

## FAQ FIGURES

## 2018 MEDICAID RELATED FIGURES

Categorically Needy	<b>\$750</b> Ind. <b>\$1,125</b> Couple	
Community spouse resource maintenance allowance	<b>\$123,600</b> Max. <b>\$24,720</b> Min.	
Community spouse income maintenance allowance	<b>\$3,090</b> less community spouse's own gross income; or shelter expenses for principal residence which exceed basic allowance of <b>\$601</b> ; plus basic needs standard of <b>\$2 003</b> ; less community spouse's own gross income	
Transfer Penalty Period – Average cost of Nursing home care - <b>2018</b>	<b>\$230.77</b> daily rate	Transfers on/after <b>02/08/06</b> – 5 years – penalty starts month otherwise eligible for Medicaid
Medically Needy Income Level (MNIL)	<b>\$525 (\$100.00 added income deduction) + \$20 general income exclusion</b>	
Regular Medicaid Resource Limits	<b>\$2,000</b> Ind. <b>\$3,000</b> couple	

## Medicare Part B

## 2018 MSP INCOME &amp; RESOURCE GUIDELINES

<b>EFF. 04/01/2018</b>	<b>QMB</b> – Qualified Medicare Beneficiary Program	<b>SLMB</b> – Special Low Income Medicare Beneficiary Program	<b>QI</b> – Qualified Medicare Beneficiary Program
Income <b>Limits</b> – Single Individual Couple	\$1,012 \$1,372	\$1,215 \$1,647	\$1,367 \$1,853
Resource <b>Limits</b> – Single Individual Couple	\$7,560 \$11,340	\$7,560 \$11,340	\$7,560 \$11,340
Benefits	Medicare Part A & B premiums, deductibles and Coinsurance	Medicare Part B premium	Medicare Part B premium
Notes *income guidelines change in April.	Starts month after application is submitted	Starts month that application is submitted. May be backdated 3 months.	Starts month that application is submitted. May be backdated 3 months. <b>**Cannot be eligible for other Medicaid</b>

Apply at local County Office of public Assistance or [www.dphhs.mt.gov](http://www.dphhs.mt.gov)

**\*\*Eligible for LIS (Low-Income Subsidy) to help with Medicare Part D**

## 2018 MEDICARE (Prescription Drug Coverage) PREMIUMS & DEDUCTIBLES

<b>2018 MEDICARE</b> Premium & Deductibles	<b>Pt A Premium =</b> <b>\$422 (under 30 qtrs)</b>	<b>Pt B Premium =</b> <b>\$134.00</b>
	<b>Pt A Deductible = \$1,340</b> SNF - \$167.50/day - days 21-100 Hosp - \$335/day - days 61-90 \$670/day - days 91-150	<b>Pt B Deductible = \$183</b> <b>Pt D Deductible = \$405</b>

## 2018 EXTRA HELP (LIS)/SPAP (BIG SKY RX)

<b>LIS – Social Security Administration</b>			<b>Big Sky Rx - 1-866-369-1233</b> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/BigSky">http://dphhs.mt.gov/MontanaHealthcarePrograms/BigSky</a> Max. premium \$34.00		
	Income	Resources		Income	
Single	↓ \$18,450	↓ \$14,210	Single	↓ \$24,280	<b>No Resource limits</b>
Couple	↓ \$24,690	↓ \$28,150	Couple	↓ \$32,920	
<b>Benefits:</b> Part D premiums up to \$33.50, deductible \$0-\$83, copayments \$0-\$8.35/15%, no coverage gap. Ongoing SEP. <b>Apply:</b> Social Security Administration or <a href="http://www.SSA.gov">www.SSA.gov</a>			<b>Benefits:</b> Pays up to \$34.00 Part D drug premium. One SEP per Calendar Year.		<b>Apply:</b> 1-866-369-1233 or 1-406-444-1233 (Helena or out of state)
Effect. 2/17					

