. Donna's monthly SSDI benefit is \$1300. Her Medicare Part B premium is subtracted from this, making what she receives less. Donna's age, 64, and her \$1300 a month in income puts her into the expansion category but she cannot get MaineCare via the expansion category because she has Medicare.

She's in the Non-MAGI adults with disabilities category. Therefore, the \$75 disregard (\$20 federal, \$55 state) is subtracted from her monthly SSDI benefit. $\$1300 - \$75 = \$1225$. This is her **countable income**. The income limit in this category for a single person is \$1,133 per month. She is over the limit. However, remember to screen for the Medicare Savings Program too. She is well under the QMB level of the MSP cut-off, so she should apply for that. It will save her the amount of her premiums each month and provide other cost savings.

4.6 Non-MAGI Practice

Marg and Ron are married. Ron is 63 and has wages of \$270 a week from a part-time job. Marg is 66 and fully retired receiving \$1150 in monthly Social Security retirement. She has Medicare. The Part B premium is deducted from her monthly Social Security. Marg and Ron wonder if they are eligible for any MaineCare.

- First take Marg's **unearned gross monthly income** and subtract \$100 (\$20 + \$80 federal and state disregards for a couple). $1150 - 100 = 1051$.
- Next, multiply Ron's **earned income** weekly wages x 4.3 to get monthly amount. $270 \times 4.3 = 1161$.
- Then take Ron's monthly wages and subtract \$65 (the earned income disregard). $1161 - 65 = 1096$.
- Divide 1096 by 2. $1096 / 2 = 548$.
- Add Ron's \$548 to Marg's \$1051. $548 + 1051 = 1599$. **\$1599** is Marg's and Ron's **countable income** for Non-MAGI MaineCare.

Ron is deemed the ineligible spouse for the elderly category. \$420 (the ineligible spouse disregard for 2022) is subtracted from Ron's and Marg's countable income. $1599 - 420 = 1179$. \$1179 is under the household of two income limit for MaineCare in the elderly category. Marg is eligible. She is also eligible for QMB. This program will cover her Part B premiums and other Medicare out of pocket costs. Marg can have Medicare, MaineCare and QMB. Is Ron eligible for MaineCare in the expansion category?

Ron's monthly income is \$1161. Marg's monthly Social Security is \$1150. Add them together. $1161 + 1150 = 2311$. \$2311 is over the monthly income limit of \$2106 for a household of 2 in the expansion category.

NOTES

Section 5: Application & Enrollment

5.1 Application Methods & Tips

Ways to Apply	How To Apply	Tips
My Maine Connection	https://www.MyMaineConnection.gov	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: https://www.maine.gov/dhhs/ofi/forms-and-applications.shtml	Send copies of needed papers, not originals. 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: 207.778.8429 Fax disability pack to: 207.287.6066 Email with read receipt request to: Farmington.dhhs@maine.gov Call or visit to check up on app.
In Person	Find your closest office here: https://www.maine.gov/dhhs/about/contact/offices 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 CoverMe.gov screens an applicant as MaineCare eligible, the information is sent to DHHS.	If CoverMe.gov sends you a letter saying your info was sent to DHHS, follow up with DHHS to be sure nothing is missing.
Ordering Bulk paper applications	Flint.Travers@maine.gov	

Proof of income:

If employed, send copies of the 4 most recent paycheck stubs showing gross income. If self-employed, or employed with fluctuating income, send a copy of the most recent tax form, unless current income is different. If newly self-employed, show a profit-loss statement or similar accounting summary for the past three months. The rules allow newly self-employed to use the most recent year-to-date paycheck to be used, if it is a fairer reflection of the current situation.

If 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.

Disability applications:

When applying for MaineCare due to a disability, Katie Beckett for children, or the Working Disabled, the additional MaineCare Disability Determination [form](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Disability-Determination.pdf) must be included with the MaineCare application: (<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Disability-Determination.pdf>). The Medical Review Team uses Social Security definitions of disability to determine whether the applicant is disabled.

5.2: Immigrants & Refugees Citizenship & Identity Requirement

To prove citizenship and identity, applicants may list the social security numbers for each 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 the application with no social security number, DHHS uses the SAVE system to check.

The citizenship and identity verification law require 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, they may lose MaineCare.

A person will only need to prove their citizenship and identity once unless they move to another state. This means that if someone leaves MaineCare, but later returns, their citizenship and identity has already been proven.

Documents to prove citizenship and identity:

In cases when a social security number is not available, certain documents may be used to prove citizenship and identity. Documents must be certified copies from the issuing agency. These include documents such as passports, birth certificates, driver's licenses, etc. You can find a full list of acceptable documents in Part 2 of the [MaineCare Eligibility Manual, https://www.maine.gov/sos/cec/rules/10/ch332.htm](https://www.maine.gov/sos/cec/rules/10/ch332.htm).

Exemptions from the law:

The following groups don't have to show documents proving citizenship or identity. They are exempt because they had to show documents that proved their citizenship or immigration status and identity to state or federal government officials already. Exempt groups include:

- People on Medicare
- People receiving Supplemental Security Income or SSI
- People receiving Social Security Disability Insurance or SSDI
- Pregnant people while covered under presumptive eligibility
- Foster children
- Infants born to mother who has MaineCare at the time of the birth

5.3 Temporary Coverage and the 45-day Rule

DHHS must decide eligibility within 45 calendar days from the date they receive a completed application.

The application can be submitted

- via mail to:
Office for Family Independence
State of Maine DHHS
114 Corn Shop Lane
Farmington, ME 04938
- in person at local DHHS Office (<https://www.maine.gov/dhhs/about/contact/offices>) (Appendix B),
- via the online application at [MyMaineConnection](#),
- via email Farmington.dhhs@maine.gov,
- via fax to 1-207-778-8429
- or through Maine's Health Insurance Marketplace at [CoverMe.gov](#) during Open Enrollment.

