



MaineCare Member Handbook

May 2021

Welcome to MaineCare

This handbook explains the MaineCare program. It is not a legal policy or contract. The information in this handbook is valid as of the date on the bottom of this page.

The most current version of the handbook can be found on the MaineCare Member Resources webpage at: <https://www.maine.gov/dhhs/oms/member-resources>. Printed versions of the handbook may have older information. The handbook on the Member Resources webpage is the most up-to-date.

For questions or help, you can call MaineCare Member Services at 1-800-977-6740. If you are deaf or hard of hearing and have a TTY machine, call 711.



To request this document in another format, call (207) 287-5014. Deaf or hard of hearing members, please call 711 (Maine Relay) or email ADA-Civilrights.dhhs@maine.gov.

To request this document in another language, please call MaineCare Member Services at 1-800-977-6740.

Pona kosenga mokanda oyo na monoko mosusu, tosenji obenga lialisi ya bato ya MaineCare na numero 1-800-977-6740.

Para solicitar este documento en un idioma diferente, comuníquese con el Servicio para afiliados de MaineCare llamando al 1-800-977-6740.

Para solicitar este documento noutra língua, contacte os Serviços do Membro MaineCare pelo número 1-800-977-6740.

Si aad u codsato dokumintigaan oo luuqad kale ku qoran, fadlan ka wac Adeegyada Xubinta MaineCare 1-800-977-6740.

Pour obtenir ce document dans une autre langue, veuillez contacter les Services aux membres de MaineCare au 1-800-977-6740.

لطلب الحصول على هذا المستند بلغة أخرى، يُرجى الاتصال بخدمات أعضاء MaineCare على هاتف رقم 1-800-977-6740.

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Chapter 1: Basic information about MaineCare

MaineCare, Maine's Medicaid program, is jointly funded by the federal government's Centers for Medicare and Medicaid Services (CMS) and the state. MaineCare provides health care coverage for Maine's children and adults who are elderly, disabled, or with low incomes.

MaineCare Members

- A MaineCare member is an individual who receives health care coverage through MaineCare because they meet the income guidelines and is eligible based on age, family situations, and health care needs.
- MaineCare is for individuals who have low income or are medically needy.
- Some programs, such as nursing home care and in-home services, require both financial and medical eligibility.

Applying for MaineCare

The Office for Family Independence (OFI) determines MaineCare eligibility. OFI is an office of the Department of Health and Human Services (DHHS), just like the Office of MaineCare Services.

See the MaineCare Eligibility Guidelines document for the income limits for MaineCare on the Health Care Assistance webpage at: <https://www.maine.gov/dhhs/ofi/programs-services/health-care-assistance>. You and your family may be eligible for MaineCare if your monthly income, before you pay taxes, is up to your household size listed. If you are close to the income limits, you should go to My Maine Connection or contact the Office for Family Independence (OFI) to apply because some of your income may not count toward this limit.

To apply for MaineCare, you can do one of the following:

- Go to My Maine Connection to see if you are eligible or to apply online for MaineCare. The web address is: <https://www1.maine.gov/benefits/account/login.html>
- Print an application by going to this web address: <https://www.maine.gov/dhhs/ofi/applications-forms>. You can then mail it to: 114 Corn Shop Lane, Farmington, ME 04938.
- Call 1-855-797-4357; TTY users, dial 711.
- Visit a local DHHS - Office for Family Independence (OFI). Go to the following web address to see the list district office addresses: <https://www.maine.gov/dhhs/about/contact/offices>. DHHS offices are located throughout the state. To see what office your town is assigned to, go to the Office Finder webpage at: http://gateway.maine.gov/dhhs-apps/office_finder/index.asp.

Call the OFI eligibility office if you:

- Need a MaineCare card
- Have questions about your eligibility
- Move or change phone numbers
- Become pregnant or have a baby
- Have a change in household members
- Get or lose other health insurance
- Get or lose a job
- Want an Administrative Hearing when your MaineCare coverage ends

You can call the eligibility office at 1-855-797-4357. See Chapter 10 of this handbook for a list of addresses and phone numbers of the local DHHS offices.

Medical and Financial Reviews and Changes

Every MaineCare member gets a yearly financial review from the eligibility office. Some members get a yearly medical review. The eligibility office will send you a review form to complete. Be sure to complete and return it on time. If you do not, you could lose MaineCare coverage.

If you have changes that may affect your MaineCare between reviews, call the eligibility at 1-855-797-4357. You should report changes within **10 days**.

Report changes such as:

- Address
- Income
- Assets
- Other health insurance, including Medicare
- Someone moving in or out of your home
- Marital status

See Chapter 10 of this handbook for your local DHHS office address and telephone number.

MaineCare Card

All members get a plastic MaineCare card. You should bring this card with you to your health appointments. Your card can only be used for you. It is against the law to let anyone else use it for anything but your care.

Keep your MaineCare card even if your coverage ends. You may get MaineCare again. If that happens, you can use the same card. If you lose your card or need a new one, contact your local

DHHS eligibility office. See Chapter 10 of this handbook for your local DHHS contact information.

Covered Services

MaineCare pays for medically necessary services based on your coverage group, which is determined by your income, age, medical needs, and if you need help with Activities of Daily Living (ADLs). MaineCare may not cover all services listed below. Not all coverage groups are allowed to have the same services. Make sure MaineCare covers the service you need before you get care. There are limits or special rules for most covered services.

What services are covered?

Some examples of services that may be covered include:

- Doctor visits
- Prescription medications
- Behavioral health services
- X-rays and labs
- Emergency and hospital visits

What services are not covered?

Some examples of services that are not covered include:

- Acupuncture
- Cosmetic surgery
- Experimental procedures or drugs
- Health club memberships, such as the YMCA
- Massage therapy

How do I find out if a service is covered?

Talk with your health care provider or call MaineCare Member Services at 1-800-977-6740. TTY users, dial 711 (Maine Relay). To see if your medication is covered, call the Pharmacy Help Desk at -866-796-2463, TTY users, dial 711 for Maine Relay.

Do I need anything before I can get a health care service?

Some services need something before your provider can provide the service.

Some covered services need a:

- Referral from your primary care provider
- Prior Authorization or PA
- Prescription
- Copay
- Medical assessment

For more information, see the chapter about Benefit Packages in this handbook.

Cost to You

Do I have to pay for MaineCare coverage?

You may have to pay a copayment, premium, or cost of care for MaineCare services depending on what coverage group you have.

Copayments

You may need to pay for part of the cost of some MaineCare services. What you pay is called a copayment, or copay.

Members do not have a copay for the following:

- Services provided in Indian Health Service Centers
- Family Planning services and supplies
- Emergency Department services
- Hospice services
- All oxygen and oxygen equipment services
- Tobacco cessation services and products

Members do not have a copay when they are:

- Under 21 years of age
- Pregnant, including three months after the pregnancy ends
- In state custody
- Under state guardianship
- Native American and those members eligible to receive services funded by Contract Health Services or Indian Health Service Tribal Union when their tribal membership has been verified through the Office for Family Independence (OFI)

- Members paying for part of their care as set by DHHS and residing in one of the below facilities:
 - Hospital
 - Skilled nursing facility
 - Nursing facility
 - In a medical institution, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), or a Private Non-Medical Institution (PNMI) where DHHS sets the cost of care.

To see what you might have for a copay for services and prescription drugs, see the MaineCare Member Copayments (PDF) on the Coverage & Benefits webpage at:

<https://www.maine.gov/dhhs/oms/member-resources/coverage-benefits>.

Some services must be provided to you even if you can't pay a copay. For example, a drug store must give you your drugs even if you do not pay your copay. If you do not pay your copay, the provider may bill you, or could take you to court or send your bill to a collection agency. For other MaineCare members, if you do not pay your copay at the time you get the service, the provider does not have to give you care.

Call MaineCare Member Services for more information about copays at 1-800-977-6740.

Premiums

A premium is a fee that some members pay to have MaineCare coverage. For some MaineCare services, if you are over the income level for MaineCare, you may have the option to pay a premium for MaineCare coverage. Some examples include the Katie Beckett program and the Children's Health Insurance Program (CHIP). You will know if you must pay a premium for coverage because you will get a letter when you enroll in MaineCare.

If you must pay a premium, MaineCare will send you a bill in the mail. You must pay the bill when it is due. You can pay each month or the entire year up front. If you do not pay the premium, you may lose MaineCare. If you have any questions about your premium, contact your local DHHS office. See Chapter 10 of this handbook for your local DHHS office address and telephone number.

Cost of Care

If you live in a medical facility, you may have to pay for a portion of your care. This is called the Cost of Care and it is the amount you pay toward your care at the medical facility. Members who pay a cost of care usually live in a nursing facility, residential care facility, cost-reimbursed boarding home, or an adult family care home.

Whether you pay a cost of care depends on your income. If you have a cost of care, you will get a letter showing your monthly payment. Unless your income is set aside for your at-home spouse, you must use most of your income to pay for your care.

Some members who are eligible to live in a nursing facility may get services in their own home, instead.

Members who receive the following services usually must pay a cost of care:

- Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder (Adults over age 18)
- Home and Community Benefits for the Elderly and Adults with Disabilities
- Home and Community-Based Benefits Services for Adults with Brain Injury
- Home and Community-Based Services for Adults with Other Related Conditions
- Support Services for Adults with Intellectual Disabilities or Autistic Disorder

Other Payments

You may have to make other payments. For example, you must pay when you:

- Get a service that is not covered by MaineCare and you agree with your provider in advance that you will pay for the service.
- Get services from someone who is not a MaineCare provider. Make sure your provider is enrolled with MaineCare before you receive services.
- Did not follow the rules of your other health insurance when you are covered by more than one insurance, and your other health insurance denies your claim.

Chapter 2: Getting Services

COVID-19

MaineCare cares about our members' health and wellbeing. We want to make sure you get the health care services that you need during the COVID-19 (coronavirus) pandemic.

Where can I find more information about COVID-19 vaccines?

For up to date vaccine site information and a list of vaccination sites, see <http://www.maine.gov/covid19/vaccines>.

MaineCare covers:

- COVID-19 testing so that MaineCare members are not charged for the test.
- COVID-19 vaccines for certain MaineCare coverage groups.

For information about pharmacy, Non-Emergency Transportation services, and other COVID-19 related benefits and information, see MaineCare's COVID-19 webpage at: <https://www.maine.gov/dhhs/oms/about-us/projects-initiatives/covid-19>.

Contact 211 Maine for answers to frequently asked questions about COVID-19. This resource is TTY and Video Relay accessible if calling from Maine.

- Dial 211 or 1-866-811-5695
- Text your ZIP code to 898-211
- Email: info@211maine.org

Hospital Emergency Department (ED)

If you think you are having a life-threatening health emergency, go to the hospital ED right away. If you go to the ED and it is not an emergency, you may have to wait a long time for care. If you are not sure if it is an emergency, call your Primary Care Provider (PCP). Use the ED only for an emergency, not for routine or urgent care.

Some examples of emergencies are:

- Chest pain
- Bad burns
- Broken bones
- Being unable to speak or move

- Severe bleeding
- Deep cuts
- Head injuries
- Thoughts of harming yourself or others
- Trouble breathing
- Mental confusion
- Poisoning
- Severe injury to a joint
- Rape or other attack
- Sudden or severe pain
- Coughing blood

Urgent Care

Urgent care, also called walk-in care, is not for emergencies. Use urgent care when you need care right away, but your injury or ailment is not life-threatening. Check with your Primary Care Provider (PCP) before you go to urgent care because you need a referral. If you do not get a referral and go to urgent care, MaineCare may not pay the bill.

Preventive Services

MaineCare pays for many preventive services. These services keep you well and can find health problems before they become serious.

Examples of preventive services for members of all ages:

- Healthy visits, also called well child exams
- Annual physical exams for adults
- Lead screenings
- Immunizations, also called vaccines or shots for children and adults
- Pap smears for women
- Mammograms
- Prostate screenings for men

Preventive services for members under age 21:

MaineCare supports parents taking their child to get a well-child exam. This exam is called a “healthy visit.” It is a visit to the doctor that is not for a sickness. Instead, it is for checking the child’s health and growth, getting shots, and taking tests to make sure the child is well. Call MaineCare Member Services if you need help to set up appointments, find a ride, or find a MaineCare provider. A child can get some services and medical equipment that are considered

optional treatment services. Optional treatment services are not usually covered by MaineCare unless the service is medically necessary. An example of a covered optional service is a helmet for a child who has seizures.

See the Children's Services chapter of this handbook for more detail about services for members under age 21.

Prior Authorization (PA)

What is a Prior Authorization?

Before you can get some services or equipment, MaineCare must approve it. This approval is called Prior Authorization (PA). Your provider sends a form to MaineCare and we will send you and your provider a letter to let you know if the service or medical equipment is approved. If you get the service or the medical equipment without MaineCare's approval, you may have to pay the bill.

Examples of services and medical equipment that need PA:

- Some prescription drugs
- Some mental health services
- Some surgeries
- Most medical supplies and medical equipment that cost over \$699.99
- Hearing aids
- Most out-of-state services
- Some eye care services
- Some dental services, especially for adults
- All services to straighten teeth
- Some physical therapy, occupational therapy, and speech therapy
- Inpatient treatment at an in-state psychiatric hospital
- Out-of-state and some in-state transportation services
- Some home care services
- Some ambulance services

For questions about a PA for a prescription drug, call MaineCare's Pharmacy Help Desk at 1-866-796-2463. Call MaineCare Member Services at 1-800-977-6740 for questions about all other services.

How will I know if I need a PA for my prescription drugs?

When your provider prescribes a drug, ask if you need a PA. MaineCare has a Preferred Drug List and it shows which drugs need PA. For those that need PA, MaineCare must give approval.

Your provider asks for PA by sending a form to MaineCare. After getting the form, MaineCare has 24 hours to let you, the pharmacy, and your doctor know if the drug is approved. The Preferred Drug List is not in this handbook because it is long, and it changes often. You can find the list on the Limited Benefits webpage at: <https://www.maine.gov/dhhs/oms/mainecare-options/limited-benefits>. You can also call MaineCare Pharmacy Help Desk at 1-866-796-2463.

What if I cannot get my drugs because I need PA?

Call your provider. Your provider will need to complete a form for PA or prescribe a different drug. If MaineCare does not approve the drug, you can ask for a Fair Hearing. If MaineCare denies a drug that was paid for in the past 48 days and you ask for a hearing within 10 days of the denial, you should be able to get your prescription filled while waiting for your Fair Hearing.

Call the Pharmacy Help Desk at 1-866-796-2463 if you have questions about a PA or your drugs. If you are deaf or hard of hearing and have a TTY machine, call 711.

Out-of-State Services

Out-of-State MaineCare Providers

New Hampshire providers who are within 15 miles of the Maine border can enroll in MaineCare. Check with MaineCare Member Services if you have questions about seeing an out-of-state provider.

Emergency Services Out-Of-State

You may have to pay the bill if you get care from a provider out of the state of Maine. This is because not all providers choose to enroll as a MaineCare provider. If the provider is not enrolled with MaineCare, and you have paid a bill, you may not get your money back. If you are not sure if what you are experiencing is an emergency, call your Primary Care Provider (PCP) first, and he or she may be able to help you get care. Call MaineCare Member Services if you get a bill.

Non-Emergency Services Out-Of-State

If you need a service that is not an emergency, you must get it in Maine from a MaineCare provider or from a MaineCare-enrolled provider who is within 15 miles of the Maine border in New Hampshire.

If your provider thinks you need a service that is not offered in Maine, MaineCare may approve care outside of Maine. Your provider must ask MaineCare to approve any services you get in another state before you can get that service.

Restriction Policy or Lock-In

In situations where a member repeatedly accesses services or medications that have not been determined medically necessary by his or her medical provider, MaineCare may limit the member to specific health care providers, drug stores, and hospitals.

