



MaineCare Member Handbook

Spring 2019

April 1, 2019

Welcome to MaineCare

The MaineCare Member Handbook explains the MaineCare Program.

This handbook is not a legal policy or contract. The information can change. The information in this handbook is valid as of the date on the bottom of this page.

The most current handbook can be found on the MaineCare Member webpage at: <http://www.maine.gov/dhhs/oms/member/index.shtml>. For the latest information, 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.

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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.

The MaineCare Program

The Office of MaineCare Services (OMS) manages the following programs:

- MaineCare (also known as Medicaid)
- Maine Rx Plus
- Drugs for the Elderly and Disabled (DEL)

MaineCare's Vision and Mission

- **MaineCare Vision:** Ensure highest quality outcomes for MaineCare members through measurement and an efficient, sustainable, and integrated health delivery system.
- **Mission Statement:** Our mission is to attain the highest quality health outcomes for MaineCare members through a well-informed workforce and an efficient use of resources.

The MaineCare Member

- A MaineCare member is an individual who meets 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.

Benefit Packages

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). You can read more about benefit packages in the [Services that May Be Covered](#) section below.

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. You can read more about benefit packages in [Chapter 5](#).

Services that May Be Covered

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.

Some covered services need a:

- Referral (See page 21 of this handbook for more information.)
- Prior Authorization or PA (See page 17 of this handbook for more information.)
- Prescription
- Copay (See page 6 of this handbook for more information.)
- Medical assessment

Some examples of services that may be covered:

- Visits to your doctor
- Medications
- Behavioral health services
- Inpatient and outpatient hospital visits
- X-rays and labs

Some examples of services that are not covered:

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

How to find out what services are covered:

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).

MaineCare Eligibility

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

Applying for MaineCare

MaineCare is available to people who meet the income guidelines and are eligible based on age, family situations, and health care needs.

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: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>. 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 of addresses: <http://www.maine.gov/dhhs/ofi/offices/index.html>. DHHS offices are located throughout the state. Each town is assigned to a certain office.

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 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. [Chapter 6](#) has a list of addresses and phone numbers of the local DHHS offices.

MaineCare Review and Changes

Every MaineCare member gets a yearly financial review from the eligibility office. Some members get a yearly medical review. When you get a review form, make sure to 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 1-844-797-4357. 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 6](#) for your local DHHS office address and telephone number.

Cost to You

Copayments

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

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
- Members paying for part of their care as set by DHHS and reside 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.

Members will 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

For some MaineCare members, if you do not pay your copay at the time you get the service, the provider must still give you care. 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 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 money that some members pay to have MaineCare coverage. You will know if you must pay a premium because you will get a letter that tells you if you have to pay for the care. Examples of programs with members who are responsible for premiums are the Katie Beckett program and the Children's Health Insurance Program (CHIP). 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. Visit the following website:

http://gateway.maine.gov/dhhs-apps/office_finder/ to find a DHHS office near you.

See [Chapter 6](#) for your local DHHS office address and telephone number.

Cost of Care

If you live in a medical facility, you may have to pay toward your care. What you pay is your "cost of care." Whether you pay a cost of care depends on your income. If you must pay, 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. Members who usually pay a cost of care live in a nursing facility, residential care facility, cost-reimbursed boarding home, or an adult family care home.

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

For the following benefits packages, the members receiving these 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

[Chapter 5](#) has a list of all the services covered under each package. If you do not know which benefit package you get, call MaineCare Member Services.

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 that you will pay for the service.
- Get services from someone who is not a MaineCare provider.
- Did not follow the rules of your other health insurance and your other health insurance denies your claim.

Chapter 2: Getting Services

The MaineCare Card

All members get a plastic MaineCare card. 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 6](#) for your local DHHS contact information.

MaineCare Providers

A MaineCare provider is one who is enrolled with MaineCare, meaning they receive payments for services provided to MaineCare members.

A Primary Care Provider (PCP) is the main health care provider responsible for managing a member's medical care.

