





KEY FACTS

MAINE SECTION 1115 WAIVER

Status as of January 2003

- Submitted February 22, 2002
- Approved September 13, 2002
- Implemented October 1, 2002

Overview

- Maine's approved waiver allows the state to use allocated but previously unspent disproportionate share hospital (DSH) funds to expand Medicaid eligibility to childless adults with incomes at or below poverty who were previously ineligible for Medicaid or SCHIP. After one year of operation, the state will assess whether there is sufficient state funding to further increase childless adult eligibility to 125% of poverty.
- Expenditures under the waiver are limited to available DSH and state funds. If funds are insufficient, the state may lower the eligibility level for childless adults.
- Childless adults receive the same benefit package and are subject to the same nominal copayments as the state's basic Medicaid program. In the future, contingent upon approval from CMS, the state may reduce the benefit package for childless adults to the more limited state employee benefit package.

Individuals Covered By Waiver

| | Eligible for Waiver Coverage |
|--------------------------------|--|
| Eligible Prior to Waiver | (No individuals who were eligible for Medicaid or SCHIP prior to the waiver are covered by the waiver) |
| Newly Eligible Under Waiver | Childless adults 0 < 100% FPL |
| | (After one year of operation, the state could raise eligibility to 125% FPL, if funding is available) |



Premiums/Enrollment Fees, Benefits, and Cost Sharing

(This table shows coverage and cost sharing for a selected list of benefits; other benefits not shown on this list may also be covered.)

| | | Waiver Coverage: Childless Adults $0 \le 100\%$ FPL (The same as the state's Medicaid benefit package for adults) |
|---|--|--|
| Premiums/ Enrollment Fees | None | |
| Groups Exempt from Cost Sharing | American Indians/Alaska Natives, managed care beneficiaries (for all services provided by their health plan), pregnant women, institutionalized individuals, and those under state custody or guardianship | |
| Benefits & Cost Sharing | Covered | Benefit Limits & Copayments/Coinsurance (Copayment amounts vary based on the cost of service, limited by the amounts noted below) |
| Inpatient Hospital | ✓ | |
| Outpatient Hospital | ✓ | Up to \$3 per day for outpatient services with a \$30 monthly copayment limit |
| Emergency Room | ✓ | |
| Physician Services | √ | |
| Lab and X-ray | ✓ | Up to \$1 per day for laboratory services with a \$10 monthly copayment limit Up to \$1 per day for x-ray services with a \$10 monthly copayment limit |
| Ambulance | ✓ | Up to \$3 per day for non-emergency use with a \$30 monthly copayment limit |
| Non-emergency Transportation | ✓ | |
| Home Health Care | ✓ | Up to \$3 per day for home health services with a \$30 monthly copayment limit |
| Long-term Care | ✓ | |
| Prescription Drugs | ✓ | Up to \$2 per generic drug and per single-source name-brand drug Up to \$3 per multi-source name brand drug |
| Mental Health and Chemical Dependency | ✓ | Up to \$1 per day for psychology services with a \$20 monthly copayment limit Up to \$2 per day for mental heath clinic services with a \$20 monthly copayment limit Up to \$2 per day for substance abuse treatment facility services with a \$20 monthly copayment limit |
| Durable Medical Equipment | ✓ | Up to \$3 per day for equipment with a \$30 monthly copayment limit |
| Dental | ✓ | Limited to treatment of acute conditions |
| Vision | √ | Coverage for exams and an individual's first set of glasses Up to \$2 per day for optical services with a \$20 monthly copayment limit Up to \$3 per day for optometry services with a \$30 monthly copayment limit |
| Hearing | ✓ | No coverage of hearing aids |
| PT, OT, SLP | √ | Up to \$2 per day for PT with a \$20 monthly copayment limit Up to \$2 per day for OT with a \$30 monthly copayment limit Up to \$2 per day for SLP with a \$20 monthly copayment limit |
| Other Provisions | | |
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| (http://www.state.me.us/ | /sos/cec/rcn/apa | d program for adults from <i>MaineCare Benefits Manual</i> 1/10/ch101.htm). 20 pnal Therapy, SLP = Speech Language Pathology Therapy |