Chapter 3: Programs Explained

Accountable Communities (AC) Program

What is an Accountable Community (AC)?

An AC is a group of doctors and other health care providers who work together to give better health care to their patients and lower the costs of healthcare services.

What does this mean to me?

You can still choose the healthcare providers you want to see. MaineCare wants you to have the best healthcare you can. To be sure this happens, we may share your Protected Health Information (PHI) with the AC and other healthcare providers you see. The PHI we may share includes information about your doctor and hospital visits, prescriptions, medical and mental health conditions, and lab work.

You can read an example of a letter to members for more detail on the Primary Care and Your Health webpage at: <https://www.maine.gov/dhhs/oms/member-resources/primary-care-and-your-health>

Adult Dental Coverage

MaineCare covers limited dental services for adults to prevent tooth decay and periodontal gum disease.

Who is eligible for adult dental services?

Adult dental services are for members who:

- Are age twenty-one (21) or older,
- Are in pain, have an infection, or are at risk of imminent tooth loss.

What services are covered?

The following services can help the dentist diagnose tooth decay, periodontal gum disease, or and may be covered by MaineCare.

- Limited exams that focus on pain, infection, and specific concerns.
- Periapical x-rays, which is an x-ray of the tooth bothering the patient.
- Panoramic x-rays are an x-ray of the whole mouth including the jaw.
- A complete series is a full set of x-rays (usually between 12 and 18 individual x-rays) of the whole mouth.
- Pulp testing, which transmits a hot or cold sensation to a tooth.

The following services restore a broken or decayed tooth and may be covered by MaineCare.

- Amalgam (silver) or composite (white) filling/restorations.
- Anterior (front teeth) and posterior (back teeth) filling/restoration.
- Post and core, which is a procedure where a rod and core material are used to fix the tooth, after the tooth has had a root canal.
- Core build-up, which is used for large fillings, after a root canal, or as a base for a crown.
- Crown (cap) if the tooth requires one.

What extraction services are covered by MaineCare?

The following extraction services are covered by MaineCare.

- Removal to relieve pain, eliminate infection, or as part of a serial extraction. This could be done if the dentist is removing all but 2 teeth, the 2 teeth would be also be covered if the dentist and patient agree on the extraction

The following MaineCare-covered, with approved prior authorizations, services ~~restore~~ alleviate gum pain, swelling, or bleeding.

- Prophylaxis (also called prophies or cleanings)
- Periodontal scaling and root planning also known as quadrant scaling, which is a very deep cleaning generally done with local anesthesia. Dentists usually will only work on one or two quadrants at a time.
- Full mouth debridement, which is a cleaning for mouths with heavy deposits/buildup on their teeth. This type of cleaning is done so the dentist can “do” a complete exam at a later date.

The following are services related to root canal procedures and are covered by MaineCare.

- Root canals on the anterior, bicuspid, and molar teeth. Root canals remove the nerve from the tooth

The following are MaineCare-covered oral surgery services.

- Surgical care within three months of an accident that caused a traumatic injury to the mouth.
- Oral surgery and related medical procedures such as:
 - Cyst and tumor removal
 - Abscess incision and drainage
 - Oral biopsies, which are samples of tissue that look for cancer or abnormal cells

Certain medical conditions qualify a member to receive denture or partial services.

All medical conditions must be documented by a medical provider and the provider must follow the rules listed in the MaineCare Benefits Manual before providing services.

Who do I call with questions about dental services?

Please contact your dental provider with questions about coverage of a specific procedure. Refer to Chapter II, Section 25 or Chapter III, Section 25 of the [MaineCare Benefits Manual](#) for additional details on covered services.

How do I find a dental provider?

To select a dental provider, call MaineCare Member Services at 1-800-977-6740.

How do I treat dental pain?

Dental pain can be caused by an exposed nerve, broken, or cracked tooth, or infection. Call your dental provider if you are in pain.

Some symptoms of dental issues may include:

- Broken, cracked, or decayed tooth
- Sore, swollen gums
- Abscess that may have pus

Call your provider:

- If you or your child have dental pain or see symptoms of dental issues
- If you have a fever for more than two days

To treat dental pain, you can:

- Take Tylenol (acetaminophen) as directed on the label
- Drink plenty of fluids
- Avoid smoking
- Rinse with warm salt water

You can find more information about adult dental coverage on the Adult's webpage at: <https://www.maine.gov/dhhs/oms/mainecare-options/adults>.

Private Health Insurance Premium (PHIP)

The PHIP program can help you pay your share of the cost for your private health insurance. . PHIP has new guidelines so, you may qualify! If you have private insurance or if it is available through work, please call Member Services at (800) 977-6740 to learn more about this program. You can also get an application and/or more information online at: <https://www.maine.gov/dhhs/oms/mainecare-options/limited-benefits>

What is PHIP?

PHIP stands for **P**rivate **H**ealth **I**nsurance **P**remium benefit. This benefit can pay your share of the cost of your private health insurance.

How can PHIP help me?

- If you qualify, MaineCare will pay your share of the cost for your private health insurance. Your share of the cost is called a premium.
- You will still have MaineCare coverage. You may also have additional services covered under your private health insurance.

Do I qualify for PHIP?

You may qualify for PHIP if:

- You or someone in your household is eligible for MaineCare.
- You are eligible for private health insurance coverage.
- You might be covered by the plan as an employee, child, or spouse.

How do I apply?

- To print an application, go to:
<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/PHIPweb-Application.pdf>.
- Call the PHIP team at 1-800-977-6740 to ask them to mail you an application.

Will I have out-of-pocket costs?

The only times there will be out of pocket costs for PHIP members are when:

- You have a MaineCare copay. MaineCare will pay the copay for the private health insurance.
- If you or a member of your family receives a service which is not covered by MaineCare, you may have an out of pocket expense.
- Your doctor should tell you if it is a service MaineCare doesn't cover before providing the service.

What do I need to do?

- You must sign up for private health insurance. The PHIP team can't do that for you.
- If you qualify for PHIP, give your health care provider your MaineCare card and your private health insurance card at all appointments and services.

What happens if I lose MaineCare?

If MaineCare ends, PHIP ends.

What happens if I lose my private health insurance?

If you lose or cancel your private health insurance, you no longer qualify for PHIP. Please contact us right away if that happens.

Telehealth

Your health care or mental health provider may offer telehealth, which is a way for you to see your provider from the comfort of your own home.

What is telehealth?

Telehealth is the use of technology for health care appointments and services. It allows you to see your care provider without having to go to their office. Visits are covered by MaineCare, Medicare, and most insurance companies.

What kind of appointments can I have using telehealth?

- Conversations with your doctor about your chronic health care, diagnosis and treatment of new illnesses, and other medical care
- Physicals, mental health, substance use disorder treatment and some developmental disability services
- Routine child check-ups and developmental services

How do I use telehealth?

- Mobile apps
- Video conferencing platforms
- Patient portal message and telephone calls without video are considered "virtual health" visits

How do I ask for a telehealth appointment?

1. Call your care provider and ask if you can use telehealth for your appointment. This may also be an option for your children's health care needs.
2. They will tell you about the best way to use telehealth for your appointment.

What if I don't have a smartphone or internet access?

Call your doctor and discuss options for your appointments. If you do not have a smartphone but have a computer, you may be able to do a telehealth visit on your computer. If you do not have a computer or internet access, you may be able to conduct your appointment over telephone with audio (voice) only.

If you need help with paying for your phone, cell minutes, or internet access, you can also apply for Lifeline, a federal program that's available to help eligible individuals pay for their cell phone minutes and internet access. Go to this webpage to apply:

<https://www.fcc.gov/consumers/guides/lifeline-support-affordable-communications>

How much data will this use?

Some face-to-face video chats can use a lot of data. Using Wi-Fi can reduce the amount of cell phone data you use. If you have a limited amount of data, call your doctor's office, and discuss your options. There may be options that don't use as much data, such as a phone call or sharing pictures and text, if necessary. You can also contact your phone carrier if you have questions on your data limits.

Do I have to use telehealth to see a doctor?

If it is an emergency, you should go to the Emergency Department. While many doctors are seeing patients in person, you lower your risk of being exposed to COVID-19 by using telehealth for non-emergency care, when possible. Talk with your doctor about the best way to get care for your health issues.

What if I need an interpreter?

An interpreter can be available during a telehealth visit, like they are for an in-person appointment. Your provider's office will contact you before your telehealth appointment to talk about what you need for the appointment and may ask if you need an interpreter. If they don't ask, you can request one. If your provider doesn't call or email you before your visit, you should call the office to request an interpreter.

Your provider will arrange to have the interpreter join your telehealth visit. You will see both your provider and your interpreter on your screen. If you are receiving care at a hospital or health clinic, the interpreter may join you in person or from another location. You can also talk with your provider about having your family member or friend join you as an interpreter if you prefer.

How can I be sure it's safe to use telehealth?

You should always be careful when using technology, whether it's for health care, banking, or simply connecting with family and friends. Your privacy is very important to us and your healthcare provider.

There are some simple things you can do to help make sure that your telehealth visit is safe and secure:

- Ask your health care provider if the technology they are using is HIPAA-compliant – this means that it meets the federal government's strict privacy and security standards.

HIPAA-compliant technologies make it much more difficult for hackers to access your information or get access to a telehealth visit uninvited.

- Make sure you are located in a private space before you start your telehealth visit and be sure your provider is also in a private space once you are connected via audio/video. A room with a door that can be closed is best to avoid interruptions and prevent others from hearing your discussion with your provider.
- Use a private network to connect to the internet, which is one that requires a password to join, such as your home network. Do not use public networks such as those at coffee shops or libraries to join a telehealth visit, as these are much less secure, and your information and privacy may be at risk.

See the Telehealth webpage for more details at: <https://www.maine.gov/dhhs/oms/member-resources/telehealth>.

Tobacco – Get Help Quitting

Interested in quitting tobacco? MaineCare can help!

If you are thinking about quitting, you are not alone. Approximately three out of four people who use tobacco want to quit.

What happens when you quit?

- Your blood pressure and circulation improve.
- Your heart rate improves.
- Your lungs work better.
- Your chances of developing cancer, heart disease, diabetes or having a stroke go down.

How can MaineCare help you quit?

MaineCare pays for:

- Tobacco treatment counseling services.
- Nicotine replacement options like the nicotine patch or gum.
- Doctor visits.

Ready to quit now?

- Call the Maine Tobacco Helpline at **1-800-207-1230** to get free help with your quit plan.
- Call your doctor for help finding services and determining which products might be best for you.

Starting to think about quitting?

- Visit the QuitLink at: <https://thequitlink.com/>.
- Learn about free tools and resources.

Not ready to quit yet?

- Take the Smoke Free Home Pledge at: <https://breatheasymaine.org/smoke-free-homes-pledge/>.
- Remember, there is no risk-free level of secondhand smoke.

Transitional MaineCare

If your income goes up because of work or child support, and you are no longer eligible for “regular” MaineCare, you may be able to get up to six months of Transitional MaineCare. Call your local DHHS office eligibility specialist for information.

Transportation

MaineCare covers Non-Emergency Transportation (NET) for eligible members. You may get a ride to your MaineCare-covered appointment or have your ride reimbursed by MaineCare.

Make sure to make an appointment **at least two business days** in advance and check that it is covered by MaineCare and approved by the transportation broker.

The transportation broker in your region will decide if you qualify for transportation services and what type you can have.

How do I schedule a ride to my appointment?

MaineCare works with transportation brokers to schedule rides for our members. Call the broker in your area to ask about scheduling a ride. To see if you are eligible for NET, please contact the broker in your area. For a list of brokers, go to the NET webpage at: <https://www.maine.gov/dhhs/oms/member-resources/transportation>.

The transportation broker will choose the least expensive way to get you to your appointment. The brokers do not arrange emergency transportation. In a medical emergency, you should call an ambulance.

Some examples of ways the broker may get you to your appointments are:

- Paying you for mileage from your home to and from your appointment if you use your own vehicle.

- Paying a friend or family member for mileage from your home to your appointment and back if he or she brings you.
- Giving you a pass or fare if you use public transportation such as a bus, train, or ferry.
- Setting up a ride with a volunteer to and from your appointment.
- Setting up a ride with an agency to and from your appointment.
- If you have special medical needs, setting up a ride to and from your appointment in a specialty vehicle, such as a wheelchair van.
- In certain cases, the broker may set up a ride with a taxi to and from your appointment.

The broker must follow MaineCare rules about what type of transportation they offer you. You must use whatever type of transportation the broker provides unless there is a health reason not to use that type of service.

When should I schedule a ride to my appointment?

Call for a ride as soon as you schedule your MaineCare-covered appointment. You must call the broker in your region at least two business days before the appointment. Before scheduling your ride, the broker checks that your appointment is covered by MaineCare and that you are eligible for transportation services.

When are other times that I should talk to the broker?

- If you cancel or change the date or time of an appointment, call the broker right away.
- If you schedule a medical service outside of Maine, call the broker right away. The broker will need time to confirm that MaineCare has given permission for the out-of-state service.
- If you need to bring someone to help you at your appointment due to a medical need, let the broker know so they can make sure there is room for you and the other person.
- You should make every effort to arrange childcare if you need it. The broker may not be able to set up the trip so that you can bring your children with you.
- If you need emergency care, call an ambulance. Emergency care means there is a risk to your life or long-term health. Brokers do not arrange emergency transportation.
- If you need urgent care, you can call the broker. Urgent care means you need to see your doctor soon, but it is not an emergency. If you need urgent care, the broker will arrange transportation, even if you did not call two business days in advance.

What if I have an urgent appointment and need a ride?

If it is an urgent appointment and you cannot call two business days ahead of time, you can still get a ride. The broker will verify the trip is urgent.

Examples of when transportation is allowed for urgent care:

- Your doctor tells you to get medical care on the same day you call, or the next day.
- Your doctor tells you to come back for follow-up in two days or less.

- You are released from the hospital.
- Your doctor refers you to a specialist who can see you in two days or less and if you cannot make the appointment within two days, you would have to wait two weeks or longer for an appointment.
- You rescheduled an appointment because the broker caused a delay.

The broker is required to verify appointments. The broker may:

- Call your doctor's office to confirm your appointment before your trip and after your appointment to confirm that you went to it.
- Ask your doctor if you need to be seen on the same day or next day for an urgent request.
- Contact MaineCare to see if your service needs approval before your appointment.

See the Transportation webpage for a list of transportation broker addresses and phone numbers, frequently asked questions, and how to report a transportation complaint at:

<https://www.maine.gov/dhhs/oms/member-resources/transportation>

Chapter 4: Pharmacy Services

When you have full MaineCare coverage, you can get prescription drugs paid for with your pharmacy benefit.

Please contact the Pharmacy Help Desk toll free at 1-866-796-2463 with questions about Pharmacy services. If you are deaf or hard of hearing and have a TTY machine, call 711.

Preferred Drug List

See MaineCare's Preferred Drug List (PDL) for a list of medications your doctor can prescribe on the Limited Benefits webpage at: <https://www.maine.gov/dhhs/oms/mainecare-options/limited-benefits>. Drugs listed as “Preferred” generally do not need a prior authorization (PA). Drugs listed as “Non-Preferred” will need a PA from your provider.

Mail Order Pharmacies

You can get brand name or generic drugs from mail order pharmacies that are approved by MaineCare. Mail order saves you time and money. You can get a 90-day supply of most generic and brand name drugs delivered to your mailbox. When you order drugs through the mail you will not be charged a copay.

If you have prescription drug questions, please contact the Pharmacy Help Desk: 1-866-796-2463. TTY users dial 711.

Discount Drug Programs

- Drugs for the Elderly and Disabled (DEL)
- Maine Rx Plus

Drugs for the Elderly and Disabled (DEL)

If you are elderly or disabled, you may be eligible for DEL. With DEL, you may get a discount on some prescription drugs. If you are eligible, you may get up to 80% off the cost of your drugs. You may also have to pay a \$2.00 copayment.

