

Maine Section 1115 Waiver Demonstration Summary

Background

In August 2017, the Maine Department of Health and Human Services submitted an 1115 waiver application to the U.S. Department of Health and Human Services, seeking to amend Maine Medicaid (MaineCare) eligibility requirements, premiums, and cost sharing for the “able-bodied” adult population between the ages 19 to 64. (Of note, the waiver does not further define “able-bodied” population when describing the impacted population.) All initiatives, except premium requirements, were expected to be implemented as of January 2018, pending CMS approval. Premium requirements will subsequently begin July 2018 if approved.

1115 Waiver Elements

Community Engagement and Work Requirement

Able-bodied adults between the ages of 19 to 64 must show evidence of the following activities or combination of activities to constitute compliance with the MaineCare work requirement in order to maintain Medicaid eligibility: (1) working in paid employment at least 20 hours per week; (2) participating in and complying with Department-approved work program at least 20 hours per week; (3) workfare or volunteer community service 24 hours per month; (4) enrollment as a student at least half-time; (5) completing a combination of employment and education; (6) receiving unemployment benefits; or (7) complying with work requirements for Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF).

Members will be assessed during the application period, or reassessed, to determine if they are required to meet the MaineCare community engagement and work requirement. Members may request exemptions from such requirements throughout eligibility. A member will, however, be exempt from a showing of compliance with the work requirement if any of the following circumstances apply: (1) the member resides in an institutional residential facility; (2) the member resides in a residential substance abuse treatment and rehabilitation program; (3) the member cares for a dependent child under age six; (4) the member provides cares for an incapacitated adult; (5) the member is physically or mentally unable to work 20 hours per week; or (6) the member receives temporary or permanent disability benefits.

Members found to be subject to requirements, but who fail to meet such requirements, may receive up to three months of MaineCare coverage in a thirty-six month period. Noncompliant members who have exhausted the 3-month allowance will be disenrolled from MaineCare until compliance is achieved, unless a showing of good cause is made.

Premiums and Cost Sharing

The waiver proposes a monthly premium requirement for able-bodied adults between the ages of 19 to 64. The payment structure is comprised of five premium brackets based on household income in relation to the federal poverty line (FPL). Members of household income ranging from 0-50% FPL will pay nothing; 51-100% FPL will pay a \$10 monthly premium; 101-150% FPL will pay \$20; 151-200% FPL will pay \$30; and, 201% and above FPL will pay \$40. If members fail to pay their monthly premiums by the last day of the month, they will be disenrolled from MaineCare for a period of 90 days, or until all unpaid premiums are paid. (The

waiver does not speak to how the member may reenroll in MaineCare following the 90-day period if unpaid premiums stand.)

Additionally, the waiver seeks to set a \$10 copayments for non-emergency use of the Emergency Department (ED). This policy will apply to all members, except for members dually eligible for Medicare and Medicaid who do not have full MaineCare, members residing in an institutional residential facility, and American Indians and members of federally-recognized Alaskan tribes.

Asset Limitations

Currently, Medicaid eligibility determinations for Modified Adjustment Gross Income (MAGI) beneficiaries do not consider asset or resource tests (unlike non-MAGI beneficiaries, who are subject to an asset test during eligibility determination). The MAGI population includes pregnant women, infants and children under 19 years of age, parents, and the new adult group. The non-MAGI population includes those who are over the age 65 and are eligible for Medicaid on the basis of a disability or require long-term services.

The waiver proposes to apply a \$5,000 asset test during MaineCare eligibility determination for all MAGI households. Assets that are included as part of the existing State Plan will be counted.

The waiver also seeks to eliminate prohibitions on transfer penalties for purchasing Medicaid-compliant annuities for long-term care coverage determinations, and implement a minimum pay out period that is 80 percent of the annuitant's expected life.

Retroactive Eligibility

The waiver proposes to eliminate retroactive eligibility and require that MaineCare coverage for all members will start on the first of the month in which an application for enrollment is filed. (Individuals applying for long-term care coverage will still be eligible for retroactive eligibility determinations.)

Presumptive Eligibility Determinations by Qualified Hospitals

Finally, the waiver seeks to prohibit qualified hospitals from making presumptive eligibility determinations when administering services to an applicant, except when servicing pregnant women.