



MAINE MEDICAID FACTS



Who is covered in Maine's Medicaid Program?^{2, 3, 4}

ELIGIBILITY GROUPS

Fee-For-Service (FFS)

-  Aged, Blind, and Disabled Adults
-  Dual Eligibles
-  Undocumented Immigrants*
-  Incarcerated**

Children (0-18 years), Parents and Other Caretaker Relatives, Pregnant Individuals, Current and Former Foster Care Children, Disabled Children, Qualified Non-Citizens, Newly Eligible Adults*

Individuals with Intellectual and Developmental Disabilities**

* Emergency Medicaid only.

** Will cover inpatient medical services at a hospital, nursing home, intermediate care facility (ICF-MR), or juvenile psychiatric facility only.

+ Qualified non-citizens are subject to a 5-year waiting requirement, except for children up to 19 years of age and pregnant women; receive coverage through Primary Care Case Management (PCCM).

++ Receive coverage through Health Homes.

Important News

2019 - In 2019, CMS approved Maine's plan to expand Medicaid coverage retroactively from July 2018. Gov. Janet Mills cited the approval of a 2017 citizen-initiated bill, which proposed that Maine expand Medicaid coverage to individuals below 133% Federal Poverty Level as reason for the expansion. The initiative was supported by 60% of the voters. It is expected that 70,000 people will receive coverage under the expansion

2020 - Maine Medicaid submitted Section 1135 Waivers in response to COVID-19.⁶



Eligibility Criteria for Specific Populations as a Percentage of the Federal Poverty Level (FPL)⁷

Children: 213% Seniors & People with Disabilities: 100%
Parents: 138% Expansion Adults: 138% Pregnant Individuals: 214%

Percentage Breakdown of Maine's Medicaid Population⁸

Adults: 24% Aged: 18% Children: 36%
Individuals with Disabilities: 22%

Do Medicaid health plans provide coverage?^{*9}

YES NO

Although Maine does not have managed care organizations (MCOs), the majority of Medicaid enrollees receive coverage through primary care case management (PCCM).

* Excludes the four current accountable care organization (ACO) options.

SECTION 1115 WAIVERS¹⁰

The **Demonstration for Individuals with HIV/AIDS** waiver expands coverage to individuals who are HIV-positive and at or below 250% FPL, providing a comprehensive package of services including antiretroviral therapies.

Approval: 11/9/1998
Effective: 07/01/2002
Expiration: 12/31/2028

The **Maine Substance Use Disorder Care Initiative** aims to improve Maine's substance use disorder (SUD) treatment delivery system, allowing Maine to reimburse for evidence-based SUD treatment for MaineCare enrollees. This waiver includes implementation of four pilot programs for parents with SUD who are at risk of being involved with or are involved with Child Protective Services. The four programs target community-based skill development, parenting interventions, and changes to MaineCare eligibility to address coverage and service delivery gaps.

Approval: 12/22/2020
Effective: 01/02/2021
Expiration: 12/31/2025

SECTION 1135 WAIVERS IN RESPONSE TO COVID-19^{11, 12}

In response to COVID-19, Maine's approved Section 1135 Waivers enacted the following:

- Suspended Medicaid fee-for-service (FFS) prior authorization requirements
- Extended pre-existing authorizations for beneficiaries
- Suspended Pre-Admission Screening and Annual Review (PASRR) Level I and Level II Assessments for 30 days
- Delayed scheduling for Medicaid fair hearings if necessary
- Permitted out-of-state providers
- Authorized facilities to be entirely reimbursed for services provided by an unlicensed facility
- Postponed deadlines for revalidation of providers
- Temporarily waived the requirement for written consent from enrollees and providers for home and community based service programs (HCBS) and allows for documented verbal consent
- Permitted HCBS services to be provided in settings that had not yet been evaluated for meeting HCBS criteria



MAINE MEDICAID FACTS

How is Maine meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives¹³⁻²¹

In 1999, Maine implemented **MaineCare**, a statewide value-based purchasing strategy for Medicaid. The program is structured around the value-based models of **Health Homes**, **Behavioral Health Homes**, and **MaineCare Accountable Communities**, a version of an Accountable Care Organization (ACO). **Maine Quality Counts (QC)** provides leadership, advocacy, and support for multiple initiatives, including Patient-Centered Medical Home (PCMH) learning collaboratives, a Multi-Payer Advanced Primary Care Practice program, Coordinated Care Teams, Quality Counts for Kids, and an Integrated Behavioral-Physical Health program.