To be eligible for DEL, you must be:

- Age 62 or older
- Age 19 through age 61 and meet the disability criteria for Supplemental Security Income (SSI)

See the MaineCare Eligibility Guidelines document for the income limits for this program on the Health Care Assistance webpage at: <https://www.maine.gov/dhhs/ofi/programs-services/health-care-assistance>. You may be eligible for this program if your monthly income, before you pay taxes, is up to your household size listed.

If you are close to the income limits, you should go to My Maine Connection or contact the Office for Family Independence (OFI) to apply because some of your income may not count toward this limit.

To apply for DEL, you can do one of the following:

- Go to My Maine Connection to see if you are eligible or to apply online for MaineCare. The web address is: <https://www1.maine.gov/benefits/account/login.html>
- Print an application by going to this web address: <https://www.maine.gov/dhhs/ofi/applications-forms>. You can then mail it to: 114 Corn Shop Lane, Farmington, ME 04938.
- Call 1-855-797-4357; TTY users, dial 711.
- Visit a local DHHS - DHHS offices are located throughout the state. To see what office your town is assigned to, go to the Office Finder webpage at: http://gateway.maine.gov/dhhs-apps/office_finder/index.asp.

What drugs are discounted?

You may not get a discount on all your prescription drugs with DEL. If you have DEL, call the Pharmacy Help Desk at 1-866-796-2463 to see what drugs are covered. TTY users, dial 711.

Maine Rx Plus

Maine Rx Plus members may get a discount on some prescription drugs. If you are eligible, you may save:

- Up to 60% on generic drugs
- Up to 15% on brand name drugs

The amount you save will vary with each prescription.

See the MaineCare Eligibility Guidelines document for the income limits for this program on the Health Care Assistance webpage at: <https://www.maine.gov/dhhs/ofi/programs-services/health-care-assistance>. You may be eligible for this program if your monthly income, before you pay taxes, is up to your household size listed.

If you are close to the income limits, you should go to My Maine Connection or contact the Office for Family Independence (OFI) to apply because some of your income may not count towards this limit.

To apply for Maine Rx Plus, you can do one of the following:

- Go to My Maine Connection to see if you are eligible or to apply online for MaineCare. The web address is: <https://www1.maine.gov/benefits/account/login.html>
- Print an application by going to this web address: <https://www.maine.gov/dhhs/ofi/applications-forms>. You can then mail it to: 114 Corn Shop Lane, Farmington, ME 04938.
- Call 1-855-797-4357; TTY users, dial 711.
- Visit a local DHHS - DHHS offices are located throughout the state. To see what office your town is assigned to, go to the Office Finder webpage at: http://gateway.maine.gov/dhhs-apps/office_finder/index.asp.

What drugs are discounted?

You may not get a discount on all your prescription drugs with Maine Rx Plus. This benefit covers all MaineCare preferred drugs. If you have Maine Rx Plus, call the Pharmacy Help Desk at 1-866-796-2463 to see what drugs are covered. TTY users, dial 711.

Chapter 5: Services for Children

There are free and low-cost health coverage options that ensure kids under age 21 can get the routine check-ups, immunizations, and care they need to stay healthy.

Cub Care or Children’s Health Insurance Program (CHIP)

A child under age 19, whose family is over the income level for free MaineCare, may qualify for CHIP and pay a low-cost premium for health coverage.

Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)

The EPSDT program provides preventive care to children under 21 years old. Preventative care helps to catch and treat disease or ill health early, when it’s easier to treat. The EPSDT program focuses on a child’s or adolescent’s physical, oral, and mental or behavioral health care needs. This program can pay for medically necessary services or equipment that are not regularly covered by MaineCare if they are needed to prevent illness or injury of someone under age 21. EPSDT services require Prior Authorization (PA).

What are some examples of preventive services that are covered by MaineCare?

- Well-child exams, also called “healthy visits”
- Well-child dental exams
- Lead screenings
- Immunizations, also called vaccines or shots

Well-Child Exams

Well-Child Exams are covered by MaineCare. Your child’s health care provider will check to see how your child is growing and they are healthy. Your child can also receive vaccines and tests, if needed. Children can also get optional treatment services. Optional treatment services are medically necessary services or equipment that may be needed to prevent illness or injury to a child. For more detail, see the Children’s webpage at: <https://www.maine.gov/dhhs/oms/mainecare-options/children>.

Oral Health

MaineCare covers preventive dental care for children. This means that your child’s teeth and gums are checked to make sure they are healthy. Your child should go to the dentist for well-child visits starting by age one or younger.

Some examples of dental services that are covered for children include:

- Teeth cleanings and routine checkups, twice a year
- X-rays and fillings
- Fluoride treatments
- Other care the dentist says is necessary

Newborn Coverage

After your baby is born, call the Office for Family Independence as soon as possible to add your baby MaineCare. If you do not add your baby to MaineCare right away, you may get a bill from the hospital. If you had full MaineCare coverage when your baby was born, the baby can have MaineCare coverage until their first birthday even if your income changes.

Katie Beckett

Children under age 19 with serious health conditions who are over the income level for free MaineCare may get MaineCare coverage through the Katie Beckett program. Children enrolled in Katie Beckett pay a low-cost premium for health coverage. See the Children's webpage for more detail about eligibility requirements and general program information at:

<https://www.maine.gov/dhhs/oms/mainecare-options/children>.

Purchasing MaineCare through Health Insurance Purchase Option (HIPO)

If a child under age 19 loses MaineCare coverage because family income goes up, you can buy MaineCare coverage for up to 18 months or until your child turns 19, whichever comes first. If you want more information about this, call the eligibility office at 1-855-797-4357. Ask about the "Full Cost Purchase Option for Children Under 19 Years of Age." This is also called the Full-Cost Purchase Option for Children under 19.

MaineCare for Students

There are three ways MaineCare covers medical services when a member is at school:

1. MaineCare's School-Based Services Program

This program covers medically necessary services listed in the member's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) when provided by a school-based provider.

Examples of school-based services include, but are not limited to:

- Children's Behavioral Health Day Treatment (Section 65)
- Speech therapy
- Physical therapy
- Occupational therapy
- Nursing services
- Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations (Section 28)
- Specialized transportation

MaineCare will pay for any medically necessary services that are not listed in the IEP or IFSP, or are in addition to services listed.

2. School Health Clinics

Some school districts run school health clinics. School health clinics are different from one school district to another. They can provide a range of services from preventive care to acute care. When students who are MaineCare members get services through these clinics, MaineCare will pay for the medically necessary services that are not listed in the IEP or IFSP. Please contact your school health clinic for a list of services that may be offered in your district.

3. Provider Discretion

Some MaineCare providers use space in a school to provide medical services to students when the service is not listed in the IEP or IFSP. The student may get services at the school instead of the provider's office and these services are not considered school-based service because the referral was not made based on services listed in the IEP or IFSP.

Written Consent, or Permission

Individuals with Disabilities Education Act (IDEA) regulations state that a parent or guardian must give written consent, or permission, for a child to receive school-based services provided through IDEA.

You can also give permission for school-based providers to get paid by MaineCare for services by signing a consent form. Without your signed consent, MaineCare cannot be billed by any provider for school-based services. If you choose not to allow your child's provider to bill MaineCare, federal law states that your Local Education Agency (LEA) must still provide services to your child if they are listed on the child's IEP or IFSP.

Your Choice

When your child has MaineCare, it is your choice which school-based services provider works with your child. You are not limited to choosing only providers recommended by your LEA.

Medical Necessity

Through the IEP or IFSP process, school-based providers determine what services are medically necessary for your child so they can access their education. These services must be listed on the IEF or IFSP.

Transportation Requests

Please contact your child's school administrator with questions about transportation. Requests for transportation to school-based service appointments must be made by your child's provider.

Katie Beckett Limit

If your child receives school-based services and has MaineCare through the Katie Beckett program, the cost of the school-based services will be included in your child's annual benefit limit if you have given written consent for these services. See the Katie Beckett section of this document for more information about the Katie Beckett program.

Questions

For all questions regarding school-based services, please contact MaineCare's State Medicaid Educational Liaison by email at MaineCareinEducation.DHHS@maine.gov or by calling (207) 624-4094.

Definitions

The **Individuals with Disabilities Education Act (IDEA)** is a federal law that makes free appropriate public education available to eligible children with disabilities. This law ensures special education and related services are available. For more information about IDEA regulations, see the Department of Education's IDEA webpage at: <https://sites.ed.gov/idea/about-idea/>.

Local Educational Agency (LEA) refers to either your school district, or to an agency delegated by the Department of Education to provide services such as Child Development Services.

Chapter 6: Services for Older Adults and Adults with Disabilities

This section is about services for members who are over the age of 65, are blind, or have another disability.

Home and Community-Based Waiver Recipients

If you are in an eligibility category and meet the medical and financial requirements, then you may qualify to receive services through one of our Home and Community Based Services (HCBS) waiver programs. To view the eligibility categories, go to the Older Adults and Adults with Disabilities webpage at: <https://www.maine.gov/dhhs/oms/mainecare-options/older-adults-and-adults-with-disabilities>

Deductibles for the Medically Needy

If you qualify for MaineCare but are over the income or asset limits, you will have a deductible. A deductible is a specific dollar amount that is based on your income.

To meet your deductible, your qualifying medical bills must add up to that dollar amount. If you meet your deductible, you receive full MaineCare coverage for the rest of the deductible period. MaineCare will cover qualifying medical services for whatever is left once the deductible is met. You are responsible for the medical bills you received before you met your deductible and MaineCare will not pay for them. When the deductible period ends, your MaineCare coverage will end and you must reapply for a new deductible.

Medicare

Some MaineCare members are also covered by Medicare. Medicare is not the same as MaineCare. Medicare covers people who:

- Are age 65 and older; or
- Have received social security disability benefits for 24 months in a row; or
- Have end-stage renal disease.

Medicare has four parts:

- Part A (hospital insurance) pays for inpatient hospital care, some skilled nursing facility care, Hospice care, and some home health care.
- Part B (medical insurance) pays for doctors, outpatient hospital care, and some other medical services that Part A does not cover, like physical and occupational therapies. It does not pay for most prescription drugs.

- Part C (Medicare primary care case management) is called Medicare Advantage. These are health plan options that include Part A and Part B covered services and may include prescription drug coverage, preventive care, and other services.
- Part D (prescription drug coverage) covers outpatient prescription drugs through private companies. For more information on Part D, call DHHS Pharmacy Help Desk toll free at 1-866-796-2463. If you are deaf or hard of hearing and have a TTY machine, call 711.

If you have MaineCare and Medicare, Medicare should always pay first. There are several ways that MaineCare and Medicare work together:

- MaineCare members enrolled in both MaineCare and Medicare are called “dual eligible.” For most people in this group, MaineCare pays their Part B premiums and their Medicare co-insurance and deductibles. MaineCare pays for services that are not covered by Medicare.
- For some people with low income, MaineCare pays the Part B premium only.
- MaineCare members who are eligible must enroll in a Medicare Part D Prescription Drug Plan.

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227).

Medicare Savings Programs – Also called Buy-In

If you have Medicare, you may qualify for a Medicare Savings Plan. Depending on your income, MaineCare may pay for Part A premiums, Part B premiums, Medicare deductibles, coinsurance, and copayments.

It is important to note that this benefit is not full MaineCare coverage so, check with MaineCare Member Services to see if your service is covered by MaineCare.

Medicare Savings Programs:

- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Qualifying Individual (QI)
- Qualified Disabled and Working Individuals (QDWI)

See the Medicare Savings Programs webpage for more detail about eligibility guidelines and what is covered at: <https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs>

Long-Term Care Coverage

Residents of Nursing Facilities

You may qualify for long-term care coverage if you live in a nursing facility. MaineCare may pay for the cost of the room, food, nursing care, routine supplies, and equipment provided by your nursing facility.

Residential Care Facilities

You may qualify for long-term care coverage if you live in apartment or small adult family care home and get assisted living services. MaineCare may pay for the assisted living services that you receive.

Electronic Visit Verification (EVV)

EVV only affects you if you receive Personal Care Services (PCS) or Home Health Care Services (HHCS).

Personal care services and home health care services that require an in-home visit by your provider will require your provider to electronically confirm that the service was provided. This is called Electronic Visit Verification (EVV). Your personal care or home health provider may ask you to verify that they have provided a service to you.

What are Personal Care Services (PCS)?

PCS are services related to activities such as:

- Getting in and out of a bed, wheelchair or, vehicle
- Using the toilet
- Bathing and other personal hygiene like combing hair or brushing teeth
- Dressing
- Eating
- Taking medicine
- Grocery shopping and shopping for medicines and other supplies
- Housework and laundry
- Managing money
- Preparing food and clean up

What are Home Health Care Services (HHCS)?

- Skilled nursing services
- Home health aid
- Physical therapy services

- Occupational therapy services
- Speech language pathology services
- Medical social work services

What is EVV?

EVV allows MaineCare to electronically confirm that a personal care or home health service was provided.

How does EVV work?

The provider must use a mobile phone, tablet, or landline to show they provided a service.

How does EVV affect me?

Your benefits and services will not be changed by EVV. The only change you will see is that providers will use a phone or tablet at the beginning and end of your visit to confirm that a personal care or home health service was provided.

What do I have to do?

Your personal care or home health provider may ask you to sign a mobile phone or tablet or speak into a phone to verify the service took place.

When will my provider ask me to confirm I received a service?

Your provider may have already asked you to confirm a visit. PCS providers **must** begin verifying that they provided services to you beginning on January 1, 2021. HHCS providers must verify they provided services to you beginning on January 1, 2023.

Why do I have to confirm I received an in-home service?

Verifying a PCS or HHCS is required by the federal government. MaineCare and the federal government want to make sure you are getting the services you need. It's important that you verify the service took place so that your provider can get paid for the services they provided to you.

What if I have more questions about EVV?

See the EVV Member Questions & Answers document posted on MaineCare's Member Resource webpage at: <https://www.maine.gov/dhhs/oms/member-resources>. You can also contact MaineCare Member Services with questions at 1-800-977-6740; TTY users dial 711.

Chapter 7: Primary Care Provider (PCP)

A PCP can be a doctor, physician's assistant, nurse practitioner, and may include other providers within the health care practice, clinic, or center.

A PCP is the main health care provider responsible for managing your care.

Working with your PCP has benefits. Your PCP:

- Knows you and your health best.
- Understands your medical history.
- Will review all parts of your health care including your medical needs and medications for your health conditions.
- Can refer you to other types of providers or services if you need them.

If you need help finding a provider or selecting a PCP, call MaineCare Member Services at 1-800-977-6740.

Choose a PCP

Your PCP can be a doctor, physician's assistant, nurse practitioner, or a health care clinic.

To choose a PCP, please call MaineCare Member Services at 1-800-977-6740.

Appointments with your PCP

Make an appointment with your PCP right away.

Do not wait until you are sick. To get the best care, you should know your PCP and your PCP should know you. You must have an appointment with your PCP before he or she can refer you to a specialist.

Call ahead for an appointment.

Most providers will not see patients who come into the office without an appointment. If you need a ride to a MaineCare-covered service, call the transportation agency that is closest to you. You need to call them as soon as possible. Go to Chapter 10 of this handbook for a list of transportation agencies.

Keep your appointments and be on time.

Call your provider if you are going to be late. Call your provider if you cannot keep an appointment as soon as you know. MaineCare does not pay providers for missed appointments. Many providers will not see you again if you miss an appointment.

Take your MaineCare card to all your appointments.

If you do not have your card with you, providers may choose not to see you.

Primary Care Case Management (PCCM)

Primary Care Case Management (PCCM) helps members and providers work together to manage a member's care. Most members are part of PCCM. PCCM members receive a list of PCPs in the mail. The PCP that you pick will manage your care.

