

MAINE TITLE XXI STATE PLAN FACT SHEET

Name of Plan:	MaineCare
Date Plan Submitted:	May 19, 1998
Date Plan Approved:	August 7, 1998
Effective Date:	July 1, 1998 (Title XIX expansion) August 1, 1998 (Title XXI)
Date Amendment #1 Submitted:	January 5, 2000
Date Amendment #1 Approved:	March 1, 2001
Date Amendment #1 Effective:	October 1, 1999
Date Amendment #2 Submitted:	April 5, 2001
Date Amendment #2 Approved:	June 6, 2001
Date Amendment #2 Effective:	March 30, 2001
Date Amendment #3 Submitted:	June 28, 2002
Date Amendment #3 Approved:	September 19, 2002
Date Amendment #4 Submitted:	January 9, 2003
Date Amendment #4 Approved:	April 16, 2003
Date Amendment #4 Effective:	July 1, 2002

Background

- Maine's State Children's Health Insurance Program (SCHIP) expanded coverage to children through age 18 in families with incomes up to 185 percent of the Federal poverty level (FPL) using a combination of a Medicaid expansion and a separate child health program. The Medicaid expansion covers children aged 1 through 18 in families with income up to 150 percent of the FPL; the separate child health program covers children in families with income from 151 percent of the FPL to 185 percent of the FPL.
- Maine's Medicaid program covers children from birth through 12 months with family income up to 185 percent of the FPL, children aged 1 through 5 in families with income up to 133 percent of the FPL, and children aged 6 through 18 in families with income up to 125 percent of the FPL.

Amendments

- On January 5, 2000, Maine submitted a state plan amendment to further expand the State's separate child health program to cover children from birth through age 18 in families with incomes from 185 percent through 200 percent of the FPL. The amendment also removes cost sharing for American Indian and Alaska Native children.
- Maine submitted its second amendment on April 5, 2001, to expand the benefit package provided under the State's title XXI program by adding hospice services.
- Maine submitted its third amendment on June 28, 2002. This amendment updates and amends the SCHIP state plan to indicate the State's compliance with the final SCHIP regulations. This amendment also extends Maine's continuous eligibility period from 6 months to 12 months.
- Maine submitted its fourth amendment on January 9, 2003. This amendment implements health services initiatives (HSI) under the State's 10 percent administrative cap.

The State's health services initiatives are activities sponsored by the State's Bureau of Health under the Partnership for a Tobacco-Free Maine. Specific health services initiatives may include the following:

- Grants to providers to promote health education in schools implementing a school health program that incorporates guidelines for tobacco use, physical activity, and healthy eating and educates on the use of health care.
- Grants for conducting outreach campaigns to promote community based pregnancy prevention projects and to promote family planning among adolescents where the providers support family life education programs for schools and communities, including education about abstinence and information on preventing sexually transmitted diseases and birth control.
- Grants for media health campaign directed at discouraging children and adolescents from purchasing tobacco products.

Children Covered Under the Program

- The State reported that 22,586 children were ever enrolled in SCHIP in Federal fiscal year 2002.

Administration

- Maine's Department of Human Services (DHS) oversees the administration of the MaineCare program. The MaineCare program contains both title XIX and title XXI programs and both are administered in the same manner. Three Bureaus within DHS share functional responsibility for the title XXI program: the Bureau of Medical Services has primary responsibility for administration and oversight; the Bureau of

Family Independence determines eligibility; and the Bureau of Health oversees the EPSDT, HSI, and immunization programs and conducts outreach and education activities.

Health Care Delivery System

- MaineCare primary care case management initiative is operational in all 16 counties, and with few exceptions MaineCare children covered under title XXI funding access services through primary care case management. Any MaineCare member exempted from participation must access care through the existing fee-for-service system.

Benefit Package

- The current Medicaid package is provided for both the Medicaid expansion and the separate child health program.

Cost Sharing

- Maine's separate child health program has a sliding scale for premiums for children with family incomes above 151 percent of the FPL according to the following schedule:
 - 151 - 160 percent FPL: premiums are \$5 per month for the first child and \$10 per month for two or more children.
 - 161 - 170 percent FPL: premiums are \$10 per month for the first child and \$20 per month for two or more children.
 - 171 - 185 percent FPL: premiums are \$15 per month for the first child and \$30 per month for two or more children.
 - 186 - 200 percent FPL: premiums are \$20 per month for the first child and \$40 per month for two or more children.

Coordination between Separate Child Health Program and Medicaid

- Applicants for both programs use the same simplified eligibility form and enrollment process, which is conducted by the Bureau of Family Independence. Those determined to be Medicaid-eligible are enrolled in Medicaid. Children enrolled under title XXI criteria will be given distinct eligibility codes in order to track coverage under both programs.

Crowd-Out Strategy

- The joint application requests information about current and prior insurance coverage for the most recent 3-month period. If applicants have lost coverage for reasons

related to the availability of SCHIP, eligibility for the separate child health program will be denied. Children who lost coverage for reasons unrelated to SCHIP will remain eligible. If the coverage termination complies with the following guidelines the children will be eligible for the separate child health program:

- The cost of the employee's share of family coverage exceeds 10 percent of family income.
- The employer plan does not pay at least 50 percent of the cost of the child's coverage.
- The Department determines that good cause exists for dropping the employer-based coverage.

Outreach Activities

- The Department has aired television and radio public service announcements, distributed posters, and developed newsletter articles for inclusion in publications by community and professional organizations.
- The Bureau of Medical Services works collaboratively with the Robert Wood Johnson initiative, Covering Kids and Families Campaign to conduct outreach to families.
- Each year the Department of Human Services, in collaboration with the Department of Education, sends applications to each school to distribute to students during the first week of school.
- Ongoing outreach efforts are also conducted by MaineCare Member Services to assist members enroll in the primary care case management benefit within MaineCare.

Financial Information

Total FFY 2003 SCHIP Allotment: \$9,688,881
FFY 2003 Enhanced Federal Matching Rate: 76.35%

Updated: CMS, CMSO, FCHPG, DSCHI, April 16, 2003