

# Medicaid/Mainecare – An Overview

## General Medicaid Eligibility Requirements: (See appended Mainecare Categorical Charts for details).

Medicaid or Mainecare is a State and Federally funded Health Insurance Program.

Eligibility Criteria is listed below:

- **0 – 18yrs.** Familial monthly income for a family size of two is less than \$2,082.00.
- **Adults and Disabled 21-64 yrs.** With a monthly income less than 100% of the Federal Poverty Level (FPL) and assets under \$2000.00. No Medical Necessity.
- **Young Adults 19-20 yrs.** With a child under the age of 18yr. With a monthly income less than 150% of the FPL and assets under \$2000.00.
- **Under 19 yrs. and Pregnant.** With a monthly income less than 200% of the FPL.
- **Age 65 +.** With a monthly income less than 100% of the FPL and assets under \$2000.00 for an individual and \$3000.00 for a couple.
- **See Other Eligibility Criteria for Special Groups in Appended Mainecare Categorical Charts.**
- **Categorically needy** are those individuals who qualify for medical coverage on the basis of being at or below the set income requirements.
- **Medically needy** are those individuals who qualify for medical coverage with a deductible or "spend down."

## There are many options under Medicaid/Mainecare that can be used to serve the homeless population in relation to supportive housing.

- **Community Support Services** – Medicaid reimbursement for services intended to restore skills needed to live independently.
- **Home and Community Based Waivers** – provide services for persons who otherwise would be institutionalized based on physical and/or mental disabilities.
- **Targeted Case Management Services** – Case Management services designed to assist individuals in gaining access to needed services.
- **Mental Health Services** – services intended specifically for children and adults with mental illness.
- **Private Non-Medical Institutions (PNMI's)** – service reimbursement for agencies housing individuals with mental illness, substance abuse, HIV/AIDS, medical and remedial needs.
- **Federally Qualified Health Centers (FQHCs)** – Receiving a grant under S.330 of the PHS Act from CMS. Often in the form of community clinics, these centers can deliver primary care, psychological and substance abuse services along with other types of health services.

# **Mainecare Eligibility Manual: A Review of Potential Funding Sources For Services**

- **Community Support Services**

- Eligibility

- Provider must be contracted with DMHMRSAS (Department of Mental Health, Mental Retardation, Substance Abuse Services).
- Individual must meet Mainecare's general eligibility requirements.
- Age 18 yr. Or older.
- Have either a mental illness, is homeless, in current crisis or may need Institutionalization, residing in a facility financially supported by DMHMRSAS.

- Covered Services

- Services may be provided in a community setting or person's current place of residence.
- Case management, individualized rehab, med. edu/mnmgt., outreach, day tx./rehab, daily living skills, personal care, community living skills.

- **Substance Abuse Treatment Services**

- Eligibility

- Individual must meet the General Eligibility requirements for Mainecare.
- " " must meet the American Society of Addiction Medicine (ASAM) criteria.
- Substance abuse treatment services must be medically necessary.

- Covered Services

- Intensive outpatient services.
- Outpatient services.
- Methadone Maintenance Services.
- Evaluation.
- Clinical Services.

- **Targeted Case Management Services**

- These services are targeted to very specific sub-groups including:

- Adults with Mental Retardation.
- Individuals with HIV/AIDS.
- Infants and Children (birth – 5yr.) with or at risk of developmental delays, Families of children who are, or at risk of, abuse or neglect.
- Children or Young Adults in the care or custody of DHS or another State agency or Families of children receiving post-adoption services.
- Adults in need of protective services.

- Children or Adolescence with Emotional disturbance, Behavioral disorder, Mental illness, Mental Retardation, or Pervasive developmental disorder.
- Children and Adolescents (11 – 17yr.) w/ Serious Emotional Disturbance residing in
- Cumberland County Juveniles referred or under supervision of Juvenile Caseworkers.
- Pregnant/Postpartum women, those at risk for Inadequate parenting, Father of expectant Mother whose child is expected to reside with father post birth.
- Adults w/ LTC needs.
- Residents of **Kennebec, Somerset, Androscoggin, Sagadahoc, Waldo, Penobscot, Knox, Cumberland, York and Lincoln Counties.**
- Persons with Psychoactive Substance Dependence.
- Adolescents exhibiting high risk behaviors.
- Families of children participating in Healthy Families Benefit.
- Disease Case Management.
- Members of Healthy Futures Benefit.
- All Case Management Services Include:
  - Intake/Assessment.
  - Plan of Care.
  - Coordination/Advocacy.
  - Monitoring.
  - Evaluation.
- Individual Eligibility
  - Mainecare Eligible.
  - Meet the specific requirements of the appropriate category individual falls under.
  - Services will be provided as long as eligibility and general criteria are met or until service is no longer needed.
- Provider Eligibility
  - The agency/facility delivering targeted case management services must be a Medicaid provider and contracted as such through the appropriate State Agency.
- **Assertive Community Treatment (ACT) Model**
  - "A treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness" ([www.actassociation.org](http://www.actassociation.org)).
  - Utilizes an interdisciplinary team approach.
  - Consumers of ACT receive highly individualized services within their home and community and staffing is available 24 hours/ day, 7 days/week ([www.nami.org](http://www.nami.org)).
  - "One-stop" treatment design.