You will get a PCCM "enrollment packet" in the mail. This packet contains a Provider Choice Form, a Provider Directory for your area, and other important information.

When you get the enrollment packet, read the information in the packet and choose a Primary PCP from the provider directory. You can choose a different provider for each MaineCare member in your family. Follow the instructions in the packet and send back the Provider Choice Form or call MaineCare Member Services at 1-800-977-6740 with your choice. If you do not choose a PCP, MaineCare will choose one for you.

After MaineCare updates your PCP choice, they will send you a letter with your PCP's name, telephone number, and the date you can start seeing the PCP. Call MaineCare Member Services if the letter is incorrect.

If you do not choose your own PCP, MaineCare will choose one for you.

Participating in Primary Care Case Management (PCCM)

You cannot enroll in PCCM if you:

- Live in a nursing home or Intermediate Care Facility for Individuals with Intellectual disabilities (ICF-IID).
- Have Medicare.
- Have other health insurance.
- Will have MaineCare for less than three months.
- Are in the Lock-In program.
- Members under age 19 with special health care needs who meet the eligibility criteria for the MaineCare Katie Beckett eligibility option
- Members receiving Home and Community Benefits.

You can ask not to enroll in PCCM by calling MaineCare Member Services if you:

- Have been seeing a MaineCare provider for a chronic disease or disability and your provider is not part of MaineCare PCCM.
- Have a terminal illness and have a provider who is not part of MaineCare PCCM.
- Have a language or cultural need that your MaineCare PCP cannot meet.
- Must travel more than 30 minutes to see your PCP.
- Are a migrant farm worker or his or her dependent.
- Are homeless.
- Are getting Hospice care when you join MaineCare.
- Are living in jail or a prison.
- Are living in a nursing facility.
- Are living out of state. Are a patient in a hospital on the date you should enroll. You must enroll in MaineCare PCCM when you leave the hospital.

How to Change your PCP

To change your PCP, call MaineCare Member Services.

Members enrolled in Primary Care Case Management may change their PCP or PCP site for any reason within 90 days of choosing a PCP. If you have been enrolled in Primary Care Case Management for 90 days or more, you must have a good reason to change your PCP. Some good reasons to change are:

- MaineCare chose a PCP for you who is not the provider you usually see.
- You are moving and need to find a PCP closer to your new home.
- You are not happy with the care you get.

Once the change is made, you will get a letter from MaineCare Member Services confirming the change.

Losing your PCP

Your PCP can choose not to have you as a patient. If your PCP does not want to see you as a patient, he or she will send a letter to you and to MaineCare.

Some reasons your PCP may not want to see you as a patient are:

- You don't show up for your appointments or you don't call ahead to cancel.
- You don't bring your card to your appointments.
- You don't get a referral when you need one.
- You do not follow the office rules.
- Your PCP no longer accepts MaineCare.

If you lose your PCP, you should call MaineCare Member Services right away to see if there is another provider in your area who accepts MaineCare.

Referrals

A referral is approval from your PCP to get services from another provider or specialist.

Services you can get from your PCP or with a referral from the PCP include:

- Checkups
- Regular sick care
- Hospital care (inpatient and outpatient)
- Outpatient surgery at a clinic or center
- Medical supplies and equipment, such as wheelchairs, hospital beds, and oxygen
- Developmental and behavioral evaluation clinic services
- Speech and hearing services
- Home health services
- Care from a specialist like a cardiologist, or an ear, nose, and throat doctor
- Physical, occupational, and speech therapies
- Eye care (you do not have to call your PCP)
- Chiropractic services

Your PCP will provide these services or refer you to another provider. Any provider you see must take MaineCare.

Services you can get without a referral from your PCP include:

- Behavioral health services
- Substance abuse services
- Pregnancy care
- Lab and x-ray services
- Yearly pelvic exam, pap smear, and mammogram
- Family planning services
- Dental services (members age 21 and over are limited to emergency services only)
- Routine eye exam (under age 21 can have a routine eye exam once a year and members 21 and older can have a routine eye exam every three years)
- Eyeglasses (restrictions for members age 21 or over)
- Emergency care
- Ambulance services for emergencies
- Rides to medical appointments for services covered by MaineCare

If you have questions about referrals, ask your PCP or call MaineCare Member Services.

Before you see a specialist, you must:

- Get a referral from your PCP. If you are already seeing a specialist when you enroll in MaineCare PCCM, you still must get a referral from your PCP.
- Make sure you know the date and time of your appointment with the specialist.
- Check that the specialist is a MaineCare provider.
- Take the referral form to the appointment if your PCP gives you one.

Chronic Health Conditions

What if I have chronic health conditions?

If you have chronic health conditions, such as diabetes, a mental health condition, or opioid use disorder, you may be eligible to enroll in a Health Home, Behavioral Health Home, or Opioid Health Home.

Health Homes

A Health Home is not a place where people live. It is a way to make sure your health care is well coordinated. It's a team that always includes you and your Primary Care Provider (PCP). You and your team will work together to address all your health care needs. Your Health Home team can help with health care needs that last a long time, such as chronic diseases like asthma or heart disease. For example, if you have heart disease and see a lot of different providers for this condition, your Health Home team can help manage this with you.

There is no extra cost to you for Health Home services. Being part of a Health Home is your choice.

Who Is Eligible for Health Homes?

MaineCare members who have two or more of the following conditions may be eligible for Health Home services.

Members may also be eligible if they have one of the following chronic conditions and are at risk of another chronic condition:

- Diabetes
- Some mental health issues
- Substance use disorder
- Heart disease
- High blood pressure
- High cholesterol
- Obesity or overweight
- Chronic Obstructive Pulmonary Disorder (COPD)

- Smoking/tobacco use
- Developmental disorders or autism
- Heart and lung birth defects
- Asthma
- Acquired brain injury
- Seizure disorders

Talk to a Health Home provider nearest you to figure out if you may be able to be part of a Health Home.

To see if your provider is part of a Health Home program or to find a participating provider, please call 211 Maine. You may also call 1-855-714-2416 to speak with someone about Health Home services. Call center hours are from 7:00 AM to 6:00 PM, Monday - Friday.

Behavioral Health Homes

A Behavioral Health Home is a service that helps with your mental and physical health needs. It is not a place where people live. It is a mental health agency that partners with your Primary Care Provider (PCP). It is a new way of managing your care. There is no extra cost to you for Behavioral Health Home services. A Behavioral Health Home creates a team centered around you, and you are the most important person on the team. This team includes a behavioral health provider, PCP, other health care providers, and may also include community supports. The Behavioral Health Home team will help manage your health care services to help keep you healthy.

Many behavioral health care providers are part of MaineCare's Behavioral Health Home program. If your behavioral health care provider is participating in the Behavioral Health Home program, the practice is a Behavioral Health Home. Being part of a Behavioral Health Home is your choice.

Who is eligible for Behavioral Health Homes?

- Adult MaineCare members who have Serious Mental Illness
- Children who have Serious Emotional Disturbance

If you are currently receiving Targeted Case Management, you can talk to your case manager about this program.

To see if your provider is part of a Health Home program or to find a participating, please call 211 Maine. You may also call 1-855-714-2416 to speak with someone about Health Home services. Call center hours are from 7:00 AM to 6:00 PM, Monday - Friday.

Opioid Health Homes

An Opioid Health Home is not a place where people live. An Opioid Health Home is a team of providers focused on helping people with treatment for their opioid use disorder. Opioid Health Home treatment includes office-based integrated medication assisted treatment, opioid dependency counseling, and care management. Primary care, behavioral health, and substance abuse providers may provide Opioid Health Home services. It is an individual's choice to receive these services, and there is no extra cost to them.

If you have an opioid use disorder and would like help, please talk to your Primary Care Provider (PCP), behavioral health team, case manager, or substance abuse provider. To find a provider that is part of an Opioid Health Home program, please call 211 Maine. You may also call 1-855-714-2416 to speak with someone about Health Home services. Call center hours are from 7:00 AM to 6:00 PM, Monday - Friday.

See the Primary Care & Your Health webpage for more detail about these health home programs at: <https://www.maine.gov/dhhs/oms/member-resources/primary-care-and-your-health>

Chapter 8: Your Rights as a MaineCare Member

Advance Health Care Directive or Living Will

An Advance Health Care Directive is sometimes called a Living Will. You write it to tell people what kind of care you want at the end of your life. It is important for your family and caregivers to know what you would like. An Advance Health Care Directive can also be used when you are unable to make decisions on your own.

Disability Rights Maine has a manual and forms for an Advanced Directive for Planning Behavioral Health Care on their website. Legal Services for the Elderly also has Advance Health Care Directive forms. The phone numbers and websites for both programs can be found in Chapter 10 of this handbook.

Estate Recovery

Estate recovery is required by the federal government. MaineCare seeks recovery at the time of death for the cost of all MaineCare benefits that were provided when the recipient was age 55 and older. Medicare Savings Program recipients are not subject to estate recovery. For more detail, see the Estate Recovery Overview on the Older Adults and Adults with Disabilities webpage at: <https://www.maine.gov/dhhs/oms/mainecare-options/older-adults-and-adults-with-disabilities>.

Impacted Members

All of the following must be true for MaineCare to seek recovery. The MaineCare member must:

- Have received MaineCare when they were age 55 or older
- Have no surviving spouse
- Have no children who are under age 21
- Have no disabled children of any age at the time the Department seeks recovery

Definition of Estate Recovery

Estate recovery is a process required by the federal government for states to seek reimbursement for Medicaid (MaineCare, in Maine) benefits from the estates of deceased Medicaid recipients. MaineCare seeks recovery for the cost of all MaineCare benefits that were provided if the recipient was age 55 and older at the time of death, except for Medicare Savings Program beneficiaries.

Seeking Estate Recovery

All of the following must be true for MaineCare to seek recovery. The MaineCare member must:

- Have received MaineCare when they were age 55 or older
- Have no surviving spouse
- Have no children who are under age 21
- Have no disabled children of any age at the time the Department seeks recovery

Recoverable Property

The following are examples of types of property subject to recovery by MaineCare:

- A home
- Land
- Automobiles of significant value
- Recreational vehicles such as boats, campers, motorhomes, and All Terrain Vehicles (ATVs)
- Liquid assets such as bank accounts, stocks, bonds, and annuities

Only the amount of MaineCare's cost for past medical expenses is subject to recovery. For example, if an estate is worth \$150,000 and MaineCare costs were \$20,000, then MaineCare would seek to recover \$20,000, not the value of the whole estate.

Before MaineCare begins collecting from an estate, the heirs may ask to make voluntary payments to MaineCare. These payments must be approved by the Department.

Not Subject to Estate Recovery

The following may not be recovered:

- Estates of \$20,000 or less with surviving children of any age for members who passed on or after September 1, 2019
- \$15,000 family allowance if there is a surviving child of any age for members who passed on or after September 1, 2019
- Estates of \$10,000 or less in value, for members with surviving children of any age for members who passed prior to September 1, 2019
- \$7,000 family allowance if there is a surviving child of any age for members who passed prior to September 1, 2019
- Reasonable funeral expenses
- Attorneys' fees
- Probate court costs
- Upkeep of property (e.g. taxes, insurance, repairs to property to make it marketable)
- Personal representative fees for handling the estate, up to \$3,000

Waivers from Recovery

Maine offers two options for MaineCare members to ask for a waiver from full estate recovery of MaineCare payments. The amount of waiver granted is subtracted from the value of the estate assets.

These two waiver options are:

Care Given Waiver

Heirs who provided care for the MaineCare member while living in the member's home for at least two years prior to the member being admitted to a long-term care facility or death may seek a waiver from recovery. The heir must have an income below 200% of the federal poverty level.

The amount waived from recovery depends on the level and type of home care provided. For each of the two years:

- \$6,000 is waived for basic help at least three times a week with transportation, housekeeping, appointments, and daily in-home personal care.
- \$12,000 is waived for care that includes the above plus dispensing medication, changing dressings, and bathing.
- \$32,000 is waived if the level of care provided is like care provided in an institutional setting and MaineCare was not paying for in home services at the time.

Hardship Waiver

If estate recovery will create a hardship, heirs may request a hardship waiver. The heirs' income and assets combined must be below 180% of the federal poverty level, and they must have lived in the member's home for a period of at least two years prior to the member's death.

In circumstances where an applicant may qualify for more than one level of care, the highest amount for one application will be granted.

Fair Hearings

In most situations, if you disagree with a MaineCare decision to deny, terminate, or reduce your covered services, you have a right to a Fair Hearing.

When MaineCare makes a decision about your services, you will receive a letter explaining the decision. The letter will also tell you how you can ask for a Fair Hearing if you disagree with the decision. You can ask for a Fair Hearing up to 60 days from the date of your letter. If you ask for

a Fair Hearing within 10 days of the date on the letter, your current services will continue until a decision is made.

How do I request a hearing?

Call MaineCare Member Services at 1-800-977-6740. TTY users, dial 711(Maine relay). You can also email at: MaineCareMember@dxc.com

You can also write to:

MaineCare Hearings Coordinator
MaineCare Services
11 State House Station
Augusta, ME 04333-0011

If you feel the decision was made based on inaccurate or incomplete information, you can ask your provider(s) to submit additional information to the Office of MaineCare Services at the above address prior to the hearing. MaineCare will evaluate these documents to determine if it changes the decision made. You will also have the opportunity to present these documents as evidence at your hearing.

Before your hearing, you can ask your provider to show the services requested are medically necessary by sending new information to the Office of MaineCare Services at the above address.

You can bring anyone you choose to the hearing. For example, you can bring a lawyer, an advocate, or a friend to support you. MaineCare may also choose to bring a lawyer.

A hearing officer who is not from MaineCare and does not know your case will attend the Fair Hearing. Staff from MaineCare will explain how and why they made the decision they did. You will get a chance to say why you disagree. The hearing officer will listen to both sides. They will issue a decision or, in some situations, recommend a decision to the Commissioner of the Department of Health and Human Services.

After the hearing, you will get a letter explaining the final decision.

The Fair Hearing process can take up to 90 calendar days from the date that you ask for an appeal. If you are dissatisfied with the final decision, you have the right to appeal that decision to the Maine Superior Court.

Who do I call with questions?

Call MaineCare Member Services at 1-800-977-6740. TTY users, dial 711(Maine relay). You can also [email](#).

Interpreter Services

If you do not speak English, have limited-English speaking ability, or are deaf or hard of hearing, you can have an interpreter help you. If you want an interpreter at your appointment, you must ask your provider in advance.

If you prefer, you can have a family member or a friend over age 18 interpret for you. You must give this person permission to go with you to an appointment and set it up with your provider before your appointment. MaineCare cannot pay a family member or friend to interpret for you.

Interpreter services are also available when calling MaineCare Member Services.

I have a question about MaineCare, and English is not my first language. How can I talk with someone?

If you are a MaineCare member and need an interpreter, MaineCare will pay for one. You can call MaineCare Member Services at 1-800-977-6740, and they will contact an interpreter.

How do I ask for an interpreter?

To ask for an interpreter, follow these steps:

1. Call MaineCare Member Services at 1-800-977-6740.
2. When you hear a voice on the phone, select 2.
3. When someone answers the phone, say your language slowly and clearly. The person will call an interpreter and have them join the call. This may take a few minutes.
4. Once the interpreter is on the phone, the person will introduce themselves and ask you some questions to make sure it's you that they are speaking with before they share any information.
5. After you have answered the interpreter's questions, you may ask your MaineCare questions.

Can a friend or family member be my interpreter?

Yes. When you call MaineCare Member Services, your friend or family member should say they are your interpreter. Member Services will ask you some questions to make sure it's you and that it's okay to talk to your friend or family member about your information.

What if I need written information translated into my language?

Please call MaineCare Member Services and ask for an interpreter. Once you have an interpreter on the phone and you answer some questions, you can request to have something translated into your language. It may take a few days for your document to be translated.

