

MaineCare and Dirigo Background Information

May 20, 2010

- MaineCare Caseload Summary
- Dirigo April 2010 Report
- MaineCare Childless Adult Waiver Background Information
- 2009 Federal Poverty Levels

MaineCare Caseload Summary

Month	Traditional Medicaid	SCHIP Medicaid Expansion	SCHIP "Cub Care"	Medicaid Expansion Parents ≤ 150% FPL	Non-Categorical Adults ≤ 100% FPL	Medicaid Expansion Parents >150% FPL	Total
2002 Avg.	174,962	8,597	4,209	13,756	1,349	0	202,873
2003 Avg.	195,664	8,142	4,734	14,019	14,738	0	237,298
2004 Avg.	203,608	9,397	4,502	16,414	21,138	0	255,058
2005 Avg.	209,817	10,130	4,159	18,301	19,875	2,016	264,298
2006 Avg.	212,842	10,289	4,518	18,790	14,670	4,998	266,106
2007 Avg.	215,763	9,909	4,524	19,010	20,060	5,490	274,756
2008 Avg.	217,214	9,513	4,524	18,273	14,276	5,582	269,381
2009 Avg.	226,423	9,590	4,801	18,976	10,673	5,857	276,320

Detail for Last 12 Months

May-09	224,463	9,364	4,797	18,582	11,538	5,800	274,544
Jun-09	225,693	9,447	4,741	18,900	11,638	5,832	276,251
Jul-09	227,163	9,653	4,790	19,242	11,427	5,884	278,159
Aug-09	228,083	9,722	4,778	19,364	11,120	6,023	279,090
Sep-09	229,060	9,812	4,780	19,427	10,799	6,062	279,940
Oct-09	230,349	9,859	4,880	19,665	10,463	6,154	281,370
Nov-09	231,033	9,954	4,950	19,734	10,179	6,183	282,033
Dec-09	232,089	9,869	5,125	19,741	10,486	6,254	283,564
Jan-10	233,384	9,902	5,084	19,838	10,288	6,355	284,851
Feb-10	232,479	10,261	5,137	20,533	10,669	6,377	285,456
Mar-10	234,049	10,390	5,170	20,716	12,334	6,478	289,137
Apr-10	234,926	10,357	5,171	20,879	12,867	6,579	290,779

Changes:

Latest month	877	-33	1	163	533	101	1,642
Last 12 Months	11,344	1,186	441	2,803	2,981	1,069	19,742

Eligibility Descriptions:

- **Traditional Medicaid** includes adults and children in receipt of a financial benefit (TANF, IV-E); aged and disabled persons in receipt of a financial benefit (SSI, SSI Supplement), institutionalized persons (NF), and others not included below.
- **SCHIP (State Child Health Insurance Program) Medicaid Expansion Children (MS-CHIP)** (effective July 1998) are children with family incomes above 125/133% and up to and including 150% of the Federal Poverty Level (FPL).
- **SCHIP "Cub Care" Children** (effective July 1998) are children with family incomes above 150% and up to and including 200% of FPL.
- **Medicaid Expansion Parents** are persons who function as the primary caretakers of dependent children and whose income is above 100% and up to and including 150% of FPL (effective September 2000); and beginning May 2005, up to and including 200% of FPL.
- **Non-Categorical Adults** (effective October 2002) are persons who are over 21 and under 65, not disabled, not the primary caretakers of dependent children, and whose income is not more than 100% of FPL.

Prepared 05/17/10

MaineCare Enrollment Data from May 2009 - April 2010

TRADITIONAL MEDICAID GROUPS	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	12 Month Average	% Change April 09 - Feb 10
Individuals under the age of 21*	139,854	141,197	142,541	143,360	144,045	144,637	144,977	145,741	147,076	146,302	147,452	148,339	144,627	6.07%
Individuals who have a disabling condition (Including Katie Beckett)	46,501	46,650	46,831	46,908	47,069	47,251	47,415	47,537	47,742	47,568	47,683	47,896	47,254	3.00%
Individuals who are 65 years of age or older	22,616	22,564	22,542	22,562	22,564	22,576	22,531	22,475	22,500	22,649	22,702	22,609	22,574	-0.03%
Transitional MaineCare (income > 200% FPL)	6,677	6,461	6,463	6,488	6,618	6,994	7,178	7,451	7,206	6,950	6,952	6,803	6,853	1.89%
Foster Care (Including Title IV-E & Adult) and Adoption Assistance	2,872	2,860	2,822	2,828	2,826	2,821	2,848	2,849	2,855	3,069	3,101	3,091	2,904	7.63%
Pregnant women	2,009	2,000	1,969	1,930	1,909	1,897	1,870	1,865	1,903	1,948	1,982	1,980	1,939	-1.44%
Temporary Coverage	1,514	1,514	1,523	1,514	1,536	1,657	1,666	1,575	1,518	1,383	1,454	1,499	1,529	-0.99%
Aged - State Supp Only (Aged, Disabled, Boarding Home)	1,253	1,245	1,227	1,228	1,226	1,222	1,227	1,205	1,178	1,161	1,155	1,139	1,206	-9.10%
HIV Waiver Program	315	325	324	330	332	333	337	341	347	349	353	351	336	11.43%
Prisoners	205	214	246	241	265	262	266	272	274	297	390	394	277	92.20%
Alien - Medically Needy and Indigent	210	212	211	230	245	260	281	298	303	296	311	315	264	50.00%
Spenddown (Aged and Disabled)	219	227	235	237	200	214	208	238	237	261	251	252	232	15.07%
Breast and Cervical Health Program	177	180	187	179	180	177	176	185	190	189	198	201	185	13.56%
Refugee	41	44	42	48	45	48	53	57	55	57	66	57	51	39.02%
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Traditional Medicaid	224,463	225,693	227,163	228,083	229,060	230,349	231,033	232,089	233,384	232,479	234,050	234,926	230,231	4.66%
	62.61%	62.59%	62.52%	62.51%	62.44%	62.38%	62.33%	62.11%	62.16%	62.34%	62.35%	62.30%	62.39%	
OTHER MEDICAID GROUPS														
Medicaid Expansion	9,364	9,447	9,653	9,722	9,812	9,859	9,954	9,869	9,902	10,261	10,390	10,357	9,883	10.60%
Cub Care	4,797	4,741	4,790	4,778	4,780	4,880	4,950	5,125	5,084	5,137	5,170	5,171	4,950	7.80%
Parents of a child under age 18 with Income < 150% FPL	18,582	18,900	19,242	19,364	19,427	19,665	19,734	19,741	19,838	20,533	20,716	20,879	19,718	12.36%
Individuals between the ages of 21 and 64 (non-categoricals)	11,538	11,638	11,427	11,120	10,799	10,463	10,179	10,486	10,288	10,669	12,334	12,867	11,151	11.52%
Parents of a child under age 18 with Income > 150% but < 200% FPL	5,800	5,832	5,884	6,023	6,062	6,154	6,183	6,254	6,355	6,377	6,478	6,579	6,165	13.43%
DEL\Buy-In\MaineRX Programs	83,967	84,346	85,174	85,785	86,890	87,916	88,615	90,138	90,586	87,465	86,222	86,303	86,951	2.78%
Total Other Medicaid	134,048	134,904	136,170	136,792	137,770	138,937	139,615	141,613	142,053	140,442	141,310	142,156	138,818	6.05%
	37.39%	37.41%	37.48%	37.49%	37.56%	37.62%	37.67%	37.89%	37.84%	37.66%	37.65%	37.70%	37.61%	
Grand Total	358,511	360,597	363,333	364,875	366,830	369,286	370,648	373,702	375,437	372,921	375,360	377,082	369,049	5.18%
*Individuals Under the Age of 21 Includes:														
Ages 18 and Under	133,651	134,880	136,129	136,842	137,435	137,891	138,171	138,837	140,134	139,320	140,314	141,117	137,893	5.59%
Ages 19 & 20	6,203	6,317	6,412	6,518	6,610	6,746	6,806	6,904	6,942	6,982	7,138	7,222	6,733	16.43%