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 via mail. Documents must then be submitted within ten days after notice is 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 may also be 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 its 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 46th day get full MaineCare, even if they had applied only for limited MaineCare, such as the Limited Family Planning Benefit.

5.4 Length of Enrollment, Annual Reviews & Denials

It is important that MaineCare Members note the month of their enrollment. DHHS reviews eligibility every 12 months. DHHS should send notice, via mail, that it's time for review in the month prior to the month of renewal. If the notice is not received, the Member needs to call DHHS to renew or, if they have an account at My Maine Connection, renew online.

Members run the risk of losing MaineCare without providing their annual review. If late in 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 aged 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, they 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).

Chapter 332, Part 2, Sec. 15, I: Download the entire chapter here:

<https://www.maine.gov/sos/cec/rules/10/ch332.htm>

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 who think their termination notice is wrong should appeal immediately. This maintains coverage longer. Members receiving a disability denial should ask for a reconsideration if they can show new evidence.

Section 6: Options for Income Over Guidelines

6.1 Transitional MaineCare for Parents

Parents: This is for parents with MaineCare in the Parent/Caretaker MAGI category, who lose MaineCare because their earned income goes over 105%. Parents are eligible for 12 months of transitional MaineCare. The 12-month count starts the month the parent would have become ineligible.

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 (see section 3.2.1). If income goes above 213% FPL, the child(ren)'s eligibility will continue for the rest of the 12-month eligibility period. If a parent in the parent category has an income rise over 105%, but not over 138%, they may be eligible for expansion MaineCare but will get their transitional MaineCare first.

The 12-month count starts the month the parent would have become ineligible. Transitional MaineCare closes when a child no longer resides within the household or when a parent/caretaker is no longer employed.

6.2 For Children Only, Health Insurance Purchase Option

The Health Insurance Purchase Option (HIPO) might help when a child under age 19 loses MaineCare or CubCare because their family's income increases over the limit. The family can purchase MaineCare for up to 18 months or until the child turns 19. MaineCare Services determines the monthly premium. For more information, call the Office of Family Independence (OFI) at 1-855-797-4357 and ask about the "Full Cost Purchase Option for Children Under 19 Years of Age."

6.3 Purchasing Insurance on the 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 cost reductions for insurance they buy at CoverMe.gov, www.coverme.gov. Individuals and families with income starting at 139% 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 [https://www.coverme.gov/](https://www.coverme.gov) To find local enrollment help, call Consumers for Affordable Health Care at 1-800-965-7476, or visit [Find Local Help](#).

6.4 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 and 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.

PHIP can help non-MaineCare eligible family members have private health 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 if it is still cost effective. In some situations, this can help solve the family glitch.

Example: Consider a family of four with two parents over income for MaineCare in parent and expansion categories, 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 to 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! The key to making this work: the monthly cost to **add** additional family members to the insurance must be at least equivalent to the amount of dollars **necessary** to reduce the family's countable income to make the person(s) eligible for MaineCare.

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.
- Their current monthly MAGI income is \$3,781, which puts the children in CHIP and is too high for the parents to get MaineCare.

Initially, the mother appears to fall into the family glitch: their income is too high for her to get MaineCare, she doesn'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 lowers 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 free 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 monthly and should receive payment from PHIP in the week that follows the first Friday of the month. PHIP is not retroactive.

For more information on PHIP, DHHS provides [Premium Health Insurance Payment FAQs](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/PHIPweb-Application.pdf). The application is available online: <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/PHIPweb-Application.pdf>

6.5 MaineCare Deductibles or Spend downs:

The MaineCare deductible is for people who are “Medically Needy,” “Categorically Needy,” and over income and/or asset limits for certain MaineCare categories. “Categorically Needy” refers to people at least 65, children under 21, parents of minors at home or people who are blind or disabled. People who are in the MaineCare Expansion category (21 to 64 years old without Medicare) cannot get a MaineCare deductible.

The MaineCare deductible is based upon income and is a specific dollar amount. There is no age limit on medical bills that can be applied towards the deductible, but they need to be unpaid. When the amount of the medical bills equals the amount of the deductible MaineCare opens for the rest of the deductible period, typically six months. The deductible is usually recalculated every six months, but deductibles can be retroactive for one, two or three consecutive months. MaineCare does not pay for the medical bills that go towards meeting the deductible but will pay bills in the period after the deductible is met.

Application Steps:

1. Verify the applicant is in one of these coverable categories:
 - a. Disability/Elderly,
 - b. Parents of minor children,
 - c. Minor children,
 - d. 19- & 20- year-olds,
 - e. Pregnant persons,
 - f. Working disabled,
 - g. MSP (QMB, SLMB, QI).

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

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

3. To determine the deductible amount, subtract the Protected Income Level (PIL) for the appropriate assistance unit size from countable income.

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

- a. For larger households see the [MaineCare Eligibility Manual Chart](http://www.maine.gov/sos/cec/rules/10/ch332.htm), Appendix, Chart 5 <http://www.maine.gov/sos/cec/rules/10/ch332.htm>.
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 consecutive months. Generally, multiply monthly income by number of months for spend-down.

Deductible Tips & Info:

- 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.
- 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 eyeglasses.
- 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.
- A person with Medicare and SLMB or QI can apply for a spend down. These two tiers in the Medicare Savings Program do not cover Medicare Part A or B expenses. These costs can go towards the spend down. If they have QI, once the spend down is met, they must choose if they want QI or MaineCare. They cannot have both.
- DHHS is supposed to respond to spend down applications in ten days. Advocates may request a fair hearing after that time.