Will I have to pay to have a document translated into my language?

No, you do not have to pay to have MaineCare documents translated.

Medical Records

Under Maine law, your provider must give you your medical records or a detailed summary of your records if you ask for this information. You can request your records by writing a letter or by signing a release. However, if the provider believes that giving you your records could be harmful to your health, he or she can ask that you choose someone else to get your records.

Medical Support from the Other Parent

If your child is receiving MaineCare and lives with you, and the non-custodial parent can get insurance for the child through work, MaineCare will ask the non-custodial parent to enroll the child for health coverage.

We may need your help to get in touch with the non-custodial parent. If you do not help, your child can still enroll in MaineCare, but you will not be able to get coverage for yourself. You do not have to help DHHS find the other parent if you think reporting this information would be a threat to you or your family. Let your eligibility specialist know if this is a problem for you. If the non-custodial parent has health insurance for your child, he or she should not drop it even if the child enrolls in MaineCare. MaineCare could hold the non-custodial parent responsible for the medical costs.

Other Health Insurance and MaineCare

When you see your provider, always show all your insurance cards.

Examples of other insurance are:

- Private insurance like Anthem, Aetna, and Cigna
- Medicare
- TriCare

If your other health insurance changes or you lose it, call MaineCare Member Services. Your other insurance is billed before MaineCare. If you have other insurance that covers what MaineCare covers, then the other insurance always pays first. If your other health insurance does not pay your claims because you did not follow their rules, MaineCare may not pay for a covered service.

When you apply for MaineCare, you are asked to “assign your rights” to other insurance. This means you give MaineCare the right to get money back for services it paid for that other insurance or source should have covered.

Examples of payments from other insurance or sources include:

- Private insurance payment
- Court-ordered medical support from a non-custodial parent
- Workers' Compensation
- Accident settlements

Your other health insurance does not have to pay MaineCare back when MaineCare pays only for your Medicare premium, co-insurance, or deductible.

If you have other health insurance and are eligible for MaineCare, you may qualify to have the other health insurance premium paid for by MaineCare's Private Health Insurance Premium (PHIP) program. See Chapter 3 of this handbook for more information about the PHIP program.

Protected Health Information (PHI)

When you apply for MaineCare, we ask for some personal information to make sure you are eligible for the program.

Some information we will ask for:

- Social security number
- Date of birth
- Address
- Your child's or other family member's information
- Other health insurance
- Disabilities

We use certain personal information about you to see if you are eligible for MaineCare and to pay for your health services. We are required by law to make sure that protected health information is safe. For the more information, see the Privacy and Security of Health Information webpage: <https://www.maine.gov/dhhs/privacy>.

We may use or disclose your protected health information for the following purposes:

1. **For Payment.** We pay for your health services.

We may use and disclose your protected health information to pay for your care, and to determine whether certain services or medications are covered. Example: We may share information about the type of MaineCare coverage you have in order for your doctor to know what services are covered or may need special permission (also called prior authorization). We may help coordinate your care, review your use of services, and to tell you about program changes and updates.

2. **For Treatment.** We help manage the health care treatment you receive.

We may disclose your protected health information with health care providers who are treating you. *Example: A doctor sends us information about your treatment plan so we can see what other services may help you.*

3. **For Healthcare Operations.** To help do our work and comply with government requirements.

We can use and disclose your protected health information to run our program.

Examples: We are permitted to use your information for audit and accounting purposes, for educating our staff, and for reviewing the quality of our program.

The law says that we may use or disclose your protected health information in certain situations, including:

- To persons authorized by law to act on your behalf, such as a guardian, health care power of attorney or surrogate.
- To comply with a state or federal law.
- To remind you of an appointment or to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.
- To help prevent or reduce threats to health and safety, stop the spread of disease, or report abuse or neglect.
- For research where the information does not identify you or we have received permission from a special research review board.
- For planning our programs. We may disclose general information about a certain population of people.
- To comply with state or federal program requirements. We may disclose protected health information to the Food and Drug Administration, the Centers for Medicare and Medicaid Services, and the U.S. Department of Health and Human Services when required.
- To comply with a valid court order, subpoena, or other appropriate administrative, judicial or legal request.
- In an emergency or for disaster relief purposes, such as to notify family members about your location and condition.
- To military departments if you are a veteran or member of the armed forces. We may be required to disclose information for national security or intelligence purposes. If you are an inmate, we may release your information for your health or safety in the correctional facility.
- To assist a medical examiner or funeral director in carrying out their duties.
- In connection with Workers' Compensation claims for benefits.

- To assist law enforcement where there was a possible crime on the premises. We may also share your information where necessary to prevent or lessen a serious or imminent threat to you or another person.

We will not use or disclose your information in any ways other than described in this Notice unless you tell us in writing that we can. If you sign an authorization, you may change your mind and take back your permission (revoke it) at any time, except to the extent that we have already shared your information based upon your written permission.

You have the right to:

A. See and copy your protected health information. This request must be in writing.

- If you ask us to copy your record, we may ask for a reasonable, cost-based copy fee.
- You may ask for your electronic record in a digital format.
- You may ask us to send your protected health information to someone by email if you fill out the email section of the authorization form.
- Your provider may not allow you to see certain parts of your medical record. You may ask that this decision be reviewed by another licensed professional.

B. Ask us to contact you in a certain way.

You may ask us to contact you only in a certain way to keep your protected health information confidential and safe. For example, you may ask us only to call you at a certain phone number or send letters to a certain address. We are required to contact you in the way that you request, whenever possible.

C. Ask us not to use or disclose certain information in your medical record.

You may ask us to limit the information we use or disclose. You may ask us **not** to use or disclose certain kinds of information. We will carefully consider your request, but we are not required to agree to the request. We can refuse your request if it would affect your care. If you ask us not to use or disclose certain information, we may not be able to pay your bill. In this case, you may be responsible for your bill.

D. Get a list of those to whom we have disclosed your protected health information.

You may ask for a list of those to whom we have disclosed your protected health information other than for treatment, payment, healthcare operations or where you have received the information or previously given us written permission to share your information. We can go back six years for paper files and three years for electronic records.

- E. Ask us to fix your health and claims record if it is wrong or add a statement to your file.

You may ask us to fix a mistake to your information. While we cannot erase your record, we will add your written statement to your protected health information to correct or clarify the record.

- F. Decide not to have your protected health information shared through HealthInfoNet.

HealthInfoNet is one way that we share your health information with your doctors and other health care professionals. You can opt out of this method of information sharing by completing a form. HIV and mental health information is never included unless you opt in or give us special permission.

- G. You may file a complaint if you think your privacy rights have been violated. We cannot retaliate against you for making a complaint.

You may file a complaint in one of the following ways:

- Contact to the Privacy Official through your local DHHS office.
- Contact Michelle Wile, Deputy Privacy Officer, at (207) 624-6929. TTY users, dial 711.
- Contact the Office of Civil Rights, DHHS, Government Center, John F Kennedy Federal Building, Room 1875, Boston MA 02203, or by going to the following webpage: <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>

We must protect your protected health information:

- The law says we must keep your protected health information private and safe.
- The law says we must tell you about any breach in the security of your protected health information.

HIPAA, Privacy, and Security webpage

See the Department of Health and Human Services' Privacy and Security of Health Information webpage for detail about how we protect your personal information and for the Authorization to Release Information form at the following web address:

<https://www.maine.gov/dhhs/privacy>

Chapter 9: Benefit Packages

Services that May Be Covered

MaineCare pays for medically necessary services. The services covered depend on your MaineCare eligibility category. MaineCare may not cover all services listed. If you are not sure what services are covered, call MaineCare Member Services at 1-800-977-6740. TTY users, dial 711 (Maine Relay). Make sure MaineCare covers the service you need before you get care. There are limits or special rules for most covered services.

For more information, see the MaineCare Benefits Manual online at: <https://www.maine.gov/sos/cec/rules/10/ch101.htm>. You can also call MaineCare Member Services at 1-800-977-6740.

Benefit Packages Explained

A benefit package is the list of services that MaineCare pays for. Your benefit package depends on your income, age, medical needs, and if you need help with Activities of Daily Living (ADLs).

How to find out what benefit package you have:

MaineCare eligibility is determined by the Office for Family Independence. Your eligibility category determines which benefit package you have. Not all benefit packages offer the same services. If you are not sure what services are covered, call MaineCare Member Services at 1-800-977-6740. TTY users, dial 711 (Maine Relay).

Your benefit package can change:

Your benefit package may change based on changes to your income, assets, household size, age, or medical condition. It may also change when laws and MaineCare rules change.

Benefit Package Categories

Benefit packages are organized in three categories:

- Full Benefit Packages
- Limited Benefit Packages
- Long-Term Care Benefits

Full Benefit Packages

The following eligibility categories may get a full benefit package:

- **Children or Young Adults** - Individuals who are newborn through 20 years old. This category includes members with Katie Beckett.
- **Parent or Caretaker Relatives** - Guardians, caretakers, or relatives of a dependent child. The child's caretaker must be related by blood or marriage or have adopted the child. The child must also be living with the caretaker and the caretaker assumes primary responsibility for the child's care.
- **Pregnant Women** - Women who are pregnant or whose pregnancy ended within the last 60 days.
- **Former Foster Care Children** - Individuals under 26 years old, who were in foster care in the State of Maine and were enrolled in Medicaid through the State of Maine at age 18, and are not otherwise eligible for, or enrolled in, other mandatory Medicaid coverage.
- **Aged, Blind, or Disabled** - Individuals 65 years or older, or who are blind or disabled.
- **Home and Community-Based Waiver Recipients** - Individuals who have an eligibility category and meet the medical and financial requirements of one of the Home and Community-Based Waiver programs. The waiver programs are listed on the next page.
- **Spenddown: Deductibles for the Medically Needy** - Individuals who qualify for a MaineCare coverage group but are over the income or asset limits for MaineCare. They must meet a deductible to receive MaineCare's full benefit package.

There are limits or special rules for most covered services. The policy sections are numbered so that you can find them in the MaineCare Benefits Manual (MBM) at:

<https://www.maine.gov/sos/cec/rules/10/ch101.htm>.

Services that may be covered for members with full benefits:

- Adult Family Care Services (Policy Section 2)
- Advanced Practice Registered Nursing Services (Policy Section 14)
- Ambulance Services (Policy Section 5)
- Ambulatory Care Clinic Services (Policy Section 3)
- Ambulatory Surgical Center Services (Policy Section 4)
- Behavioral Health Homes (Policy Section 92)
- Behavioral Health Services (Policy Section 65)
- Chiropractic Services (Policy Section 15)
- Children's Rehabilitation & Community Support (Policy Section 28)
- Community Support Services (Policy Section 17)
- Consumer Directed Attendant Services (Policy Section 12)
- Day Health Services (Policy Section 26)
- Dental Services (Policy Section 25)
- Developmental and Behavioral Clinic Services (Policy Section 23)
- Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) (Policy Section 94)

- Family Planning Agency Services (Policy Section 30)
- Federally Qualified Health Center Services (Policy Section 31)
- Free Standing Dialysis Services (Policy Section 7)
- Health Homes (Policy Section 91)
- Home Health Services (Policy Section 40)
- Hospice Services (Policy Section 43)
- Hospital Services (Policy Section 45)
- Indian Health Services (Policy Section 9)
- Intermediate Care Facility for Individuals with Intellectual Disability (Policy Section 50)
- Laboratory Services (Policy Section 55)
- Medical Imaging Services (Policy Section 101)
- Medical Supplies and Durable Medical Equipment (Policy Section 60)
- Nursing Facility Services (Policy Section 67)
- Occupational Therapy Services (Policy Section 68)
- Opioid Health Homes (Policy Section 93)
- Pharmacy Services (Policy Section 80)
- Physical Therapy Services (Policy Section 85)
- Physician Services (Policy Section 90)
- Podiatric Services (Policy Section 95)
- Private Duty Nursing and Personal Care Services (Policy Section 96)
- Private Non-Medical Institution Services (Policy Section 97)
- Psychiatric Facility Services (Policy Section 46)
- Psychiatric Residential Treatment Facility (Policy Section 107)
- Rehabilitative Services (Policy Section 102)
- Rural Health Clinic Services (Policy Section 103)
- Speech and Hearing Services (Policy Section 109)
- Targeted Case Management Services (Policy Section 13)
- Telehealth (Chapter 1, Policy Section 4)
- Transportation Services (Policy Section 113)
- Vision Services (Policy Section 75)

Home and Community-Based Services (HCB) Waivers

Individuals who are applying for an HCBS waiver may need to complete a long-term care application. DHHS or an agency we work with will complete the required medical assessment. There are a limited number of openings. Before a person can get this benefit package, an opening must be available.

The HCBS waivers descriptions:

- **Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorders (Policy Section 21) and Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (Policy Section 29):** Adults 18 years old and older who have intellectual disabilities or autism spectrum disorder.

- **Home and Community Benefits for the Elderly and Adults with Disabilities (Policy Section 19):** Older adults and adults who are 18 years and older, have physical disabilities, and do not live in an institution.
- **Home and Community-Based Services for Adults with Brain Injury (Policy Section 18):** Adults 18 years and older who have an acquired brain injury.
- **Home and Community-Based Services for Adults with Other Related Conditions (Policy Section 20):** Adults 21 years and older with Cerebral Palsy, epilepsy, or any other condition other than mental illness that requires treatment similar to those persons with intellectual disabilities.

Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorders (Policy Section 21) and Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder Waiver (Policy Section 29)

This full benefit package is for members 18 years and older who have intellectual disabilities or autism and do not live in an institution. There are a limited number of openings. Before a person can get this benefit package, an opening must be available. Also, the member must have an Individual Plan of Care approved by the state or an agency we work with.

This benefit package includes Policy Section 21, Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorders, and Policy Section 29, Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder.

The policy sections are numbered so that you can find them in the MaineCare Benefits Manual (MBM) at: <https://www.maine.gov/sos/cec/rules/10/ch101.htm>.

Policy Section 21 services that may be covered include:

- Assistive Technology
- Career Planning
- Community Support
- Consultation Services
- Communication Aids
- Counseling
- Crisis Assessment
- Crisis Intervention Services
- Employment Specialist Services
- Home Accessibility Adaptation
- Family-Centered Support
- Home Support
- Non-Medical Transportation
- Non-Traditional Communication Assessment
- Non-Traditional Communication Consultation
- Occupational Therapy for maintenance)
- Physical Therapy for maintenance)

- Per Diem Home Support
- Shared Living
- Specialized Medical Equipment and Supplies
- Speech Therapy for maintenance)
- Work Support

Policy Section 29 services that may be covered include:

- Assistive Technology
- Career Planning
- Home Support
- Community Support
- Employment Specialist Services
- Home Accessibility Adaptations
- Respite
- Shared Living
- Transportation
- Work Support

In addition, Policy Sections 21 and 29 members may receive the following services:

- Advanced Practice Registered Nursing Services (Section 14)
- Ambulance Services (Section 5)
- Ambulatory Care Clinic Services (Section 3)
- Ambulatory Surgical Center Services (Section 4)
- Behavioral Health Homes (Section 92)
- Behavioral Health Services (Section 65)
- Chiropractic Services (Section 15)
- Community Support Services (Section 17)
- Day Health Services, if not living in a PNMI (Section 26)
- Dental Services (Section 25)
- Family Planning Agency Services (Section 30)
- Federally Qualified Health Center Services (Section 31)
- Free Standing Dialysis Services (Section 7)
- Health Homes (Section 91)
- Home Health Services, except for personal care provided by a home health aide (Section 40)
- Hospice Services (Section 43)
- Hospital Services (Section 45)
- Laboratory Services (Section 55)
- Medical Imaging Services (Section 101)
- Medical Supplies and Durable Medical Equipment (Section 60)
- Occupational Therapy Services (Section 68)
- Pharmacy Services (Section 80)
- Physical Therapy Services (Section 85)
- Physician Services (Section 90)

- Podiatric Services (Section 95)
- Private Duty Nursing and Personal Care Services, nursing only, no personal care (Section 96)
- Private Non-Medical Institution Services (Section 97)
- Psychiatric Facility Services (Section 46)
- Rehabilitative Services (Section 102)
- Rural Health Clinic Services (Section 103)
- Speech and Hearing Services (Section 109)
- Targeted Case Management Services (Section 13)
- Transportation Services (Section 113)
- Vision Services (Section 75)

Home and Community Benefits for the Elderly and Adults with Disabilities Waiver (Policy Section 19)

This full benefit package is for adults 18 years and older who have physical disabilities and older adults who do not live in an institution. Before a MaineCare member can get this benefit package, the Department of Health and Human Services (DHHS), or an agency we work with, must approve an Individual Plan of Care.

