

COVERAGE GROUPS

- Affordable Care Act (ACA) Coverage Groups
 - Healthy Montana Kids Plus (HMK Plus)
 - Healthy Montana Kids (HMK)
 - Parent/Caretaker Relatives
 - Pregnant Women
 - Adults ages 19-64
 - Former Foster Care Children
 - Department of Corrections

COVERAGE GROUPS CONTINUED

- Family Coverage Groups
 - Family Medically Needy
 - Parent/Caretaker Relative is not eligible for coverage under this program
 - Has a spend down
 - Child Medically Needy
 - Has a spend down
 - Qualified Pregnant Woman
 - Has a spend down
 - Breast and Cervical Cancer
 - Foster Care and Subsidized Adoption

COVERAGE GROUPS CONTINUED

- Aged, Blind, and Disabled (ABD)
 - Medicare Savings Programs (MSP)
 - Qualified Medicare Beneficiary (QMB)
 - Specified Low-Income Medicare Beneficiary (SLMB)
 - Qualifying Individuals (QI)
 - Recipients of SSI Cash Assistance
 - Categorically Needy
 - No spend down
 - Medically Needy
 - Has spend down
 - Nursing Home Residents
 - Workers with Disabilities (MWD)
 - Has a cost share
 - Home and Community Base Services - Waiver

INCOME STANDARDS/LEVELS

- Income Standards/Levels vary by coverage group and are based on Federal Poverty Levels (FPL)
 - 133% FPL to cover adults and parents/caretaker relatives
 - 143% FPL to cover children - HMK Plus
 - 261% FPL to cover children – HMK
 - 157% FPL to cover pregnant women
 - 250% FPL to cover individuals with breast and cervical cancer and Workers with Disabilities (MWD)
 - Many Medicaid programs don't really have an income limit. If the person's income exceeds the SSI standards, they can still access Medicaid by "spending down" their income in a manner similar to having a deductible on a traditional health insurance plan.
 - ABD Categorically Needy has an income standard of \$841 for an individual and \$1261 for a couple. If the individual's income exceeds the appropriate standard, they are tested against the Medically Needy standard of \$525. If income is over the \$525 after deductions, then the amount over the standard is the spend down.

INCOME ELIGIBILITY

- For the ACA programs
 - Modified Adjusted Gross Income (MAGI)
 - Based on IRS rules for counting income
 - Line 11 of the 1040 tax form
 - Taxable income and non-taxable income
 - Wages, unemployment, work study – taxable income = countable income
 - Add in social security, interest, and foreign income
 - Child support, workman's compensation – non-taxable = excluded income
 - Countable Native American income will be gaming income as this income is taxable
 - Expenses
 - Student loan interest deduction
 - IRA deduction
 - The expenses shown on slide 9 are the only deductions along with a 5% disregard given for those on the ACA programs.
 - Self-attestation (client statement) is accepted as verification at initial application

INCOME ELIGIBILITY CONTINUED

Form 1040 Department of the Treasury—Internal Revenue Service (99) **2021** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Last name Your social security number
 If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
 Foreign country name Foreign province/state/county Foreign postal code

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind

Dependents (see instructions):
 If more than four dependents, see instructions and check here ▶

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for Child tax credit	(see instructions): Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1
2a Tax-exempt interest	2b
3a Qualified dividends	3b Taxable interest
4a IRA distributions	4b Ordinary dividends
5a Pensions and annuities	5b Taxable amount
6a Social security benefits	6b Taxable amount
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7
8 Other income from Schedule 1, line 10	8
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9
10 Adjustments to income from Schedule 1, line 26	10
11 Subtract line 10 from line 9. This is your adjusted gross income ▶	11
12a Standard deduction or itemized deductions (from Schedule A) 12a	
b Charitable contributions if you take the standard deduction (see instructions) 12b	
c Add lines 12a and 12b 12c	
13 Qualified business income deduction from Form 8995 or Form 8995-A 13	
14 Add lines 12c and 13 14	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15	

Attach Sch. B if required.

