



Safety Net Programs for Maine's Seniors

September 11, 2013

Maine Equal Justice Partners

www.mejp.org

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About Maine Equal Justice Partners (MEJP)

- **We work to find solutions to poverty and improve the lives of people with low income in Maine.**
- **We accomplish our mission through:**
 - Public policy advocacy in the legislature and with governmental agencies
 - Legal representation and impact litigation on systemic issues
 - Statewide outreach and training on issues affecting people with low income and the supports that can help them prevent or move out of poverty
- **MEJP focuses its work on the issues that affect people's daily lives - access to adequate health care, food and income security, supports for working families, and higher education and training opportunities.**
- **Our website contains much information about public benefit programs—www.mejp.org**

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What we plan to cover today

1. Health Care: the MaineCare Program

- Overview of MaineCare
- Tips for MaineCare Applicants
- The Medicare Savings Program (MSP)
- The Low Cost Drugs for the Elderly and Disabled Program (DEL)
- Legislative Changes to the MaineCare Program

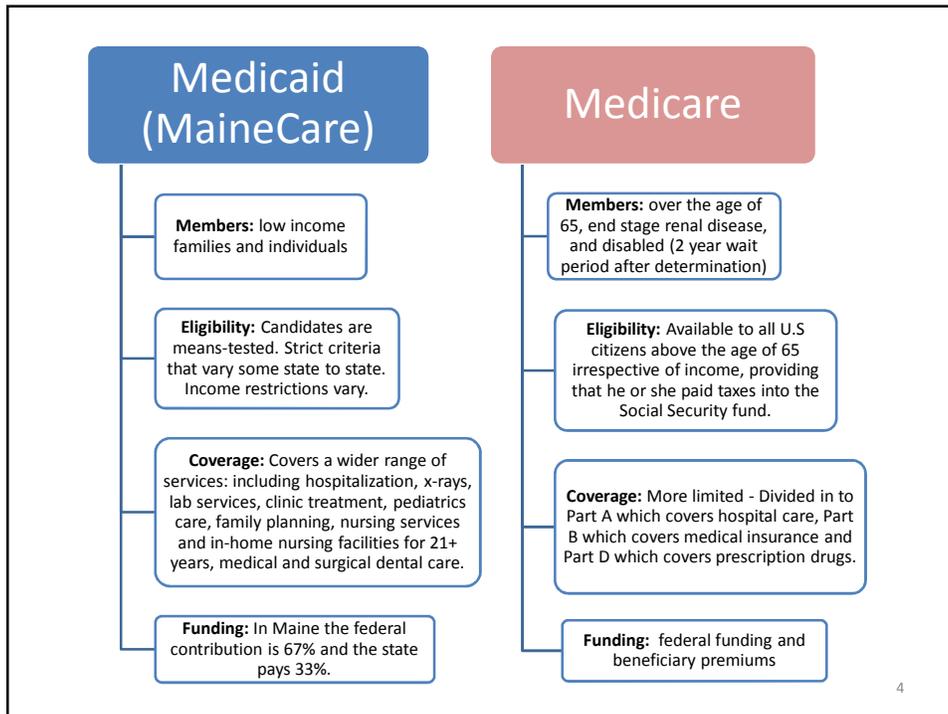
2. Food: the Food Supplement Program (SNAP)

- Overview of Food Supplement Program
- Reduction in Food Supplement benefits

3. Application for these Benefits

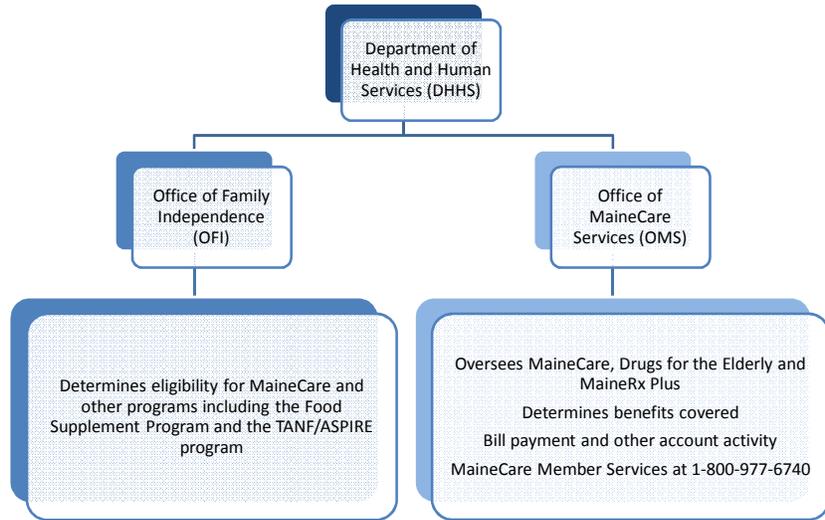
- Changes at DHHS
- My Maine Connection: Online application for benefits

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MaineCare applicants/members deal with 2 separate DHHS offices