This benefit package includes Policy Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities.

The policy sections are numbered so that you can find them in the MaineCare Benefits Manual (MBM) at: <https://www.maine.gov/sos/cec/rules/10/ch101.htm>.

Policy Section 19 services that may be covered include:

- Assistive Technology Devices and Services
- Assistive Technology- Remote Monitoring
- Assistive Technology- Transmission
- Attendant Care Services
- Care Coordination Services
- Environmental Modifications
- Financial Management Services
- Home Delivered Meals
- Home Health Services
- Living Well
- Matter of Balance
- Personal Care Services
- Personal Emergency Response System Services
- Transportation Services
- Respite Services
- Skills Training

In addition, this benefit package also may include:

- Advanced Practice Registered Nursing Services (Policy Section 14)
- Ambulance Services (Policy Section 5)
- Ambulatory Care Clinic Services (Policy Section 3)
- Ambulatory Surgical Center Services (Policy Section 4)
- Behavioral Health Homes (Policy Section 92)
- Behavioral Health Services (Policy Section 65)
- Chiropractic Services (Policy Section 15)
- Community Support Services (Policy Section 17)
- Dental Services (Policy Section 25)
- Family Planning Services (Policy Section 30)
- Federally Qualified Health Center Services (Policy Section 31)
- Free Standing Dialysis Services (Policy Section 7)
- Health Homes (Policy Section 91)
- Hospice Services (Policy Section 43)
- Hospital Services (Policy Section 45)
- Laboratory Services (Policy Section 55)
- Medical Imaging Services (Policy Section 101)
- Medical Supplies and Durable Medical Equipment (Policy Section 60)
- Occupational Therapy Services (Policy Section 68)
- Pharmacy Services (Policy Section 80)
- Physical Therapy Services (Policy Section 85)
- Physician Services (Policy Section 90)
- Podiatric Services (Policy Section 95)
- Psychiatric Facility Services (Policy Section 46)
- Rehabilitative Services (Policy Section 102)
- Rural Health Clinic Services (Policy Section 103)
- Speech and Hearing Services (Policy Section 109)
- Transportation Services (Policy Section 113)
- Vision Services (Policy Section 75)

Home and Community-Based Services for Adults with Brain Injury Waiver (Policy Section 18)

This full benefit package is for adults age 18 and older with an acquired brain injury. Members in this waiver must meet the criteria to receive services from an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). Before a MaineCare member can get this benefit package, the Department of Health and Human Services (DHHS), or an agency we work with, must approve an Individual Plan of Care.

This benefit package includes the Policy Section 18, Home and Community-Based Services for Adults with Brain Injury.

The policy sections are numbered so that you can find them in the MaineCare Benefits Manual (MBM) at: <https://www.maine.gov/sos/cec/rules/10/ch101.htm>.

Policy Section 18 services that may be covered are listed below:

- Assistive Technology Device
- Care Coordination
- Career Planning
- Employment Specialist
- Home Support
- Non-Medical Transportation
- Work Ordered Day Club House
- Work Support

In addition, this benefit package may include:

- Advanced Practice Registered Nursing Services (Policy Section 14)
- Ambulance Services (Policy Section 5)
- Ambulatory Care Clinic Services (Policy Section 3)
- Ambulatory Surgical Center Services (Policy Section 4)
- Behavioral Health Services (Policy Section 65)
- Chiropractic Services (Policy Section 15)
- Community Support Services (Policy Section 17)
- Day Health Services (Policy Section 26)
- Dental Services (Policy Section 25)
- Family Planning Agency Services (Policy Section 30)
- Federally Qualified Health Center Services (Policy Section 31)
- Free Standing Dialysis Services (Policy Section 7)
- Health Homes (Policy Section 91)
- Home Health Services (Policy Section 40)
- Hospice Services (Policy Section 43)
- Hospital Services (Policy Section 45)
- Laboratory Services (Policy Section 55)
- Medical Imaging Services (Policy Section 101)
- Medical Supplies and Durable Medical Equipment (Policy Section 60)
- Occupational Therapy Services (Policy Section 68)
- Pharmacy Services (Policy Section 80)
- Physical Therapy Services (Policy Section 85)
- Physician Services (Policy Section 90)
- Podiatric Services (Policy Section 95)
- Private Duty Nursing and Personal Care Services (Policy Section 96)
- Psychiatric Facility Services (Policy Section 46)
- Rehabilitative Services (Policy Section 102)
- Rural Health Clinic Services (Policy Section 103)
- Speech and Hearing Services (Policy Section 109)
- Transportation Services (Policy Section 113)

- Vision Services (Policy Section 75)

Home and Community-Based Services for Adults with Other Related Conditions Waiver (Policy Section 20)

This full benefit package is for members age 21 years and older with Cerebral Palsy, epilepsy, or any other condition other than mental illness that requires treatment similar to persons with Intellectual Disabilities. Members must meet the criteria to receive services from an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID).

This benefit package includes Policy Section 20, Home and Community Based Services for Adults with Other Related Conditions.

The policy sections are numbered so that you can find them in the MaineCare Benefits Manual (MBM) at: <https://www.maine.gov/sos/cec/rules/10/ch101.htm>.

Policy Section 20 services that may be covered include:

- Assistive Technology Device and Services
- Care Coordination
- Communication Aids
- Community Support
- Consultation and Assessment
- Employment Specialist
- Home Accessibility Adaptations
- Home Support
- Non-Medical Transportation
- Non-Traditional Communication Assessment
- Non-Traditional Communication Consultation
- Occupational Therapy Service for maintenance
- Personal Care
- Physical Therapy Service for maintenance
- Specialized Medical Equipment
- Speech Therapy Service for maintenance
- Work Support

In addition, this benefit package may include:

- Advanced Practice Registered Nursing Services (Policy Section 14)
- Ambulance Services (Policy Section 5)
- Ambulatory Care Clinic Services (Policy Section 3)
- Behavioral Health Services (Policy Section 65)
- Chiropractic Services (Policy Section 15)
- Community Support Services (Policy Section 17)
- Day Health Services (Policy Section 26)

- Dental Services (Policy Section 25)
- Family Planning Agency Services (Policy Section 30)
- Federally Qualified Health Center Services (Policy Section 31)
- Free Standing Dialysis Services (Policy Section 7)
- Health Homes (Policy Section 91)
- Home Health Services (Policy Section 40)
- Hospice Services (Policy Section 43)
- Hospital Services (Policy Section 45)
- Laboratory Services (Policy Section 55)
- Medical Imaging Services (Policy Section 101)
- Medical Supplies and Durable Medical Equipment (Policy Section 60)
- Occupational Therapy Services (Policy Section 68)
- Pharmacy Services (Policy Section 80)
- Physical Therapy Services (Policy Section 85)
- Physician Services (Policy Section 90)
- Podiatric Services (Policy Section 95)
- Private Duty Nursing and Personal Care Services (Policy Section 96)
- Psychiatric Facility Services (Policy Section 46)
- Rehabilitative Services (Policy Section 102)
- Rural Health Clinic Services (Policy Section 103)
- Speech and Hearing Services (Policy Section 109)
- Transportation Services (Policy Section 113)
- Vision Services (Policy Section 75)

Inmates or Prison Coverage, Exception to Full Benefit Package

MaineCare only covers inpatient services for individuals involuntarily confined in a public institution, state or federal prison, jail, detention facility, or penal facility. Services received when in the public institution are not covered by MaineCare.

This package covers only inpatient services in:

- Hospitals
- Intermediate Care Facilities for individuals with intellectual disabilities
- Nursing facilities
- Juvenile psychiatric facilities

Limited Benefit Packages

These benefit packages are for:

- Special Benefit Waiver
- Pregnant women who are presumptively eligible
- Limited family planning benefits
- Emergency Services

MaineCare pays for medically necessary services. The services covered depends on your MaineCare eligibility category. MaineCare may not cover all services listed. If you are not sure what services are covered, call MaineCare Member Services at 1-800-977-6740. TTY users dial 711 (Maine Relay). Make sure MaineCare covers the service you need before you get care. There are limits or special rules for most covered services. The policy sections are numbered so that you can find them in the MaineCare Benefits Manual (MBM) at: <https://www.maine.gov/sos/cec/rules/10/ch101.htm>.

Special Benefit Waiver (HIV Waiver)

The Special Benefit Waiver is a limited MaineCare benefit for individuals living with HIV or AIDS who do not qualify for full MaineCare benefits because they are over the income limit or do not have a coverage group.

Who is eligible?

You are eligible if you:

- Test positive for HIV
- Do not qualify for regular MaineCare
- Are within the income limits, a gross individual income less than or equal to 250% of the Federal Poverty Level
- Sign a consent form with the application that states you agree to the rules for getting this benefit

See the MaineCare Eligibility Guidelines document for the income limits for the Special Benefits Waiver on the Health Care Assistance webpage at: <https://www.maine.gov/dhhs/ofi/programs-services/health-care-assistance>. You may be eligible for the Special Benefits Waiver if your monthly income, before you pay taxes, is up to your household size listed. If you are close to the income limits, you should go to My Maine Connection or contact the Office for Family Independence (OFI) to apply because some of your income may not count toward this limit.

If you have Medicare or other health insurance, you may still qualify. If you are currently enrolled in MaineCare, you do not need to apply for this benefit.

If eligible, members may be charged copayments, and a monthly premium based on their income. See the Limited Benefits webpage for the Special Benefit Waiver pamphlet for more information about who qualifies and what this program covers at:

<https://www.maine.gov/dhhs/oms/mainecare-options/limited-benefits>.

The goal of the waiver is to improve the health status of individuals living with HIV/AIDS in Maine by:

- Improving access to continuous health care services.
- Slowing the disease progress of HIV/AIDS by providing early, high quality care while being cost efficient.

Some of the services covered may include:

- Ambulance
- Behavioral health and substance abuse services
- Case management
- Hospital, inpatient and outpatient
- Laboratory and X-ray
- Medications
- Physician, physician assistant and nurse practitioner
- Transportation

For more information, contact the Special Benefit Waiver Nurse Coordinator at 1-866-796-2463 ext. 44008 or 207-624-4008; TTY users dial 711 (Maine Relay).

Pregnant Women Who Are Presumptively Eligible

Pregnant woman can have prenatal care for up to 60 days, beginning the date her health care provider finds her eligible. To get care for the rest of the pregnancy, the woman must apply for MaineCare and be found eligible by the DHHS eligibility office before the 60 days pass.

Some of the services covered may include:

- Independent lab and x-ray services
- Physician services
- Prescription drugs
- Other pregnancy-related services
- Outpatient hospital services
- Rural health clinic services

Limited Family Planning Benefit

This benefit covers services for members wishing to prevent or delay pregnancy or regulate the number of children and timing of pregnancies. To qualify, you must not be pregnant.

Individuals are eligible when they have all the following criteria:

- Are not pregnant

-
- Have income that is at or below 209% of the Federal Poverty Level (FPL)
 - Any additional criteria for the benefit required under the MaineCare Eligibility Manual

Some of the services covered may include limited:

- Physician Services (Policy Section 90)
- Rural Health Clinic Services (Policy Section 103)
- Federally Qualified Health Center (Policy Section 31)
- Indian Health Services (Policy Section 9)
- Laboratory (Policy Section 55)
- Pharmacy (Policy Section 80)
- Hospital (Policy Section 45)

Emergency Services (also called Emergency MaineCare)

This limited benefit package is for people who:

- Are not citizens and have no documents from Homeland Security
- Are non-citizens

The only covered service is emergency medical services to stabilize the emergency condition. Any further treatment after the emergency is stabilized, is not covered. Labor and delivery are also covered.

Who determines if I am eligible for MaineCare?

The Office for Family Independence (OFI) determines eligibility for MaineCare and other benefits. These benefits have certain requirements for non-citizens.

How does the OFI eligibility office determine my immigration status?

OFI uses the U.S. Citizenship and Immigration Services (USCIS) Systematic Alien Verification for Entitlements Program (SAVE) system to verify immigration status.

When if OFI is unable to verify my immigration status?

OFI is unable to verify immigration status for an individual who:

- Intends to apply for Asylum but have not yet done so, or
- Has sent an application to USCIS but the application status is not showing in SAVE as received and pending.

Who can I call with questions about my eligibility for MaineCare?

Contact the OFI eligibility office with questions about your MaineCare eligibility at: 1-855-797-4357; TTY users dial 711.

What services am I eligible for if OFI cannot verify my immigration status?

If you do not have a verifiable status in the SAVE system, you are **not** eligible for **full** benefits in any program. If you have no verifiable immigration status, you may be eligible for “Emergency Services Only” through MaineCare if you:

1. Meet financial eligibility requirements, and
2. Are pregnant, parenting a minor child, disabled, under age 21 years, or over 65 years old.

Rules for these coverage groups are listed in the MaineCare Eligibility Manual, available online at <https://www1.maine.gov/sos/cec/rules/10/ch332.htm>.

What services can I receive as an undocumented non-citizen?

An undocumented non-citizen receives Emergency Services Only. “Emergency” criteria may or may not be provided in a hospital emergency room.

Emergency services are provided when without medical attention it is expected that there is:

1. Serious jeopardy to your health;
2. Serious damage to your bodily functions; or
3. Serious dysfunction of any of your bodily organ or part.

Emergency Services Only also includes child labor and delivery.

Examples of services that are not considered an emergency medical condition include, but are not limited to: dialysis, organ transplants, school-based services, personal care services, waiver services, nursing facility services and hospice services.

An explanation of covered benefits is available at <https://www.maine.gov/sos/cec/rules/10/ch101.htm>, Chapter 1, Section 1.02-4(D).

Who can answer questions about MaineCare Emergency Services Only coverage?

MaineCare members with Emergency Services Only coverage should contact MaineCare Member Services at 1-800-977-6740 with questions.

Long-Term Care Benefits

These benefit packages are for the following eligibility categories:

- Residents of Nursing Facilities
- Residents of Residential Care Facilities

Residents of Nursing Facilities

This benefit package is for members living in a nursing home. This benefit package is for Policy Section 67, Nursing Facility Services. These services include the cost of the room, food, nursing care, routine supplies, and equipment provided by the nursing home.

The policy sections are numbered so that you can find them in the MaineCare Benefits Manual (MBM) at: <https://www.maine.gov/sos/cec/rules/10/ch101.htm>.