Standard Deduction for—
 • Single or Married filing separately, \$12,550
 • Married filing jointly or Qualifying widow(er), \$25,100
 • Head of household, \$18,800
 • If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2021)

INCOME ELIGIBILITY CONTINUED

Form 1040 (2021) Page **2**

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		16
17	Amount from Schedule 2, line 3		17
18	Add lines 16 and 17		18
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812		19
20	Amount from Schedule 3, line 8		20
21	Add lines 19 and 20		21
22	Subtract line 21 from line 18. If zero or less, enter -0-		22
23	Other taxes, including self-employment tax, from Schedule 2, line 21		23
24	Add lines 22 and 23. This is your total tax		24
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c		25d
26	2021 estimated tax payments and amount applied from 2020 return		26
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits		32
33	Add lines 25d, 26, and 32. These are your total payments		33
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		35a
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions		37
38	Estimated tax penalty (see instructions)	38	

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2021)

INCOME ELIGIBILITY CONTINUED

SCHEDULE 1 (Form 1040) <small>Department of the Treasury Internal Revenue Service</small>		Additional Income and Adjustments to Income <small>▶ Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information.</small>		<small>OMB No. 1545-0074</small> 2021 <small>Attachment Sequence No. 01</small>
Name(s) shown on Form 1040, 1040-SR, or 1040-NR			Your social security number	
Part I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions) ▶			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling income	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Taxable Health Savings Account distribution	8e		
f	Alaska Permanent Fund dividends	8f		
g	Jury duty pay	8g		
h	Prizes and awards	8h		
i	Activity not engaged in for profit income	8i		
j	Stock options	8j		
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
m	Section 951(a) inclusion (see instructions)	8m		
n	Section 951A(a) inclusion (see instructions)	8n		
o	Section 461(l) excess business loss adjustment	8o		
p	Taxable distributions from an ABLÉ account (see instructions)	8p		
z	Other income. List type and amount ▶	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	

INCOME ELIGIBILITY CONTINUED

Part II Adjustments to income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN	▶		
c	Date of original divorce or separation agreement (see instructions) ▶			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount ▶	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

INCOME ELIGIBILITY CONTINUES

- For Family Medicaid and ABD
 - Based on the household's current and prospective circumstances
 - Income is divided into two categories
 - Earned income such as wages, salaries, and net earnings from self-employment
 - Unearned income such as unemployment, child support, workman's compensation
 - Native American Income
 - Excluded: per capita, payments derived from leases or other uses of individual-owned trust or restricted lands up to \$2,000.00, Cobell settlement, Nez Perce settlement, Land Buy Back
 - Countable: Bureau of Indian Affairs (BIA) payments; unless otherwise excluded, Tribal payments unless otherwise excluded, gaming income, Keepseagle vs Vilsack payments
 - Payments of up to \$2000 per individual per calendar year which are derived from leases or other uses of **individually-owned** trust or restricted lands. All payments received by an individual during the calendar year will be applied toward the \$2000 exclusion, regardless of whether the individual was eligible or applying for Medicaid in the month of receipt. Amounts in excess of \$2000 per year are countable in the month(s) received.
 - Exception is Cobell and Nez Perce settlement and the Land Buy Back – these are excluded in their entirety
 - Gaming income is countable in full, there is not a \$2,000 exclusion
 - Disregards – subtracted from income if passes the gross monthly income test
 - Work disregard
 - Court-ordered child support and/or alimony
 - Dependent care expense

RESOURCES/ASSETS

- ACA Medicaid – excluded
- Aged, Blind, Disabled (ABD)
 - \$2,000 individual
 - \$3,000 couple
- Medicaid Workers w/Disabilities (MWD)
 - \$15,000 individual
 - \$30,000 couple
- Medicare Savings Programs (MSP)
 - \$8,400 individual
 - \$12,600 couple
- Family Medicaid
 - \$3,000

RESOURCES/ASSETS

- Countable Native American Resources
 - Any countable payments that are retained: gaming income, Keepseagle vs Vilsack payment, BIA payments, Fee patent land
- Excluded Native American Resources
 - Any excluded payments that are retained: Senior Benefit payments, Cobell settlements, Nez Perce settlements, Land Buy Back, first purchase made with excluded Native American funds
 - Excluded funds can accumulate in an account and the total amount of the excluded funds would remain excluded, regardless of how long the funds remain in the account. For example, an individual receives \$2300 per year in lease income from individually owned trust lands. The first \$2000 per year is excluded. The individual could retain three years' (or more) of this income (total \$6900) in his/her account and in this example, \$6000 would be excluded, as it was excluded when received. The remaining \$900 would be countable toward the resource limit. There is no limit to the length of time an individual can retain excluded funds, or the length of time excluded funds remain excluded. They retain exclusion status as long as they are clearly identifiable.
 - Cobell and Nez Perce settlements and the Land Buy Back are excluded in their entirety.