MaineCare Coverage Categories

Category	Benefit Level	Income Limit	Asset Limit
Children age 0-18	Full-benefit MaineCare	200% FPL	None
19- and 20-year olds	Full-benefit MaineCare	150% FPL	\$2,000 (many are excluded)
Parents or guardians	Full-benefit MaineCare	133% FPL (100% as of 2014)	\$2,000 (many are excluded)
Pregnant Women	Full-benefit MaineCare	200% FPL	None
Adults with disabilities and seniors age 65 and older	Full-benefit MaineCare	100% FPL	\$2,000 (\$3,000/couple) (many are excluded)
Adults with disabilities and seniors age 65 and older who have Medicare	Limited-benefit MaineCare (Medicare Savings Program)	175% FPL	None
"Non-Cats": adults who do not fit into one of the "categories" for full-benefit MaineCare: Wait list open but new enrollments CLOSED; coverage group ends January 2014	Partial-benefit MaineCare	100% FPL	\$2,000 (\$3,000/couple) (many are excluded)
Adults medically eligible for nursing care	Full-benefit MaineCare	300% of SSI benefit level	\$2,000 (\$3,000/couple) (many are excluded)
Adults living in residential care facilities other than nursing facilities	Full-benefit MaineCare	Income must be below the private pay rate for the residential care facility	\$2,000 (\$3,000/couple) (many are excluded)
Women who have breast or cervical cancer (or pre-cancerous condition)	Full-benefit MaineCare	250% FPL	None
HIV-positive adults	MaineCare drug coverage and other limited benefits	250% FPL	None
"Medically Needy" or "spend down": persons whose income is too high for full-benefit MaineCare	Full-benefit MaineCare, after a large deductible is met	None	\$2,000 (\$3,000/couple) (many are excluded – see Asset Rules)
Adults with disabilities and seniors age 62 and older	Low Cost Drugs for Elderly and Disabled (DEL)	175% FPL (income limit is increased by 25% if drug costs are high)	None
Persons who do not qualify for full-benefit MaineCare	Maine Rx Plus	350% FPL	None

Health care services covered by full-benefit MaineCare

Doctors' Visits:

Well-child check-ups, sick care, specialist care, including surgery, prenatal care

Dental Services:

Full coverage for children (with limits for adults)

Hospital Care:

In-patient, outpatient, and emergency room

Long-Term Care:

Coverage for care in a nursing home, or other residential care. Services may also be provided in the home.

Therapies: Speech therapy, Physical therapy, Occupational therapy

Early and Periodic Screening, Diagnosis and Treatment:

Federal Medicaid law requires States to cover Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children and adolescents under age 21.

And More...This is just a partial list of services covered by full-benefit MaineCare. 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 **1-800-977-6741**).

Services:

- Shots to prevent illness (immunizations)
- Prescription drugs
- Mental health services
- Substance abuse services
- Lab tests and x-rays
- Medical equipment and supplies
- Ambulance services
- Chiropractic care
- Family planning
- Midwife services
- School-based health centers
- Interpreters
- Transportation to medical and counseling appointments
- Eye exams and eye glasses (with limits for adults)
- Hearing tests (with limits for adults) and hearing aids (for children age 20 and younger)

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Important note about co-payments:

Except for small co-payments, doctors and other health care providers cannot charge members in addition to the payments they get from MaineCare.

If a MaineCare member cannot afford to pay a co-payment, the provider must still provide the service.

The provider may bill the member, but may not deny services in the future due to non-payment of co-payments.



Exceptions:

- Co-payments are required under Medicare Savings Program
- No Co-payment required for drugs not covered by Medicare Pt D that are covered under MaineCare

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What counts as income for MaineCare?

What counts as income for seniors and people with disabilities? (partial list only)



- Earned income (gross wages from an employer)
- For people who are self-employed, use “net profit and loss” line 12 on the Schedule C (or IRS Form 1040) divided by 12, unless other current information is provided
- Seasonal income is counted during the months worked
- Unearned income (like Social Security Disability Insurance (SSDI), unemployment benefits, or Workers’ Compensation)
- Child support (counts for the child, not for the parent)

What does not count as income?



There are 3 COLA (cost of living adjustment) rules:

- SS retirement benefit COLAs and SSDI COLAs that take effect during January, February or March do not count as income for people in Medicaid coverable groups until the month AFTER the month new FPLs are released.
- SS retirement benefit COLAs and Railroad Retirement Benefit COLAs are excluded for SSI related MaineCare.
- VA COLAs do count as income

Sometimes COLAs count as income for MaineCare, sometimes they don't.

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Deductions from income: Senior & Disability Categories

Some money can be subtracted from gross income when determining eligibility for MaineCare.