In addition, this benefit package may include the following services if the nursing home is not responsible for providing them:

- Advanced Practice Registered Nursing Services (Policy Section 14)
- Ambulance Services (Policy Section 5)
- Ambulatory Care Clinic Services (Policy Section 3)
- Behavioral Health Services (Policy Section 65)
- Chiropractic Services (Policy Section 15)
- Community Support Services (Policy Section 17)
- Dental Services (Policy Section 25)
- Family Planning Agency Services (Policy Section 30)
- Federally Qualified Health Center Services (Policy Section 31)
- Free Standing Dialysis Services (Policy Section 7)
- Home Health Services (Policy Section 40)
- Hospice Services (Policy Section 43)
- Hospital Services (Policy Section 45)
- Laboratory Services (Policy Section 55)
- Medical Imaging Services (Policy Section 101)
- Medical Supplies and Durable Medical Equipment (Policy Section 60)
- Occupational Therapy Services (Policy Section 68)
- Pharmacy Services (Policy Section 80)
- Physical Therapy Services (Policy Section 85)
- Physician Services (Policy Section 90)
- Podiatric Services (Policy Section 95)
- Rehabilitative Services (Policy Section 102)
- Rural Health Clinic Services (Policy Section 103)
- Speech and Hearing Services (Policy Section 109)

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- Transportation Services (Policy Section 113)
 - Vision Services (Policy Section 75)

Residents of Residential Care Facilities

This benefit package is for people living in residential care facilities that provide assisted living services. Examples of residential care facilities are apartments or small adult family care homes.

The policy sections are numbered so that you can find them in the MaineCare Benefits Manual (MBM) at: <https://www.maine.gov/sos/cec/rules/10/ch101.htm>.

Services that may be covered include:

- Advanced Practice Registered Nursing Services (Policy Section 14)
- Ambulance Services (Policy Section 5)
- Ambulatory Care Clinic Services (Policy Section 3)
- Behavioral Health Services (Policy Section 65)
- Chiropractic Services (Policy Section 15)
- Community Support Services (Policy Section 17)
- Dental Services (Policy Section 25)
- Developmental and Behavioral Clinic Services (Policy Section 23)
- Family Planning Agency Services (Policy Section 30)
- Federally Qualified Health Center Services (Policy Section 31)
- Free Standing Dialysis Services (Policy Section 7)
- Home Health Services (Policy Section 40)
- Hospice Services (Policy Section 43)
- Hospital Services (Policy Section 45)
- Laboratory Services (Policy Section 55)
- Medical Imaging Services (Policy Section 101)
- Medical Supplies and Durable Medical Equipment (Policy Section 60)
- Occupational Therapy Services (Policy Section 68)
- Pharmacy Services (Policy Section 80)
- Physical Therapy Services (Policy Section 85)
- Physician Services (Policy Section 90)
- Podiatric Services (Policy Section 95)
- Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) (Policy Section 94)
- Private Duty Nursing and Personal Care Services (Policy Section 96, Level VIII nursing services only)
- Psychiatric Facility Services (Policy Section 46)
- Rehabilitative Services (Policy Section 102)
- Rural Health Clinic Services (Policy Section 103)
- Speech and Hearing Services (Policy Section 109)
- Targeted Case Management Services (Policy Section 13)

-
- Transportation Services (Policy Section 113)
 - Vision Services (Policy Section 75)

Information about your MaineCare Benefits

For questions about what services MaineCare covers, call MaineCare Member Services at 1-800-977-6740.

For more information about MaineCare policies, see the MaineCare Benefits Manual online at: <https://www.maine.gov/sos/cec/rules/10/ch101.htm>.

Chapter 10: Helpful Addresses, Telephone Numbers, and Websites

DHHS Eligibility, Office for Family Independence (OFI)

How can I:

- Apply for benefits?
- Ask about eligibility?
- Tell OFI about my household or income changes?

You can:

- Go to My Maine Connection to see if you are eligible or to apply online for MaineCare. The web address is: <https://www1.maine.gov/benefits/account/login.html>
- Print an application by going to this web address: <https://www.maine.gov/dhhs/ofi/applications-forms>. You can then mail it to: 114 Corn Shop Lane, Farmington, ME 04938.
- Call 1-855-797-4357; TTY users, dial 711.
- Visit a local DHHS - Office for Family Independence (OFI). Go to the following web address to see the list district office addresses: <https://www.maine.gov/dhhs/about/contact/offices>. DHHS offices are located throughout the state. To see what office your town is assigned to, go to the Office Finder webpage at: http://gateway.maine.gov/dhhs-apps/office_finder/index.asp.

At My Maine Connection, you can:

- Apply for MaineCare
- Apply for Food Supplemental Nutritional Assistance Program (SNAP)
- Apply for Temporary Assistance for Needy Families (TANF)
- Apply for Child Care Subsidy
- Apply for Medicare Savings Program
- Update your information
- Complete your annual review

DHHS Eligibility Offices – Office for Family Independence (OFI)

District Office	Contact (TTY: Maine Relay 711)	Walk-In Services
<p>Augusta District Office 35 Anthony Avenue Augusta, Maine 04333 Show Map: https://goo.gl/maps/D71ZqAnXQcp</p>	<p>General Information: (207) 624-8000 Toll Free: 1-800-452-1926 Fax: (207) 624-8124 augusta.dhhs@maine.gov</p>	<p>OFI program and service eligibility: https://www.maine.gov/dhhs/ofiprograms-services</p>
<p>Bangor District Office 19 Maine Avenue, Bangor, Maine 04401 Show Map: https://goo.gl/maps/LRVMzcdK23Mxx7g29</p>	<p>General Information: (207) 561-4100 Toll Free: 1-800-432-7825 Fax: (207) 941-8871 bangor.dhhs@maine.gov</p>	<p>OFI program and service eligibility: https://www.maine.gov/dhhs/ofiprograms-services</p> <p>For Long Term Care questions, see Machias Office.</p>
<p>Biddeford District Office Park One Eleven 407 Alfred Street, Suite A-1 Biddeford, Maine 04005 Show Map: https://goo.gl/maps/A7H9ovgW992TTNfKA</p>	<p>General Information: (207) 286-2400 Fax: (207) 282-5154 Toll Free: 1-800-322-1919 biddeford.dhhs@maine.gov</p>	<p>OFI programs and service eligibility: https://www.maine.gov/dhhs/ofiprograms-services</p> <p>For Long Term Care questions, see Portland Office.</p>
<p>Calais District Office 338 North Street, STE 1 Calais, ME 04619 Show Map: https://goo.gl/maps/VREJoFQ2bTAkEQ16A</p>	<p>General Information: (207) 454-2417 Fax: (207) 454-2465</p>	<p>OFI program and service eligibility: https://www.maine.gov/dhhs/ofiprograms-services</p>
<p>Caribou District Office 30 Skyway Drive Unit 100 Caribou, Maine 04736 Show Map: https://goo.gl/maps/1tZMyzFD6QP2</p>	<p>General Information: (207) 493-4000 Toll Free: 1-800-432-7366 Fax: (207) 493-4001 caribou.dhhs@maine.gov</p>	<p>OFI program and service eligibility: https://www.maine.gov/dhhs/ofiprograms-services</p>

District Office	Contact (TTY: Maine Relay 711)	Walk-In Services
Ellsworth District Office 17 Eastward Lane Ellsworth, Maine 04605 Show Map: https://goo.gl/maps/NTKkxsYicXK2	General Information: (207) 664-1400 Toll Free: 1-800-432-7823 Fax: (207) 667-5364 ellsworth.dhhs@maine.gov	OFI program and service eligibility: https://www.maine.gov/dhhs/ofi/programs-services For Long Term Care questions, see Machias Office.
Farmington District Office 114 Corn Shop Lane Farmington, Maine 04938 Show Map: https://goo.gl/maps/BeimgDHLzW32	General Information: (207) 778-8400 Toll Free: 1-800-442-6382 Fax: (207) 778-8410 or (207) 778-8429 farmington.dhhs@maine.gov	OFI program and service eligibility: https://www.maine.gov/dhhs/ofi/programs-services For Long Term Care questions, see Augusta Office. For Child Support services, see Lewiston Office.
Fort Kent District Office 139 Market Street, Suite 109 Fort Kent, Maine 04743-1447 Show Map: https://goo.gl/maps/zS2VdueMp5U2	General Information: (207) 834-1000 Toll Free: 1-800-432-7340 Fax: (207) 834-1001 fortkent.dhhs@maine.gov	OFI program and service eligibility: https://www.maine.gov/dhhs/ofi/programs-services For Child Support services, see Caribou Office.
Houlton District Office 11 High Street Houlton, Maine 04730 Show Map: https://goo.gl/maps/rzpX6yuv85x	General Information: (207) 532-5000 Toll Free: 1-800-432-7338 Fax: (207) 532-7995 houlton.dhhs@maine.gov	OFI program and service eligibility: https://www.maine.gov/dhhs/ofi/programs-services For Child Support services, see Caribou Office.
Lewiston District Office 200 Main Street Lewiston, Maine 04240 Show Map: https://goo.gl/maps/nPKzo7VMifJ2	General Information: (207) 795-4300 Toll Free: 1-800-482-7517 Fax: (207) 795-4444 lewiston.dhhs@maine.gov	OFI program and service eligibility: https://www.maine.gov/dhhs/ofi/programs-services

District Office	Contact (TTY: Maine Relay 711)	Walk-In Services
<p>Machias District Office 38 Prescott Drive Machias, Maine 04654 Show Map: https://goo.gl/maps/aSuTvEixjhu</p>	<p>General Information: (207) 255-2000 Toll Free: 1-800-432-7846 Fax: (207) 255-2022 machias.dhhs@maine.gov</p>	<p>OFI program and service eligibility: https://www.maine.gov/dhhs/ofi/programs-services</p> <p>For Child Support services, see Ellsworth Office.</p>
<p>Portland District Office 151 Jetport Boulevard South Portland, ME (Mailing address - 151 Jetport Boulevard, Portland, ME 04102-1946) Show Map: https://goo.gl/maps/Wv88psAWa4x</p>	<p>General Information: (207) 822-2000 Toll Free: 1-800-482-7520 Fax: (207) 822-2310 portland.dhhs@maine.gov</p>	<p>OFI program and service eligibility: https://www.maine.gov/dhhs/ofi/programs-services</p>
<p>Rockland District Office 91 Camden Street Suite 103 Rockland, Me 04841 Show Map: https://goo.gl/maps/6wy7aNF Mxk82</p>	<p>General Information: (207) 596-4200 Toll Free: 1-800-432-7802 Fax: (207) 596-4331 rockland.dhhs@maine.gov</p>	<p>OFI program and service eligibility, except Aspire: https://www.maine.gov/dhhs/ofi/programs-services</p>
<p>Sanford District Office 890 Main Street Suite 208 Sanford, Maine 04073 Show Map: https://goo.gl/maps/dtiE2vf7WgL2</p>	<p>General Information: (207) 490-5400 Toll Free: 1-800-482-0790 Fax: (207) 490-5463 sanford.dhhs@maine.gov</p>	<p>OFI program and service eligibility: https://www.maine.gov/dhhs/ofi/programs-services</p>
<p>Skowhegan District Office 98 North Avenue Suite 10 Skowhegan, Maine 04976 Show Map: https://goo.gl/maps/3G1Anup1Kav</p>	<p>General Information: (207) 474-4800 Toll Free: 1-800-452-4602 Fax: (207) 474-4888 skowhegan.dhhs@maine.gov</p>	<p>OFI program and service eligibility: https://www.maine.gov/dhhs/ofi/programs-services</p> <p>For Child Support services, see Augusta Office.</p>

District Office	Contact (TTY: Maine Relay 711)	Walk-In Services
South Paris District Office 243 Main Street Suite #6 South Paris, Maine 04281 Show Map: https://goo.gl/maps/BApsUMYkXc82	General Information: (207) 744-1200 Toll Free: 1-888-593-9775 Fax: (207) 743-8798 southparis.dhhs@maine.gov	OFI program and service eligibility: https://www.maine.gov/dhhs/ofiprograms-services For Child Support services, see Lewiston Office.

MaineCare Member Services

Contact MaineCare Member Services to find out what services are covered by MaineCare or to ask questions about your benefit.

Phone: 1-800-977-6740. TTY users dial 711.

Office hours are Monday through Friday from 7:00 AM to 6:00 PM.

Call MaineCare Member Services if you have questions about:

- What MaineCare pays for
- How much you pay for services (“copays”)
- Primary Care Case Management (PCCM)
- Getting approval for certain services
- A bill from a provider
- Finding a MaineCare provider
- Getting a ride to a doctor’s appointment
- Disagreeing with a MaineCare decision to reduce or deny services

Website: <https://www.maine.gov/dhhs/oms/member-resources>

Pharmacy Help Desk

The Pharmacy Help Desk can answer questions about prescription drug benefits, mail order options, and generic drugs. They can help you understand your drug benefit.

Phone: 1-866-796-2463. TTY users, dial: 711.

Transportation Brokers

The brokers are the companies that schedule rides to your MaineCare-covered service.

Locate your county or town information in the table to find out who you should contact for transportation services.

If you live in:	Your contact is:
Androscoggin County – All Towns	Your broker is Modivcare, formerly LogistiCare. You can call them at 1-855-608-5180 or submit requests online at https://modivcare.com/ .
Aroostook County – All Towns	Your broker is Modivcare, formerly LogistiCare. You can call them at 1-855-608-5174 or submit requests online at https://modivcare.com/ .
Cumberland County – Brunswick and Harpswell	Your broker is MidCoast Connector. You can call them at 1-855-930-7900 and download reimbursement forms at midcoastconnector.org .
Cumberland County – All Other Towns	Your broker is Modivcare, formerly LogistiCare. You can call them at 1-855-608-5178 or submit requests online at https://modivcare.com/ .
Franklin County – All Towns	Your broker is Modivcare, formerly LogistiCare. You can call them at 1-855-608-5180 or submit requests online at https://modivcare.com/ .
Hancock County – Town of Danforth	Your broker is Modivcare, formerly LogistiCare. You can call them at 1-855-608-5174 or submit requests online at https://modivcare.com/ .
Hancock County – All Other Towns	Your broker is Modivcare, formerly LogistiCare. You can call them at 1-855-608-5176 or submit requests online at https://modivcare.com/ .
Kennebec County – All Towns	Your broker is Penquis CAP. You can call them at 1-844-736-7847 or visit their website at www.penquis.org .
Knox County – Town of Isle au Haut	Your broker is Modivcare, formerly LogistiCare. You can call them at 1-855-608-5174 or submit requests online https://modivcare.com/ .

If you live in:	Your contact is:
Knox County – All Other Towns	Your broker is MidCoast Connector. You can call them at 1-855-930-7900 and download reimbursement forms at midcoastconnector.org .
Lincoln County – All Towns	Your broker is MidCoast Connector. You can call them at 1-855-930-7900 and download reimbursement forms at midcoastconnector.org .
Oxford County – Towns of Porter, Hiram, Brownfield, Denmark, Sweden, Fryeburg, Lovell, Stow, and Stoneham	Your broker is Modivcare, formerly LogistiCare. You can call them at 1-877-659-1302 or submit requests online at https://modivcare.com/ .
Oxford County – All Other Towns	Your broker is Modivcare, formerly LogistiCare. You can call them at 1-855-608-5180 or submit requests online at https://modivcare.com/ .
Penobscot County – Town of Patten	Your broker is Modivcare, formerly LogistiCare. You can call them at 1-855-608-5174 or submit requests online at https://modivcare.com/ .
Penobscot County - All other Towns	Your broker is Penquis CAP. You can call them at 1-855-437-5883 or visit their website at www.penquis.org .
Piscataquis County – All Towns	Your broker is Penquis CAP. You can call them at 1-855-437-5883 or visit their website at www.penquis.org .
Sagadahoc County – All Towns	Your broker is MidCoast Connector. You can call them at 1-855-930-7900 and download reimbursement forms at midcoastconnector.org .
Somerset County- All Towns	Your broker is Penquis CAP. You can call them at 1-844-736-7847 or visit their website at www.penquis.org .
Waldo County – All Towns	Your broker is MidCoast Connector. You can call them at 1-855-930-7900 and download reimbursement forms at midcoastconnector.org .

If you live in:	Your contact is:
Washington County – All Towns	Your broker is Modivcare, formerly LogistiCare. You can call them at 1-855-608-5176 or submit requests online at https://modivcare.com/ .
York County- All Towns	Your broker is Modivcare, formerly LogistiCare. You can call them at 1-877-659-1302 or submit requests online at https://modivcare.com/ .