Here is how the MaineCare Deductible works:

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

Example: The income guideline for disability MaineCare for a household of 1 is \$1,133 a month. Rob's countable income (after his disregards totaling \$75) is \$1,710. He has Medicare but is over for QMB so has deductibles. Subtract the PIL for a HH of 1 from his income: $1,710 - 315 = \$1395$. He will get a 6-month deductible amount of \$1395 times 6 or \$8,370.

Do I 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, and follow up care. 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 your bills total \$5000 (your deductible amount). Your hospital bill totals \$5000 on January 6th. 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 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 about any old unpaid medical bills. Sometimes these can be used to meet your deductible.

6.6 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 keep their MaineCare benefits. For this benefit, the person 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 they:

1. Meet the Social Security guidelines for a disability, and
2. Have earnings, usually from a job, and
3. Meet 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 \$1,133 or 100% FPL or less after deductions. Not all income is counted. After standard deductions are applied, unearned income can be as high as \$1,208 per month.
- **Earned income** or pay from work: When added to any unearned income (not from a job) must be \$2,832 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 \$1,526 or 100% FPL or less after deductions. Not all income is counted- after standard deductions are applied, unearned income can be as high as \$1,626 per month.
- **Earned income** or pay from work: When added to unearned income (not from a job) must be \$3,815 or 250% FPL or less after deductions.
- **Assets:** Must be \$12,000 or less. Not all assets are counted. For example, your home, car[s], and up to \$12,000 in savings are not counted.

If someone meets the three guidelines listed above, they may be eligible for MaineCare. Even if income is above these amounts, they 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 7: Advocacy, Troubleshooting & Appeals

7.1 Issues & Challenges

Issues to watch for:

- DHHS incorrectly counting income from outside the tax household
- DHHS incorrectly counting minor child social security income
- DHHS not applying tax filing requirements when screening. Tax dependents making less than \$12,550 annually are not required to file a return.

7.2 Screening & Double-checking for Eligibility

Go through these following steps, checking for 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 persons, 19 & 20-year old's, 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**

[Appendix J](#) is a suggested intake form for your 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. 7.4.



7.3 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:

1. 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 to get a refund?
- Was the correct income cutoff amount used for the individual's applicable category and Household 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, Schedule 1, Line 15 Deductible part of self-employment tax
 - 1040, Schedule 1, Line 16 Self Employed SEP, SIMPLE & qualified plans
 - 1040, Schedule 1, Line 17 Self-employed health insurance deduction
 - 1040, Schedule 1, Line 20 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 CoverMe.gov 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.

2. 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 to:
 - 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.

3. Asset Counting Errors

- Assets that should not count have been counted.

4. 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 it says they didn't get the information they asked for?

- È 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?
- È Did the denial letter list a specific reason why they weren't eligible for MC? Without a reason, it is impossible to know if the denial is for a correct reason without checking.

7.4 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.**

Helpful MaineCare Help Numbers

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

7.5 When & How to Appeal

Members disagreeing with a DHHS decision have the right to appeal DHHS decisions through an administrative hearing. 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	Call, follow with letter if possible	
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
Service Coverage Denial Bill Coverage Denial	60 days from written decision	Call MaineCare Member Services	They input appeal in system.

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 8: Appendices

Appendix A: Resources

Organization	How They Help	Contact Information
Area Agency on Aging	Seniors services, Medicare information	http://maine4a.org/ 1 877 353 3771
Bureau of Insurance	Health Insurance for Individuals	https://www.maine.gov/pfr/insurance/consumers/health-insurance-for-individuals-and-families
Bureau of Insurance Consumers for Affordable Health Care (CAHC)	Research a broker or company	https://www.maine.gov/pfr/insurance/licensee-search
	File a complaint against a company	https://www.maine.gov/pfr/insurance/consumers/file-a-complaint-dispute 1 800 300 5000
	On-Line Health Care Guide	http://www.maineahc.org/guide.htm 1 800 965 7476
Co-pay Assistance	Financial Assistance	https://copays.org/patients-family/
Disability Rights Maine	Free legal help for disability and/or disability discrimination, including MaineCare cases, e.g. Katie Beckett.	http://www.drcme.org 1 800 452 1948
DHHS MaineCare	MaineCare Eligibility	The MaineCare eligibility office number is: 855 797 4357 (also called OFI -Office for Family Independence) The Manual can be found here: https://www.maine.gov/sos/cec/rules/10/ch332.htm Sign up for updates and see rule changes here: http://www.maine.gov/dhhs/oms/rules/index.shtml
	MaineCare Benefits Manual	http://www.maine.gov/sos/cec/rules/10/ch101.htm
	MaineCare Member Services	1 800 977 6740
	MaineCare Provider Services	1 866 690 5585
CoverMe.gov	Health insurance quotes & info	https://www.coverme.gov/ or https://www.coverme.gov/get-started/compare-plans 1 866 636 0355
Legal Services for the Elderly	Medicare free legal help for anyone	http://www.mainelse.org/ 1 800 750 5353
Maine Equal Justice Partners (MEJP)	Help with TANF, SNAP, MaineCare and other public benefit programs.	http://www.mejp.org/ 1 866 442 4293
Maine Bar Association	Lawyer Referral and Information	http://www.mainebar.org/lawyer_need.asp
Pine Tree Legal Assistance	Maine free legal help for low-income	http://www.ptla.org/
Information about options for dental care can be found online: <i>(list of free and low-cost dental service providers)</i> http://www.maineahc.org/guide-to-maine-health-care/other-helpful-programs/dental-help/		