To figure out income eligibility for MaineCare based upon being age 65 or older or disabled, there are several deductions that can be made (*deductions must be made in order listed below*):

- The federal disregard of \$20 first from any unearned income. If the person has less than \$20 unearned income, then subtract the balance from the earned income of an individual's or couple's gross income (unless the only income received is from a need-based source, like a Veteran's pension, or all in-kind donations)
- Impairment - Related Work Expenses (IRWE) are to be deducted from a SSI - Related disabled individual's gross earnings.
- \$65 of any earned income.
- 50% of any remaining earned income
- The state disregard of \$55 from an individual's remaining countable income, or \$80 from a couple's remaining countable income.
- The Cost of Living Adjustment (COLA) associated with Social Security retirement benefits and/or Social Security Disability Insurance (SSDI) benefits (if people are already on MaineCare, or if they have received MaineCare within the past 3 months).
- Wages of dependent children.
- TANF cash benefits.
- If the elderly or disabled person has a spouse or dependent children, additional deductions may be allowed.

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MaineCare with an ineligible spouse

For seniors who are living with a spouse, the income limit can be higher if only one spouse signs up for MaineCare. As a general rule, if the couple is \$356 or less over income, check with an Eligibility Specialist regarding MaineCare with an ineligible spouse.

This eligibility option disregards \$356 from the ineligible spouse's income (this is in addition to the other deductions). It also may be possible for spouses to alternate eligibility, switching their eligibility status with one another as often as once per month.

Governor LePage proposed to eliminate this income disregard in the 2013-2014 budget but the proposal failed to get the support of the Legislature so this option remains for low-income seniors living with a spouse who would otherwise be over income.



Asset Rules



A disabled or senior couple or a disabled or senior individual with a child(ren) living with them has a \$3,000 asset limit (household greater than 1) and a disabled or senior individual has a \$2,000 asset limit (household of 1)

But, many assets are not counted in the limit:

- The family's **home and surrounding lot**
- **Basic items used in day-to-day living**, such as furniture, tools, and equipment
- **Two cars or trucks** (the second vehicle must be necessary for employment, medical treatment, or essential daily activities, or it must have been modified for operation by a person with a disability or for the transportation of a person with a disability)
- **Property used to produce income**, such as boats, trucks, and machinery
- **Money in a savings account, CD, pension plan, or IRA:** up to \$8,000 for a single person and \$12,000 for a family of two or more
- **Real estate that is up for sale**
- **Loans that must be repaid**
- The cash value of **life insurance** the family has purchased
- Up to \$10,000 in a **Family Development Account (FDA)** that can be spent only for education, home repair or purchase, a car or truck needed for work or school, small business start up, health care, or to use for an emergency or other family need approved by DHHS
- Other less common assets listed in DHHS rules

MaineCare Medically Needy (Spend Down) Program

"Medically Needy" or "Spend Down": persons whose income is too high to qualify for MaineCare

- Helps people with catastrophic health care expenses
- Participants must be in a coverable group (65 or older, disabled, 20 or younger, pregnant, or the parent of a minor child)
- Deductible amount depends on income level; medical bills and other costs associated with medical care must have been incurred, but don't need to have been paid; Old medical bills still owed can go toward the deductible
- Certification is usually for 6 months.

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Home and Community Benefit for the Elderly or Adults with Disabilities: Nursing Home Benefit

- In order to receive MaineCare coverage for nursing home care or equivalent care at home, an individual must need the level of medical care given in a nursing home and meet income requirements and asset test.
- There are other MaineCare programs that offer different levels of care in the home, depending on an individual's needs.
 - The applicant must also meet income and asset limits, although the income limits are higher (300% of SSI benefit level – about \$2100/mo.) than for full-benefit MaineCare.
- Also, if the individual has a spouse, much of the spouse's income will be disregarded.
- To learn more about these benefits, call your local Area Agency on Aging at 1-877-ELDERS1 (1-877-353-3771).

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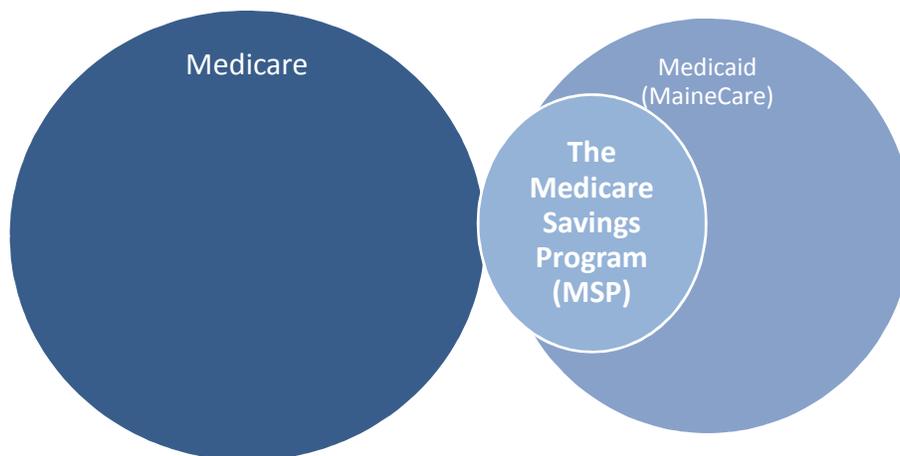
MaineCare TIPS for applicants