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

If you need help finding a provider, call MaineCare Member Services at 1-800-977-6740. Before you get care, make sure the provider takes MaineCare.

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.

Hospital Emergency Department (ED)

If you think you have a health emergency, go to the hospital ED. 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
- Not able 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

Please also see also [Getting Emergency Care Out-of-State](#) if you need emergency care outside of Maine.

Prior Authorization (PA)

Before you can get some services or equipment, MaineCare must approve it. This approval is called Prior Authorization (PA). Your provider asks for PA by sending a form to MaineCare. MaineCare will send you and your provider a letter to let you know if the service or medical equipment is approved or not. 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 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 PA, call MaineCare Member Services at 1-800-977-6740.

How will I know if I need a PA for my 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 online at <http://mainecarepdl.org/> or 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. Please see [Chapter 4](#) for how to request a 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.

Mail Order Pharmacy

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. A 90-day supply of a drug costs you only one copay or less. When you order generic drugs through the mail, you pay the same copay amount or less than you pay in your local pharmacy.

For information about mail order pharmacies, call the Pharmacy Help Desk at 1-866-796-2463.

Getting 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 at a hospital outside of the state of Maine. This is because not all hospitals choose to enroll as a MaineCare provider. If the hospital is not a MaineCare provider, and you have paid a bill, you may not get your money back. If you are not sure if it 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 New Hampshire, from a MaineCare provider who is within 15 miles of the Maine border.

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: Primary Care Case Management (PCCM)

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 Primary Care Providers (PCP) in the mail. The PCP that you pick will manage your care.

Enroll in PCCM

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 Care Provider (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 with your choice.

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.

Choose a Primary Care Provider (PCP)

When you are part of PCCM, you must have one Primary Care Provider (PCP) that you see most of the time for your health care. Your PCP can be a doctor, physician's assistant, nurse practitioner, or a health care clinic.

Your PCP "manages" your care. He or she knows you best and can refer you for special care if you need it. You can also get some services from other providers without a referral from your PCP.

If you do not choose a PCP, MaineCare will choose one for you. You will get a letter in the mail telling you who your PCP will be. It is better if you make this choice because it is important that you choose the PCP who is best for you.

Appointments with your Primary Care Provider (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 6](#) 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.

Losing your Primary Care Provider (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 and 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 chooses to no longer accept 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:

- 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:

- 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)
- Eye glasses (restrictions for members age 21 or over)
- Emergency care
- Ambulance services for emergencies
- Rides to medical appointments for services covered by MaineCare

These are services you can get without first seeing your PCP or getting a referral.

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.

How to Change your Primary Care Provider (PCP)

To change your PCP, call MaineCare Member Services. Do not call your DHHS eligibility specialist to make this change.

If you have been a MaineCare PCCM member for less than 90 days, you do not need to give a reason for choosing a different PCP. If you have been a MaineCare PCCM member 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.

Participating in 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.

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 Private Non-Medical Institution, such as a residential care facility.
- Are a patient in a hospital on the date you should enroll. You must enroll in MaineCare PCCM when you leave the hospital.

Chapter 4: 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 6](#) of this handbook.

Estate Recovery

MaineCare may make a claim on the estate of a member who has died. This is done to recover the cost of services when:

- MaineCare provided benefits for a member after the member turned 55
- The member didn't tell MaineCare about property or assets that would have made the member ineligible for MaineCare
- The member was entitled to get benefits under a long-term care insurance policy

DHHS will not take or put a lien against your home or property while you are living.

If MaineCare has a claim against an estate, we will not collect from the estate if:

- The spouse of the deceased is still living
- The deceased has a child under 21
- The deceased has a child who is blind
- The deceased has a child who is permanently and totally disabled

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. If MaineCare is only paying your Medicare costs, then there will be no claim against your estate.