State of Maine
DHHS - MaineCare Finance
MaineCare Caseload by County
for the month of: April 2010

County	Traditional Medicaid	CHIP		Medicaid Expansion		Non- Categorical Adult	SubTotal	DEL/ME Rx Programs	TOTAL	% of Total
		Medicaid Expansion	Cub Care	Parents ≤ 150%	Parents >150%					
Androscoggin	24,316	885	473	1,834	623	1,140	29,271	8,475	37,746	10.01%
Aroostook	16,575	769	425	1,511	483	918	20,681	7,863	28,544	7.57%
Cumberland	36,361	1,428	690	2,785	825	2,286	44,375	13,192	57,567	15.27%
Franklin	6,041	314	132	605	192	363	7,647	2,224	9,871	2.62%
Hancock	8,041	404	248	814	273	390	10,170	3,158	13,328	3.53%
Blank City	50	0	0	0	0	0	50	6	56	0.01%
Kennebec	23,814	1,050	456	2,112	681	1,098	29,211	7,382	36,593	9.70%
Knox	6,699	325	175	700	195	355	8,449	2,430	10,879	2.89%
Lincoln	5,186	298	133	616	175	292	6,700	1,876	8,576	2.27%
Non-ME Resident	101	2	0	7	0	2	112	22	134	0.04%
Out of State	559	9	3	17	1	13	602	119	721	0.19%
Oxford	12,652	631	266	1,212	409	839	16,009	5,271	21,280	5.64%
Penobscot	29,656	1,138	580	2,458	755	1,654	36,241	10,245	46,486	12.33%
Piscataquis	3,876	158	93	323	105	189	4,744	1,528	6,272	1.66%
Sagadahoc	4,720	233	127	510	157	167	5,914	1,432	7,346	1.95%
Somerset	12,629	539	207	1,027	316	845	15,563	4,728	20,291	5.38%
Unknown	75	0	0	2	0	0	77	8	85	0.02%
Waldo	7,860	350	198	750	233	423	9,814	2,602	12,416	3.29%
Washington	8,876	377	214	809	233	781	11,290	3,253	14,543	3.86%
York	26,839	1,447	751	2,787	923	1,112	33,859	10,489	44,348	11.76%
TOTAL	234,926	10,357	5,171	20,879	6,579	12,867	290,779	86,303	377,082	

