

MEDICAID ELIGIBILITY REFRESHER

09/2024



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

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

Extended
Postpartum

Eligible Juvenile
(new)

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



AGED, BLIND, DISABLED (ABD) COVERAGE GROUPS

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 \$943 for an individual and \$1415 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.

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)



Exceptions”

- 1) Claimed as a dependent by someone other than their natural, adoptive, or step-parent
- 2) Non-custodial parent claims them on their taxes
- 3) 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 has 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





AFFORDABLE CARE ACT (ACA)



MODIFIED ADJUSTED GROSS INCOME (MAGI)

- For the ACA programs - Modified Adjusted Gross Income (MAGI)
 - Based on IRS rules for counting income
 - Self-attestation (client statement) is accepted as verification at initial application and post eligibility verification is applied.

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. (Up to 133% total FPL)

TAX RETURN – IRS 1040

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):
 (1) First name Last name (2) Social security number (3) Relationship to you (4) if qualifies for (see instructions):
 Child tax credit Credit for other dependents

If more than four dependents, see instructions and check here ▶

| | | |
|-----|--|-----|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 |
| 2a | Tax-exempt interest | 2b |
| 3a | Qualified dividends | 3b |
| 4a | IRA distributions | 4b |
| 5a | Pensions and annuities | 5b |
| 6a | Social security benefits | 6b |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | 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)

When income needs to be verified, we can use paystubs, a statement from the employer, or tax returns. Commonly found on Line 11 of the 1040 tax form

Who is claiming whom?

Taxable income types

IRS 1040 PAGE 2

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

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: Self-employed

Firm's name _____ Phone no. _____
Firm's address _____ Firm's EIN _____

Go to www.irs.gov/Form1040 for instructions and the latest information. Form **1040** (2021)

If you have a qualifying child, attach Sch. EIC.



SCHEDULE 1

| | | | |
|--|---|---|--|
| 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> | |
| <small>Name(s) shown on Form 1040, 1040-SR, or 1040-NR</small> | | <small>Your social security number</small> | |

| 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 ABL 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 |

This information is entered on line 8 of the 1040 and may be countable income. Some information comes from additional tax forms filled out.

SCHEDULE 1 - PAGE 2

| Part III 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 |

These are MAGI related income deductions. The most common deductions that we see are student loan interest deduction and deductible portion of Self-employment tax.



CONTINUOUS ELIGIBILITY

- For ACA Medicaid
 - All children's programs have 12 months of continuous eligibility
 - Income and/or household composition changes will not affect the individual's current eligibility unless they requests 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





ABD AND FAMILY MEDICAID



ABD AND FAMILY MEDICIAD INCOME

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

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
- Gaming income is countable in full, there is not a \$2,000 exclusion
- 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

RESOURCES/ASSETS

| - | INDIVIDUAL | COUPLE |
|---|------------|-------------------------|
| SSI Medicaid/1619B | | Resources not evaluated |
| ACA Medicaid | | Resources not evaluated |
| Aged, Blind, Disabled (ABD) Including Nursing Home | \$2,000 | \$3,000 |
| MWD | \$15,000 | \$30,000 |
| Medicare Savings Programs (MSP) | \$9,430 | \$14,130 |
| Family | \$3,000 | \$3,000 |



LONG-TERM CARE AND WAIVER COVERAGE

- A screening is required for long-term care (nursing home) and waiver coverage
 - Mountain Pacific Quality Health should be contacted to do the screening
 - 1-800-219-7035
- If not already eligible for Medicaid, an application to the Office of Public Assistance (OPA) should be submitted
- For waiver, client will work with OPA AND waiver agency - There may be a waitlist for waiver
- A Resource assessment is required
- Spousal impoverishment applies
- ALL trusts and annuities must be reviewed





OTHER INFORMATION



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 Expansion Bill that was passed by The Montana Legislature. 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.



INTEGRITY FEE NOTICE



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



HOW CAN YOU HELP?

- What You Can Do NOW
 - Continue to educate Medicaid/HMK enrollees that Montana Medicaid redetermination of Medicaid Coverage have resumed and prepare them for the annual 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.
 - ABD Medicaid requires the Renewal Form be returned completed.
 - If they contact you with questions about closures, ask them if they returned all requested verifications and/or Renewal form.
 - We will evaluate coverage if required information is returned within 90 days.
 - If there is a gap, retro coverage should be requested if there is a medical need.



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.
- *Ongoing/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, along with verification of earned/unearned income and resources (if required) COMPLETELY to help avoid a gap in your Medicaid or HMK coverage. You must return the renewal packet by the deadline, or your Medicaid/HMK will end.*
- *Respond to any requests for information you receive from DPHHS OPA. IF we learn of any changes in your case through our electronic data bases, we may contact you for more information to see if you are still eligible. If you are contacted by DPHHS OPA, you **must** respond by the due date, or your Medicaid coverage will end.*

SCREENING TOOL

ACA MEDICAID STANDARDS FAMILY RELATED PROGRAMS

| ACA Parent | | Non-ACA MNIL (07/2015) | |
|------------|----------|------------------------|----------|
| HH Size | Standard | HH Size | Net |
| 1 | \$ 301 | 1 | \$ 525 |
| 2 | \$ 409 | 2 | \$ 525 |
| 3 | \$ 516 | 3 | \$ 658 |
| 4 | \$ 624 | 4 | \$ 792 |
| 5 | \$ 732 | 5 | \$ 925 |
| 6 | \$ 839 | 6 | \$ 1,058 |
| 7 | \$ 947 | 7 | \$ 1,192 |
| 8 | \$ 1,054 | 8 | \$ 1,317 |