- Proven to be highly effective.
- **Can be reimbursed under Community Supports or Mental Health Services\*\*\***

- **Home and Community-Based Waiver Services for Persons with MR**

- Eligibility

- Designed for persons with MR already on Mainecare and who are clients of DBDS; must be eligible for service in an ICFs-MR (intermediate care facility for persons with MR).

- Covered Services

- Residential Training (delivered in a licensed home).
    - Day Habilitation (delivered at day program outside of individuals home).
    - Consultation services.
    - Respite care.
    - Transportation services (limited under specific guidelines).
    - Adaptive Aids.
    - Communication Aids.
    - Personal support services.
    - Other – environmental modifications, interpreter services, crisis intervention.

- **Home and Community-Based Waiver Services for the Physically Disabled**

- Eligibility

- Individual must meet Mainecare General Eligibility requirements.
    - Requires Nursing Facility level of services.
    - Have cognitive capacity.
    - Must not have a guardian/conservator.
    - Cost of waiver services must be less than 90% of average monthly cost of NF services.
    - Safety is not jeopardized by staying in the home.
    - Must have a disability with functional limitations.
    - Consumer must hire and be able to direct a PCA..

- Covered Services:

- Consumer Directed services.
    - Case management.
    - Personal Emergency Response System (one-time installation fee).

## **Mental Health Services**

### **Providers of Mental Health Services:**

Must have a valid contract or hold a letter of agreement with DBDS or BCFS and comply with all existing rules and licensure requirements of DBDS.

### **Children's Mental Health Services:**

**General Eligibility:**

- Aged 20 years or less
- Mainecare eligible
- The service is medically necessary

**Birth – 5 years: Day Treatment and Children’s and Family Community Support Services:**

- Must exhibit a **behavioral impairment** for a period in excess of one month to a marked degree which adversely affects the child’s development OR...
- Must exhibit a **developmental delay** (cognitive, social & emotional, adaptive or physical) OR...
- Must have an **established condition**: a mental or physical condition with a known high probability of causing developmental delays OR...
- Must have **biological factors** (prenatal, perinatal, early developmental) or events suggestive of biological insult to the developing child.

**Ages 6 – 20 years: Day Treatment and Children’s and Family Community Support Services:**

- Must **present a combination of functional impairment and/or symptoms** of separation from family, or psychosocial symptoms (psychosis, suicidality, aggression, victim of abuse).
- A **DSM-IV Diagnosis** of a severe emotional or behavioral disturbance, excluding mental retardation or substance abuse as a primary diagnosis, and for a duration or risk of duration of more than 1 year.

**Ages 0 – 20 years: Children’s Behavioral Health Services:**

- A **DSM Axis I or II Diagnosis**, or a **diagnosis from the 0-3 National Center** for Clinical Infant Programs Diagnostic Classifications of Mental Health and Developmental Disabilities of Infancy and Early Childhood Manual. (This can be applied to all Children’s MH Services under Section 65)
- Exhibits **behaviors unmanageable** by the parent/guardian or puts the child at risk for an out-of-home placement.
- Is at **risk of out-of-home** placement.

**Ages 6 – 20 years: Family Psychoeducation Treatment Program Services:**

- **Primary DSM Diagnosis** of severe emotional or behavioral disturbance, with a duration or risk of duration of more than 1 year.
- Must have **one of the following symptoms**: psychotic symptoms, suicidality, aggression, victim of abuse, severe and disabling attention deficit, anxiety, depressive symptoms.

**Ages 0 – 20 years: ACT Services:**

- **DSM Axis I Diagnosis** of severe emotional or behavioral Disturbances.
- Either **recently discharged** from psychiatric hospitalization or residential treatment and documented as a highly probable case for decompensation without ACT services, or **at risk for placement** in psychiatric hospitalization or residential treatment.

