

FAQ FIGURES

2020 MEDICAID RELATED FIGURES

Categorically Needy	\$783 Ind.	\$1,175 Couple	(ABD 007)
Community spouse resource maintenance allowance	\$128,640 Max. \$25,728 Min.		(CMA 001)
Community spouse income maintenance allowance	\$3,217 less community spouse's own gross income; or shelter expenses for principal residence which exceed basic allowance of \$635 ; plus basic needs standard of \$2,114 ; less community spouse's own gross income		(ABD 805-2)
Transfer Penalty Period – Average cost of Nursing home care - 2020	\$242.14 daily rate (CMA 404-2)	Transfers on/after 02/08/06 5 years – penalty starts month otherwise eligible for Medicaid	
Medically Needy Income Level (MNIL)	\$525 (\$100.00 added income deduction) + \$20 general income exclusion		(CMA 602-1)
Regular Medicaid Resource Limits	\$2,000 Ind.	\$3,000 couple	

Medicare Part B

2020 MSP INCOME & RESOURCE GUIDELINES

EFF. 04/01/2019	QMB – Qualified Medicare Beneficiary Program	SLMB – Special Low-Income Medicare Beneficiary Program	QI – Qualified Medicare Beneficiary Program
Income Limits – Single Individual Couple	\$1,061 \$1,430	\$1,269 \$1,711	\$1,426 \$1,923
Resource Limits – Single Individual Couple	\$7,730 \$11,600	\$7,730 \$11,600	\$7,730 \$11,600
Benefits	Medicare Part A & B premiums, deductibles and Coinsurance	Medicare Part B premium	Medicare Part B premium
* income guidelines change in Oct. Source Medicare.gov	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. **Cannot be eligible for other Medicaid

Apply at local County Office of public Assistance or www.apply.mt.gov

<https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs/5/19>

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

2020 MEDICARE (Prescription Drug Coverage) PREMIUMS & DEDUCTIBLES

2020 MEDICARE Premium & Deductibles	Pt A Premium = \$252 (quarters 30-39) \$458 (under 30 quarters)	Pt B Premium = \$144.60 (standard) https://www.medicare.gov/your-medicare-costs/part-b-costs
	Pt A Deductible = \$1,408 SNF \$176.00 /day - days 21-100 Hosp \$352.00 /day – days 61-90 \$704.00 /day – days 91-150	Pt B Deductible = \$198 Pt D Deductible = \$435 (Max) https://www.medicare.gov/your-medicare-costs/part-a-costs

2020 EXTRA HELP (LIS)/SPAP (BIG SKY RX)

LIS (Extra Help) – Social Security Administration			Big Sky Rx - 1-866-369-1233 http://dphhs.mt.gov/MontanaHealthcarePrograms/BigSky Max. premium \$35.40		
	Income	Resources		Income	
Single	↓ \$18,975	↓ \$14,390	Single	↓ \$24,980	No Resource limits
Couple	↓ \$25,605	↓ \$28,720	Couple	↓ \$33,820	

Benefits: Part D premiums average is \$35.37/Month, deductible \$0-\$85, copayments \$0-\$8.95/15%, no coverage gap. Ongoing SEP.	Benefits: Pays up to \$35.40 Part D drug premium. <i>One special enrollment period per Calendar Year.</i>	Apply: 1-866-369-1233 or 1-406-444-1233 ^(Helena or out of state) 1/1/19, Big Sky Rx renewal will be automatically enrolled for the next year (if no changes). Updated 12/19
Apply: Social Security Administration or www.SSA.gov		

Level		Deductible	Generic Copay	Brand Copay	Catastrophic Coverage
1	Full LIS Income > 100% FPL	\$0	\$3.60	\$8.95	\$0 on all meds
2	Full LIS 100% Income < 100% FPL	\$0	\$1.30	\$3.90	\$0
3	Nursing Home/Waiver Medicaid	\$0	\$0	\$0	\$0
4	Partial LIS	\$85	\$15%	15%	\$3.40 Generic \$8.50 Brand

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

Retroactive Coverage	Benefits
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.
Resources (CMA 001)	Income (ABD 011)
Individual \$4,000	Individual \$4,229
Couple \$6,000	Couple \$5,702

Note: Applicants with monthly countable income in excess of the QDWI income standard are not eligible for QDWI coverage. QDWI is not a Medicare Savings 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/>

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’ net countable income.

Resources (CMA 001)	Income (ABD 009)
Individual \$15,000	Individual \$2,603
Couple \$30,000	Couple \$3,523

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

% of FPL	Income (2019)	Monthly Payment
100% (or less)	\$0.01 to \$1,041	\$35
Up to 150% (above 100%)	\$1041.01 to \$1,562	\$67
Up to 200% (above 150%)	\$1,582.01 to \$2,082	\$100
Up to 250% (above 200%)	\$2,082.01 to \$2,603	\$135

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

12/19
Effect. 4/19

Montana Cancer Control Program (cancer screening)

1-888-803-9343, 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. 5/19

Family Size	Monthly Income	Yearly Income
1	\$2,602	\$31,225
2	\$3,523	\$42,275

Mental Health Services Plan

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> 12/19

Family Size	Income Limits 150% FLP
1	\$18,735
2	\$25,365

For family units with more than 2 members, add \$6,630 for each additional member.