Appendix B: Regional DHHS Office Contact List

Regional Office Location	Address	Telephone Numbers
Augusta Regional Office augusta.dhhs@maine.gov	35 Anthony Avenue 11 State House Station Augusta, Maine 04333	(207)624-8000 ASPIRE (207)624-8080 or 1-800-452-1926 FAX: 207-624-8124 TDD/TTY: 711
Bangor Regional Office bangor.dhhs@maine.gov	19 Maine Avenue Bangor, Maine 04401	(207)561-4100 or 1-800-432-7825 FAX: 207-941-8871 TDD/TTY: 711
Biddeford District Office biddeford.dhhs@maine.gov	457 Alfred Street Biddeford, Maine 04005	(207)286-2400 or 1-800-322-1919 FAX: 207-454-9012 TDD/TTY: 711
Calais District Office calais.dhhs@maine.gov	338 North Street, Suite 1 Calais, Maine 04619	(207)454-2417 FAX: 207-454-2465 TDD/TTY: 711
Caribou District Office caribou.dhhs@maine.gov	30 Skyway Drive Unit 100 Caribou, Maine 04736	(207)493-4000 or 1-800-432-7366 FAX: 207-493-4001 TDD/TTY: 711
Ellsworth District Office ellsworth.dhhs@maine.gov	17 Eastward Lane Ellsworth, Maine 04605	(207)664-1400 or 1-800-432-7823 FAX: 207-667-5364 TDD/TTY: 711
Send ALL applications and consent forms to: Farmington District Office 114 Corn Shop Lane, Farmington, Maine 04938 (207)778-8400 or 1-800-442-6382 FAX: 207-778-8429 TDD/TTY: 1-800-606-0215 farmington.dhhs@maine.gov		
Fort Kent District Office fortkent.dhhs@maine.gov	139 Market Street, Suite 109 Fort Kent, Maine 04743-1447	(207)834-1000 or 1-800-432-7340 FAX: 207-834-1001 TDD/TTY: 711
Houlton Regional Office houlton.dhhs@maine.gov	11 High Street Houlton, Maine 04730	(207)532-5000 or 1-800-432-7338 FAX: 207-532-7995 TDD/TTY: 711
Lewiston Regional Office lewiston.dhhs@maine.gov	200 Main Street Lewiston, Maine 04240	(207)795-4300 or 1-800-482-7517 FAX: 207-795-4444 TDD/TTY: 711
Machias District Office machias.dhhs@maine.gov	13 Prescott Drive, Suite 3 Machias, Maine 04654	(207)255-2000 or 1-800-432-7846 FAX: 207-255-2022 TDD/TTY: 711
Portland Regional Office portland.dhhs@maine.gov	151 Jetport Boulevard South Portland, Maine 04102-1946	(207)822-2000 or 1-800-482-7520 FAX: 207-822-2310 TDD/TTY: 711
Rockland District Office rockland.dhhs@maine.gov	91 Camden Street, Suite 103 Rockland, Me 04841	(207)596-4200 or 1-800-432-7802 FAX: 207-596-4331 TDD/TTY: 711
Sanford District Office sanford.dhhs@maine.gov	890 Main Street, Suite 208 Sanford, Maine 04073	(207)490-5400 or 1-800-482-0790 FAX: 207-490-5499 TDD/TTY: 711
Skowhegan District Office skowhegan.dhhs@maine.gov	98 North Avenue, Suite 10 Skowhegan, Maine 04976	(207)474-4800 or 1-800-452-4602 FAX: 207-474-4888 TDD/TTY: 711
South Paris Regional Office southparis.dhhs@maine.gov	243 Main Street, Suite #6 South Paris, Maine 04281	(207)744-1200 or 1-888-593-9775 FAX: 207-743-8798 TDD/TTY: 711

Appendix C: MaineCare Member Co-payments

Members have co-payments when they are:

Non-Emergency Service *	Per Day Max	Per Month Max
Ambulance	\$3.00	\$30.00
Behavioral Health Services	\$2.00	\$20.00
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
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/rx	\$30.00
Private Duty Nursing	\$3.00	\$5.00
Rural Health Center	\$3.00	\$30.00
Speech	\$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.

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

Find more information about MaineCare Member Co-Pays at:

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/MaineCare-Member-Copayments.pdf>

Members do NOT have co-payments when they are:

- Under 21 years' old
- Pregnant (including 12 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

EXCEPT FOR:

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

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

Appendix D: MaineCare Coverage for Immigrants

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

- Undocumented immigrants do not qualify for full MaineCare benefits.
- Immigrants who are pregnant qualify for full benefits in the MaineCare program. Their coverage ends when they give birth or their pregnancy ends. See Sec. 3.2.2.
- Immigrants under the age of 21 also qualify for full MaineCare benefits.
- Certain other legal immigrants qualify for full MaineCare benefits based on their immigrant status.

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

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

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

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

Immigrants in List B who do not qualify for full MaineCare benefits do qualify for Emergency MaineCare for what are called "emergency medical conditions."

Appendix E: 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 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

For questions about MaineCare:

Maine Equal Justice (MEJ)
207-626-7058 or 1-866-626-7059
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

Appendix F: 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 G: 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 (\$420 in 2022)	
3. Add Eligible Spouse’s Unearned Income	
4. Subtract Federal (\$20) & State Disregards (\$80) (\$100 total)	
5. Subtract Ineligible Child Allocation (\$420 for each ineligible child in 2022)*	
Compare answer for 5 to the FPL for 2 (\$1,526 in 2022)	

**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 (\$420 in 2022). The remainder for each child is subtracted from the parent(s)’ income.*

(rev. 2/17/2022)