Effective 04/2024

Effective 07/2015

| ACA Pregnancy | | ACA Adult | | ACA HMK Plus age 0-19 | | ACA HMK | |
|---------------|----------|-----------|----------|-----------------------|----------|-------------|-----------|
| HH Size | Standard | HH Size | Standard | HH Size | Standard | Family Size | Standard |
| 1 | \$ 1,970 | 1 | \$ 1,669 | 1 | \$ 1,795 | 1 | \$ 3,276 |
| 2 | \$ 2,674 | 2 | \$ 2,265 | 2 | \$ 2,436 | 2 | \$ 4,446 |
| 3 | \$ 3,378 | 3 | \$ 2,862 | 3 | \$ 3,077 | 3 | \$ 5,616 |
| 4 | \$ 4,082 | 4 | \$ 3,458 | 4 | \$ 3,718 | 4 | \$ 6,786 |
| 5 | \$ 4,786 | 5 | \$ 4,054 | 5 | \$ 4,359 | 5 | \$ 7,956 |
| 6 | \$ 5,490 | 6 | \$ 4,651 | 6 | \$ 5,000 | 6 | \$ 9,126 |
| 7 | \$ 6,194 | 7 | \$ 5,247 | 7 | \$ 5,641 | 7 | \$ 10,296 |
| 8 | \$ 6,898 | 8 | \$ 5,843 | 8 | \$ 6,283 | 8 | \$ 11,467 |

Effective 4/2024

Effective 4/2024

Effective 04/2024

Effective 04/2024

MEDICAID STANDARDS AGED, BLIND, DISABLED (ABD)

| SSI (01/01/2024) | | Medicare Savings Programs | | | MWD Income & Cost Share | | | | |
|------------------|----------|---------------------------|----------|------------|-------------------------|--------------|--------------|--------------|--------------|
| HH size | QMB | SLMB | QI | Individual | 1255.01-1883 | 1883.01-2510 | 2510.01-3138 | | |
| 1 | \$ 943 | \$ 1,255 | \$ 1,506 | \$ 1,695 | Couple | \$ 1,704 | 1704.01-2555 | 2555.01-3407 | 3407.01-4259 |
| 2 | \$ 1,415 | \$ 1,704 | \$ 2,044 | \$ 2,300 | Cost Share | \$ 35 | \$ 67 | \$ 100 | \$ 135 |

Effective 04/2024

| Resource Limit Cat Needy & Med Needy | | Resource Limit: QMB, SLMB, QI | | MWD Resource | |
|--------------------------------------|----------|-------------------------------|-----------|--------------|-----------|
| Individual | Couple | Individual | Couple | Individual | Couple |
| \$ 2,000 | \$ 3,000 | \$ 9,430 | \$ 14,130 | \$ 15,000 | \$ 30,000 |

Effective 01/2024

Effective 07/2015



SCREENTOOLS

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 reads: "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." Two main buttons are visible: "Apply Now" and "Sign In/Create Account". On the right side, there are five interactive buttons: "Am I Eligible?", "Apply for Assistance", "Check My Benefits", "My Mail", and "Report Change & Renew".

https://apply.mt.gov/ Montana DPHHS - SNAP, T... x

File Edit View Favorites Tools Help

Home Page Safety Tools

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

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%

CHANGES COMING TO MEDICAID

- ❑ Remove Option to limit the number of Reasonable Opportunity Periods to establish Citizenship or Immigration Status.
- ❑ Auto Renewal of Medicaid/CHIP: If available information through our electronic data sources is sufficient to determine continued eligibility without requiring information from the individual, Eligibility is renewed, and the participant is notified that their coverage has been renewed. If not matching or unable to renew, a form is sent.
- ❑ The requirement that individuals must apply for other benefits (early retirement, pensions, cash on annuities), which they may be entitled, as a condition of Medicaid eligibility has been eliminated.
- ❑ Individuals eligible for Medicare Savings Programs that are receiving SSI, State Supplement and/or are 1619b eligible income, are automatically eligible for Qualified Medicare Beneficiary (QMB).
- ❑ Reasonable compatible standards apply to resource verification when applicant/enrollee resource information is reasonably compatible with the information received from an electronic data source. This will eliminate requests for additional information in many cases.

PROGRAMMATIC CHANGES

Eligible Juvenile

- An “eligible juvenile” is an individual who is under 21 years of age who was determined eligible for any Medicaid eligibility group, or an individual determined eligible for the mandatory eligibility group for former foster care children, immediately before becoming an inmate of a public institution or while an inmate of a public institution.
- SUPPORT Act
- Eligible Juveniles will be able receive certain services 30 days prior to release.

HEART Waiver

- Healing and Ending Addiction Recovery and Treatment (HEART)
- Eligible individuals will be able to receive certain services 30 days prior to release.
- Targeted to individuals with Substance Use Disorders and Mental Health disorders.



Thank you for your time today. Please direct any policy questions to HSHCSDMedicaid@mt.gov