MaineCare Caseload History										
	Traditional Medicaid	SCHIP Medicaid Expansion	SCHIP "Cub Care"	Medicaid Expansion Parents ≤ 150% FPL	Non-Categorical Adults ≤ 100% FPL	Medicaid Expansion Parents >150% FPL	SUBTOTAL	DEL\Maine RX Drug Programs	TOTAL	
Jul-01	160,039	6,629	3,593	10,410	0	0	180,671	55,916	236,587	
Aug-01	159,946	6,686	3,601	10,957	0	0	181,190	59,265	240,455	
Sep-01	160,408	6,877	3,612	11,243	0	0	182,140	62,468	244,608	
Oct-01	161,379	7,209	3,707	11,522	0	0	183,817	65,282	249,099	
Nov-01	162,219	7,456	3,931	11,758	0	0	185,364	92,728	278,092	
Dec-01	163,662	7,690	4,068	12,188	0	0	187,608	109,411	297,019	
Jan-02	166,222	7,963	4,137	12,665	0	0	190,987	109,384	300,371	
Feb-02	167,920	8,194	4,218	13,060	0	0	193,392	110,143	303,535	
Mar-02	169,974	8,484	4,346	13,543	0	0	196,347	110,898	307,245	
Apr-02	171,777	8,698	4,401	13,800	0	0	198,676	111,401	310,077	
May-02	173,222	8,913	4,243	13,922	0	0	200,300	112,140	312,440	
Jun-02	173,613	9,029	4,130	14,052	0	0	200,824	111,726	312,550	
Jul-02	174,393	9,208	4,069	14,330	0	0	202,000	112,071	314,071	
Aug-02	175,329	9,199	4,065	14,425	0	0	203,018	112,430	315,448	
Sep-02	176,047	8,442	4,061	13,147	0	0	201,697	112,897	314,594	
Oct-02	181,134	8,294	4,079	13,500	2,846	0	209,853	111,811	321,664	
Nov-02	184,050	8,328	4,307	14,245	5,571	0	216,501	110,778	327,279	
Dec-02	185,859	8,415	4,449	14,379	7,774	0	220,876	109,864	330,740	
Jan-03	190,665	7,954	4,575	13,727	10,036	0	226,957	108,851	335,808	
Feb-03	190,905	8,414	4,619	14,665	11,535	0	230,138	107,025	337,163	
Mar-03	192,472	8,504	4,684	14,778	12,845	0	233,283	102,669	335,952	
Apr-03	193,887	8,413	4,752	14,778	13,719	0	235,549	98,551	334,100	
May-03	195,694	8,023	4,697	14,387	14,591	0	237,392	94,175	331,567	
Jun-03	195,499	7,943	4,720	14,400	15,007	0	237,569	90,373	327,942	
Jul-03	196,151	7,944	4,701	14,300	15,538	0	238,634	86,277	324,911	
Aug-03	196,291	8,221	4,709	14,396	15,853	0	239,470	82,078	321,548	
Sep-03	198,110	8,056	4,808	14,195	16,248	0	241,417	80,212	321,629	
Oct-03	200,419	7,940	4,890	12,064	16,854	0	242,167	80,055	322,222	
Nov-03	199,704	8,011	4,853	12,900	17,176	0	242,644	79,810	322,454	
Dec-03	198,172	8,281	4,804	13,639	17,458	0	242,354	79,806	322,160	
Jan-04	201,189	8,225	4,693	13,542	18,344	0	245,993	102,052	348,045	
Feb-04	201,928	8,369	4,712	14,110	19,086	0	248,205	103,667	351,872	
Mar-04	201,924	8,916	4,577	15,428	19,859	0	250,704	104,290	354,994	
Apr-04	202,258	9,169	4,491	15,952	20,262	0	252,132	101,574	353,706	
May-04	202,690	9,408	4,449	16,393	20,552	0	253,492	99,767	353,259	
Jun-04	202,923	9,483	4,484	16,681	20,901	0	254,472	98,977	353,449	

MaineCare Caseload History									
	Traditional Medicaid	SCHIP Medicaid Expansion	SCHIP "Cub Care"	Medicaid Expansion Parents ≤ 150% FPL	Non-Categorical Adults ≤ 100% FPL	Medicaid Expansion Parents >150% FPL	SUBTOTAL	DELMaine RX Drug Programs	TOTAL
Jul-04	203,722	9,634	4,481	16,942	21,376	0	256,155	98,914	355,069
Aug-04	203,765	9,684	4,489	17,054	21,712	0	256,704	98,879	355,583
Sep-04	204,625	9,816	4,397	17,486	22,194	0	258,518	98,761	357,279
Oct-04	205,195	9,985	4,454	17,657	22,623	0	259,914	98,662	358,576
Nov-04	205,862	10,011	4,420	17,904	23,072	0	261,269	98,588	359,857
Dec-04	207,217	10,064	4,372	17,821	23,669	0	263,143	98,515	361,658
Jan-05	207,966	10,150	4,225	18,116	24,383	0	264,840	98,514	363,354
Feb-05	208,138	10,087	4,127	17,972	24,925	0	265,249	98,611	363,860
Mar-05	209,545	10,067	4,000	18,078	24,460	0	266,150	98,942	365,092
Apr-05	210,550	10,040	3,899	18,070	23,333	0	265,892	96,318	362,210
May-05	210,394	10,165	3,816	18,270	22,021	611	265,277	95,006	360,283
Jun-05	210,096	10,047	3,942	18,354	20,556	1,631	264,626	92,697	357,323
Jul-05	209,973	10,073	4,076	18,339	19,248	2,442	264,151	90,084	354,235
Aug-05	209,974	10,145	4,200	18,319	18,029	3,075	263,742	90,018	353,760
Sep-05	209,806	10,106	4,262	18,447	16,895	3,766	263,282	91,875	355,157
Oct-05	210,191	10,220	4,360	18,587	15,933	4,040	263,331	93,247	356,578
Nov-05	210,502	10,254	4,498	18,607	15,087	4,288	263,236	89,773	353,009
Dec-05	210,666	10,200	4,505	18,453	13,634	4,340	261,798	90,360	352,158
Jan-06	211,114	10,417	4,504	18,669	12,972	4,545	262,221	89,237	351,458
Feb-06	212,099	10,408	4,482	18,671	12,462	4,749	262,871	88,944	351,815
Mar-06	213,767	10,111	4,568	18,500	11,824	4,907	263,677	86,548	350,225
Apr-06	213,195	10,276	4,504	18,749	11,430	5,010	263,164	85,735	348,899
May-06	213,410	10,235	4,489	18,776	11,058	5,091	263,059	84,463	347,522
Jun-06	213,643	10,270	4,509	18,876	10,795	5,108	263,201	84,780	347,981
Jul-06	212,833	10,325	4,483	18,920	10,872	5,048	262,481	84,119	346,600
Aug-06	212,515	10,310	4,504	18,824	16,123	5,100	267,376	78,888	346,264
Sep-06	212,686	10,264	4,505	18,730	18,091	5,005	269,281	76,213	345,494
Oct-06	212,938	10,343	4,530	18,891	19,249	5,090	271,041	74,707	345,748
Nov-06	212,796	10,292	4,533	18,918	20,249	5,129	271,917	73,691	345,608
Dec-06	213,104	10,216	4,609	18,955	20,910	5,194	272,988	73,640	346,628
Jan-07	213,955	10,298	4,638	19,051	20,356	5,249	273,547	74,479	348,026
Feb-07	214,345	10,075	4,632	18,959	19,483	5,342	272,836	75,210	348,046
Mar-07	215,380	9,913	4,615	18,806	20,134	5,414	274,262	75,302	349,564
Apr-07	215,513	9,922	4,601	18,985	19,351	5,377	273,749	75,634	349,383
May-07	215,876	9,991	4,600	19,246	18,491	5,524	273,728	75,862	349,590
Jun-07	216,185	10,087	4,543	19,325	20,852	5,596	276,588	73,297	349,885
Jul-07	216,342	9,910	4,573	19,117	19,936	5,606	275,484	73,810	349,294
Aug-07	216,693	9,695	4,504	19,018	20,744	5,593	276,247	68,765	345,012
Sep-07	216,928	9,777	4,395	18,973	20,864	5,537	276,474	68,130	344,604
Oct-07	216,836	9,684	4,374	18,924	20,773	5,533	276,124	68,261	344,385