Appendix H: Worksheet for Couple Households that have Earned Income

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

Step A: Unearned Monthly Income	
1. Ineligible Spouse’s Unearned Income:	
2. Subtract Ineligible Spouse Standard (\$420 in 2022) (If unearned income is less than \$420 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 (\$420 for each ineligible child in 2022)* (If unearned income is less than \$420 then subtract the balance in Step 11)	
6. Total net unearned income (Cannot be a negative number)	
Step B: Earned Monthly Income	
7. Ineligible Spouse’s Earned Income:	
8. Subtract Remainder of Ineligible Spouse Standard (Any amount not subtracted in Step 2)	
9. Add Eligible Spouse’s Earned Income	
10. Subtract Remainder of Federal Disregard (Any amount not subtracted in Step 4)	
11. Subtract Remainder of Ineligible Child Allocation* (Any amount not subtracted in Step 5)	
12. Subtract \$65	
13. Subtract 50% of total from line 12	
14. Total net earned income	
Step C	
15. Add net unearned and earned income (total of lines 6 & 14)	
16. Subtract State Disregard (\$80)	
Compare answer for 16 to the FPL for 2 (\$1,526 in 2022)	

**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 (\$420 in 2022). The remainder for each child is subtracted from the parent(s)’ income.*

Appendix I: Self-Employment Income Form

SELF EMPLOYMENT PROFIT AND LOSS STATEMENT

DUE _____

SELF EMPLOYED INDIVIDUAL NAME: _____

CLIENT ID: _____

MO/YEAR _____

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

Costs for all self-employment vehicles, only

Gas										
Oil										
Repairs										
Tires										
# of Miles										
TOTALS										

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										
TOTALS										

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

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

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

Signature

Date

Printed Name

Phone Number

Appendix J: Sample MaineCare Eligibility Intake Form

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?

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 Schedule 1, line 22 of the Federal 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?

Special Income Steps:

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

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?
---	---

Appendix K: Common Acronyms

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

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

Appendix L: MAGI vs. Non-MAGI Countable Income Reference Chart

Income Source	Does this income type count for:	
	MAGI?	Non-MAGI?
Adoption Assistance	No	Yes
Alimony Received per post 1-1-19 court order	No	Yes
Alimony Received per pre 1-1-19 court order	Yes	Yes
Child Support Received	No	Adult - no, child - yes
Dependent child wages	Only if over \$12,400 annually	Only if age 20 or less, in school, not working FT
Difficulty of Care Payments	No	Yes
Gifts, Inheritances	Yes, 1 st month	Yes
Interest	Yes	Yes
Loans	No	No
Military Retirement Pay	Yes	Yes
Salary deferrals: flex accounts, untaxed retirement contributions, health insurance etc.	No	Yes
Self-employment income Net after deductions	Yes	Yes
Social Security & SSDI	Yes	Yes
Social Security benefits for children	No	Use SSI budget deeming rule.
TANF & SSI	No	No
Vendor Payments	No	No
Veteran's disability & Survivor benefits	No	No, but with exceptions
Wages	Yes, taxable portion	Yes, gross before deferrals
Unemployment	Yes	Yes
Work Study Wages	Yes	Yes
Workers Compensation	No	Yes

Appendix M: 2022 Federal Poverty Levels updated annually when FPL’s are released and downloadable at www.maine cahc.org/assister