FILING UNITS/HOUSEHOLD COMPOSITION

- ACA Medicaid
 - Based on IRS tax filing rules
 - Does the individual expect to file taxes or be claimed as a dependent
 - Does the individual live with a spouse
 - Does dependent meet an exception (3 exceptions)
 - Claimed as a dependent by someone other than their natural, adoptive, or step-parent
 - Non-custodial parent claims them on their taxes
 - Lives with both parents, but parents don't file jointly
- Family Medicaid
 - Based on marriage and parentage
- ABD Medicaid
 - Individual or couple
 - If the individual or couple as children, the children's income and resources are not considered available to the parent and therefore the children are not included in the filing unit

CONTINUOUS ELIGIBILITY

- For ACA Medicaid
 - All programs have a 12 months of continuous eligibility
 - Income and/or household composition changes will not affect the individual's current eligibility unless they request we recalculate their benefits.
 - Exceptions
 - These will cause a change to the 12-month continuous eligibility period, such as closure
 - Individual moves out of state
 - Individual requests termination of their benefits
 - Individual cannot be located – mail is being returned

CHANGE REPORTING

- Changes must be reported within 10 days of the knowledge of the change. Regardless of whether the income/resource is excluded or countable, it must be reported.

TAX PAYER INTEGRITY FEE

- **What is the integrity fee?**

- The integrity fee is a part of the HELP Act as well as the new Expansion Bill that was passed by the last Legislative session. It assesses a fee on individuals that are receiving or have received Medicaid Expansion benefits (ACA Adult and/or ACA Adult Medicaid).

- **What is the fee based on?**

- The fee is based on real property, vehicles, and agricultural land that exceed particular values. The Department of Revenue runs an asset check on all Expansion individuals and will send out integrity fee letters. These letters instruct the individual on the integrity fee, where to go to complete the questionnaire, and the number to call for questions.

TAX PAYER INTEGRITY FEE

Integrity letter 2022.pdf - Adobe Acrobat Reader DC (32-bit)

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MONTANA
Department of
REVENUE

Governor **Greg Gianforte**
Director **Brendan Beatty**

Letter Date: February 2, 2022
Letter Id: [REDACTED]

RE: 2022 Integrity Fee Asset Test for participants in Montana HELP Program

Dear [REDACTED]

Our records indicate you have enrolled in the Montana Health and Economic Livelihood Partnership (HELP) program. The Montana HELP program, through the Montana Department of Public Health and Human Services, uses Medicaid funds to provide health care services for eligible Montanans.

The Integrity Fee is a monthly fee that certain participants in the HELP program must pay in addition to their premiums. Participants who meet at least **ONE** of the three asset tests listed below may be subject to this fee:

- Your equity in the real property and improvements you own is more than \$369,000.
- You own more than one light vehicle with a combined Manufacturer's Suggested Retail Price (MSRP) greater than \$20,000, and your total equity in these vehicles is greater than \$25,000.
- The taxable value of agricultural land you own is more than \$1,500.

Please complete the questionnaire by visiting IntegrityFee.mt.gov to determine if you need to pay the fee.

Please contact us if you have questions.

Sincerely,

Montana Department of Revenue
Business and Income Taxes Division
P.O. Box 5835
Helena, MT 59604-5835
Phone: (406) 444-6937
Fax: (406) 444-7723
Email: DORHelp@mt.gov

MTRRevenue.gov ▲ (406) 444-6900 ▲ Montana Relay dial 711

2086707200 - 687

CHANGES COMING TO MEDICAID

- As of December 31, 2022 we are no longer allowed to charge premiums for health coverage per direction from CMS.
- Certifi is the company that handles all premium invoices and payments for the Department, and they will be handling the messaging to clients.
- The following language has been added to the Premium Payment Portal and will be included in the October, November, and December payment invoices:
 - Effective December 31, 2022, the Department of Public Health and Human Services will no longer be invoicing the HELP Premium Payments. The December invoice will be the last premium payment you owe.
 - If you have any questions, please contact:
 - Premium, 1-866-471-9621
 - Eligibility, 1-888-706-1535 and choose the HCU options of 0,1,3,1,3

CHANGES COMING TO MEDICAID

Definition: Continuous medical coverage even if the family/individual experiences a change that would otherwise impact eligibility; typically, continuous eligibility spans 12-months

Changes:

Group	Continuous Eligibility Prior to the PHE	Continuous Eligibility Post PHE
• Children (age 18 and under	• Yes	• Yes
• Adults (19+) (Medicaid Expansion, PCR, Family Medicaid)	• Yes	• No
• Adults (18+) SDMI	• Yes	• Yes
• Aged, Blind, Disabled	• No	• No

END OF THE PUBLIC HEALTH EMERGENCY

■ How you can help

■ What You Can Do NOW

- Help prepare educate Medicaid and HMK enrollees about the upcoming changes and prepare them for the renewal process. This includes making sure that enrollees have updated their contact information with the DPHHS OPA and are aware that they need to act when they receive a letter from DPHHS OPA about completing a renewal form.

