

Can I Get MaineCare To Pay?

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Supplemental Security Income – SSI

- ▶ SSI Monthly Benefit amount in 2017 is: \$735 for an individual and \$1103 for a couple. It is a federal benefit paid on the first day of each month. (Income, asset and citizenship requirements must be met.)
- ▶ SSI recipients also get a \$10 monthly state check on their EBT card. \$15 for an couple.
- ▶ If they get either of these benefits, then they are automatically eligible for MaineCare, even if they only get \$1.00.

Social Security Disability Income – SSDI

- ▶ SSDI is for people who have worked enough quarters, paid into the SSA system and are disabled. Assets do not count.
- ▶ SSDI and SSI use the same disability standard
- ▶ You can get SSDI and SSI at the same time. If your SSDI is below \$735, you can get SSI too, Your total could be \$755 a month.
- ▶ SSDI is paid on the 2nd, 3rd or 4th Wednesday of the month depending on your birthday. SSI is paid on the 1st of the month
- ▶ After getting SSDI for 24 months, the person can get Medicare– no wait time if ALS or End–stage renal disease

SSDI and MaineCare Eligibility

- ▶ To get MaineCare you must: 1) fit within a category, e.g. elderly (65 or older), disabled, pregnant, child, parent, etc.; 2) meet a financial test; and, 3) Meet citizenship and other requirements.
- ▶ If you get SSDI or SSI, then you fit into a MaineCare category, because you are disabled or elderly (65 or older).
- ▶ VA or other disability may meet the MaineCare standard, but not necessarily.
- ▶ Next, you must meet the financial requirements for MaineCare.

Financial Requirements for full MaineCare

- ▶ Meet an income test (more later)
- ▶ Meet an asset test.
- ▶ Certain assets are excluded: home, vehicle, income producing property, tools, furniture, clothes, savings up to \$8000 for a single person and \$12,000 for a couple. Plus there is another general \$2000 asset exclusion for singles and \$3000 for couples.

Income Test for Full MaineCare for People Who Get SSDI

- ▶ Countable income must be below 100% of the Federal Poverty Limit (FPL)– \$1005 for a single and \$1354 for a couple. (2017)
- ▶ To get to “countable” income certain deductions from gross income are allowed, e.g. state and federal disregards– **\$75 for single and \$100 for couple**, plus earned income disregards of \$65 and 50%, plus “allocations” for children and spouse.

Other Non-financial requirements

- ▶ Citizenship or immigration status– certain groups can only get Emergency Only MaineCare. See <http://www.mejp.org/content/mainecare-immigrants>
- ▶ Residency– Must be present in the state with the intention of remaining. No coverage for visitors, but coverage for temporary workers

Tips When Seeking MaineCare

- ▶ If person has not applied for SSDI/SSI, then have person apply for MaineCare disability first– faster, easier and can keep coverage during SSA process.
- ▶ If they later apply for SSI/SSDI and are denied, they keep their MaineCare during the SSA appeal process.

MaineCare Retroactive Coverage

- ▶ MaineCare eligibility may date back up to 3 months prior to the month of application. (Longer if denied and you win an appeal.)
- ▶ Must request this coverage on the application form
- ▶ Retroactive coverage is **not** available for QMB or CHIP children
- ▶ *Tip: Get the MaineCare application in prior to the end of the month even if incomplete!*

If an Elderly or Disabled Couple is Over-Income – Use the Ineligible Spouse Disregard

- ▶ Available only for married couples
- ▶ Only available upon request
- ▶ Request it if the couple is within \$371 of the FPL for 2 people – \$1354 (\$2025) for a couple– full MaineCare or \$2369 (\$2740)for MSP
- ▶ Can switch back and forth between spouses, if otherwise eligible.

What If Income is Too High To Get MaineCare?

- ▶ If you meet all other eligibility requirements (e.g. fit into a covered group, meet the asset test, etc.) but you are over the income limit, then you are eligible for coverage under the **Medically Needy** category of MaineCare.
- ▶ This is sometimes called the Spenddown or Deductible

How Do I Apply for the Medically Needy Spend down Program

- ▶ You can apply by checking off the following box on the MaineCare application for parents, children, pregnant women, etc. (This language will soon be on the general MaineCare application.)