Health Coverage Income Eligibility Guidelines as of January 12, 2022														Marketplace 2021 FPLs			
	MaineCare (disability/ elderly)	MaineCare (parents of minor children)	MaineCare Expansion (21- 64 year olds without Medicare)	Hospital Free Care (minimum mandated by Maine law)	MaineCare (19 & 20 year olds)	MaineCare (minor children)	SLMB ²	QI ³	MaineCare (Birth to age 1)	CHIP CubCare (kids 18 & under)	MaineCare (pregnant women)	MaineCare working disabled (unearned @100%), (limited) HIV/AIDS)	Maine RX +	Minimum income for subsidies	Special Enrollment at or below	Cost Sharing Reductions	Advance Premium Tax Credits
				QMB ¹				DEL ⁴		\$8 -\$64 a month	LFPB ⁵	MBCHP ⁶					
Family Size	100%	105%	138%	150%	161%	162%	170%	185%	196%	213%	214%	250%	350%	MAGI projected 5% included no disregards			
	Non-MAGI Use disregards	MAGI 5% included	MAGI 5% included	Non-MAGI Use disregards	MAGI 5% included	MAGI 5% included	Non-MAGI Use disregards	Non-MAGI Use disregards	MAGI 5% included	MAGI 5% included	MAGI 5% included	Non-MAGI Use disregards	2 other qualifiers - see MC Guide				
1	weekly 263.49	276.74	363.49	395.12	424.19	426.74	447.91	487.44	516.28	561.16	563.72	658.60	921.86	344.65	374.42	624.19	998.60
	monthly 1,133.00	1,190.00	1,563.00	1,699.00	1,824.00	1,835.00	1,926.00	2,096.00	2,220.00	2,413.00	2,424.00	2,832.00	3,964.00	1,482.00	1,610.00	2,684.00	4,294.00
	yearly 13,590.00	14,269.50	18,754.20	20,385.00	21,879.90	22,015.80	23,103.00	25,141.50	26,636.40	28,946.70	29,082.60	33,975.00	47,565.00	17,774.40	19,320.00	32,200.00	51,520.00
2	weekly 354.88	372.79	489.77	532.33	571.40	574.88	603.26	656.51	695.58	756.05	759.53	887.21	1,242.09	466.05	506.51	844.19	1,350.47
	monthly 1,526.00	1,603.00	2,106.00	2,289.00	2,457.00	2,472.00	2,594.00	2,823.00	2,991.00	3,251.00	3,266.00	3,815.00	5,341.00	2,004.00	2,178.00	3,630.00	5,807.00
	yearly 18,310.00	19,225.50	25,267.80	27,465.00	29,479.10	29,662.20	31,127.00	33,873.50	35,887.60	39,000.30	39,183.40	45,775.00	64,085.00	24,039.60	26,130.00	43,550.00	69,680.00
3	weekly 446.51	468.84	616.05	669.53	718.60	723.26	758.84	825.81	874.88	950.70	955.35	1,115.81	1,562.33	587.44	638.37	1,063.95	1,702.33
	monthly 1,920.00	2,016.00	2,649.00	2,879.00	3,090.00	3,110.00	3,263.00	3,551.00	3,762.00	4,088.00	4,108.00	4,798.00	6,718.00	2,526.00	2,745.00	4,575.00	7,320.00
	yearly 23,030.00	24,181.50	31,781.40	34,545.00	37,078.30	37,308.60	39,151.00	42,605.50	45,138.80	49,053.90	49,284.20	57,575.00	80,605.00	30,304.80	32,940.00	54,900.00	87,840.00
4	weekly 537.91	564.88	742.33	806.74	866.05	871.40	914.42	995.12	1,054.19	1,145.58	1,150.93	1,344.65	1,882.33	708.84	770.47	1,283.95	2,054.42
	monthly 2,313.00	2,429.00	3,192.00	3,469.00	3,724.00	3,747.00	3,932.00	4,279.00	4,533.00	4,926.00	4,949.00	5,782.00	8,094.00	3,048.00	3,313.00	5,521.00	8,834.00
	yearly 27,750.00	29,137.50	38,295.00	41,625.00	44,677.50	44,955.00	47,175.00	51,337.50	54,390.00	59,107.50	59,385.00	69,375.00	97,125.00	36,570.00	39,750.00	66,250.00	106,000.00
5	weekly 629.30	660.93	868.60	943.95	1,013.26	1,019.53	1,069.77	1,164.19	1,233.49	1,340.47	1,346.74	1,573.26	2,202.56	830.23	902.33	1,503.95	2,406.28
	monthly 2,706.00	2,842.00	3,735.00	4,059.00	4,357.00	4,384.00	4,600.00	5,006.00	5,304.00	5,764.00	5,791.00	6,765.00	9,471.00	3,570.00	3,880.00	6,467.00	10,347.00
	yearly 32,470.00	34,093.50	44,808.60	48,705.00	52,276.70	52,601.40	55,199.00	60,069.50	63,641.20	69,161.10	69,485.80	81,175.00	113,645.00	42,835.20	46,560.00	77,600.00	124,160.00
6	weekly 720.93	756.98	994.65	1,081.16	1,160.47	1,167.67	1,225.35	1,333.49	1,412.79	1,535.35	1,542.56	1,801.86	2,522.79	951.63	1,034.42	1,723.95	2,758.14
	monthly 3,100.00	3,255.00	4,277.00	4,649.00	4,990.00	5,021.00	5,269.00	5,734.00	6,075.00	6,602.00	6,633.00	7,748.00	10,848.00	4,092.00	4,448.00	7,413.00	11,860.00
	yearly 37,190.00	39,049.50	51,322.20	55,785.00	59,875.90	60,247.80	63,223.00	68,801.50	72,892.40	79,214.70	79,586.60	92,975.00	130,165.00	49,100.40	53,370.00	88,950.00	142,320.00
7	weekly 812.33	853.02	1,120.93	1,218.37	1,307.67	1,315.81	1,380.93	1,502.79	1,592.09	1,730.23	1,738.14	2,030.70	2,842.79	1,073.02	1,166.28	1,943.95	3,110.23
	monthly 3,493.00	3,668.00	4,820.00	5,239.00	5,623.00	5,658.00	5,938.00	6,462.00	6,846.00	7,440.00	7,474.00	8,732.00	12,224.00	4,614.00	5,015.00	8,359.00	13,374.00
	yearly 41,910.00	44,005.50	57,835.80	62,865.00	67,475.10	67,894.20	71,247.00	77,533.50	82,143.60	89,268.30	89,687.40	104,775.00	146,685.00	55,365.60	60,180.00	100,300.00	160,480.00
8	weekly 903.72	949.07	1,247.21	1,355.58	1,455.12	1,464.19	1,536.28	1,671.86	1,771.40	1,924.88	1,933.95	2,259.30	3,163.02	1,194.42	1,298.37	2,163.95	3,462.09
	monthly 3,886.00	4,081.00	5,363.00	5,829.00	6,257.00	6,296.00	6,606.00	7,189.00	7,617.00	8,277.00	8,316.00	9,715.00	13,601.00	5,136.00	5,583.00	9,305.00	14,887.00
	yearly 46,630.00	48,961.50	64,349.40	69,945.00	75,074.30	75,540.60	79,271.00	86,265.50	91,394.80	99,321.90	99,788.20	116,575.00	163,205.00	61,630.80	66,990.00	111,650.00	178,640.00
each person add	91.63	96.05	126.28	137.21	147.44	148.37	155.58	169.30	179.30	194.88	195.81	228.84	320.23	121.63	132.09	220.00	352.09
add	394.00	413.00	543.00	590.00	634.00	638.00	669.00	728.00	771.00	838.00	842.00	984.00	1,377.00	523.00	568.00	946.00	1,514.00
	4,720.00	4,956.00	6,513.60	7,080.00	7,599.20	7,646.40	8,024.00	8,732.00	9,251.20	10,053.60	10,100.80	11,800.00	16,520.00	6,265.20	6,810.00	11,350.00	18,160.00
Don't forget in-eligible spouse rules! See the MaineCare Guide for details.																	
1 Qualified Medicare Beneficiary					4 DEL=Drugs for Disabled & Elderly												
2 Specified Low Income Medicare Beneficiary					5 LFPB=Limited Family Planning Benefit												
3 Qualifying Individual					6 MBCCP=Maine Breast & Cervical Cancer Program												
updated 2/16/2022																	