Level	Deductible	Generic Copay	Brand Copay	Catastrophic Coverage
<b>1</b> <small>Full LIS Income &gt; 100% FPL</small>	<b>\$0</b>	<b>\$3.35</b>	<b>\$8.35</b>	<b>\$0 on all meds</b>
<b>2</b> <small>Full LIS 100% Income &lt; 100% FPL</small>	<b>\$0</b>	<b>\$1.25</b>	<b>\$3.70</b>	<b>\$0</b>
<b>3</b> <small>Nursing Home/Waiver Medicaid</small>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>4</b> <small>Partial LIS</small>	<b>\$83</b>	<b>\$15%</b>	<b>15%</b>	<b>\$3.35 Generic \$8.35 Brand</b>

## Qualified Disabled Working Individual (QDWI)

Because of losing premium-free Part A coverage due to working and earning substantial gainful activity (SGA), (Non-Blind \$1,180/Mo & Blind \$1,970/Mo) the person is entitled to re-enroll in Medicare Part A; person must meet all nonfinancial req. which include: being categorically eligible; having or applying for a SS number; being a US citizen or legally admitted alien; and being a MT resident; whose income does not exceed 200% of the federal poverty guideline and whose resources do not exceed twice the SSI general resource limit. 3/18

<b>Retroactive Coverage</b>		<b>Benefits</b>	
Up to three months retroactive coverage is available to eligible QDWIs		A QDWI is only entitled to have monthly Medicare Part A premiums paid by Medicaid. Regular Medicaid benefits (e.g., prescriptions, physician visits, dental care, etc.) are not available to QDWIs.	
<b>Resources</b>		<b>Income</b>	
Individual	\$4,000	Individual	\$2,024
Couple	\$6,000	Couple	\$2,744

Note: Applicants with monthly countable income in excess of the QDWI income standard are not eligible for QDWI coverage. QDWI is not a Medicare Saving Program. A recipient cannot be open for QDWI and another Medicaid program at the same time. The person must choose one program (choose between QDWI and medically needy coverage).

### **Montana Medicaid for Workers with Disabilities (MWD)**

**Tiffany Costa, Community Work Incentive Coordinator, MSU Billings-1-888-866-3822 or 406-657-2098**  
**Summit Independent Living Center 1-800-398-9002; <http://www.summitilc.org/mwd.html>**

People with disabilities can work and earn more money without losing their healthcare coverage through the Medicaid program because they can now “buy-in” to the program with a cost-share that is based on a sliding fee scale according to an individuals’ countable income.

<b>Resources</b>		<b>Income</b>	
Individual	\$15,000	Individual	\$2,530
Couple	\$30,000	Couple	\$3,430

**Cost share fees for the MWD program are divided up into four income brackets as follows:**

<b>% of FPL</b>	<b>Income (2018)</b>	<b>Monthly Payment</b>
100% (or less)	\$0.01 to \$1,012	\$35
Up to 150% (above 100%)	\$1,012.01 to \$1,518	\$67
Up to 200% (above 150%)	\$1,518.01 to \$2,024	\$100
Up to 250% (above 200%)	\$2,024.01 to \$2,530	\$135

**Note:** Enrolled members of federally-recognized tribes who provide verification of their current tribal enrollment will be exempt from the cost share fees. 3/18

### **Montana Cancer Control Program (cancer screening)**

**1-888-803-9343, [www.cancer.mt.gov](http://www.cancer.mt.gov)**

250% Federal Poverty Level • Breast cancer screening 50-64 years of age • Age 65+ without Medicare Part B uninsured or underinsured • cervical cancer screening 30-64 years of age • provides mammograms, clinical breast exams, pap tests and pelvic exams for the early detection of breast and cervical cancer. These services may be provided free to eligible women. Provides colorectal screenings (colonoscopy & stool card) for men and women aged 50-64. Over 64 if no part B 3/18