MaineCare Caseload History									
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Nov-07	215,722	9,780	4,409	18,883	20,332	5,558	274,684	68,564	343,248
Dec-07	215,383	9,778	4,409	18,833	19,398	5,545	273,346	69,135	342,481
Jan-08	216,870	9,667	4,526	18,607	18,512	5,642	273,824	69,554	343,378
Feb-08	218,150	9,342	4,556	18,207	17,669	5,685	273,609	69,919	343,528
Mar-08	218,304	9,362	4,566	18,179	16,651	5,679	272,741	71,426	344,167
Apr-08	217,789	9,341	4,588	18,121	15,633	5,616	271,088	73,038	344,126
May-08	217,582	9,327	4,604	17,943	14,742	5,597	269,795	74,033	343,828
Jun-08	216,912	9,278	4,561	18,013	13,954	5,610	268,328	75,319	343,647
Jul-08	216,163	9,408	4,467	18,050	13,684	5,574	267,346	76,376	343,722
Aug-08	215,970	9,508	4,349	18,126	13,198	5,526	266,677	77,885	344,562
Sep-08	216,242	9,586	4,386	18,270	12,620	5,462	266,566	79,430	345,996
Oct-08	216,817	9,749	4,544	18,688	11,975	5,561	267,334	80,612	347,946
Nov-08	217,676	9,812	4,528	18,589	11,548	5,495	267,648	81,028	348,676
Dec-08	218,097	9,772	4,611	18,481	11,121	5,537	267,619	81,574	349,193
Jan-09	219,754	9,765	4,631	18,607	10,719	5,532	269,008	82,355	351,363
Feb-09	222,145	9,145	4,674	18,062	10,341	5,396	269,763	83,313	353,076
Mar-09	223,664	9,171	4,730	18,076	9,886	5,510	271,037	84,728	355,765
Apr-09	223,582	9,321	4,741	18,315	9,474	5,653	271,086	85,749	356,835
May-09	224,463	9,364	4,797	18,582	11,538	5,800	274,544	83,967	358,511
Jun-09	225,693	9,447	4,741	18,900	11,638	5,832	276,251	84,346	360,597
Jul-09	227,163	9,653	4,790	19,242	11,427	5,884	278,159	85,174	363,333
Aug-09	228,083	9,722	4,778	19,364	11,120	6,023	279,090	85,785	364,875
Sep-09	229,060	9,812	4,780	19,427	10,799	6,062	279,940	86,890	366,830
Oct-09	230,349	9,859	4,880	19,665	10,463	6,154	281,370	87,916	369,286
Nov-09	231,033	9,954	4,950	19,734	10,179	6,183	282,033	88,615	370,648
Dec-09	232,089	9,869	5,125	19,741	10,486	6,254	283,564	90,138	373,702
Jan-10	233,384	9,902	5,084	19,838	10,288	6,355	284,851	90,586	375,437
Feb-10	232,479	10,261	5,137	20,533	10,669	6,377	285,456	87,465	372,921
Mar-10	234,049	10,390	5,170	20,716	12,334	6,478	289,137	86,223	375,360
Apr-10	234,926	10,357	5,171	20,879	12,867	6,579	290,779	86,303	377,082

• Traditional Medicaid includes adults and children in receipt of a financial benefit (TANF, IV-E); aged and disabled persons in receipt of a financial benefit (SSI, SSI Supplement), institutionalized persons (NF), and others not included below.

• SCHIP (State Child Health Insurance Program) Medicaid Expansion Children (M-S-CHIP) (effective July 1998) are children with family incomes above 125/133% and up to and including 150% of the Federal Poverty

• SCHIP "Cub Care" Children (effective July 1998) are children with family incomes above 150% and up to and including 200% of FPL.

• Medicaid Expansion Parents are persons who function as the primary caretakers of dependent children and whose income is above 100% and up to and including 150% of FPL (effective September 2000); and beginning May 2005, up to and including 200% of FPL.

• Non-Categorical Adults (effective October 2002) are persons who are over 21 and under 65, not disabled, not the primary caretakers of dependent children, and whose income is not more than 100% of FPL.

• DEL/MaineRX Drug Programs include persons eligible for Medicaid, but not for "full benefits" (e. g., QMB, SLMB, QI) who meet the criteria for participation in DEL and/ or Maine Rx; and persons who meet ONLY the criteria for participation in DEL and/ or Maine Rx.

Dirigo Health Monthly Numbers April 2010 Dirigo Health Agency 05/10/2010

Total Members Served, DC + Parents **31,144**
 The total number of members ever enrolled (beginning 01/01/2005) for any period of time in DirigoChoice or the MaineCare Parent Expansion

New DC Members (un/subsidized) **88 (73/15)**
 The number of new members enrolled in the reporting month. DirigoChoice subsidy is currently only available to new HCTC members, new employees of enrolled Small Groups, and new dependents of enrolled members.

HCTC Members **254**
 The number of members enrolled as Health Care Tax Credit members. HCTC is a Federal program that provides health care subsidies for workers who have lost their jobs due to off shoring.