Hardship Waiver and Claim Reduction

Heirs may ask that an estate, or a part of it, be protected from Estate Recovery if it will create an "undue hardship." This is called a "hardship waiver." Under certain other conditions, heirs may

ask MaineCare not to make a claim or to reduce some or all of the claim. This is called a “claim reduction.”

Heirs must request a hardship waiver or claim reduction within six (6) months from the member’s death or within sixty (60) days from the notice of the Department’s claim, whichever is later.

To find out more, call Member Services at 1-800-977-6740. If you are deaf or hard of hearing and have a TTY machine, call 711. Or, you may contact Legal Services for the Elderly at 1-800-750-5353. If you are deaf or hard of hearing and have a TTY machine, call 1-800-750-5353.

Fair Hearings

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

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. After 60 days have passed, you will not be able to request a Fair Hearing. 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. If you ask for a Fair Hearing after 10 days have passed, your current services will not continue. To request a hearing, call 1-800-977-6740. TTY users, dial 711(Mainey relay).

You can also write to:

MaineCare Hearings Coordinator
Division of HealthCare Management
MaineCare Services
11 State House Station
Augusta, ME 04333-0011

You can ask your provider to send new information to the Office of MaineCare Services at the above address prior to the hearing to show that the services requested are medically necessary. 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.

At the Fair Hearing, there will be a hearing officer who is not from MaineCare and does not know your case. 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. He or she will issue a decision or, in limited circumstances, 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.

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. The interpreter will tell your MaineCare provider what you are saying. The provider must let you know you have this right and cannot charge you for this service. If you want a MaineCare paid interpreter at your appointment, you must ask your provider in advance to have one there.

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. MaineCare cannot pay this person. If you want a family member or friend to interpret, you must check with your provider first. Call MaineCare Member Services if you need help.

Medical Records

Under Maine law, your provider must give you your medical records or a detailed summary of your records. You can ask for 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 him or her to enroll the child for health coverage. MaineCare can help the other parent apply for the insurance.

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' eligibility specialists. 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 another 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, and 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 I: Basic Information about MaineCare](#) for more information about the PHIP program.

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).

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

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, 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. Children can also get optional treatment services. Optional treatment services are not usually covered by MaineCare, like a helmet for a child who has seizures.

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 most up-to-date HIPAA Notice of Privacy Practices, see the Member Protected Health Information webpage at:

http://www.maine.gov/dhhs/oms/member/notice_privacy.html

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 get.

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 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 Beth Glidden, Deputy Privacy Officer, at (207) 624-6913. 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: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/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.

Reviews - Financial and Medical

Every MaineCare member gets a yearly financial review. Some members get a yearly medical review. When you get a review form from an eligibility specialist, make sure to return it on time. If you do not, you could lose MaineCare coverage.

Between reviews, tell your eligibility specialist if you have changes that may affect your MaineCare eligibility. Please report these changes within 10 days.

These include a change in:

- Address
- Income
- Assets
- Health insurance, including Medicare
- Household members, including dependents
- Marital status

See [Chapter 6](#) for your local DHHS office address and telephone number.

Transportation

MaineCare offers Non-Emergency Transportation (NET) for eligible members MaineCare-covered services. You may be able to get a ride to your appointment or your ride paid for by MaineCare if the appointment is covered by MaineCare and you are eligible for transportation services.

MaineCare contracts with brokers to provide transportation to MaineCare-covered services. The transportation broker in your region will decide if you qualify for transportation services and what type you can have. 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/nemt/nemt_index.html.

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.

How to get transportation to an appointment:

- Call your transportation broker. (Contact information for the broker in your area can be found in [Chapter 6](#)).
- For scheduled appointments, you must call the broker at least two business days before your appointment. If you do not call in advance, the broker may not be able to arrange transportation.
- 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.

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 [Chapter 6](#) for a list of transportation broker addresses and phone numbers.

Chapter 5: Benefit Packages

Benefit Packages

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. You can read more about benefit packages in [Chapter 5](#).

Benefit Package Categories

Benefit packages are organized in three categories:

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

Services that May Be Covered

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.