Healthy Montana Kids (HMK)

1-877-Kidsnow or 1-877-543-7669

Effective April 2019

•HMK (formally 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 • 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	\$3,678
Family of 3	\$4,639
Family of 4	\$5,601

Some employment-related & child care deductions apply • May be waiting list • Income guidelines 4/19

SNAP INCOME LIMITS (Food Stamps)

Through September 30, 2020 12/19

•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> 10/19-09/20

Households that meet Expanded Categorical Eligibility criteria			All Other Households	
People in Household	Gross Monthly Income Standard	Net Monthly Income Standard	Gross Monthly Income Standard	Net Monthly Income Standard
1	\$2,082	\$ 1,041	\$1,354	\$1,041
2	\$2,820	\$1,410	\$1,832	\$1,410
Each Additional Member	+\$738	+\$369	+479	+369

• Applications must be submitted to the Office of Public Assistance

Commodity Supplemental Food Program (CSFP)

<https://www.fns.usda.gov/csfp/eligibility-how-apply>

• 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 5/19

Household Size	Monthly Income Guidelines	Annual Income Guidelines
1	\$1,354	\$16,237
2	\$1,832	\$21,983

Senior Farmers Market Nutritional Program (SFMNP)

June 1 – October 19

• USDA program serves elders 60 years and over - 185% of FPL • Clients receive coupons to purchase fresh fruits and vegetables at local markets • communities participating in the program: Anaconda, Butte, Helena, East Helena, Townsend/Great Falls / Bozeman, Gallatin Co, Manhattan /Troy, Libby, Eureka / Ravalli Co / Miles City / Missoula Co / Lake Co Markets / Livingston, Red Lodge and Billings. Contact Office on Aging 1-800-332-2272

Household Size	Maximum MONTHLY Income	Maximum ANNUAL Income
1	\$1,926	\$23,107
2	\$2,607	\$32,284
For each additional person	\$682	\$8,117

Low Income Energy Assistance Program (LIEAP)

help replace and repair heating systems

• October 1st – April 30th • Applications available on our application system or at

<http://dphhs.mt.gov/hcsd/energyassistance> • 1-800-332-2272 • 2019-2020

12/19

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	\$25,248	8	\$67,005	
2	\$33,017	9	\$71,775	
3	\$40,785	10	\$78,405	
4	\$48,554	11	\$85,035	
5	\$56,323	12	\$91,665	
6	\$64,091	If your household receives benefits from SSI or the TANF programs, you may qualify automatically for weatherization or fuel assistance.		
7	\$65,548			

Weatherization Program thru LIEAP 200% FPL

1	\$25,248	4	\$51,500	7	\$78,020
2	\$33,820	5	\$60,340	8	\$86,860
3	\$42,660	6	\$69,180	9	\$95,700

Montana Board of Housing Reverse Annuity Mortgage (RAM)

• 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 12/19

Household Size	Income Limits
1	\$24,980
2	\$33,820
3	\$42,660

• 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

Memory Difficulties Support

Alzheimer's Association 1-800-224-6034
 Respite for Caregivers **DEAP 1-800-224-6034**

Helpful Numbers

Iris/Capstone Help	406-444-0998
Lifespan Respite Help	1-800-224-6034
Citrix Help	406-444-9500

Property Tax Assistance Program

Applications accepted through April 15th

- 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**
- 12/19

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

Single Person	Married Couple or Head of Household	Percent Multiplier
\$0 - \$9,335	\$0 - \$12,446	80%
\$9,336 - \$14,314	\$12,447 - \$21,781	50%
\$14,315 - \$23,337	\$21,782 - \$31,116	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 15th

- 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**

2019 Taxable Value Rate Table For DAV Property Tax Benefits

Single Person	Married or Head of Household	Surviving Spouse	%
\$0-\$41,530	\$0-\$49,804	\$0-\$34,586	100%
\$41,504 - \$45,654	\$49,805 - \$53,955	\$34,587 - \$38,737	80%
\$45,655 - \$49,804	\$53,956 - \$58,105	\$38,738 - \$42,887	70%
\$49,805 - \$53,955	\$58,106 - \$62,256	\$42,888 - \$47,038	50%

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

ADRC Options Counseling – 2019 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

2019 FPL

Household Size	100%	150%	175%	200%
1	\$12,490	\$18,735	\$21,858	\$ 24,980
2	\$16,910	\$25,365	\$ 29,593	\$ 33,820
3	\$21,330	\$31,995	\$ 37,328	\$ 42,660

<https://aspe.hhs.gov/poverty-guidelines> Jan. 2019