Total Enrolled DC Members **7,584**
 The number of members enrolled in DirigoChoice in the reporting month.

New DC Small Groups **7**
 The number of new small groups enrolling in DirigoChoice in the reporting month.

Total Enrolled DC Small Groups **523**
 The number of small groups enrolled in DirigoChoice in the reporting month.

Total Enrolled Parents **6,478**
 The number of members enrolled in the MaineCare Parent Expansion in the reporting month.

New Parents **na**
 The number of new members enrolling in the MaineCare Parent Expansion.

FY 2010 Member / Employee Share of coverage cost **\$ 19,670,686 (43%)**
 Amount members and employers have paid for medical coverage in the fiscal year. Percentage that amount represents of the total amount paid to the carrier for medical coverage.

FY 2010 Dirigo Share of coverage cost (subsidy) **\$ 26,307,655 (57%)**
 Amount the Agency has paid for medical coverage in the fiscal year. Percentage that amount represents of the total amount paid to the carrier for medical coverage.

FY 2010 total coverage cost **\$ 45,978 (100%)**
 Total amount paid to carrier for medical coverage.

FY Member Months **84,256**
 Total volume of coverage in the fiscal year. Member months equals the aggregate amount of each month's total enrollment in the fiscal year.

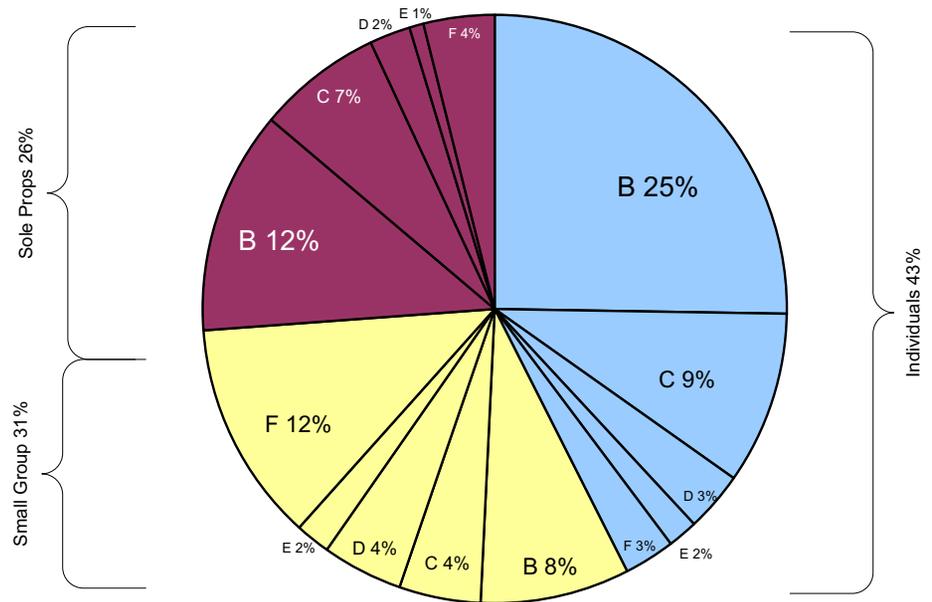
FY Subsidy PMPM **\$ 312.23**
 Unit cost for the fiscal year. PMPM (per member per month) represents total cost divided by total member months, and represents what the Agency pays (on average) for each member each month.

FY Actuals to Budget: **\$ 26,307,655 : \$25,395,086 (104%)**

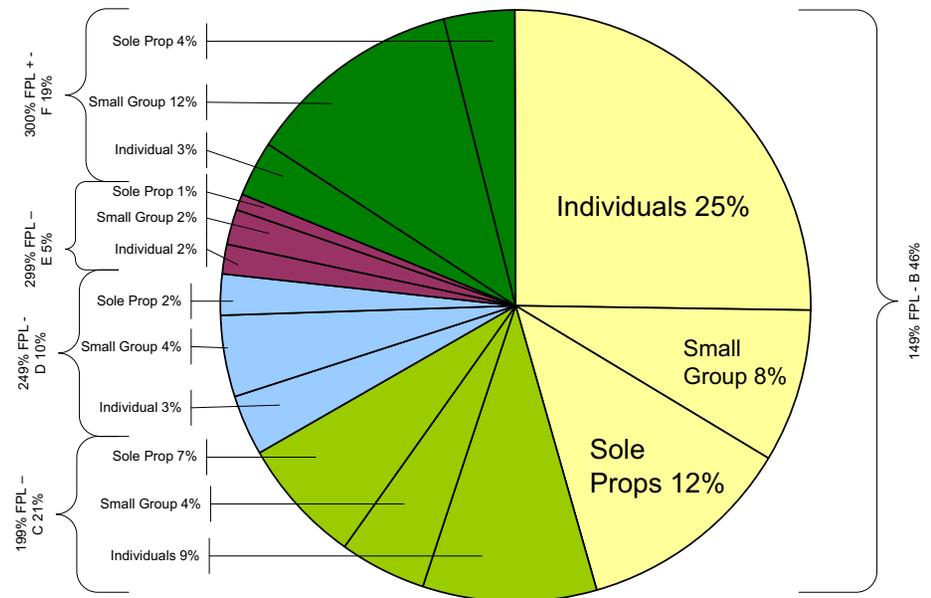
Notes: FY Subsidy PMPM based on actual payments to HPHC through time period recorded.
 Actual subsidy PMPM based on charges \$306.39

Parent Expansion figures not available for April.