Some covered services need a:

- Referral (See page 21 of this handbook for more information.)
- Prior Authorization or PA (See page 17 of this handbook for more information.)
- Prescription

- Copay (See page 6 of this handbook for more information.)
- Medical assessment

Some examples of services that may be covered:

- Visits to your doctor
- Medications
- Behavioral health services
- Inpatient and outpatient hospital visits
- X-rays and labs

Some examples of services that are not covered:

- Acupuncture
- Cosmetic surgery
- Experimental procedures or drugs
- Health club memberships, such as the YMCA
- Massage therapy
- MaineCare covers only services that are medically necessary.
- Covered services may change.
- There may be limits on how many times you can use a service.
- If you are in MaineCare Primary Care Case Management, you may need to see your PCP to get certain services. You may also need a referral from your PCP before seeing a specialist. [Read Chapter 3: Primary Care Case Management](#) for more information.
- Your provider may need to get Prior Authorization (PA) from MaineCare before you can get certain services.
- You may need a prescription for certain services.
- You may need to pay a copay for some services.
- You may need a medical assessment of your ability to take care of yourself and do household tasks for certain services.

For more information, see the MaineCare Benefits Manual online at: www.maine.gov/oms/rules/provider_rules_policies.html. You can also call MaineCare Member Services at 1-800-977-6740.

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 caretaker of the child 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 is not otherwise eligible for, or enrolled in, other mandatory Medicaid coverage.
- **Aged, Blind, or Disabled** - Individuals 65 years or older and meet certain qualifications for blindness.
- **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 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.

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>.

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 (HCB) Waivers

Individuals who are applying for an HCB 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 HCB 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:** 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:** Adults 18 years and older who have an acquired brain injury.
- **Home and Community-Based Services for Adults with Other Related Conditions:** 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 (Policy Section 29) Waiver

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.

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>.

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.

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.

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>.

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

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

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.

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>.

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

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

- Assistive Technology Device
- Care Coordination
- Career Planning
- Community/Work Reintegration
- Employment Specialist
- Home Support
- Non-Medical Transportation
- Self-Care/Home Management Reintegration
- 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

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).

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>.

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

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)

Spenddown: Deductibles for the Medically Needy

Some individuals qualify for MaineCare because they are aged, blind, or disabled but they are over the income or asset limits for MaineCare. The eligibility office determines a deductible, which is called a spenddown. The spenddown is a dollar amount and it is set up for a six-month timeframe. When your qualifying medical bills add up to the spenddown amount, you have met the spenddown. If the spenddown is met within the six months, the individual must tell the eligibility office and they open MaineCare the next day. MaineCare will cover qualifying medical services for whatever is left of six-months once the spenddown is met. When the six months are over, MaineCare is closed. The individual must request additional spenddown periods.

Exception to Full Benefit Package - Inmates

Only inpatient services are covered by MaineCare for inmates 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**

- **Undocumented Residents**

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

The Special Benefit Waiver is a limited MaineCare benefit for individuals living with HIV/AIDS who do not qualify for full MaineCare benefits. If eligible, members may be charged copayments and/or a monthly premium based on their income.

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.

To be eligible for this waiver, an individual must:

- Test positive HIV/AIDS.
- Have a gross individual income less than, or equal to 250%, of the Federal Poverty Level.
- Not be eligible for full MaineCare.
- Sign a consent form indicating an understanding of the programs requirements and willingness to comply with doctor's treatment recommendations.

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

This limited benefit package allows a woman to get prenatal care for 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 package covers services for members wishing to prevent or delay pregnancy, or regulate the number of children and timing of pregnancies.

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)

Undocumented Residents

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, including labor and delivery.

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.

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>.

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)

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- 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)
 - 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.

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>.

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)

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- 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)
 - 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: www.maine.gov/oms/rules/provider_rules_policies.html.

Chapter 6: Some Programs Explained

Accountable Communities (AC) Program

An Accountable Community is a group of doctors and other health care providers who work together to give better health care to their patients.

