

Department of Public Health  
and Human Services

Section:  
Eligibility Determination

HEALTHY MONTANA KIDS

Subject:  
Enrollment Ends

**Supersedes:**            **New to HMK Manual**

**General Rule** – A child is generally eligible for HMK for twelve (12) months. Should a child become ineligible for HMK, written notification of disenrollment will be sent to the family ten days prior to the termination of program benefits. A child may be disenrolled when:

1. The child turns 19 years of age;

**NOTE:** Approximately two months before a child turns 19, HMK sends a letter to the family indicating when and why HMK enrollment will end.

2. The child obtains other health insurance coverage;
3. HMK discovers the child has other health insurance coverage;
4. The child is eligible for Healthy Montana Kids **Plus** (HMK **Plus**) or Medicaid;
5. The child moves, as indicated by returned mail, and HMK is unable to locate the family;

**NOTE:** Because HMK is unable to locate the family, a notice is not sent again.

6. The child moves out-of-state;
7. The child resides in a penal institution;
8. The child dies;

**NOTE:** When a HMK enrolled child dies, in deference to the family, a disenrollment notice is not sent. However, disenrollment is effective the day the child died. HMK staff sends a sympathy card to the family.

9. The family reapplied for HMK but no longer qualifies;

**NOTE:** Families may reapply for one month before the current family span ends. A child determined ineligible based on information from the renewal application will have coverage

through the end of the family span from the previous application.

EXAMPLE: Laura's renewal application is received February 5. The family span from the previous application will end March 31. Based on the renewal application information, Laura does not qualify for continuing HMK coverage. She is disenrolled effective March 31 when the existing family span ends.

10. The family span ends and the family does not submit information pertaining to changes in family composition or income required to make a redetermination of eligibility;
11. When selected for a Quality Assurance Audit and:
  - a. the family does not provide the requested verification;
  - b. the proof of income provided shows the family is over the HMK income guideline for the family size; or
  - c. the child does not qualify for HMK (e.g., the child does not reside in the home at least 50% of the time, etc.).

NOTE: When a file no longer has an enrolled child (e.g., the only enrolled child obtains other health insurance coverage), the Family Span will end. A new HMK application must be submitted to determine future HMK eligibility.

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