Members by Employer Type

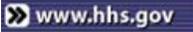


Members by Discount Level





U.S. Department of Health & Human Services



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<p>Medicaid State Waiver Program Demonstration Projects - General Information</p>	<p>Medicaid Waivers and Demonstrations List</p>														
<p>Waivers and Demonstrations through Map of States Overview Information for Consumers Research & Demonstration Projects - Section 1115 Section 1915(b) Authority HCBS Waivers - Section 1915 (c) Combined 1915(b)/(c) Waivers Medicaid Waivers and Demonstrations List</p>	<p>Details for MaineCare for Childless Adults HIFA</p> <p>Return to List</p> <p>Shown below are the details for the item you selected from the list.</p> <table border="0"> <tr> <td>Official Program Name</td> <td>MaineCare for Childless Adults HIFA</td> </tr> <tr> <td>State</td> <td>Maine</td> </tr> <tr> <td>Waiver Authority</td> <td>1115</td> </tr> <tr> <td>Date Originally Approved</td> <td>09/13/2002</td> </tr> <tr> <td>Implementation Date</td> <td>10/01/2001</td> </tr> <tr> <td>Expiration Date</td> <td>09/30/2010</td> </tr> <tr> <td>Summary</td> <td>N/A</td> </tr> </table> <p>Background:</p> <p>The HIFA section 1115(a) Demonstration expands health care access to childless adults at or below 125 percent of the federal poverty level (FPL) by redirecting a portion of its disproportionate share hospital (DSH) allocation.</p> <p>Fundamental Program Initiatives:</p> <ul style="list-style-type: none"> • The expansion population receives a comprehensive benefit package with the same cost-sharing requirements and service delivery system as the Maine Medicaid program, known as MaineCare. • The program has a capped enrollment of 20,000 individuals and a maximum DSH diversion of \$90 million total computable. • As part of the 2007 renewal process, the State requested the Katie Beckett portion of the demonstration be returned to the State Plan <p>Current Status:</p> <p>The Demonstration has been renewed under section 1115(a) authority for a three year period, through September 30, 2010.</p> <p>Downloads</p> <p>MaineCare for Childless Adults HIFA Fact Sheet [30 kb, pdf] MaineCare for Childless Adults HIFA Current Approval Documents [195 kb winzip]</p>	Official Program Name	MaineCare for Childless Adults HIFA	State	Maine	Waiver Authority	1115	Date Originally Approved	09/13/2002	Implementation Date	10/01/2001	Expiration Date	09/30/2010	Summary	N/A
Official Program Name	MaineCare for Childless Adults HIFA														
State	Maine														
Waiver Authority	1115														
Date Originally Approved	09/13/2002														
Implementation Date	10/01/2001														
Expiration Date	09/30/2010														
Summary	N/A														

MaineCare for Childless Adults section 1115(a) Demonstration

FACT SHEET

Name of Section 1115 Demonstration:	MaineCare for Childless Adults section 1115(a) Demonstration
Waiver Number:	11-W-00158/1
Date Originally Proposed:	February 21, 2002
Date Originally Approved:	September 13, 2002
Date Originally Implemented:	October 1, 2002
Date Expires:	September 30, 2010
Date Amendment Submitted:	April 2, 2004, August 2, 2004, February 22, 2005, April 19, 2005, September 26, 2007
Date Amendment Approved:	July 7, 2005
Date Extension Submitted:	January 31, 2007
Date Extension Approved:	September 28, 2007

SUMMARY

The Childless Adults section 1115(a) Demonstration expands health care access to childless adults at or below 100 percent of the federal poverty level (FPL) by redirecting a portion of its disproportionate share hospital (DSH) allocation. The current demonstration is capped at 20,000 individuals with a maximum DSH diversion of \$90 million total computable.

ELIGIBILITY

- Childless Adults up to 100 percent of the FPL

BENEFIT PACKAGE

- Childless Adults up to 100 percent of the FPL are eligible to receive a comprehensive benefits package as specified under the Demonstration (refer to section IV. of the Special

Terms and Conditions for the specific benefits and specification in the MaineCare Benefits Manual)

COST-SHARING

Allowable premiums and cost-sharing are as follows:

Population	Premiums	Deductibles	Co-Payments	
Childless Adults up to and including 100% of the FPL	None	Same as Medicaid	Same as Medicaid; nominal	
			Rx	Amt
			Generic	\$2
			Brand	\$3
			Service	\$1-\$3

DELIVERY SYSTEM

The Childless Adults demonstration utilizes a PCCM delivery system.

CURRENT STATUS

On September 28, 2007 the demonstration was renewed under section 1115(a) authority for a three year period, through September 30, 2010. In the renewal, the State requested the return of the TEFRA section 134 children (Katie Beckett) to the State Plan.

Contact – Thomas Hennessy, 410-786-8143, Thomas.Hennessy@cms.hhs.gov.

Last Updated: April 16, 2009



Administrator
Washington, DC 20201

SEP 28 2007

Ms. Brenda M. Harvey
Commissioner
Maine Department of Health and Human Services
442 Civic Center Drive
11 State House Station
Augusta, ME 04333-0011

Dear Ms. Harvey:

We are pleased to inform you that the extension request of the MaineCare Childless Adults Medicaid section 1115 demonstration has been approved in accordance with section 1115(a) of the Social Security Act.

Your Medicaid section 1115(a) demonstration is authorized through September 30, 2010, upon which date, unless reauthorized, all waiver and expenditure authorities granted to operate this demonstration will expire.

Our approval of this Medicaid demonstration project is subject to the limitations specified in the enclosed waiver and expenditure authorities. The State may deviate from Medicaid State plan requirements to the extent those requirements have been specifically waived or, with respect to expenditure authorities, listed as inapplicable to expenditures for demonstration expansion populations and other services not covered under the State plan.

The approval is also conditioned upon continued compliance with the enclosed Special Terms and Conditions (STCs), defining the nature, character, and extent of anticipated Federal involvement in the Medicaid demonstration project. The award is subject to our receiving your written acknowledgement of the award and acceptance of the STCs, and waiver and expenditure authorities, within 30 days of the date of this letter.