MaineCare scores these providers on quality tests to make sure they are giving good care to members. You can see how your providers score compared to other providers.

To see a list of health care providers that are part of this program, go to the Accountable Community section of the MaineCare Members webpage at: <http://www.maine.gov/dhhs/oms/member/index.shtml>

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 SSI (Supplemental Security Income)

To see if you may be eligible for DEL, review the 2018 chart below:

Family Size	Gross Monthly Income
1 person	\$1,771
2 people	\$2,401
3 people	\$3,031
4 people	\$3,661
5 people	\$4,231

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 DEL, you can do one of the following:

- Go to My Maine Connection to apply at:
<https://www1.maine.gov/benefits/account/login.html>.
- Print an application from this webpage: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>. Then, mail it to: 114 Corn Shop Lane, Farmington, ME 04938.
- Call 1-855-797-4357. TTY users, dial 711.
- Visit your local OFI office. For office locations, go to OFI's webpage: <http://www.maine.gov/dhhs/ofi/offices/index.html>

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.

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.

To see if you may be eligible for Maine Rx Plus, review the 2018 chart below:

Family Size	Gross Monthly Income
1 person	\$3,541
2 people	\$4,801
3 people	\$6,061
4 people	\$7,321
5 people	\$8,581

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 apply at:
<https://www1.maine.gov/benefits/account/login.html>.
- Print an application from this webpage: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>. Then, mail it to: 114 Corn Shop Lane, Farmington, ME 04938.
- Call 1-855-797-4357. TTY users, dial 711.
- Visit your local OFI office. For office locations, go to OFI's webpage:
<http://www.maine.gov/dhhs/ofi/offices/index.html>

What drugs are discounted?

You may not get a discount on all your prescription drugs with Maine Rx Plus. This benefit covers all preferred drugs in Maine Care Program. 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.

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.

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

HHCS include:

- 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.

Do I have to do anything?

If your service requires EVV, you will be asked to sign a mobile phone or tablet, or speak into a phone to verify the service took place.

Why is MaineCare doing EVV?

EVV is a federal requirement. The federal government and MaineCare want to make sure you are getting the services you need.

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. You can also go to MaineCare's Member webpage at <http://www.maine.gov/mainecaremembers>.

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 be helpful 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 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. You can also go to MaineCare's Member webpage at <http://www.maine.gov/mainecaremembers>.

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. You can also go to MaineCare's Member webpage at <http://www.maine.gov/mainecaremembers>.

MaineCare in Education

There are three ways MaineCare will pay for services for a member when at school:

1. MaineCare's School-Based Services Program
2. School Health Clinics
3. Provider Discretion

1. MaineCare's School-Based Services Program

The school-based services program covers a member's medical services provided by a school-based provider. These services are listed in the member's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

It is the member's IEP or IFSP team who decides what medically necessary services are needed for a member to access his or her education. The services that are listed in the member's IEP or IFSP are the medical services reimbursed through this program.

Examples of school-based services may include medically necessary services such as:

- Speech therapy
- Physical therapy
- Occupational therapy
- Nursing services
- Specialized transportation

Your child may get school-based services, as well as additional services outside of school, from a different provider or additional services from the same provider outside of the school setting.

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 to have access to their education. These services must be listed on the IEP 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.

Questions

For all questions regarding school-based services, please contact MaineCare at MaineCareinEducation.DHHS@maine.gov. You can also call MaineCare's State Medicaid Educational Liaison at (207) 624-4094.

2. School Health Clinics

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

3. Provider Discretion

There are MaineCare providers who use space in a school to provide medical services to students when the service is not listed in the IEP or IFSP. If the provider has followed all MaineCare guidelines, the student may get services at the school instead of the provider's office. This is not considered a school-based service because the referral was not made based on the services listed on the IEP or IFSP.

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.

