

# 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 \$735 for an individual and \$1103 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 37 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
    - Expenses
      - Student loan interest deduction
      - Moving expenses
      - IRA deduction
  - Self-attestation (client statement) is accepted as verification
  - The expenses shown on lines 23 – 36 on the next screen are the only deductions along with a 5% disregard given for those on the ACA programs.

# INCOME ELIGIBILITY CONTINUED

<b>Income</b>	7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	
	8a	Taxable interest. Attach Schedule B if required . . . . .	8a	
	b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
	9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
	b	Qualified dividends . . . . .	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	
	11	Alimony received . . . . .	11	
	12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> . . . . .	13	
	14	Other gains or (losses). Attach Form 4797 . . . . .	14	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	15a	IRA distributions . . . . .	15a	
	b	Taxable amount . . . . .	15b	
	16a	Pensions and annuities . . . . .	16a	
	b	Taxable amount . . . . .	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	17	
	18	Farm income or (loss). Attach Schedule F . . . . .	18	
	19	Unemployment compensation . . . . .	19	
	20a	Social security benefits . . . . .	20a	
	b	Taxable amount . . . . .	20b	
	21	Other income. List type and amount . . . . .	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶ . . . . .	22		
<b>Adjusted Gross Income</b>	23	Educator expenses . . . . .	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
	25	Health savings account deduction. Attach Form 8889 . . . . .	25	
	26	Moving expenses. Attach Form 3903 . . . . .	26	
	27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
	28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
	29	Self-employed health insurance deduction . . . . .	29	
	30	Penalty on early withdrawal of savings . . . . .	30	
	31a	Alimony paid b Recipient's SSN ▶ . . . . .	31a	
	32	IRA deduction . . . . .	32	
	33	Student loan interest deduction . . . . .	33	
	34	Tuition and fees. Attach Form 8917 . . . . .	34	
	35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
	36	Add lines 23 through 35 . . . . .	36	
	37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶ . . . . .	37	

If you did not get a W-2, see instructions.

# 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
  - 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)
  - \$7,280 individual
  - \$10,930 couple
- Family Medicaid
  - \$3,000



# 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
- 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

# MEDICAID EXPANSION



- ✓ Adults, ages 19-64
- ✓ Incomes 0-138% FPL
- ✓ Montana residents
- ✓ US Citizen or documented, qualified alien
- ✓ Not incarcerated
- ✓ Not eligible or enrolled in Medicare

## HELP Plan

Administered by Blue Cross and Blue Shield of Montana

- Individuals with 51-138% FPL
- Subject to copayments and premiums
- Unless exempt by federal law

## Standard Medicaid

Administered by Xerox

- Individuals under 50% FPL
- Individuals determined to be medically frail
- American Indians/Alaska Natives (exempt from copayment)
- Individuals who live in a geographical area with insufficient health care providers
- Individuals in need of continuity of care that would not be available or cost-effective through the TPA
- Not subject to premiums
- Subject to copayments unless exempt by federal law



# SCREENING TOOLS

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		Non-ACA Family Medically Needy Income Level				ACA Adult / ACA Adult Medicaid				
HH Size	Standard	HH Size	Net	HH Size	Standard	HH Size	Standard	HH Size	Standard	
1	241	1	525	1	1,337	1	1,337	1	1,337	
2	325	2	525	2	1,800	2	1,800	2	1,800	
3	408	3	658	3	2,263	3	2,263	3	2,263	
4	492	4	792	4	2,727	4	2,727	4	2,727	
5	576	5	925	5	3,190	5	3,190	5	3,190	
6	659	6	1,058	6	3,653	6	3,653	6	3,653	
7	743	7	1,192	7	4,116	7	4,116	7	4,116	
8	826	8	1,317	8	4,580	8	4,580	8	4,580	
Effective 04/2017		Effective 07/2001				Effective 04/2017				
ACA Pregnancy		ACA HMK Plus age 0-19		ACA HMK						
HH Size	Standard	HH Size	Standard	Family Size	Standard					
1	1,578	1	1,437	1	2,423					
2	2,125	2	1,935	2	3,532					
3	2,672	3	2,433	3	4,441					
4	3,219	4	2,932	4	5,351					
5	3,765	5	3,430	5	6,260					
6	4,312	6	3,928	6	7,169					
7	4,859	7	4,426	7	8,078					
8	5,406	8	4,924	8	8,987					
Effective 04/2017		Effective 04/2017		Effective 04/2017						
MEDIACAID STANDARDS AGED, BLIND, DISABLED (ABD)										
HH Size	Cat. Needy	Med. Needy	QMB	SLMB	QI	MWD Resource				
1	735	525	1005	1206	1357	Individual	15,000			
2	1,103	525	1354	1624	1827	Couple	30,000			
Effective 1/1/2017		Effective 07/2001		Effective 04/2017		Effective 07/2015				
Resource Limit Cat Needy & Med Needy		Resource Limit: QMB, SLMB, QI		MWD Income & Cost Share						
Individual	\$ 2,000.00	Couple	\$ 3,000.00	Individual	\$ 7,390					
1/1/2015				Couple	\$ 11,090	Individual	\$ 1,005	1005.01-1508	1508.01-2010	2010.01-2513
	Medicare Part B Premium		\$134.00	Effective 03/01/2015		Couple	\$ 1,354	1354.01-2030	2030.01-2707	2707.01-3384
	Part A Deductible		\$1,316			Cost Share	\$ 35	\$ 67	\$ 100	\$ 135
	Part B Deductible		\$183.00							
Effective 04/2017										

# 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 large banner image of a mountain range is displayed. Below the banner, there is a welcome message and a list of program descriptions. At the bottom of the main content area, there are two buttons: "Apply Now" and "Sign In/Create Account". On the right side of the page, there is a vertical menu of five buttons: "Am I Eligible?", "Apply for Assistance", "Check My Benefits", "My Mail", and "Report Change & Renew".

https://apply.mt.gov

Montana DPHHS - SNAP, T...

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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](#)

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