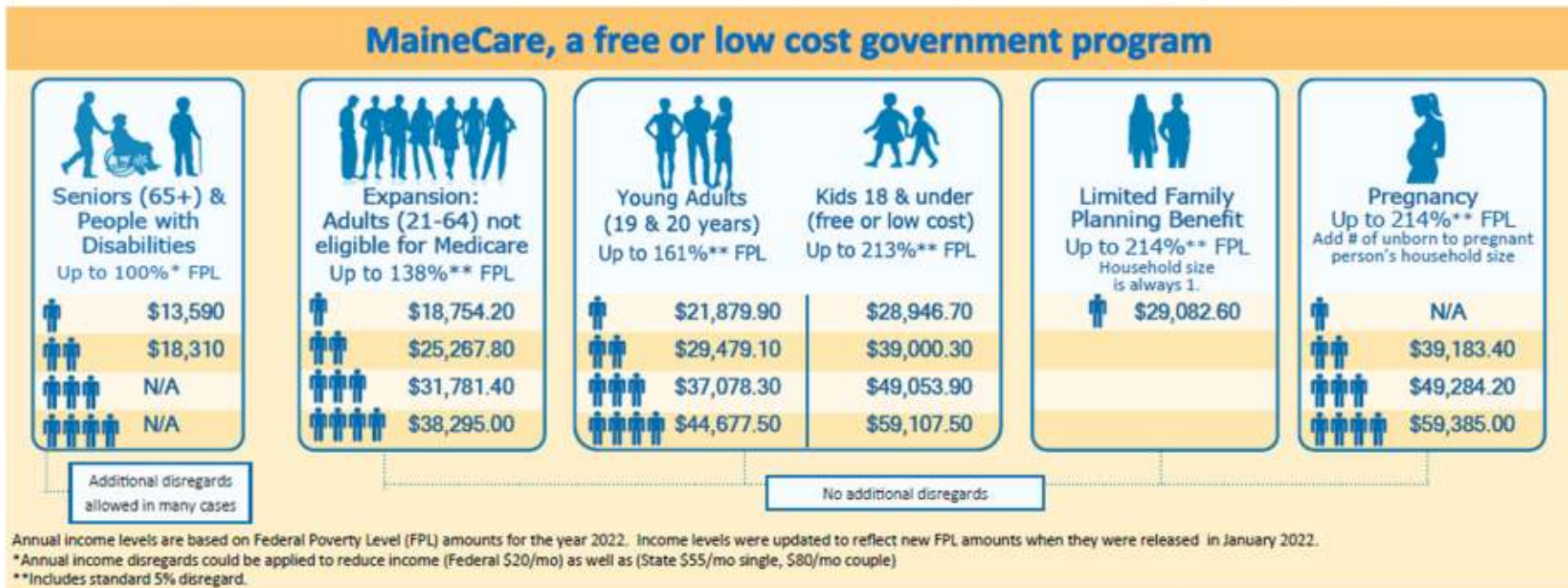
Provided by Consumers for Affordable Health Care 2021 | www.maine cahc.org | 1-800-965-7476 | helpline@maine cahc.org

Got Questions? Call the Consumers for Affordable Health Care Helpline: 1-800-965-7476 or Maine Equal Justice 1-866-626-7059

Appendix N: Eligibility Chart

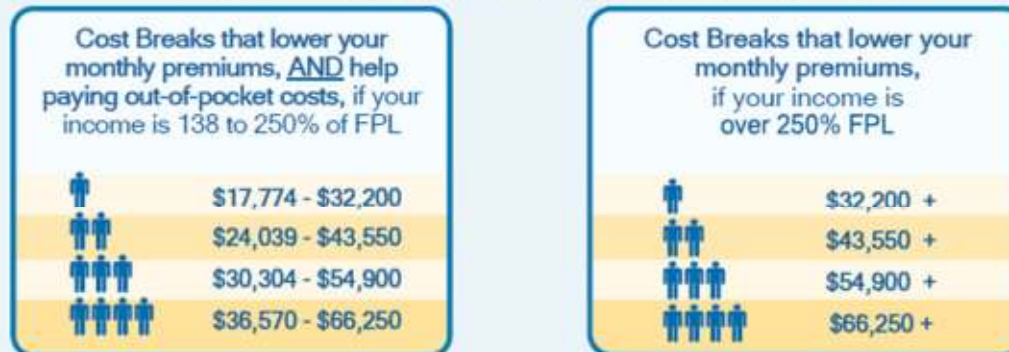
Help Paying for Health Insurance: *What Do Your Clients Qualify for?*

Annual Income Guidelines for MaineCare & Marketplace Plans in Effect in 2022



Cost breaks on 2022 plans in the Health Insurance Marketplace

If you don't qualify for MaineCare and you buy health insurance through Maine's Marketplace, you may be able to get breaks on costs, or help paying.*



*Annual income levels are based Federal Poverty Level (FPL) amounts for the year 2022. The Marketplaces uses prior year FPLs.