Newborn Coverage

After your baby is born, call your eligibility specialist as soon as possible so that your baby can be added to MaineCare to ensure MaineCare-covered services are paid for. If you do not add your baby to your MaineCare, you may get a bill from the hospital. You also need to apply for a social security number for your baby. Call your eligibility specialist when the baby's social security card comes in the mail. You need to show the baby's birth certificate to your eligibility specialist within one year of getting it. Your baby can get MaineCare until his or her first birthday even if your income changes.

Private Health Insurance Premium (PHIP)

The PHIP program can help you pay your share of the cost for your work-based health insurance. MaineCare will pay your share of the cost only if it saves the state money. You must fill out a PHIP application before we can decide this. If you have private insurance 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 <http://www.maine.gov/dhhs/ofi/public-assistance//index.html>

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.

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 (6) months of Transitional MaineCare. Call your local DHHS office eligibility specialist for information.

Chapter 7: 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 the My Maine Connection website 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 from OFI's webpage at: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>. Then, mail it to OFI at: 114 Corn Shop Lane, Farmington, ME 04938.
- Call 1-855-797-4357. TTY users, dial 711.
- Visit a local DHHS - Office for Family Independence or OFI at: <http://www.maine.gov/dhhs/ofi/offices/index.html>. DHHS offices are located throughout the state. Each town is assigned to a certain office. To see what office your town is assigned to, go to the Office Finder 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)

<p>Augusta 35 Anthony Avenue Augusta, ME 04333 (207) 624-8090 or 1-855-797-4357 TDD/TTY 711</p>	<p>Bangor 396 Griffin RD Bangor, ME 04401 (207) 561-4100 or 1-855-797-4357 TDD/TTY 711</p>
<p>Biddeford 208 Graham Street Biddeford, ME 04005 (207) 286-2400 or 1-855-797-4357 TDD/TTY 711</p>	<p>Caribou Skyway Plaza 30 Skyway Drive, Unit 100 Caribou, ME 04736 (207) 493-4000 or 1-855-797-435700-432-7366 TDD/TTY 711</p>
<p>Ellsworth 17 Eastward Lane Ellsworth, ME 04605 (207) 667-1600 or 1-855-797-4357 TDD/TTY 711</p>	<p>Farmington 114 Corn Shop Lane Farmington, ME 04938 (207) 778-8400 or 1-855-797-4357 TDD/TTY 711</p>
<p>Fort Kent 139 Market Street, Suite 109 Fort Kent, ME 04743 (207) 834-7700 or 1-855-797-4357 TDD/TTY 711</p>	<p>Houlton 11 High Street Houlton, ME 04730 (207) 532-5000 or 1-855-797-4357 TDD/TTY 711</p>
<p>Lewiston 200 Main Street Lewiston, ME 04240 (207) 795-4300 or 1-855-797-4357 TDD/TTY 711</p>	<p>Machias 38 Prescott Drive Machias, ME 04654 (207) 255-2000 or 1-855-797-4357 TDD/TTY 711</p>
<p>Portland 151 Jetport Boulevard S. Portland, ME 04102 (207) 822-2000 or 1-855-797-4357- TDD/TTY 711</p>	<p>Rockland 91 Camden Street, Suite 103 Rockland, ME 04841 (207) 596-4200 or 1-855-797-4357- TDD/TTY 711</p>
<p>Sanford 890 Main Street, Suite 208 Sanford, ME 04073 (207) 490-5400 or 1-855-797-4357- TDD/TTY 711</p>	<p>Skowhegan 98 North Avenue, Suite 10 Skowhegan, ME 04976 (207) 474-4800 or 1-855-797-4357- TDD/TTY 711</p>
<p>South Paris 243 Main Street, Suite #6 South Paris, ME 04281-9901 (207) 744-1200 or 1-855-797-4357- TDD/TYY 711</p>	

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

Go to the MaineCare Member webpage to:

- Find out about policy and benefit changes
- Learn more about health improvement projects
- Read the Notice of Privacy Practices
- Find resources

Website: <http://www.maine.gov/dhhs/oms/member/>

Go to the Health PAS Online Portal to:

- Request a letter of creditable coverage
- Request a claims history report
- Look up a provider using the online Provider Directory
- Read frequently asked questions about MaineCare

Website: <https://mainecare.maine.gov/Memberdefault.aspx>

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 on the chart to find out who you should contact for transportation services.