- **Tip 1:** When in doubt, apply! Even if you think you might not meet the guidelines, you won't know for sure unless you try.
- **Tip 2:** If you expect your income to go down in the next 12 months, be sure to attach a note to let DHHS know. DHHS uses your proof of income from the past 4 weeks to estimate how much income your family will have in the next 12 months. If your income will change from what it's been, let them know!
- **Tip 3:** If there is a person with disabilities in the family, be sure to indicate that on the application. In some cases, it may be advantageous to apply for disability MaineCare before applying to Social Security Disability. If you are turned down by the Social Security Administration, you will automatically be denied disability MaineCare. However, if you get MaineCare first and later are denied Social Security, you can keep your MaineCare while you appeal the Social Security denial.
- **Tip 4:** If you have any medical bills for the last 3 months, be sure to check "yes" in the box where the application asks: "Are you requesting help with medical bills incurred within the last 3 months?" Keep a copy of the bills!
- **Tip 5:** You don't have to attach proof of SSI or Social Security income because DHHS can check this with their computer system.

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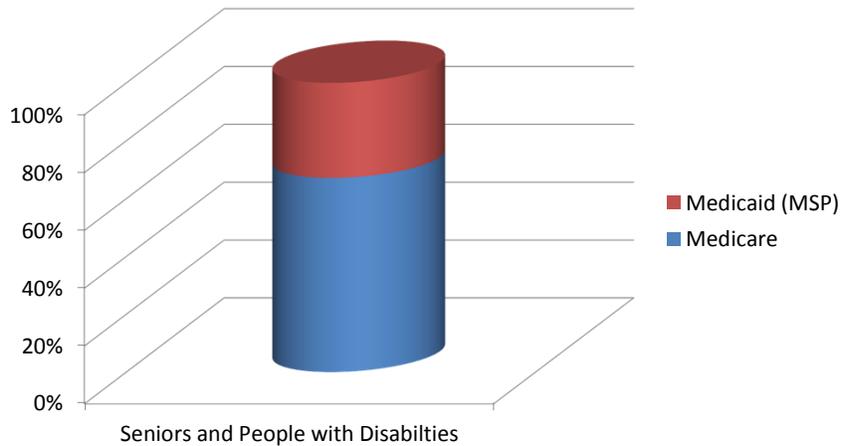
The Medicare Savings Program

(sometimes called the buy-in program or dual eligible benefits)



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Medicare doesn't pay the full cost of health care. There are deductibles, co-pays, co-insurance and premiums. MaineCare has a benefit that helps pay these costs: the **Medicare Savings Program**



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Different Coverage Groups in MSP

Qualified Medicare Beneficiaries (QMB); Specified Low-Income Medicare Beneficiaries (SLMB); and Qualified Individuals (QI)

2012 Medicare Savings Program (MSP) Benefits		
Will my MSP pay for the cost of my.....		
	QMB	SLMB or QI
Part A		
Premium	Yes	No
Deductible	Yes	No
Co-insurance & co-pay	Yes	No
Part B		
Premium (\$105.50 a month)	Yes	Yes
Deductible	Yes	No
Co-insurance & co-pay	Yes	No
Part D		
Premium	Yes	Yes
Deductible	Yes	Yes
Donut hole	Yes	Yes
Co-insurance	Yes	Yes
Co-pay	Partial	Partial

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Eligibility for MSP

In order to get the MSP benefit, you need to meet two criteria:

- You must be enrolled in Medicare and have Medicare Part A coverage.
- Your “countable” income, after subtracting all the allowable disregards, must be at or below 175% FPL

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Allowable deductions in the MSP

(deductions must be made in order listed below)

- **Federal disregard:** deduct \$20 from an individual’s or couple’s gross income (unless the only income received is from a need-based source, like a Veteran’s pension, or all in-kind donations).
- **Impairment-related work expenses** (this deduction is only for disabled individuals/couples who are age 64 or younger and working): deduct impairment-related work expenses from an individual’s or couple’s gross income.
- **Earned income disregard** (this deduction is only for people who are earning wages through employment):
 - Deduct \$65 from an individual’s or couple’s earned income.
 - Deduct half of the remaining amount of earned income.
- **State disregard:** deduct \$55 from an individual’s gross income, or \$80 from a couple’s gross income.
- **Other less common disregards** (for example, for dependent children or for a couple where only one spouse is applying for MaineCare or certain COLA disregards). Call Maine Equal Justice (207-626-7058) for more information.

Because not everyone will receive the same disregards, it is difficult to give one number that represents an upper limit for income eligibility. However, in general, for people who are **not** working, if their income is at or below the following amounts, they will be eligible for MSP:

- If single: \$1,750 (this is \$75 over 175% FPL).
- If married: \$2,362 (this is \$100 over 175% FPL). If only one of you wants to enroll in MSP, your joint gross income can be up to \$356 higher, which is \$2,618.

Remember the earned income disregard! If you are **working**, your income can be even higher (see slide number 10 regarding Deductions).

