

SECTION
ELIGIBILITY FOR SERVICES

SUBJECT
Medicaid Eligibility Requirements

MEDICAID ELIGIBILITY

Applicants for Medicaid must meet eligibility criteria for the appropriate assistance program. All persons applying for Medicaid must meet an income and resource test. The eligibility staff in the County Public Assistance Office is responsible for determining initial and ongoing financial eligibility for Medicaid. Refer all questions related to the eligibility determination process for Medicaid to the appropriate County Office of Public Assistance.

Each month the provider agency must verify continued Medicaid eligibility for each individual. This can be accomplished by contacting the Eligibility Staff at the County Office of Public Assistance, utilizing the eligibility response system, or using the Montana Access to Health via the Internet.

The telephone numbers for the eligibility response system and website are:

Faxback	(800)	714-0075
Voice Response	(800)	714-0060
Access to Health	https://mtaccesstohealth.portal.conduent.com/mt/general/home.do	

If the individual becomes ineligible, Medicaid payment terminates on the effective date of ineligibility. Verification of Medicaid eligibility is solely the responsibility of the provider agency.

ELIGIBILITY GROUPS

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

Persons who are included in a monthly grant under the TANF Program. These individuals have a BASIC card and are NOT eligible for personal assistance services except in the following groups:

1. Pregnant women;
2. Children under age 21; and
3. SSI recipients (aged, blind, and disabled).

These persons are eligible for FULL Medicaid services.

SUPPLEMENTAL SECURITY INCOME (SSI)

Persons receiving and/or eligible for cash assistance from the federal SSI Program on the basis of age, blindness, or disability. The Social Security Administration determines eligibility for the SSI Program.

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MEDICALLY NEEDED

Other persons who meet categorical requirements related to TANF or SSI but are not receiving cash benefits due to having income exceeding Medicaid standards. These persons may be eligible or become eligible when incurred medical expenses reduce their income to the Medically Needy income level. Eligibility for the Medically Needy Program is established monthly.

QUALIFIED MEDICARE BENEFICIARY (QMB)

Persons who are eligible for Part B Medicare and who are under 200% of the poverty level are eligible to have Medicaid pay their Medicare Part B premium, deductible, and co-insurance amounts. Not all QMB recipients have FULL Medicaid coverage.

SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLMB)

Persons who are Part B Medicare eligible with income between 100 and 120 percent of the poverty line and have countable resources less than \$4,000 are eligible to have Medicaid pay their Medicare Part B premium. Not all SLMB recipients have FULL Medicaid coverage.

TRANSFER OF ASSETS

If picking up an individual from the community, the Case Management Team must have the eligibility staff check long term care eligibility before enrolling in SDMI HCBS program.