A number of changes to the demonstration have been incorporated into the STCs and Medicaid waiver and expenditure authorities for the extension approval. They include:

- Streamlining document sections related to benefits, eligibility, cost sharing and budget neutrality, and quarterly and annual demonstration reporting;
- Removing references to, as well as the need for, an Operational Protocol through inclusion of pertinent programmatic information in the STCs;
- Removing the authority to cover individuals up to 125 percent of the Federal poverty level (FPL) as it has never been implemented. The State currently covers up to 100 percent of the FPL, and the new STCs enclosed reflect this level of coverage;
- The return of certain services to the benefits package;

- Removal of references to the Tax Equity and Fiscal Responsibility Act of 1982 section 134 (Katie Beckett) portion of the demonstration; and
- Adding references to compliance with all Federal laws, regulations, and policies. Language has been added to highlight the need for compliance with the Deficit Reduction Act of 2005.

The waiver and expenditure authorities have been revised to more accurately reflect the renewed Medicaid demonstration program. A full listing of the approved Medicaid waiver and expenditure authorities is enclosed.

In accordance with ongoing Medicaid program initiatives, the State is required to perform corrective action related to the reporting of previous expenditures on the CMS-64 reporting system to ensure better capabilities related to monitoring of the demonstration by the Centers for Medicare & Medicaid Services (CMS). Updates on the status of the corrective action will be reported quarterly during the extension.

On May 25, 2007, CMS placed a final rule, CMS-2258-FC (Cost Limit for Providers Operated by Units of Government and Provisions to Ensure the Integrity of Federal-State Financial Partnership), on display at the *Federal Register*. This rule, found at 72 *Fed. Reg.* 29748 (May 29, 2007), would modify Medicaid reimbursement. Because of this regulation, some or all of the payments under this section of the STCs may no longer be allowable expenditures for Federal Medicaid matching funds. Public Law 110-28, enacted on May 25, 2007, instructed CMS to take no action to implement this final regulation for 1 year. CMS will abide by the time frames specified by the statute. These STCs do not relieve the State of its responsibility to comply with Federal laws and regulations, and to ensure that claims for Federal funding are consistent with all applicable requirements.

Your project officer is Ms. Jacqueline Roche. Ms. Roche is available to answer any questions concerning implementation of your Medicaid section 1115 demonstration. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations
Mail Stop S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-3420
Facsimile: (410) 786-5882
E-mail: Jacqueline.Roche@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Roche and to Mr. Richard McGreal, Associate Regional Administrator in our Boston Regional Office. Mr. McGreal's address is:

Page 3 – Ms. Brenda M. Harvey

Centers for Medicare & Medicaid Services
JFK Federal Building
Rm 2275
Boston, MA 02203-0003

If you have additional questions, please contact Ms. Jean Sheil, Director, Family and Children's Health Programs, Center for Medicaid and State Operations, at (410) 786-5647. We look forward to continuing to work with you and your staff.

Sincerely,



Kerry Weems
Acting Administrator

Enclosures

Maine Revised Statutes

- [§3174-G PDF](#)
- [§3174-GWORD/RTF](#)
- [STATUTE SEARCH](#)
- [CH. 855 CONTENTS](#)
- [TITLE 22 CONTENTS](#)
- [LIST OF TITLES](#)
- [DISCLAIMER](#)
- [MAINE LAW](#)
- [REVISOR'S OFFICE](#)
- [MAINE LEGISLATURE](#)

[§3174-F](#)

Title 22: HEALTH AND WELFARE

[§3174-H](#)

Subtitle 3: INCOME SUPPLEMENTATION HEADING: PL 1973, C. 790, §1 (AMD)

Part 1: ADMINISTRATION

Chapter 855: AID TO NEEDY PERSONS HEADING: PL 1973, C. 790, §2 (NEW)

§3174-G. Medicaid coverage of certain elderly and disabled individuals, children and pregnant women

1. Delivery of services. The department shall provide for the delivery of federally approved Medicaid services to the following persons:

A. A qualified woman during her pregnancy and up to 60 days following delivery when the woman's family income is equal to or below 200% of the nonfarm income official poverty line; [1999, c. 731, Pt. 00, §1 (NEW).]

B. An infant under one year of age when the infant's family income is equal to or below 200% of the nonfarm income official poverty line, except that the department may adopt a rule that provides that infants in families with income over 185% and equal to or below 200% of the nonfarm income official poverty line who meet the eligibility requirements of the Cub Care program established under section 3174-T are eligible to participate in the Cub Care program instead of Medicaid. Rules adopted pursuant to this paragraph are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A; [2007, c. 695, Pt. C, §9 (RPR).]

C. A qualified elderly or disabled person when the person's family income is equal to or below 100% of the nonfarm income official poverty line; [2005, c. 3, Pt. M, §2 (AFF); 2005, c. 3, Pt. M, §1 (RPR).]

D. A child one year of age or older and under 19 years of age when the child's family income is equal to or below 200% of the nonfarm income official poverty line, except that the department may adopt a rule that provides that children described in this paragraph in families with income over 150% and equal to or below 200% of the nonfarm income official poverty line who meet the eligibility requirements of the Cub Care program established under section 3174-T are eligible to participate in the Cub Care program instead of Medicaid. Rules adopted pursuant to this paragraph are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A; [2007, c. 695, Pt. C, §10 (RPR).]

E. The parent or caretaker relative of a child described in paragraph B or D when the child's family income is equal to or below 200% of the nonfarm income official poverty line, subject to adjustment by the commissioner under this paragraph. Medicaid services provided under this paragraph must be provided within the limits of the program budget. Funds appropriated for services under this paragraph must include an annual inflationary adjustment equivalent to the rate of inflation in the Medicaid program. On a quarterly basis, the commissioner shall determine the fiscal status of program expenditures under this paragraph. If the commissioner determines that expenditures will exceed the funds available to provide Medicaid coverage pursuant to this paragraph, the commissioner must adjust the income eligibility limit for new applicants to the extent necessary to operate the program within the program budget. If, after an adjustment has occurred pursuant to this paragraph, expenditures fall below the program budget, the commissioner must raise the income eligibility limit to the extent necessary to provide services to as many eligible persons as possible within the fiscal constraints of the program budget, as long as the income limit does not exceed 200% of the nonfarm income official poverty line; and [2003, c. 469, Pt. A, §5 (AMD); 2003, c. 673, Pt. Y, §3 (AFF).]