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MSP Enrollment



Like all other MaineCare programs, DHHS must make an eligibility decision within 45 calendar days (*or else they must temporarily provide the benefit until they are able to make a final decision*). Temporary coverage after the 45th day will not happen automatically – applicants will need to call DHHS and tell them that their application has been pending for 45 days.

Because it is the Social Security Administration (SSA) that collects the Part B premiums, even if DHHS makes a decision on the MSP application within 45 days, it may be several months until SSA stops taking the Part B premium out of the person's Social Security retirement or Social Security Disability Insurance (SSDI) check. They will then receive a lump sum check from SSA to reimburse them for any Part B premiums that were taken out of their benefit check when in fact their MSP benefit was paying that premium.

People are enrolled in MSP for 12 months at a time. Before the end of the 12-month enrollment period, DHHS should send members a review form. They must return the form and continue to meet applicable eligibility guidelines for continued enrollment.

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If a person has a Medigap (Medicare Supplement) policy, should they keep it if they get onto the MSP program?

Probably not. They may find – depending on the coverage chosen – that the policy is no longer needed. People can suspend a Medigap policy for up to 24 months.

Call [Legal Services for the Elderly](#) at **1-800-750-5353** before suspending or dropping a policy to be sure it's the best decision.



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Does the MaineCare Estate Recovery Program try to recoup benefits from the (MSP)?

No, unless...

A person who participated in MSP also received full-benefit MaineCare, Home and Community Waiver, or nursing home services after age 55.

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Medicare Pt D Help

Legal Services for the Elderly

- Special Medicare Part D Appeals Unit to help elderly and disabled Maine residents with Medicare Part D. There is no cost for this help.
- People who live in Maine and have Medicare, who cannot get their medicine or are paying too much for it, or who are confused about Medicare Part D can call the Medicare Part D Unit, toll-free, at: **1-877-774-7772**

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Low Cost Drugs for the Elderly and Disabled Program (DEL)

This program provides low-income seniors over the age of 62 and people with disabilities with a discount on generic drugs and on brand name drugs to treat certain serious health conditions like diabetes, heart disease, chronic lung disease and Multiple Sclerosis. It also provides co-payment assistance to make drugs more affordable for seniors and people with disabilities enrolled in the Medicare Savings Program.

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MSP and DEL

Most people who are found eligible for MSP will be automatically enrolled in the Low Cost Drugs for the Elderly and Disabled (DEL) benefit (and most people enrolled in DEL will be automatically enrolled in MSP).



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The appeals process for the MSP and DEL Programs

MSP, DEL and Maine Rx Plus members and applicants have the right to appeal almost any DHHS decision that adversely affects eligibility or benefits.

Members and applicants have the right to bring a family member, an attorney or another trusted person to a fair hearing to appeal a decision. Help may also be available through Pine Tree Legal Assistance or Legal Services for the Elderly (toll-free **1-800-750-5353**; in the Augusta area, call **623-1797**).

Appeals must be made within 30 calendar days of the date of the DHHS **written** decision to deny or terminate MSP. To appeal a MSP decision, call or write to the regional DHHS office and ask for a fair hearing.

If appealing a DHHS decision to end MSP benefits, the coverage can continue up to the time of the fair hearing decision, but **only** if the request for a fair hearing is made within **12 calendar days** of the date on the DHHS decision. If the 12-day deadline is missed, an appeal within the 30-day deadline can still be filed; however, the coverage will not continue up to the hearing decision. If the person wins the hearing, then DHHS may have to pay any back bills. If a person loses, they don't have to pay back any bills or assistance that was paid or provided through MSP, DEL or Maine Rx during the appeals process.

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Other Resources

- MedAccess: 877-275-1787
- Works with individuals and healthcare providers to identify ways patients can save money on prescription medications. Helps patients and providers evaluate options including low-cost generic programs, Medicare Part D, patient assistance programs and other state and local programs that can help save on prescription medication costs.

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Maine Breast and Cervical Cancer Program

1-800-350-5180

- Helps uninsured women, age 40-64, pay for breast or cervical cancer screenings at a participating provider service location site. Uninsured women diagnosed with breast or cervical cancer or undergoing treatment for breast or cervical cancer may also qualify for MaineCare if their income is below 250% FPL.

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Hospital Free Care

- All hospitals are required to provide free care to Maine residents who are unable to pay for hospital care. State regulations require hospitals to provide free care to people with income below 150% FPL – BUT SOME HOSPITALS provide free care to people with higher income. Please check with individual hospitals about their Free Care guidelines – most are available on-line or go to Consumer's for Affordable Health Care website:
http://mainecahc.org/guide_hospital.htm#income

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Searching for more affordable Rx options?

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- <http://drugsavings.aarp.org/>
- Free on-line tool to help consumers compare the medication they have been prescribed to other effective, safe and less expensive products

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Consumer Reports Health Best Buy Drugs



www.CRBESTBUYDRUGS.orgReports

Consumer Reports Health Best Buy Drugs provides free, independent reviews about what drugs work best, are safest, and often less expensive than newer products on the market.