■ Key Messages for Partners to Share

- **NOW:** Update your contact information—Make sure DPHHS OPA has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or HMK coverage.
- *Future: Check your mail— DPHHS OPA will mail you a letter about your Medicaid or HMK coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or HMK.*
- *Complete your renewal form (if you get one) –Fill out the form and return it to DPHHS OPA right away to help avoid a gap in your Medicaid or HMK coverage.*

SCREENING TOOL

ACA MEDICAID STANDARDS FAMILY RELATED PROGRAMS

There is no resource test for ACA Medicaid & \$3000.00 Resource Test for Non-ACA Family Related Programs

Parent/Caretaker Relative	
HH Size	Standard
1	272
2	366
3	461
4	555
5	649
6	744
7	838
8	933

Effective 04/2022

Non-ACA Family Medically Needy Income Level	
HH Size	Net
1	525
2	525
3	658
4	792
5	925
6	1,058
7	1,192
8	1,317

Effective 07/2001

ACA Adult / ACA Adult Medicaid	
HH Size	Standard
1	1,506
2	2,029
3	2,553
4	3,076
5	3,599
6	4,122
7	4,645
8	5,168

Effective 4/2022

ACA Pregnancy	
HH Size	Standard
1	1,778
2	2,396
3	3,013
4	3,631
5	4,248
6	4,866
7	5,483
8	6,101

Effective 04/2022

ACA HMK Plus age 0-19	
HH Size	Standard
1	1,620
2	2,182
3	2,744
4	3,307
5	3,869
6	4,432
7	4,994
8	5,557

Effective 04/2022

ACA HMK	
Family Size	Standard
1	2,956
2	3,982
3	5,009
4	6,036
5	7,062
6	8,089
7	9,115
8	10,115

Effective 04/2022

MEDICAID STANDARDS AGED, BLIND, DISABLED (ABD)

HH Size	Cat.Needy
1	841
2	1261

Effective 1/1/2014

Med.Needy
525
525

Effective 07/2001

QMB	SLMB	QI
1133	1359	1529
1526	1831	2060

Effective 04/2022

MWD Resource	
Individual	15,000
Couple	30,000

Effective 7/1/2015

Resource Limit Cat Needy & Med Needy			
Individual	\$2,000.00	Couple	\$3,000.00
1/1/2022	Medicare Part B Premium		\$ 170.10
	Part A	Deductible	\$ 1,556.00

Resource Limit: QMB, SLMB, QI

Individual	\$ 8,400
Couple	\$ 12,600

Effective 4/01/2022

MWD Income & Cost Share				
Individual	\$ 1,133	\$ 1,699	\$ 2,265	\$ 2,832
Couple	\$ 1,526	\$ 2,289	\$ 3,052	\$ 3,815
Cost Share	\$ 35	\$ 67	\$ 100	\$ 135

Effective 04/2022

SCREEN TOOLS

The screenshot shows a web browser window with the URL <https://apply.mt.gov>. The page features the Montana DPHHS logo and the title "MONTANA SNAP, TANF, and Health Coverage Assistance Application". A navigation menu includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The main content area has a dark background with a mountain landscape image. It includes a welcome message, a list of assistance programs, and two primary action buttons: "Apply Now" and "Sign In/Create Account". On the right side, there is a vertical list of service options, each with a text description and a corresponding button.

MONTANA DPHHS **MONTANA**
SNAP, TANF, and Health Coverage Assistance Application

Help

Answer a few questions to see if you may qualify for food, medical, or cash assistance. [Am I Eligible?](#)

Apply for food, medical, or cash assistance. [Apply for Assistance](#)

View details about your case. [Check My Benefits](#)

View mail for your case. [My Mail](#)

Report a change or renew benefits for your case. [Report Change & Renew](#)

Welcome to the Department of Public Health and Human Services online application. Here you can apply for food, medical, or cash assistance. Find out more about the programs by clicking the links below.

Supplemental Nutrition Assistance Program (SNAP) – Formerly Food Stamps
Temporary Assistance for Needy Families (TANF) – Cash assistance
Health Coverage Assistance – Medicaid, Healthy Montana Kids, health insurance assistance and tax credits through the federal Health Insurance Marketplace

[Apply Now](#) [Sign In/Create Account](#)

150%