“[] Check here if you want DHHS to tell you how much your deductible (spenddown) would be if we decide that your income is too high for the regular MaineCare program.”

- ▶ Application available at <http://www.maine.gov/dhhs/ofi/public-assistance/>

Other Ways to apply for Medically Needy

- ▶ Contact DHHS at the local office number or call 1-855-797-4357.
- ▶ Complete a MaineCare application (it doesn't matter whether it is on-line or paper). If completing the application on-line, indicate in the Comments/Remarks section that the applicant would like to have medically needy coverage if over income.
- ▶ Once the person has a spenddown and it appears that they may have met their spenddown send everything, including bills and any follow-up questions related to medically needy coverage/issues to:
DeductibleProcessing.DHHS@maine.gov (Please note that this email address should be used for medically needy matters only)

How Is the Medically Needy Deductible Figured?

- ▶ The deductible is determined as follows:
 1. Determine the “countable “income. (Income after all allowable disregards and exclusions.)
 2. Subtract the Protected Income Level (PIL) for the appropriate assistance unit size (See Chart 5).
 3. Multiply by the number of months in the eligibility period (usually six months) (See Part 2, Section 13.2).

The result is the deductible or spenddown amount for the eligibility period.

What is the Protected Income Level Amount?

Chart:

Unit Size	Protected Income Level
1	315
2	341
3	458
4	575
5	691
6	808
7	925
8	1033
9	1150
10	1266

Example of Spenddown

- ▶ Monthly Income (single person): \$ 1300 SSA benefits. (100% cutoff is \$1005)
 - ▶ Allowed deductions: \$20 federal disregard and \$55 state disregard
- Countable income = \$1225
Subtract the PIL - \$ 315
 \$ 910 (monthly deductible)
- ▶ Multiply \$910 X 6 (months) = \$5460 spenddown for prospective 6 month period
 - ▶ Patient must **incur** bills of \$5460 before MaineCare will pay for bills incurred after that amount.

Can the Medically Needy Spenddown Be Less than 6 months or Cover Past Bills?

- ▶ Medically Needy recipients have a six month eligibility period. Most have to meet a deductible to gain eligibility.
- ▶ The six month deductible period is shortened if:
 - The individual, age 20, will turn 21 in less than six months;
 - The individual dies;
 - The individual becomes eligible for coverage in nursing care status; or
 - **The individual voluntarily withdraws from the program.**

If the individual voluntarily withdraws and reapplies, new deductible periods (both retroactive and prospective) are established based on the new application.

How to Get The Most Out of the Medically Needy Program?

- ▶ If the person will only have high medical bills for a month or two, then apply for a retroactive spenddown.
- ▶ For example, the patient is scheduled for a hip replacement in April and is not anticipated to have on-going medical bills. Apply for MaineCare in May, indicate that the patient has bills incurred in the 3 months prior to the application and ask for a retroactive spenddown.

Here is How the Retroactive Spenddown Works

- ▶ Patient's monthly income is \$1300. Applies in May.
- ▶ After allowed deductions (\$20 and \$55), the patient's income is \$1225.
- ▶ Subtract the PIL of \$315 and the monthly deductible is \$910.
- ▶ If applied just to April, following our example above, then the deductible will only be \$910 for April. If applied prospectively to cover future bills, then the deductible is \$5460 for the period from May to November.

How To Meet the Spenddown

- ▶ Do NOT provide free care until AFTER expenses **incurred** are applied to the spenddown, otherwise since the patient is not legally liable the expense will not count towards the deductible.
- ▶ Medical expenses include not only costs for direct care but also include:
 - Verified medical insurance premiums, including Medicare.
 - Verified actual costs incurred during the eligibility period for medical or remedial care costs not covered under Medicaid such as eyeglasses, dental services and hearing aides for individuals over age 21.
 - Medical costs incurred during the eligibility period by individuals who are part of the assistance unit but not eligible for coverage (such as an ineligible spouse)
 - Some loans used to pay medical expenses