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Over the last several years, MaineCare has been the target of numerous legislative cuts



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The Legislature cut MSP eligibility

The eligibility limit for MSP was 185% of the federal poverty level (FPL) until recently. Last year, the Legislature voted to eliminate coverage for seniors and people with disabilities with incomes between 175-185% of the FPL. As a result, the eligibility limit is now 175% FPL (\$20,108 for a single person).

The federal government agreed to permit the State to implement this cut to the MSP. This cut went into effect on March 1, 2013, however a law suit has been filed challenging the federal approval of this cut.



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Further cuts to the MSP were proposed in the 2013-2014 State Budget

The Governor's budget proposed to limit this program to people with income at or below 135% of the federal poverty level (\$15,512 for a single person; \$20,939 for a couple).

The Legislature rejected this proposal and eligibility for the MSP program will be maintained at 175% FPL (\$20,108 annually for an individual and \$27,143 for a couple).

In order to achieve some savings, however, some cuts were made:

- The Legislature increased drug co-payments to the federal subsidy level of \$2.65 for generics and \$6.60 for brand names.
- The asset test was also added that mirrors the asset test for State In-Home and Community Support Services for Elderly and Other Adults, which is \$50,000 in liquid assets for individuals and \$75,000 for couples. Your home and certain other assets do not count as assets under this asset test.

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DEL was also the target of Legislative cuts

- Last year, eligibility was rolled back from 185% FPL to 175% FPL (\$20,108 for a single person).
- The most recent state budget contained a proposal to completely eliminate the DEL Program. The Legislature rejected this proposal. Eligibility for the DEL program will be maintained at 175% FPL.

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Other Cuts to MaineCare Eligibility

Childless Adult Waiver (“Non-Categoricals”):

In February of 2012, enrollment in the Childless Adult waiver program was frozen. For State Fiscal Year ‘13, spending in the program was cut from an annual cap of \$80.3 million to \$40 million.

Individuals receiving benefits at the time of this cut remained eligible, but no new individuals could enroll. There are currently close to 10,000 members receiving benefits in this group; Approximately 25,000 are on the waiting list and cannot be served.

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The Legislature rolled back coverage for parents from 200% FPL to 100% FPL – only some of this cut has taken effect

Parents 100-133% FPL: The Federal government rejected Maine’s request to eliminate MaineCare coverage for 14,500 parents until December 31, 2013.

Parents 133-150% FPL: MaineCare benefits for these parents was terminated on March 1, 2013. However, many of these parents with income between 133% FPL (*\$2,164 per month for family of 3*) and 150% FPL (*\$2,441 per month for a family of 3*) were found eligible for “**Transitional**” **MaineCare** if they were working or receiving child support when they lost their regular MaineCare benefits.

This coverage transition should have happened automatically. Any family that thinks they should receive Transitional MaineCare, but did not, should check with their case worker. Transitional MaineCare lasts for 3, 6, or 12 months depending upon a family’s circumstances.

Parents 151-200% FPL: MaineCare benefits for these parents was terminated on March 1, 2013. These parents are not eligible for “Transitional” MaineCare.

Important Note: Any parent who lost coverage as a result of this cut who is pregnant should reapply for MaineCare. Pregnant women remain eligible for MaineCare if their income is 200% FPL or below.

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Last year, the Legislature voted to eliminate coverage for young adults—19 and 20 years old with incomes below 150% FPL.

The federal government rejected the State's request to eliminate MaineCare coverage for **6,500 young adults** (19 and 20 years old) who are under 150% of the poverty level (*\$16,755/year for a single individual*).

Coverage for this group of young adults is protected until 2019.



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An Opportunity Maine Cannot Afford to Pass Up

- The Affordable Care Act (ACA) enables states to provide Medicaid coverage to adults with incomes up to 138% of the federal poverty level (*\$15,856/year for an individual; \$26,951/year for a family of three*) beginning January 1, 2014.
- For states that expand coverage, the federal government pays 100% of the cost for covering all “newly eligible” individuals for the first 3 years. After that, the State's share would still be considerably smaller than under the current MaineCare program.
- Unfortunately Governor LePage vetoed a bill –LD 1066—that would have required the State to take advantage of this unprecedented opportunity. The Legislature was just a few votes short of overriding that veto.
- Because Maine did not pass this legislation, 10,000 childless adults and 14,500 low income working parents currently receiving coverage will lose it on January 1, 2014.

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Cover Maine Now!

IT IS NOT TOO LATE– the Legislature could still vote to expand Medicaid during the next legislative session. A broad-based coalition of 85 organizations are working together to help make this happen.



Please contact your legislator to urge him/her to support this legislation or write a letter to the editor in your local paper if this is an issue you care about.

Accepting these funds will:

- Provide 69,500 people with health insurance who will otherwise go uninsured;
- Create more than 3,100 new jobs;
- Bring \$250 M new federal dollars to Maine and generate \$16-18 M dollars in new state revenue;
- Avert a significant portion of hospital charity care expense which is ultimately passed on to all other payers in the health care system.

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Food Supplement Program



The Food Supplement program (formerly called Food Stamp program; a/k/a SNAP) helps people pay for food.

