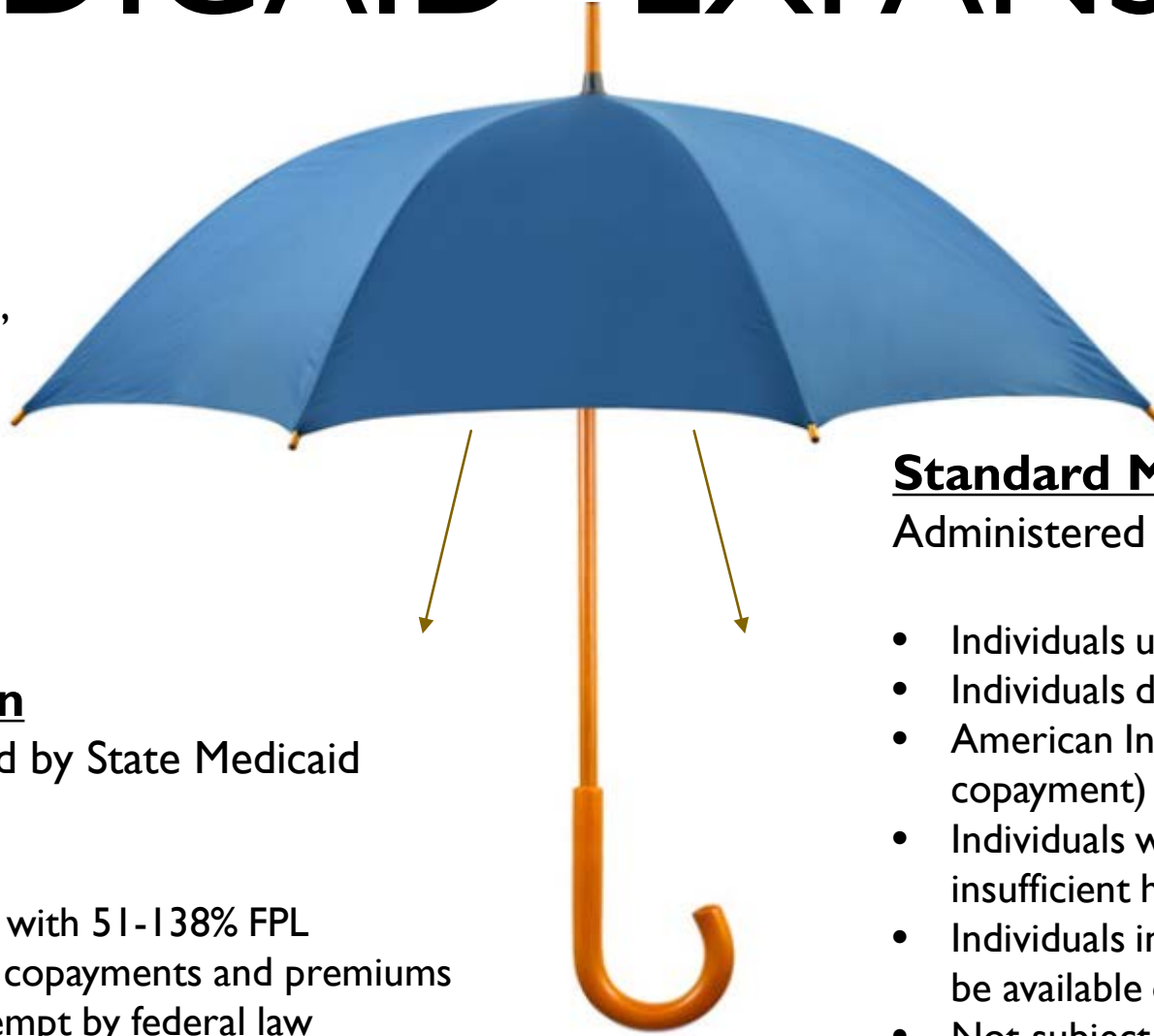


COVERAGE GROUPS

- 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

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 State Medicaid Program

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

Standard Medicaid

Administered by State Medicaid Program

- 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

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 \$750 for an individual and \$1125 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
 - Countable Native American income will be gaming income as this income is taxable
 - Expenses
 - Student loan interest deduction
 - Moving expenses
 - IRA deduction
 - Self-attestation (client statement) is accepted as verification at initial application
 - 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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

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

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	
15a	IRA distributions	15a			b	Taxable amount
15b					15b	
16a	Pensions and annuities	16a			b	Taxable amount
16b					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					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 total income				22	

Adjusted Gross Income

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 <input type="text"/>	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 adjusted gross income				37	

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)
 - \$7,560 individual
 - \$11,340 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
- 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.

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	
HH Size	Standard
1	243
2	330
3	416
4	502
5	589
6	675
7	762
8	848

Effective 04/2018

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	1,346
2	1,825
3	2,304
4	2,782
5	3,261
6	3,740
7	4,219
8	4,698

Effective 04/2018

ACA Pregnancy	
HH Size	Standard
1	1,589
2	2,154
3	2,719
4	3,284
5	3,850
6	4,415
7	4,980
8	5,545

Effective 04/2018

ACA HMK Plus age 0-19	
HH Size	Standard
1	1,447
2	1,962
3	2,477
4	2,992
5	3,506
6	4,021
7	4,536
8	5,051

Effective 04/2018

ACA HMK	
Family Size	Standard
1	2,641
2	3,581
3	4,520
4	5,460
5	6,399
6	7,339
7	8,279
8	9,218

Effective 04/2018

MEDICAID STANDARDS AGED, BLIND, DISABLED (ABD)

HH Size	Cat. Needy
1	750
2	1,125

Effective 1/1/2018

Resource Limit Cat Needy & Med Needy

Individual	Couple
\$ 2,000.00	\$ 3,000.00
Medicare Part B Premium	\$134.00
Deductible	
Part A	\$1,340
Part B	Deductible
	\$183.00

Effective 07/2001

QMB	SLMB	QI
1012	1215	1367
1372	1647	1853

Effective 04/2018

Resource Limit: QMB, SLMB, QI

Individual	Couple
\$ 7,390	\$ 11,090

Effective 04/2018

MWD Resource	
Individual	15,000
Couple	30,000

Effective 07/2015

MWD Income & Cost Share				
Individual	\$ 1,012	1012.01-1518	1518.01-2024	2024.01-2530
Couple	\$ 1,372	1372.01-2058	2058.01-2744	2744.01-3430
Cost Share	\$ 35	\$ 67	\$ 100	\$ 135

Effective 04/2018

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, a welcome message and program descriptions are provided. On the right side, there is a vertical menu of five buttons: "Am I Eligible?", "Apply for Assistance", "Check My Benefits", "My Mail", and "Report Change & Renew". At the bottom left, there are two buttons: "Apply Now" and "Sign In/Create Account".

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](#)