Appendix O: Health Coverage in the U.S. in 2019

Acronym Key: BOI – Bureau of Insurance; DOL – Department of Labor; MP – Marketplace						
Coverage type	US	Maine	Funding source or risk barrier	Examples	Regulated by	Examples of potential issues or concern
Total insured	90.8% ¹	92% ²	Got questions? We can help. Call the Consumer Assistance Helpline at 1-800-965-7476 for help.			
Total uninsured	9.2% ³	8% ⁴	Federal and State Taxpayers	Family glitch, incorrect denial, unaffordability, by choice	Before 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
Employer-based*	55.4% ⁵	54.8% ⁶	Self-funded: Employer bears risk but may contract with another company for claims administration	Large employers like BIW, LL Bean, Hannaford, and some hospitals	U.S. Department of Labor (DOL) 866-444-3272	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.
			Fully-funded: Insurance company	Can be large or small group	Maine Bureau of Insurance (BOI) 800-300-5000	Coverage for dependents may be unaffordable. When job ends, COBRA is full cost.
*There are two kinds of employer-based insurance: Self-funded insurance means the employees pay premiums to the employer who uses the pool to pay claims for employees. Fully funded insurance means an employer purchases HI from an Insurance company.						
Direct purchase	13.1% ⁷	15.0% ⁸	Insurance Company	Self-employed; Early retirees; anyone	Maine Bureau of Insurance 800-300-5000	Enrollments limited to Open Enrollment or special situations.
Tricare/ Military	2.7% ⁹	3.6% ¹⁰				
Medicaid/CHIP	19.8% ¹¹	19.5% ¹²	Federal, State taxpayers	Currently covers most low-income people	Maine Dept. of Health and Human Services (DHHS)	MaineCare has strict eligibility rules.
Medicare	18.1% ¹³	19.5% ¹⁴	Federal Tax Payers	People age 65 and older and some people with disabilities	U.S. Centers for Medicare and Medicaid Services (CMS) Call your Area Agencies on Aging for help 877-353-3771	Traditional Medicare does not cover all medical expenses. Many people purchase supplemental plans through private companies
Federal Marketplace	3.54% ¹⁵	5.35% ¹⁶	Insurance companies, state and federal funds	Most people with income above 100% Federal Poverty Level are subsidy-eligible.	CCIIO or the Center for Consumer Information & Insurance Oversight runs the Federal Marketplace. 800-318-2596	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.
Indian Health Services	2.2 million ¹⁷	No data	Federal Taxpayers	I.H.S. Health Centers, dental clinics, hospitals, and behavioral health facilities	IHS: 406-754-2411 or IHS.GOV/findhealthcare/#	These centers do not cover all services. People may need care when not near one of these facilities.

1-4: <https://data.census.gov/cedsci/table?q=United%20States&t=Health%20Insurance&g=0400000US23&y=2019&tid=ACSST1Y2019.S2701&hidePreview=true>
 5-10: <https://data.census.gov/cedsci/table?q=United%20States&t=Health%20Insurance&g=0400000US23&y=2019&tid=ACSST1Y2019.S2703&hidePreview=true>
 9-14: <https://data.census.gov/cedsci/table?q=United%20States&t=Health%20Insurance&g=0400000US23&y=2019&tid=ACSST1Y2019.S2704&hidePreview=true>
 15-16: <https://data.census.gov/cedsci/table?q=United%20States&t=Health%20Insurance&g=0400000US23&y=2019&tid=ACSST1Y2019.S2702&hidePreview=true>
 and <https://www.kff.org/health-reform/state-indicator/marketplace-enrollment/?currentTimeframe=2&selectedRows=%7B%22states%22:%7B%22maine%22:%7B%7D%7D&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>
 17: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-and-care-for-american-indians-and-alaska-natives/>

Appendix P: Public Free and Paid Health Coverage Options

Medicaid = MaineCare state managed government program	Medicare government managed health coverage	Marketplace subsidized private insurance
Health insurance for some categories of people of any age with very low income and resources.	Health insurance for people aged 65 and older or disabled, of any income level.	Health insurance for people with no access to other insurance.
Cooperative program: federal and state funding with state administration & implementation.	Federal program: federal administration and funding, contractor implementation.	Maine has a state-based Marketplace at CoverME.gov.
Medicaid programs vary by state.	Medicare program is uniform in all states though companies offering plans may be different.	Maine’s Marketplace at CoveME.gov follows all the Affordable Care Act regulations.
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.

Appendix Q: MAGI and the ACA



Modified Adjusted Gross Income under the Affordable Care Act

updated March 2021

Under the Affordable Care Act, eligibility for income-based Medicaid¹ and subsidized health insurance through the Marketplaces is calculated using a household’s Modified Adjusted Gross Income (MAGI). The Affordable Care Act definition of MAGI under the Internal Revenue Code² and federal Medicaid regulations³ is shown below. For most individuals who apply for health coverage under the Affordable Care Act, MAGI is equal to Adjusted Gross Income. This document summarizes relevant federal regulations; it is not personalized tax or legal advice. Consult the Health Insurance Marketplace for your state, your local Medicaid agency, or a legal or tax advisor for assistance in determining your MAGI.

Modified Adjusted Gross Income (MAGI) =

Adjusted Gross Income (AGI)

Line 11 on Form 1040

See page 2 for clarifications related to common benefits or sources of assistance provided during the COVID-19 pandemic

Include:

- Wages, salaries, tips, etc.
- Taxable interest
- Taxable amount of pension, annuity or IRA distributions and Social Security benefits⁴
- Business income, farm income, capital gain, other gains (or loss)
- Unemployment compensation
- Ordinary dividends
- Alimony received under settlements executed before 2019
- 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 expenses⁵
- Student loan interest deduction
- IRA deduction (traditional IRAs)
- Moving expenses for active members of the military
- Penalty on early withdrawal of savings
- Health savings account deduction
- Alimony paid under settlements executed before 2019
- Certain business expenses of reservists, performing artists, and fee-basis government officials
- Educator expenses

Note: Check the IRS website for detailed requirements for the income and deduction categories above. Do not include 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 benefits⁴ (Line 6a minus Line 6b on Form 1040)
- Tax-exempt interest (Line 2a on Form 1040)
- Foreign earned income & housing expenses for Americans living abroad (Form 2555)



For Medicaid eligibility Exclude from income

- Certain American Indian and Alaska Native income derived from distributions, payments, ownership interests, real property usage rights, and student financial assistance

¹ 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.

² 26 CFR 1.36B-1(e)(2)

³ 42 CFR 435.603(e)

⁴ “Social Security benefits” includes disability payments (SSDI), but does not include Supplemental Security Income (SSI), which should be excluded.

⁵ Deductible part of self-employment tax; SEP, SIMPLE, and qualified plans; health insurance deduction. See IRS Publication 974 for further details about calculating the deduction for tax households that also receive ACA premium tax credits.