QC also implemented the **Maine Behavioral Health Home Initiative**, which works in partnership with a licensed community mental health provider and one or more Health Home practices to manage the physical and behavioral health needs of eligible adults and children. Both organizations receive a capitated payment for Health Home services provided to enrolled members. **The State Innovation Model (SIM)** established a partnership among physical and behavioral health providers, public and private insurers, data and system analysts, purchasers, workforce developers, and consumers.

In recent years, diabetes prevention and avoidable hospital readmissions have emerged as primary areas of focus via value-based care. Other projects under this initiative include: Behavioral Health and Health Information Technology (HIT), Predictive Analytics, Workforce Development, Data Focused Learning Collaborative (DFLC), and ACOs. MaineCare's Accountable Communities (AC) Initiative contracts with groups of providers to participate in the shared savings model. The goal of the program is to reduce costs while meeting quality benchmarks. Maine created the **Opioid Health Home (OHH)** service for MaineCare providers who plan to serve MaineCare members and uninsured populations through a team-based model of care. Maine's chronic condition programs such as Health Homes and Behavioral Health Homes were joined by Opioid Health Homes in efforts to address SUDs in Maine.

Oral Health²⁵

All MaineCare members are eligible for the following services:

- Acute surgical care after a traumatic injury
- Oral surgical procedures
- Extraction of severely decayed teeth
- Pain relief to prevent tooth loss
- Full and partial dentures

Eligible MaineCare residents under the age of 21 and eligible residents of Intermediate Care Facility for Persons with Intellectual Disabilities (of any age) qualify for these additional services:

- Clinical oral examinations twice per calendar year
- Fluoride twice per calendar year
- Smoking-cessation counseling
- Crowns/endodontic services
- Root canals
- Oral surgery
- Comprehensive orthodontics
- Temporomandibular Joint Services (TMJ)



Family Planning²²

Family planning services include:

- Consultation with trained personnel and distribution of literature regarding family planning, contraceptive procedures, immunizations, and sexually transmitted diseases
- Provision of contraceptive procedures and contraceptive supplies
- Counseling for HIV/AIDS, sterilization, problem pregnancies, sexuality, sexually transmitted diseases, nutrition, and pregnancy testing
- Early prenatal care services visit



Long-Term Services and Supports (LTSS)^{23, 24}

Long-Term Care Advisory offers nursing home care advice and Intermediate Care Facilities provide individuals with intellectual/developmental disabilities 24-hour care. MaineCare enrollees may receive coverage for home and home and community-based services (HCBS) for intellectual or developmental disabilities, physical disabilities, and/or acquired brain injuries.

Homeward Bound is a program for elderly and disabled adults who are transitioning from institutional care facilities to the community setting. Participants are assisted by a Transition Coordinator to ensure that care needs are met via HCBS, Independent Living Assistance, and Enhanced-Care Coordination.

Cost-Sharing^{26, 27}

Families have a grace period of 12 months before their child loses coverage for not paying premiums. Although, for every month an enrollee fails to pay a premium, they will receive a month of ineligibility. There is a maximum of three months of ineligibility.

Copayments for enrollees begin above 0% FPL for selected services for parents. The maximum copayment is \$3.

	Families with incomes between:			
	157%-166% FPL	166%-177% FPL	177%-192% FPL	192%-208% FPL
Premiums for one child	\$8	\$16	\$24	\$32
Premiums for two children	\$16	\$32	\$48	\$64

Children with Special Health Care Needs^{28, 29}

Medicaid covers **43%** of children with special health care needs in Maine.

The **Katie Beckett Program** provides MaineCare coverage for children 18 years and younger, who are not eligible for any other MaineCare coverage group, live at home, require institutional level of care, and meet Social Security criteria for having a disability.





MAINE MEDICAID FACTS

How is Maine meeting the needs of Medicaid enrollees?

