

### Budget Initiative Fact Sheet

Office: **MaineCare Services**

Date: **12/13/2011**

Initiative #: **7462 – Non-Medicaid Elderly in a Residential Setting**

Account: **Z009**

I. Budget Proposal Description:

This initiative eliminates state funded medical coverage for individuals who are meeting a deductible necessary to become MaineCare eligible and who reside in Private Non-Medical Institutions. The state is paying 100 percent of their services (less cost of care) while the individual is meeting their deductible.

II. Financial Information:

	SFY'08	SFY'09	SFY'10	SFY'11
<b>General Fund</b>	14,603,979	12,461,288	14,562,525	13,511,246
<b>Other Special Revenue</b>				
<b>Federal Funds</b>				
<b>Total</b>	14,603,979	12,461,288	14,562,525	13,511,246

Other sources of funding for program, i.e. FHM?  Yes  No

III. Total Members Eligible: 2,100

IV. Program Eligibility Criteria:

Individuals who reside in Private Non-Medical Institutions who do not have enough monthly income to pay the private rate of the facility. These individuals have income over 100 percent FPL (\$908) and are under the asset limit of \$2,000. They reside in Residential Care Facilities defined in Appendix C and F of the MaineCare Benefits Manual. Once these members spend down their income, they become eligible for MaineCare.

V. Current Budget Proposal:

1) Appropriation Increase: \$ -0-

2) Appropriation Decrease:      SFY'12      SFY'13  
\$ 2,533,359      13,511,247

3) Percent of the reduction vs. total funding for the program: 100% of individuals in RAC 53

4) Any contracts impacted?     Yes     No

VI. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment.

State – subject to approval of State rule making and changes to 22 MRSA 3173 and 3174- A.

VII. Maintenance of Effort Requirements?    Yes     No

The elimination of a State funded benefit is not subject to the Affordable Care Act Maintenance of Effort requirement.

VIII. Q & A follow-up after committee session held on \_\_\_\_\_  
Date