Each month people get Food Supplement benefits in a Food Supplement account. The program gives them a card, like a debit card from a bank, which they can use to buy food at grocery stores.

Almost all people with low income are eligible for Food Supplements. You do *not* have to live with children, be on welfare, or be elderly or disabled to get Food Supplements. Many people work and get Food Supplements.

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What is a Food Supplement household?



You apply for Food Supplements as a *household*. A household can be a person living alone, or a group of people living together (whether or not they are related). If people in the home buy their food together and make meals together, then everyone is in the same "household".

However, if you do not buy your food together and do not make your meals together, then you might be separate Food Supplement households. There can be more than one Food Supplement household living under the same roof. Your amount of Food Supplements is based on the income and assets of the members of your household.

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Work Requirements



Some people may have to register for work to get Food Supplements. They may also have to be in or get in an education and training program. They may also be penalized if they quit a job or refuse to take a suitable job that the Food Supplement office finds for them.

- People who are 60 years of age or older are not required to meet these requirements.

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How much income can I have and still get Food Supplements?



- DHHS does not count all income in deciding if someone can get Food Supplements. Some income may not count at all. Some expenses will be deducted from income in setting the amount of Food Supplements that someone will get.
- People who get SSI and TANF are automatically eligible for Food Supplements. The amount they get will depend on their situation.
- Pine Tree Legal posts a Food Supplement Estimator, to help people figure out what their monthly Food Supplement should be (now available in English and Spanish). Visit <http://www.ptla.org/maine-food-supplement-estimators>

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What income does *not* count? (*partial list only*)

- anything not in the form of money, like free food or clothing, public housing subsidies, school lunch, or WIC benefits;
- most "vendor payments" (money that someone else who is not in your household pays directly to someone who gives your household a service, like a friend who pays your rent directly to the landlord);
- money earned by a child under 18 who is in school at least part time;
- money from charity that you don't get on a regular basis if it is less than \$300 in 3 months;
- most loans;
- student aid received under the federal Higher Education Act, like Pell Grants and most work study;
- reimbursement for expenses, like reimbursement from an agency for transportation, or from your employer for the purchase of special work clothes;
- most work or business expenses when you are self employed;
- lump sum payments you don't get regularly like tax refunds, earned income tax credits, and retroactive benefit payments like SSI. (These payments may be treated as assets either immediately or after a period of time).

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What expenses can I deduct from income?

The following amounts will be deducted from income. These deductions are to figure out the "net Food Supplement income."

- 20% of any gross *earned* income;
- a standard deduction of \$142 for a household of from 1 to 3 members; \$153 for a household of 4; \$179 for a household of 5; and \$205 for a household of 6 or more;
- medical expenses over \$35 a month *for elderly (over 60) and disabled household members only*;
- dependent care costs needed for training, education or work;
- legally owed child support payments actually paid; and
- a portion of shelter costs such as rent, mortgage, heat, utilities, phone, property taxes, etc.

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How many assets can I have and still get Food Supplements?

Assets do not count for households with incomes less than 185% of the Federal Poverty Level.

Assets are money or property. They include things like cash, money in the bank, stocks, inheritances, and the cash value of an Individual Retirement Account (IRA). Assets also include boats, land, buildings and other valuable property.

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Does it help me get more Food Supplements if I get Fuel Assistance?



Yes. Even if you get only \$1.00 of [Fuel Assistance \(LIHEAP\)](#) you will likely get a lot more in Food Supplements.

Also, by getting Fuel Assistance it will make it easier for you to apply for Food Supplements. So when in doubt, apply for Fuel Assistance. You can apply for LIHEAP at your local Community Action Program (CAP) agency.

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If I am eligible, how much will I get in the program?

The *most* any family can get if it has *no other income* as of **September 2013**.

As income goes *up*, Food Supplements go *down* by roughly \$1 for each \$3 dollars.

People in Household	Maximum Monthly Food Supplement Amount
1	\$200
2	\$367
3	\$526
4	\$668
5	\$793
6	\$952
7	\$1052
8	\$1202

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Reduction in Food Supplement Benefit



On November 1st, all households receiving Food Supplement (FS) benefits will see a reduction in their benefit

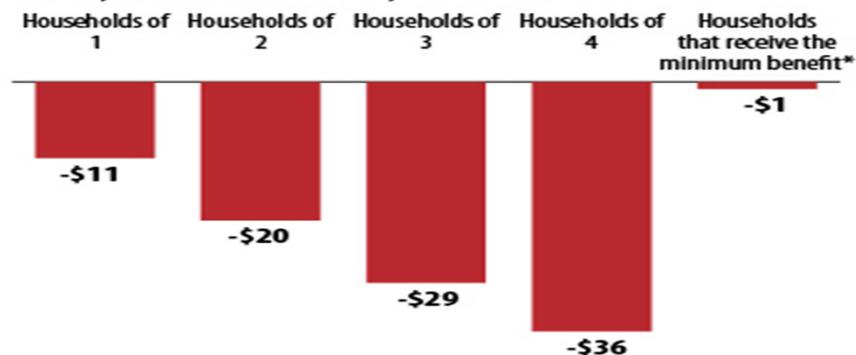
This is because a boost in the benefit with the 2009 Recovery Act (ARRA) is expiring.