Women's Health³⁰

Through the **Maine Breast and Cervical Health Program (MBCHP)**, women diagnosed with breast or cervical cancer may be eligible for full Medicaid benefits. The program also offers free services, including:

- Mammograms
- Pap tests
- Pelvic exams
- Breast exams
- Some diagnostic services



Child and Adolescent Health³¹

MaineCare in Education:

MaineCare services can be accessed through school-based services programs (must be medically necessary), school health clinics, and by provider discretion. Enrollees are not limited to school-based services, and may also receive outside services. Covered school-based services include the following:

- Behavioral health
- Nursing services
- Occupational therapy services
- Physical therapy services
- Medical evaluations
- Rehabilitative and community support services for children with cognitive impairments and functional limitations
- Specialized transportation
- Speech and hearing services, including audiology services

Case management services connect children with mental illness, intellectual disabilities, and pervasive developmental disorders with community resources so that the child may receive appropriate treatment that meets their specific needs.

Rehabilitative and Community Services (RCS) is for youth up to 21 years of age with a diagnosis of Autism Spectrum Disorder. The goal of RCS is to help these children and adolescents develop skills and behavioral management through Applied Behavioral Analysis.



Behavioral Health^{32, 33, 34}

Members are eligible for the following services, when medically necessary, through MaineCare.

- Developmental and behavioral evaluation
- Inpatient psychiatric services
- Outpatient services
- Crisis residential services
- Assertive Community Treatment (24/7 assistance in the home)
- Behavioral Health Home Services (community-based mental health organization)
- Opioid Health Home (peer support, counseling, medication-assisted treatment)
- Crisis Resolution Services
- Family Psychoeducational Treatment
- Medication Management Services
- Neuropsychological Testing
- Children's Home and Community Based Treatment
- Counseling
- Children's Behavioral Health Day Treatment
- Tobacco Cessation Treatment Services
- Mental Health Psychosocial Clubhouse Services

Covered drug therapies: methadone, naloxone, naltrexone, acamprosate, and disulfiram

Maine operates three different behavioral homes: for those with traditional chronic conditions, Behavioral Health Home, and Opioid Health Home

Behavioral Health Homes (BHH) are partnerships between mental health providers and Health Home practices that manage and coordinate physical and behavioral health needs.

Individuals are eligible for BHH if they meet MaineCare eligibility requirements, have a serious or persistent mental illness, or have a serious emotional disturbance. A BHH provides comprehensive care management and transitional care services, individual and family support services, health promotion services, and care coordination services.

MaineCare also offers a variety of programs and services to support unique behavioral health needs of members, including:

- Case management services that connect children and adults with behavioral health or special developmental needs to community resources to ensure proper care and treatment
- Crisis Services: platform to respond to scenarios when a child is exhibiting concerning behaviors or dangerous thinking.
- Home and Community Treatment Services: provide tools to manage mental health systems and prevent hospitalizations.
- Rehabilitative and Community Services (RCS): for youth up to 21 years of age with a diagnosis of Autism Spectrum Disorder to help develop skills and behavioral management through Applied Behavioral Analysis.
- Residential Treatment Services: short-term program that teaches parents and their children with mental health or dual diagnoses how to manage behaviors at home.
- Assertive Community Treatment: provides eligible adults and children with 24/7 symptom management and supports in home, school and community settings.
- Multi Systemic Therapy: for youths 12-18 years old who exhibit disruptive behaviors and are particularly at-risk for out-of-home placements





Timeline

Federal

Maine

President Johnson signs Social Security Amendments of 1965, creating Medicaid as a public health program for the poor.

1965

1966

State of Maine adopts the Medicaid program.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967

Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972

Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the Federal Poverty Line (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 in families up to 100 percent FPL; eligibility phased in from 1990 to 2002.

1990

Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have the option to provide coverage for uninsured children in low-income families above FPL.

1997

Olstead decision allows expanded HCBS coverage for persons with disabilities

1999

1999

MaineCare is established.

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

2010

Patient-Centered Medical Home (PCMH) pilot program is established to increase primary care provider payment for care coordination and reward quality outcomes.

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2012

PCMH is enhanced via addition of Community Care Teams to coordinate care for high-risk members.

Medicaid Health Home program established to enhance care managed for those living with chronic condition(s).

2013

ACA implementation begins.

2014

2014

Value-based payment reform initiative Accountable Communities (AC) is established.

MainCare adopts changes to its community support services including updating eligibility requirements and intensive case management is no longer covered under MaineCare.

2016

MaineCare's Support Services for Adults with Intellectual Disabilities or Autistic Disorder waiver adds respite coverage. There is a limit of \$1,000 each year for respite care.

2017

36 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2020

2019

Maine Gov. Janet Mills signs executive order to expand MaineCare.³⁵