How to Report a Transportation Complaint

You may contact the broker in your region and file a complaint using the phone numbers above. If you would like a response from the broker, you must request a follow up call. If you do not receive a satisfactory response you can call Member Services at 1-800-977-6740, TTY users may dial 711, and request to file a complaint against the broker.

Maine Center for Disease Control and Prevention (Maine CDC)

The Maine CDC website has information about staying healthy and preventing illness.

Website: <https://www.maine.gov/dhhs/mecdc/>

Maine Breast and Cervical Health Program (MBCHP)

MBCHP is a program of the Maine CDC that pays for breast and cervical screenings for women who qualify. Screenings covered by the program may include breast exams, mammograms, or pap tests.

Address:

Maine CDC Breast and Cervical Health Program (MBCHP)
DHHS/ Maine Center for Disease Control and Prevention/Division of Population Health
286 Water Street, Key Plaza Building - 4th Floor

11 State House Station
Augusta, ME 04333-0011

Phone: 1-800-350-5180

Website: <http://www.maine.gov/dhhs/mecdc/population-health/bcp/>

The Women, Infants, and Children (WIC) Program

WIC is a public health program, run by Maine Centers for Disease Control (CDC). WIC provides low-cost healthy foods, nutritional education, breastfeeding promotion, and support and referrals to other services to women, infants and children who are at nutrition risk. The program is designed for women to enroll during pregnancy and for children to remain enrolled until their 5th birthday.

Here are some key points you may not be aware of:

- WIC serves women who are pregnant (in any trimester), who are breastfeeding, or who had a baby in the last six months.
- WIC serves infants and children up to the age of five, including adopted and foster children.
- Fathers may apply for their children.
- WIC serves anyone living in Maine meeting these criteria, no matter the person's immigration status.

See the WIC website at <https://www.maine.gov/dhhs/mecdc/population-health/wic/> for more information or call 1-800-437-9300.

Community Resources

211 Maine

211 Maine is a free and confidential information and referral service that connects people of all ages across Maine to local services. 211 is available 24 hours a day, seven days a week. You can reach 211 via phone, text, email, or by searching our online database.

211 is known as the resource where people go when they don't know where else to go. Whether it's financial assistance, domestic violence, addiction treatment, health care, mental health, or heating and utilities assistance, 211 Maine specialists will talk to you to find out what you need and walk you through all the options to find the right service or program for you.

Baby Teeth Matter

All babies and toddlers, ages 6 months to 3 ½ years should have their teeth checked and have fluoride varnish applied if needed by a dentist or healthcare provider.

Website: <https://www.fromthefirsttooth.org/>

Child Development Services

The Child Development Services system is an Intermediate Educational Unit that provides both Early Intervention (birth through two years) and Free Appropriate Public Education (for ages three through five years) under the supervision of the Maine Department of Education. The CDS system ensures the provision of special education rules, federal and state regulations statewide, through a network of regional sites.

Address:

Maine Department of Education

23 State House Station

Augusta, ME 04333-0023

Phone: (207) 624-6600

TTY: Dial 711

Website: <https://www.maine.gov/doe/learning/cds>

Consumers for Affordable Health Care

Consumers for Affordable Health Care's Helpline can help you:

- Understand your health coverage options
- Enroll in MaineCare related programs
- Understand your health coverage
- File an appeal or mediate a dispute, or
- Find programs to help with health care and drug costs.

They do not sell insurance. They are a non-profit organization. They are not a government office. All calls are confidential.

Helpline: 1-800-965-7476

TTY: 1-877-362-9570

Website: www.maine cahc.org

Consumer Council System of Maine

The Consumer Council System of Maine represents fellow consumers with an effective, organized voice in shaping public policy and mental health services.

Address:

Consumer Council System of Maine

219 Capital Street, Suite 7

Augusta, ME 04330

For more information, call MaineCare Member Services at **1-800-977-6740**.

If you are deaf or hard of hearing and have a TTY machine, call Maine Relay 711.

Phone: (207) 430-8300
Toll-free: 1-877-207-5073
Email: info@maineccsm.org
Website: <https://maineccsm.org/>

Disability Rights Maine

Disability Rights Maine (DRM) is Maine's protection and advocacy agency for people with disabilities.

They provide the following services:

- Information and referral
- Individual advocacy
- Legal representation
- Education and training
- Assistance with self-advocacy

Address:

24 Stone Street, Suite 204
Augusta, ME 04330-5209
Phone for voice or TTY: (207) 626-2774 or 1-800-452-1948
Website: <http://drme.org>

EqualityMaine

EqualityMaine is working to secure full equality for lesbian, gay, bisexual, and transgender people in Maine since 1984.

Mailing Address: P.O. Box 1951, Portland, ME 04104
Phone: (207) 761-3732
Email: info@equalitymaine.org
Website: <https://www.equalitymaine.org/>

Family Planning

Maine's Family Planning health centers provide a full range of reproductive health care services, including pregnancy tests and options counseling, birth control (including emergency contraception), STD testing and treatment, pap smears, and annual exams. Family Planning services are available to teens and adults of any gender, referrals are not required, and same-day and next-day appointments are often available. Family Planning health centers accept MaineCare, private insurance, and offer a sliding scale fee for those paying out of pocket.

Phone: (207) 622-7524

Website: <https://mainefamilyplanning.org/for-patients/find-a-clinic/>

Healthy Eating 5-2-1-0

Help your kids eat healthy and be active. Follow these numbers everyday: **5** - five or more fruits and vegetables, **2** - two hours or less of TV or computer time, **1** - one hour or more of physical activity, **0** - zero sugary drinks, more water and low-fat milk.

Website: <https://www.mainehealth.org/lets-go/>

Immigrant Legal Advocacy Project (ILAP)

As Maine's only state-wide immigration legal services organization, ILAP advances justice and equity for immigrants and their families through direct legal services, community education, and systemic advocacy.

Phone: (207) 780-1593 ext. 0

Website: <https://ilapmaine.org/>

Lead Testing

Every child should be tested 3 times in the first years of life for low iron in their blood and lead poisoning. Have your children tested at 9 to 12 months, 1 ½ to 2 years and 2 ½ to 3 years old. The test can take place at your doctor's office, at the WIC office, at a lab, or at Head Start.

Phone: 1-866-292-3474

Website: <https://www.maine.gov/dhhs/mecdc/environmental-health/eohp/healthyhomes/index.html>

Legal Services for the Elderly

For help with legal matters, call 1-800-750-5353. They will help you or send you to a local office. If you are deaf or hard of hearing and have a TTY machine, call 1-800-750-5353. You can also visit their website at: <http://www.mainelse.org>.

Augusta
5 Wabon Street
Augusta, ME 04330

Bangor
450 Essex Street
Bangor, ME 04401

Lewiston
8 Falcon Road
P.O. Box 659
Lewiston, ME 04243

Scarborough
136 US Rte. 1
Scarborough, ME 04074

Presque Isle
33 Davis Street
P.O. Box 1288
Presque Isle, ME 04769

Maine Area Agencies on Aging

Maine's five Area Agencies on Aging are the central resource for elder services. They can help you either directly or by referring you to the appropriate agency in your area.

Call 1-877-353-3771 from anywhere in Maine to contact the Area Agency on Aging that serves the town where you live.

Aroostook Area Agency on Aging - Aroostook County
One Edgemont Drive, Suite B, PO Box 1288
Presque Isle, Maine 04769
Phone: (207) 764-3396 or 1-800-439-1789
TTY: (207) 992-0150
Office Hours: 8:00 AM – 4:30 PM, Monday – Friday

Website: www.aroostookaging.org

Eastern Area Agency on Aging - Hancock, Penobscot, Piscataquis and Washington Counties
450 Essex Street
Bangor, Maine 04401-3937
Phone: (207) 941-2865 or 1-800-432-7812
TTY: (207) 992-0150
Office hours: 8:00 AM – 4:30 PM, Monday – Friday

SeniorsPlus – Androscoggin, Franklin and Oxford Counties
8 Falcon Road
Lewiston, Maine 04240
Phone: (207) 795-4010 or 1-800-427-1241
TTY: (207) 795-7232
Office hours: 8:00 AM – 5:00 PM, Monday – Friday

Southern Maine Area Agency on Aging - Cumberland, except Brunswick and Harpswell, and York Counties
136 U.S. Route 1
Scarborough, ME 04074
Phone: (207) 396-6500 or 1-800-427-7411
TTY: (207) 883-0532
Office hours: 8:00 AM – 4:30 PM, Monday – Friday

Spectrum Generations (formerly Senior Spectrum) - Kennebec, Knox, Lincoln, Sagadahoc, Somerset and Waldo Counties, Brunswick and Harpswell
One Weston Court, PO Box 2589
Augusta, Maine 04338-2589
Phone: 1-800-639-1553
TTY: 1-800-464-8703
Office hours: 8:00 AM – 4:30 PM, Monday – Friday

Maine Crisis Hotline

If you are concerned about yourself or someone else, call the crisis hotline. The crisis line is available 24-hours a day.

Phone: 1-888-568-1112. TTY: Dial 711.

Maine Developmental Disability Council (MDDC)

MDDC is a state and federally funded, self-governing organization made up of people with developmental disabilities, family members of people with disabilities, and representatives from

For more information, call MaineCare Member Services at **1-800-977-6740**.

If you are deaf or hard of hearing and have a TTY machine, call Maine Relay 711.

state agencies and organizations who work to improve the lives of those with developmental disabilities. MDDC is committed to creating a Maine in which all people are valued and respected because we believe communities are stronger when everyone is included. MDDC advocates for equal opportunities for persons with developmental disabilities to participate in every aspect of community life.

Address:

225 Western Avenue, Suite 4
Augusta, ME 04330

Phone: (207) 287-4213

Toll-free: 1-800-244-3990

Website: <https://www.maineddc.org/>

Maine Equal Justice

Legal Services for individuals with low income.

Address:

126 Sewall Street
Augusta, ME 04330

Phone: (207) 626-7058

Toll-free: 1-866-626-7059

E-mail: info@mejp.org

Website: <https://maineequaljustice.org/>

Maine Long-Term Care Ombudsman

Long-term care ombudsmen are advocates for residents of nursing homes, board and care homes and assisted living facilities. Ombudsmen provide information about how to find a facility and what to do to get quality care.

Phone for voice or TTY: (207) 621-1079 or 1-800-499-0229

Website: <https://www.maineombudsman.org/>

Maine Parent Federation, Inc.

Our projects provide information and assistance on a broad range of topics including but not limited to:

- Specific Disabilities

-
- Parenting Issues
 - Special Education
 - Family Support
 - Services & resources to assist families and professionals within the home, school, and community.

Address:

Maine Parent Federation

484 Maine Ave. 2D

Farmingdale, ME 04344

Phone: (207) 588-1933

Toll fee: 1-800-870-7746

Website: <https://mpf.org/>

Maine Tobacco Helpline

Trying to quit? Call for help. It is free and confidential.

Phone: 1-800-207-1230

Website: <https://mainequitlink.com/>

Maine Warm Line

A 24 hour a day, 7 days a week peer-to-peer support line.

Phone: 1-866-771-WARM (9276)

Medicare

Federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with end-stage renal disease.

Phone: 1-800-633-4227

Website: <https://www.medicare.gov/>

Pine Tree Legal Assistance

Free legal services for low income residents of Maine, for non-criminal matters.

Website: <https://ptla.org/>

For TTY machines, please call 711, Maine Relay.

For more information, call MaineCare Member Services at **1-800-977-6740**.

If you are deaf or hard of hearing and have a TTY machine, call Maine Relay 711.

Augusta
39 Green Street
P.O. Box 2429
Augusta, ME 04338
(207) 622-4731

Bangor
115 Main Street, 2nd Floor
Bangor, ME 04401
(207) 942-8241

Lewiston
95 Park St 3rd Floor
Lewiston, ME 04243-0398
(207) 784-1558

Machias
13 Cooper St
P.O. Box 278
Machias, ME 04654
(207) 255-8656

Portland
88 Federal Street
P.O. Box 547
Portland, ME 04112
(207) 774-8211

Presque Isle
373 Main Street
Presque Isle, ME 04769
(207) 764-4349

Raising Readers

Raising Readers encourages reading aloud to young children by providing family practice and pediatric providers in Maine new books to give at well child visits from two months to five years.

Website: <https://www.raisingreaders.org/>

Social Security Administration (SSA)

The Social Security Administration determines if you are eligible for social security benefits based on your age or if you have a disability. You apply for benefits and receive benefits through the SSA.

The following benefits are available through the SSA:

- Social Security Income (SSI)
- Social Security Disability Income (SSDI)
- Social Security Retirement (SSR)

Phone: 1-800-772-1213

TTY: 1-800-325-0778

Local Office List: <https://secure.ssa.gov/ICON/main.jsp>

Website: <https://www.ssa.gov/>

Text 4 Baby

Pregnant women can sign up to receive texts with information about their babies timed their due dates.

Directions to receive texts: Text “BABY” to 511411

Website: <https://www.text4baby.org/>

Vaccinate on time, every time

Vaccines are safe and help keep children healthy. Protect your children and teens by making sure they have all vaccines on time.

Website: <https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-schedule>

Chapter 11: Terms and Definitions

B

Benefit Package

A package of covered services available through MaineCare.

C

Copay, Copayment

The amount some MaineCare members must pay to the provider at the time the service is provided.

Cost of Care

The amount some members pay for their care in a facility, like a nursing facility or for a waiver program.

Covered Services

Services paid for by MaineCare, such as doctor visits, hospital visits, and medications.

D

DEL (Drugs for the Elderly and Disabled)

This benefit helps disabled and elderly people get prescription drugs at a reduced price. It is not MaineCare.

Dual Eligible

MaineCare members who are eligible for MaineCare and Medicare.

E

Eligibility specialist

A staff person at DHHS (Department of Health and Human Services) Office for Family Independence (OFI) who reviews applications and decides if you are eligible for MaineCare and other programs.

Emergency

An emergency is any physical or behavioral health problem that an ordinary person would think could cause serious harm, or death, if not treated quickly.

EPSDT

Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT) Services for members under age 21 that are not usually covered by MaineCare but can be covered if certain conditions exist.

K

Katie Beckett

Under this program, children with special health needs can have MaineCare, even if their family income is higher than MaineCare's usual standards.

M

MaineCare

MaineCare is a name for Maine’s Medicaid program. It is a partnership between the federal and state governments. The Maine Legislature makes some decisions about eligibility and coverage.

Maine Rx Plus

This benefit helps people get prescription drugs at a reduced price. It is not MaineCare.

Medicaid

A public health insurance program. It is jointly funded by federal and state governments and administered by the states. In Maine, it is called “MaineCare.”

Medical Assessment

A set of tests and measures, the results of which are used to decide if a member needs certain services.

Medicare

The health insurance program managed by the Social Security Administration for individuals age 65 and older, people who have received social security disability benefits for 24 months in a row, or people who have end-stage kidney disease (renal failure.)

Member

A person enrolled in MaineCare.

Member Services

Answers questions for people enrolled in MaineCare.

P

Prior Authorization (PA)

A process by which services are pre-approved by MaineCare.

Primary Care Provider (PCP)

A doctor, physician’s assistant, nurse practitioner, or a health care clinic that you choose to manage your health care.

Provider

A person or agency that provides medical care.

Primary Care Case Management (PCCM)

Services and treatments provided and coordinated by a primary care provider, MaineCare, and others.

R

Referral

Approval from your primary care provider to get care management services from another provider or specialist.

S

Social Security Disability Income (SSDI) and Supplemental Security Income (SSI)

The Social Security Administration programs that provide cash benefits for low-income people who are disabled or age 65 and over.

Specialist

A health care provider who deals with one area of health care, such as a cardiologist (heart doctor).