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Reduction in Benefit by Household

All SNAP Households Will See a Cut in November 2013

Monthly cut in SNAP benefits by household size



*Households of size 1 or 2 that qualify for less than \$16 have their benefits rounded up to the minimum benefit. That amount will drop to \$15 in FY2014.
 Source: Official USDA Food Plans: Cost of Food at Home at Four Levels, U.S. Average, June 2013, with household size calculations by CBPP.

Center on Budget and Policy Priorities | cbpp.org

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The reduction in Food Supplement benefits will likely cause hardship for many

- Some families and individuals may need help from a food pantry to make up this loss.
- You can find a list of food pantries that may be able to provide some help at:
<http://www.maine.gov/agriculture/co/tefap/bytown.shtml>
 or at <http://gsfb.org/help/food-map/>.
- Those who do not have access to a computer can call 2-1-1. 2-1-1 is a statewide directory of over 8,000 health and human services available in Maine. The toll free 2-1-1 hotline connects callers to trained call specialists who can help 24 hours a day, 7 days a week.

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Application and Enrollment

Different ways in which people can apply for benefits:

- Call the DHHS statewide toll-free number
1-877-543-7669 to ask for an application
- Call the local DHHS office and ask for an application
- Call the Consumers for Affordable Health Care Helpline
1-800-965-7476 to ask for an application
- Visit a local DHHS office
- Print an application from the DHHS website:
<http://www.maine.gov/dhhs/ofi/services/mainecare/mainecareapplication.pdf>
- Apply **online** at *My Maine Connection*:
<https://www1.maine.gov/benefits/account/login.html?issueNum=111012140034096>

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Big Changes at DHHS



Some DHHS offices are strained and case workers' caseloads are way too big. DHHS is making some changes to address this issue. They are switching from a **case worker model** to a **statewide call center model**. Here are some of the ways it is going to work:

- Clients will no longer have a single case worker. Instead, all DHHS caseworkers will be able to assist with each case.
- All mail sent to DHHS will be scanned into a statewide database that all workers will be able to access.
- When people call DHHS they may talk with a worker at their local office or they may talk with a worker in another part of the State.
- Clients will still be able to go to their local DHHS office but they will not necessarily meet with the same person every time.

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Kiosks – another way to apply for benefits



- DHHS is setting up kiosks in all of their offices. People who go into a DHHS office will have the option of using a kiosk if they don't want to wait to meet with a caseworker.
- DHHS staff should be available to assist people if you have any questions using the kiosk.
- The kiosks are optional. People do not need to use them and can opt to meet with someone in person.

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Apply for Benefits Online: My Maine Connection



- DHHS launched a new online application and screening tool for public programs:
www.maine.gov/mymaineconnection/
- People can fill out a screening tool anonymously to find out if they are eligible for TANF; Food Supplement; MaineCare; WIC; Child Care; and/or EITC **OR** they can go directly to an online application to apply for TANF; Food Supplement; MaineCare; and/or Child Care.
- People are not required to apply online. Everyone will still have the **CHOICE** of applying in person or requesting an application over the phone.

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My Maine Connection



- **AFTER YOU SUBMIT AN ONLINE APPLICATION** – the application will be followed up with by a call from a DHHS caseworker to review and supplement the application and arrange for any needed verification (like copies of wage stubs, birth certificates, drivers license, etc. if required).
- People can also recertify for benefits using My Maine Connection. When they receive notice in the mail that their benefit renewal is due they are informed that they can go to My Maine Connection to recertify online.

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Coming soon, people will be able to use My Maine Connection to:



1. update their personal information. If their address changes, for example, they will be able to update it online without having to contact a DHHS caseworker.
2. check their current benefits.
3. go “paperless” by choosing electronic notification. Instead of receiving notices in the mail they will receive them on My Maine Connection. If they miss an electronic notice, DHHS will send them a reminder in the mail to let them know that they have a notice that they have not viewed yet.

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My Maine Connection



Advocacy Tips:

- When people apply they will get a distinct tracking number called a confirmation number—note it as proof of application. Best practice is to click on the application summary link and save the PDF to their desktop or print that page off (that page will have their tracking number and the date of application on it).
- **These programs have time limits in which applications must be processed according to federal law.** The new system should not unduly delay benefits in violation of law. If this is happening please let us know.

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With all of these changes, there may be some 'speed bumps' along the way.



- If you run into any problems, you can contact the My Maine connection Helpdesk at 1-855-797-4357 or mmchelp.dhhs@maine.gov.
- If that does not resolve your issue you can contact Crystal Bond at Maine Equal Justice Partners – Toll Free: (866)626-7059, ext. 205.

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THANK YOU for the work you do and for taking the time to come to this workshop today.

Any Questions or Comments?

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