<b>Family Size</b>	<b>Monthly Income</b>	<b>Yearly Income</b>
1	\$2,529	\$30,350
2	\$3,429	\$41,150

## Mental Health Services Plan

**• 150% of Federal Poverty Level • Contact local Community Mental Health Center**

• For low income mental health clients presenting with apparent or suspected severe and disabling mental illness (SDMI) in need of continuing, but not urgent, treatment • Age 17 and over • Application form can be found at <http://dphhs.mt.gov/amdd/Mentalhealthservices/MHSP.aspx> 3/18

Family Size	Income Limits
1	\$18,210
2	\$24,690

For family units with more than 2 members, add \$6,480 for each additional member.

## Healthy Montana Kids (HMK) 1-877-Kidsnow or 1-877-543-7669

Effective March, 2018

**•HMK (formerly known as CHIP) is a free or low-cost health insurance available to eligible Montana children up to age 19.**

Eligibility: uninsured children up to age 19 • Montana residents • US citizen or qualified alien • Parents not employed by State of Montana or the Montana University system • Children uninsured for prior 3 months • meets income guidelines • **Grandparent's raising grandchildren** • coverage includes +doctor visits, dental, vision, prescriptions, etc • application form can be found on our application system or •Annual Adjusted Gross Income (before taxes) <http://dphhs.mt.gov/HMK/aboutHMK>

Household Size (Children & Adults)	Monthly Gross Household Income
Family of 2	\$3,581
Family of 3	\$4,520
Family of 4	\$5,480

Some employment-related & child care deductions apply •May be waiting list • Income guidelines 3/18

## SNAP INCOME LIMITS (Food Stamps)

Through September 30, 2018

•US citizen •SSN • most households with elderly or people with disabilities meet the Expanded Categorical Eligible criteria • most will have their resources excluded • Outreach coord. 406-239-6475 • applications can be found on our eForms application system or at

<http://dphhs.mt.gov/hcsd/SNAP>

### Households that meet Expanded Categorical Eligibility criteria

People in Household	Gross Monthly Income Standard	Net Monthly Income Standard
1	\$1,980	\$ 990
2	\$2,670	\$1,335
Each Additional Member	+\$690	+\$345

### All Other Households

1	\$1,307	\$1,005
2	\$1,760	\$1,354
Each Additional Member	+453	+349

• Applications must be submitted to the Office of Public Assistance

## Commodity Supplemental Food Program (CSFP)

- This USDA program provides food to elders 60 years of age and over
- It provides a box of 30 pounds of food per month. Elders must meet income requirements - 130% of federal poverty level eligibility guidelines
- Services are delivered through a variety of organizations, including senior centers and food banks
- contact local Area Agency on Aging 3/18

Household Size	Monthly Income Guidelines	Annual Income Guidelines
1	\$1,315	\$15,782
2	\$1,783	\$21,398

## Senior Farmers Market Nutritional Program (SFMNP)

- This USDA program serves elders 60 years of age and over
- Clients receive coupons to purchase fresh fruits and vegetables that are grown in Montana
- There are currently 12 markets that are participating in the program: Helena, Bozeman, Kalispell, Hamilton, Darby, Stevensville, Miles City, Missoula, Polson, Havre, Livingston & Manhattan. Billings has a program operated through the Billings Food Bank
- 185% of FPL
- Contact Office on Aging 1-800-332-2272 Effect. 03/18

Household Size	Maximum MONTHLY Income	Maximum ANNUAL Income
1	\$1,872	\$22,459
2	\$2,538	\$30,451

For each additional person in the household, add \$7,992 to the ANNUAL income total or \$666 to the MONTHLY income total.