#### **Covered Services:**

- Emergency Services
- Day Treatment Services
- Crisis Resolution Services
- Crisis Support Services
- Infant Mental Health Services
- Children's Outpatient Services
- Children's Family and Community Support Services
- Children's Behavioral Health Services
- Family Psychoeducation Treatment Program Services
- Children's Assertive Community Treatment (ACT) Services
- Medication Services

#### **Adult Mental Health Services:**

##### **General Eligibility:**

- Age 21 years or older
- DSM Axis I Diagnosis
- Mainecare Eligible

##### **Family Psychoeducation**

##### **Treatment Program Services:**

- **Primary Axis I Diagnosis** of a severe and disabling mental illness under DSM IV.
- The major mental illness must cause **one or more of the following:**  
 Attempted/Threatened suicide  
 Active Hallucinations that impair behavioral functioning  
 Delusional/Disorganized thoughts that impair behavioral functioning  
 An inability to care for self-creating conditions either threatening to life or limb or likely to result in marked deterioration of mental and/or physical disorder.

##### **Covered Services:**

- Emergency Services
- Outpatient Services
- Crisis Intervention Services
- Crisis Support Services
- Family Psychoeducation Treatment Program Services

- Medication Services

**Private Non-Medical Institution Services**

➤ Definition

- An agency or facility that is **NOT** a health insuring organization, hospital, nursing home, or community health center, that provides food, shelter, and treatment services to four or more residents in single or multiple facilities.
- The agency or facility must be licensed with DHS, DMHMRSAS, or meet comparable licensure standards and/or requirements and staffing patterns as determined by the appropriate department. (Refer Below)

<u>Type of PNMI Program</u>	<u>Required Licensure/Funding</u>
Substance Abuse	licensed & funded by DMHMRSAS
Child Care	DHS and/or DMHMRSAS, BCFS.
Community Residence for Persons with Mental Illness	DMHMRSAS
Medical and Remedial Services	DHS
Community Residence for Persons with MR	DHS and DMHMRSAS

➤ Eligibility

- Institutions may get reimbursement under Mainecare PNMI services if they meet the criteria listed above.
- Individuals are eligible for PNMI services if they are Mainecare certified or eligible and are not currently receiving other Mainecare services that would duplicate PNMI services.

➤ Covered Services

- Services that are covered must be applicable to the type of PNMI that is Delivering the service.
- i.e. Substance Abuse PNMI's offer medical detoxification, residential rehabilitation, extended care services.
- Child Care PNMI's offer rehabilitative services, physical care programs.

**Federally Qualified Health Centers (FQHCs)**

- Designed to serve the underserved populations and underinsured populations,

- FQHC's can provide a vast array of services free of cost or low cost. These services vary by each FQHC and begin with primary health care and extend as far as mental health and substance abuse services.
- A facility or program that is federally qualified and may also be known as a community health center, migrant health center, or health-care program for the homeless.

### **Provider Eligibility:**

1. Receiving a grant under Section 330 of the Federal Public Health Service Act.
2. Receiving funding from such a grant under a contract with the recipient of a grant and meets requirements to receive grant under Section 330 of the PHS Act.
3. Determined by Secretary of DHS to meet requirements to receive such a grant based on the recommendation of the Health Resources and Services Administration (HRSA)
4. Treated by the Secretary as a comprehensive federally funded health center as of January 1, 1990
5. An outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act.

### **Covered Services**

1. Core services or primary health care services
  - Preventative, diagnostic and therapeutic services furnished by the health center's professional staff.
  - Supplies commonly used to support those services, basic laboratory services, emergency medical care
2. Ambulatory services
  - Any other service, other than core services, including dentistry, asthma services, diabetes, smoking cessation that are included in the State's Medicaid Plan.
3. Visiting nurse services
  - member must be home bound
  - the area of residence must be determined there is a shortage of home health agencies.
  - services are provided by a R.N. or L.P.N.
  - this form of service must be part of the treatment plan
4. Off-site delivery of services
  - must be proven the most clinically appropriate setting for the provision of services.
    - i.e. nursing facility, emergency room, inpatient hospital, member's home.

### **Principles of Reimbursement**



1. Made on the basis of "reasonable cost"
2. Beginning in 2000, each FQHC is entitled to the payment amount (on a per visit basis) to which the center was entitled under the Act in the previous fiscal year, inflated by the percentage increase in the Medicare Economic Index (MEI) for primary care services. MEI is used by CMS to determine rates for charge levels for physician services.
3. After 2000, payment shall be set using the MEI methods.
4. Reimbursement is generally limited to one core service visit, and/or one ambulatory service visit per day.
5. As of 2003, the upper payment limit for an urban FQHC was \$103.58 and the upper payment limit for a rural FQHC was \$89.06.

**Staff Requirements**

1. Professional Staff must be conditionally, temporarily or fully licensed, in the State or Province where the services are provided and by the appropriate governing body.
2. Medical services must be provided under the supervision of a physician.