Navigator Training Overview - What is Medicaid?

Medicaid is a joint federal-state program that pays for a broad range of medically necessary health care and long-term care services for certain low income populations. DPHHS administers the program in a partnership with the federal Centers for Medicare and Medicaid Services (CMS).

DPHHS has prepared this overview to provide basic information for your use as a starting point in understanding the Medicaid program. The report outlines the eligibility process, including resource limit requirements, and the actual enrollment of and services covered for the separate eligible populations. Eligibility is primarily determined by staff in Field Offices of Public Assistance in most counties throughout the state, who work to ensure that the determination process runs as efficiently as possible.

Medicaid Eligibility:

Who might be eligible for Medicaid coverage?

- Low-income families with dependent children, who have income under about 46.7% of the Federal Poverty Level (FPL):
  - $607/month or $7,284/year for a family of two
  - $916/month or $10,992/year for a family of four
- Pregnant women
  - Income 159% FPL or less
- Women with certain cancerous or precancerous conditions of the breast and/or cervix
  - Income 200% FPL or less
- Adults age 65 or older
- Former foster care children who are currently less than 26 years old and who left foster care on or after their 18th birthday
- Individuals who have been determined to be blind or disabled by the Social Security Administration
- Women age 19-44 who are not currently pregnant may be eligible for Family Planning services
  - Income 211% FPL or less
- Children under age 19 may be eligible for Healthy Montana Kids (HMK) Plan coverage (either Medicaid, known as HMK Plus, or CHIP, known as HMK), if family income is under 261% FPL:
  - $3,373/month or $40,481/year for a family of two
  - $5,122/month or $61,466/year for a family of four

Income guidelines:

Here’s an example showing the 2014 income limits for a family of 4:
More information about the specific populations covered:

**Children** – Medicaid is the largest provider of health care coverage for children in the State of Montana. Children under the age of 21 who are eligible for Medicaid receive full Medicaid benefits. Children are primarily covered either by Medicaid under one of the following three programs, or under the Healthy Montana Kids Plan:

- **Healthy Montana Kids Plus (HMK Plus)** - Children up to the age of 19 in families with countable income equal to or less than 143% of the Federal Poverty Level (FPL). There is no resource test for these children.

- **Infants** - Children born to women who are receiving Medicaid at the time of birth automatically qualify for Medicaid coverage through the month of their first birthday. There is no income or resource test for this coverage.

- **Subsidized Adoption and Foster Care** - Children who are eligible for an adoption subsidy through the Department are automatically eligible for Medicaid coverage. This coverage can continue through the month of the child’s 21st birthday. Children who are placed into licensed foster care homes by the Child and Family Services Division are eligible for Medicaid.
• **Healthy Montana Kids (HMK)** – HMK is free or low-cost health coverage for children up to the age of 19 who are not eligible for Medicaid, in families with countable income equal to or less than 261% of the Federal Poverty Level (FPL). Services covered include: office and clinic visits, emergency services, hospital services, sports physicals, surgical services, well-child checkups, prescription drugs, lab and x-ray, mental health, substance abuse, dental and more. There is no resource test for these children.

**Former Foster Care Children** – Former foster care children who are currently under age 26 may be eligible for full Medicaid coverage if they were receiving foster care coverage at age 18 or older and that coverage ended due to their age. There is no income or resource test for these individuals.

**Pregnant Women** – Medicaid must be provided to eligible pregnant women with countable income equal to or less than 159% FPL. The coverage extends for 60 days beyond the birth of their child. A woman who earns 100-159% FPL can choose Medicaid or a Marketplace plan depending on her wants and needs. A woman whose income is between 100-159% FPL is eligible for premium credits through the marketplace. If she becomes pregnant, she could also be eligible for Medicaid. If she chose, she could leave her Marketplace plan, apply, enroll, and have Medicaid coverage until 60 days after giving birth. Medicaid will notify the woman at least 10 days before the coverage is scheduled to end, and she could decide to re-enroll through the marketplace. Some women will decide the small savings is worth the effort hassle of switching, some won’t.