## Low Income Energy Assistance Program (LIEAP) Weatherization Program

- **October 1<sup>st</sup> – April 30<sup>th</sup>** • Applications available on our application system or at <http://dphhs.mt.gov/hcsd/energyassistance> • **1-800-332-2272** • 2015-2016

Family Size	60% Median Income	Family Size	Poverty Level 150%	Households of one to seven members with income at or below 60% of state median income are eligible. Households of eight or more members with income at or below 150% of federal poverty levels are eligible.
1	\$22,712	8	\$61,980	
2	\$29,700	9	\$68,250	
3	\$36,688	10	\$74,520	
4	\$43,676	11	\$80,790	
5	\$50,664	12	\$87,060	
6	\$57,652	If your household receives benefits from SSI or the TANF programs, you may qualify automatically for weatherization or fuel assistance.		
7	\$58,962			

## Montana Board of Housing Reverse Annuity Mortgage (RAM) - 3/2016

- Allows seniors, 68 or older, to utilize the equity in their home - while retaining ownership - to help with their monthly needs
- contact MBOH for current mortgage rate
- Loan amounts \$15,000 - \$15,000 (up to 80% of current FHA property value)
- Advanced monthly payments paid out over 10 years
- Lump sum up to \$10,000
- low closing costs

Household Size	Income Limits
1	\$24,120
2	\$32,480
3	\$40,840

- property must be located in Montana
- no mortgages or liens
- Condos registered with VA or FHA
- Excludes mobile homes unless on permanent foundation
- Meets minimum FHA standards determined by FHA appraisal
- Contact 1-800-761-6264
- [www.housing.mt.gov](http://www.housing.mt.gov)

### Property Tax Assistance Program

Applications accepted through April 15<sup>th</sup>

- Property tax reduction for those who qualify
- Must be filed with local Department of Revenue
- Owner must occupy (for last 7 months) and own home
- complete Form PPB-8 at <https://revenue.mt.gov/propertytax-relief>
- 1-866-859-2254

#### 2018 Taxable Value Rate Table For Low Income Property Tax Assistance Reduction

Single Person	Married Couple or Head of Household	Percent Multiplier
\$0 - \$8,643	\$0 - \$11,524	80%
\$8,644 - \$13,253	\$11,525 - \$20,167	50%
\$13,254 - \$21,607	\$20,168 - \$28,810	30%

The reduction is determined using the **property owner's federal adjusted gross income.**

### Disabled American Veterans (DAV) Property Tax Benefits

Applications accepted through April 15<sup>th</sup>

- Property tax reduction for those eligible
- Annual application if disability rating is permanent a letter needs to be submitted once
- owns & occupies primary residence
- <https://revenue.mt.gov/propertytaxrelief#Property%20Tax%20Assistance%20Program>

1-866-859-2254

#### 2018 Taxable Value Rate Table For DAV Property Tax Benefits

Single Person	Married or Head of Household	Surviving Spouse	%
\$0 - \$38,427	\$0 - \$46,113	\$0 - \$32,022	100%
\$37,428 - \$42,270	\$46,114 - \$49,956	\$32,023 - \$35,866	80%
\$42,271 - \$46,113	\$49,957 - \$53,798	\$35,867 - \$39,708	70%
\$46,114 - \$49,956	\$53,799 - \$57,642	\$39,709 - \$43,551	50%

The reduction in tax rate is based on the income of the individual, marital status & income of homeowner.

### ADRC Options Counseling – 2018 Cost Share Plan

Poverty level	Package #1	Package #2	Packages 1 & 2
Below 150%	No charge	No charge	No charge
150-175%	\$10.00	\$20.00	\$30.00
175-200%	\$20.00	\$40.00	\$60.00
200-225%	\$30.00	\$60.00	\$90.00
225-250%	\$40.00	\$80.00	\$120.00
Over 250%	\$50.00	\$100.00	\$150.00

#### 2017 FPL

Household Size	100%	150%	175%	200%	225%	250%
1	\$12,060	\$18,090	\$21,105	\$24,120	\$27,135	\$30,150
2	16,240	24,360	28,420	32,480	36,540	40,600
3	20,420	30,630	35,735	40,840	45,945	51,050