Spenddown Costs– Continued

- Medical costs incurred prior to the eligibility period and not applied toward another deductible, and which are unpaid on the first day of the eligibility period, which resulted in eligibility.
 - Example: Individual has an old medical bill of \$5000 that was never written off. This old bill can be used to meet the deductible.
 - Additional services or items necessary for medical treatment such as transportation, long distance telephone calls to medical providers, cost of lodging to receive treatment away from home and nonprescription items or drugs incurred during the eligibility period.
- ▶ **Once the deductible has been met, the eligible individuals in the assistance unit will be eligible for Medicaid for the remainder of the eligibility period or until information is provided which would change the eligibility.**

Verification of medical costs

- ▶ **All costs applied to the deductible must be verified.** For each item, with the exception of transportation costs, the applicant must provide a dated bill or receipt showing the name of the provider, date of service, type of service, costs and any insurance payments. If the applicant does not provide an appropriate bill or receipt, the cost cannot be applied.
- ▶ **For transportation,** the individual's record must show the reason the cost was incurred, the place visited and the date. A receipt is required if the applicant paid someone else for the transportation. If the applicant's car was used, the actual cost of gas and oil may be calculated or a mileage cost allowed (using current allowance authorized by State Employees Contract). The individual should be given the opportunity to choose whichever option they prefer.

Documents to Get From the Patient

- ▶ Have client sign the DHHS Release form:
Available at:

<http://www.maine.gov/dhhs/privacy/authorization-release.pdf>

- ▶ If you want to also get notices of the MaineCare decision, etc. then have client sign the DHHS Appointment of Authorized Representative Form, Available at:

Http://www.maine.gov/dhhs/oms/pdfs_doc/member/Authorized%20Representative%20Release.pdf

Getting a Decision That A Person Meets the Spenddown

- ▶ Technically, DHHS only has 10 days to issue a decision on whether a person has met their spenddown.
- ▶ The reality is that it takes much longer. Expenses must be verified. DHHS must also determine that a 3rd party, such as Medicare, is not responsible.
- ▶ To follow up on the status of the application: Contact DHHS via e-mail at:
DeductibleProcessing.DHHS@maine.gov

Appeals

- ▶ Important to File a Timely Appeal to Maintain Benefits
- ▶ Appeal period to maintain benefits is 15 days from the date of the notice.
- ▶ If beyond 15 days, (and not good cause for a longer period) then within 30 days.
- ▶ Can appeal orally or in writing
- ▶ Important to appeal to maintain benefits while working the case out– most cases are resolved prior to hearing
- ▶ If hearing is necessary, then refer to Pine Tree Legal Assistance. Consult with Maine Equal Justice Partners.

DHHS Contact Information

Each Department of Health and Human Services (DHHS) office in Maine has its own email address. This can be an effective and efficient way to communicate with the DHHS.

When emailing the DHHS offices, please:

- Attach a release for the person about whom you are emailing unless you are very sure it is already on file.
- Include the name, date of birth, and DHHS identification number for the person about whom you are emailing.
- Use a clear subject line, e.g. “Report of Income Change – TANF,” “Error in Food Supplement,” “Request for Appeal,” or “MaineCare Eligibility.”
- Briefly and clearly explain the situation and what action you would like to see from the DHHS. Also, let them know if this is a time sensitive issue and the timeframe in which you need a response.
- Provide contact information for yourself and for the person about whom you are writing.

If you are sending documentation, copy the message to the Farmington office in addition to the office handling the person’s case.

Office	Email Address
Augusta	augusta.dhhs@maine.gov
Bangor	bangor.dhhs@maine.gov
Biddeford	biddeford.dhhs@maine.gov
Calais	calais.dhhs@maine.gov
Caribou	caribou.dhhs@maine.gov
Ellsworth	ellsworth.dhhs@maine.gov
Farmington	farmington.dhhs@maine.gov
Fort Kent	fortkent.dhhs@maine.gov
Houlton	houlton.dhhs@maine.gov
Lewiston	lewiston.dhhs@maine.gov
Machias	machias.dhhs@maine.gov
Portland (actually in South Portland)	portland.dhhs@maine.gov
Rockland	rockland.dhhs@maine.gov
Sanford	sanford.dhhs@maine.gov
Skowhegan	skowhegan.dhhs@maine.gov
South Paris	southparis.dhhs@maine.gov

Questions and Contact Information

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