If you live in:	Your contact is:
Androscoggin County – All Towns	Your broker is LogistiCare. You can call them at: 1-855-608-5180 or submit requests online at this link .
Aroostook County – All Towns	Your broker is LogistiCare. You can call them at: 1-855-608-5174 or submit requests online at this link .
Cumberland County – Brunswick and Harpswell	Your broker is MidCoast Connector. You can call them at: 1-855-930-7900 and download reimbursement forms at http://midcoastconnector.org/ .
Cumberland County – All Other Towns	Your broker is LogistiCare. You can call them at: 1-855-608-5178 or submit requests online at this link .
Franklin County – All Towns	Your broker is LogistiCare. You can call them at: 1-855-608-5180 or submit requests online at this link .
Hancock County – Town of Danforth	Your broker is LogistiCare. You can call them at: 1-855-608-5174 or submit requests online at this link .
Hancock County – All Other Towns	Your broker is LogistiCare. You can call them at: 1-855-608-5176 or submit requests online at this link .
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 LogistiCare. You can call them at: 1-855-608-5174 or submit requests online at this link .
Knox County – All Other Towns	Your broker is MidCoast Connector. You can call them at: 1-855-930-7900 and download reimbursement forms at http://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 http://midcoastconnector.org/ .
Oxford County – Towns of Porter, Hiram, Brownfield, Denmark, Sweden, Fryeburg, Lovell, Stow, and Stoneham	Your broker is LogistiCare. You can call them at: 1-877-659-1302 or submit requests online at this link .
Oxford County – All Other Towns	Your broker is LogistiCare. You can call them at: 1-855-608-5180 or submit requests online at this link .

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.

Penobscot County – Town of Patten	Your broker is LogistiCare. You can call them at: 1-855-608-5174 or submit requests online at this link .
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 http://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 http://midcoastconnector.org/ .
Washington County – All Towns	Your broker is LogistiCare. You can call them at: 1-855-608-5176 or submit requests online at this link .
York County- All Towns	Your broker is LogistiCare. You can call them at: 1-877-659-1302 or submit requests online at this link .

Maine Center for Disease Control and Prevention (Maine CDC)

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

Website: <http://www.maine.gov/dhhs/boh/index.shtml>

Maine Breast and Cervical Cancer 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/>

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. Visit www.fromthefirsttooth.org for more information.

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: 877-362-9570

Website: www.maine cahc.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

1-800-452-1948

Website: <http://drme.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.

Website: www.mainefamilyplanning.org/clinic-locations

Phone: (207) 622 -7524.

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: www.lets-go.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.

Website: www.maine.gov/healthyhomes

Phone: 1-866-292-3474

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.

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.

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.arostookaging.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 Equal Justice Partners

Legal Services for individuals with low income.

Address:

126 Sewall Street
Augusta, ME 04330

Phone: 207- 626-7058 or 1-866-626-7059

E-mail: info@mejp.org

Website: <http://www.mejp.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 Tobacco Helpline

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

Phone: 1-800-207-1230

Website: www.thequitlink.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: www.Medicare.gov

Pine Tree Legal Assistance

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

Website: <http://www.ptla.org>

For TTY machines, please call 711, MaineRelay.

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: 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: <http://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. Visit <http://vaccine.chop.edu/schedule> for more information.

Chapter 7: Terms and Definitions

B

Benefit Package

A package of covered services available through MaineCare.

C

Copay, Copayment

The amount some MaineCare members have to 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. This person may also decide if you are eligible for other Department programs like Supplemental Nutrition Assistance program (SNAP), formerly known as food stamps.

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).

NOTES