F. A person 20 to 64 years of age who is not otherwise covered under paragraphs A to E when the person's family income is below or equal to 125% of the nonfarm income official poverty line, provided that the commissioner shall adjust the maximum eligibility level in accordance with the requirements of the paragraph.

(2) If the commissioner reasonably anticipates the cost of the program to exceed the budget of the population described in this paragraph, the commissioner shall lower the maximum eligibility level to the extent necessary to provide coverage to as many persons as possible within the program budget.

(3) The commissioner shall give at least 30 days' notice of the proposed change in maximum eligibility level to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters. [2003, c. 469, Pt. A, §5 (AMD); 2003, c. 673, Pt. Y, §3 (AFF).]

For the purposes of this subsection, the "nonfarm income official poverty line" is that applicable to a family of the size involved, as defined by the federal Department of Health and Human Services and updated annually in the Federal Register under authority of 42 United States Code, Section 9902(2). For purposes of this subsection,

"program budget" means the amounts available from both federal and state sources to provide federally approved Medicaid services.

[2007, c. 695, Pt. C, §§9, 10 (AMD) .]

1-A. Elderly prescription drug program.

[2001, c. 650, §1 (RP) .]

1-B. Funding. State funds necessary to implement subsection 1-C must include General Fund appropriations and Other Special Revenue allocations from the Fund for a Healthy Maine to the elderly low-cost drug program operated pursuant to section 254-D, including rebates received in that program from pharmaceutical manufacturers, that are no longer needed in that program as a result of the Medicaid waiver obtained pursuant to subsection 1-C.

[2005, c. 401, Pt. C, §5 (AMD) .]

1-C. Prescription drug waiver program. Except as provided in paragraph G, the department shall apply to the federal Centers for Medicare and Medicaid Services for a waiver or amend a pending or current waiver under the Medicaid program authorizing the department to use federal matching dollars to enhance the prescription drug benefits available to persons who qualify for the elderly low-cost drug program established under section 254-D. The program created pursuant to the waiver is the prescription drug waiver program, referred to in this subsection as the "program."

A. As funds permit, the department has the authority to establish income eligibility levels for the program up to and including 200% of the federal nonfarm income official poverty level, except that for individuals in households that spend at least 40% of income on unreimbursed direct medical expenses for prescription medications, the income eligibility level is increased by 25%. [2001, c. 650, §3 (NEW).]

B. To the extent reasonably achievable under the federal waiver process, the program must include the full range of prescription drugs provided under the Medicaid program on the effective date of this subsection and must limit copayments and cost sharing for participants. If cost sharing above the nominal cost sharing for the Medicaid program is determined to be necessary, the department may use a sliding scale to minimize the financial burden on lower-income participants. [2001, c. 650, §3 (NEW).]

C. Coverage under the program may not be less beneficial to persons who meet the qualifications of former section 254 than the coverage available under that section on September 30, 2001. [2005, c. 401, Pt. C, §6 (AMD).]

D. In determining enrollee benefits under the program, to the extent possible, the department shall give equitable treatment to coverage of prescription medications for cancer, Alzheimer's disease and behavioral health. [2001, c. 650, §3 (NEW).]

2009 POVERTY GUIDELINES

ALL STATES (EXCEPT ALASKA AND HAWAII) AND D.C.

ANNUAL GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	10,830.00	12,996.00	14,403.90	14,620.50	16,245.00	18,952.50	20,035.50	21,660.00	27,075.00
2	14,570.00	17,484.00	19,378.10	19,669.50	21,855.00	25,497.50	26,954.50	29,140.00	36,425.00
3	18,310.00	21,972.00	24,352.30	24,718.50	27,465.00	32,042.50	33,873.50	36,620.00	45,775.00
4	22,050.00	26,460.00	29,326.50	29,767.50	33,075.00	38,587.50	40,792.50	44,100.00	55,125.00
5	25,790.00	30,948.00	34,300.70	34,816.50	38,685.00	45,132.50	47,711.50	51,580.00	64,475.00
6	29,530.00	35,436.00	39,274.90	39,865.50	44,295.00	51,677.50	54,630.50	59,060.00	73,825.00
7	33,270.00	39,924.00	44,249.10	44,914.50	49,905.00	58,222.50	61,549.50	66,540.00	83,175.00
8	37,010.00	44,412.00	49,223.30	49,963.50	55,515.00	64,767.50	68,468.50	74,020.00	92,525.00

For family units of more than 8 members, add \$3,740 for each additional member.

MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE								
	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	902.50	1,083.00	1,200.33	1,218.38	1,353.75	1,579.38	1,669.63	1,805.00	2,256.25
2	1,214.17	1,457.00	1,614.84	1,639.13	1,821.25	2,124.79	2,246.21	2,428.33	3,035.42
3	1,525.83	1,831.00	2,029.36	2,059.88	2,288.75	2,670.21	2,822.79	3,051.67	3,814.58
4	1,837.50	2,205.00	2,443.88	2,480.63	2,756.25	3,215.63	3,399.38	3,675.00	4,593.75
5	2,149.17	2,579.00	2,858.39	2,901.38	3,223.75	3,761.04	3,975.96	4,298.33	5,372.92
6	2,460.83	2,953.00	3,272.91	3,322.13	3,691.25	4,306.46	4,552.54	4,921.67	6,152.08
7	2,772.50	3,327.00	3,687.43	3,742.88	4,158.75	4,851.88	5,129.13	5,545.00	6,931.25
8	3,084.17	3,701.00	4,101.94	4,163.63	4,626.25	5,397.29	5,705.71	6,168.33	7,710.42

Produced by: CMSO/DEHPG/DEEO

Derived from poverty guidelines as published in the Federal Register on January 23, 2009