**Breast and Cervical Cancer** – Eligible women who are diagnosed through a Montana Breast and Cervical Health Program (MBCHP) screening and whose income is 200% FPL or less are eligible to receive full Medicaid coverage while undergoing cancer treatment. The women cannot have other coverage for their cancer treatment. Women should call 1-888-803-9343 for more information about the MBCHP screening program.

**Families with Dependent Children** – Parents or related caretakers (grandparents, aunts/uncles, etc.) whose countable income is within the income standard for their household size may be eligible for Medicaid. The income standard for a family of two is $607/month or $7,284/year.

**Family-Transitional Medicaid** - Under certain conditions, families are eligible for up to 12 months of extended Medicaid coverage after their eligibility for Family Medicaid coverage ends due to new or increased earned income. This coverage, called Family-Transitional Medicaid, is not dependent on income, and there is no resource limit. The family must meet all other eligibility criteria for the entire 12 months.

**Aged** – Individuals who are age 65 or older, including those who receive or would be eligible to receive Supplemental Security Income (SSI) and whose countable income is within allowable guidelines and whose resources do not exceed $2000 for an individual or $3000 for a couple may be eligible for Medicaid.

**Blind/Disabled** – Individuals who have been determined to be blind or disabled using Social Security criteria, including those who receive or would be eligible to receive Supplemental Security Income (SSI and whose countable income is within allowable guidelines and whose resources do not exceed $2000 for an individual or $3000 for a couple may be eligible for Medicaid.
• The 2013 Montana income limits for the aged, blind and disabled populations are $710 per month for an individual and $1066 for a couple.

**Family Planning – Plan First** is a Montana Medicaid Waiver that covers family planning services for eligible women. Eligibility is limited to women age 19 through 44 who are not currently pregnant, but are able to bear children. Some of the services covered include office visits, contraceptive supplies, laboratory services and testing and treatment of STDs.

**Confidentiality:**

All Medicaid information is confidential. Anyone gathering or receiving information connected to a Medicaid application may share client information only for purposes directly connected with the administration of the Medicaid programs with other federal programs and certain entitled entities.

**Screening for Medicaid eligibility?** Ask the following questions to determine if the individual may fit into one of the groups described above:

• Are you 65 or older?
• Are you pregnant?
• Do you have related minor children in your home?
• Are you under the age of 19?
• Have you been determined disabled through Social Security?
• Are you under the age of 26 and a former foster care child?

**Contact information:**
Healthy Montana Kids and Medicaid
• 1-877-543-7669 or
• 1-877-KIDSNOW

**Other Resources:**


**Help with medical, dental or prescription costs:**

[Children’s Special Health Services](http://www.ChildrensSpecialHealthServices.org) - DPHHS agency providing services for children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions.
Community health centers offer health care on a sliding scale basis to Montanans without insurance: [http://findahealthcenter.hrsa.gov/Search_HCC.aspx?byCounty=1](http://findahealthcenter.hrsa.gov/Search_HCC.aspx?byCounty=1).

Hill-Burton funds are funds that some facilities receive to provide a certain amount of free medical care each year. A list of Hill Burton facilities can be located at this website: [www.hrsa.gov/osp/dfcr/obtain/OBTAIN.HTM](http://www.hrsa.gov/osp/dfcr/obtain/OBTAIN.HTM).

Montana Primary Care Association: [http://www.mtpca.org/mthealth.htm](http://www.mtpca.org/mthealth.htm)

Partnership for Prescription Assistance - Montana - A program that connects qualified, low-income people with discount prescription drugs, direct from the pharmaceutical manufacturer. Available at [www.pparxmt.org](http://www.pparxmt.org), or by calling 1-888-477-2669.

Other Resources:

GovBenefits.gov - U.S. Department of Labor website providing information about social service programs in all states. This is especially useful for families relocating to another state.

Healthy Mothers, Healthy Babies - A non-profit coalition promoting and improving the safety, health, and well-being of Montana's children, families, and communities.