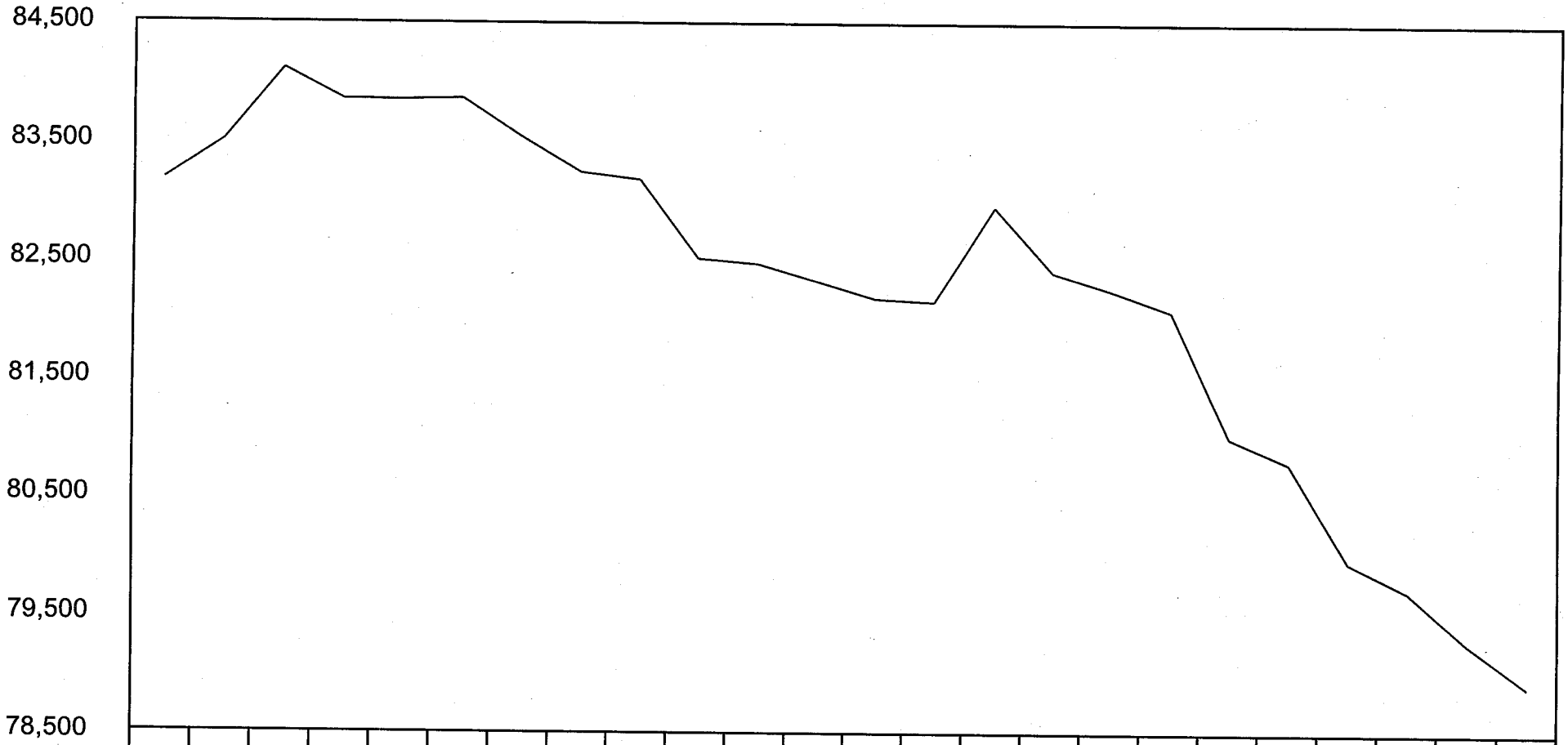
HOUSE OF REPRESENTATIVES
Roll Call
HUMAN SERVICES COMMITTEE

DATE: 1-8-07

NAME	PRESENT	ABSENT/ EXCUSED
REP. RON STOKER, CHAIR	✓	
REP. TOM MCGILLVRAY, VICE CHAIR	✓	
REP. ARLENE BECKER, VICE CHAIR	✓	
REP. MARY CAFERRO	✓	
REP. ERNIE DUTTON	✓	
REP. JULIE FRENCH	✓	
REP. PAT INGRAHAM	✓	
REP. BILL JONES	✓	
REP. KRAYTON KERNS	✓	
REP. DAVE MCALPIN	✓	
REP. MIKE MILBURN	✓	
REP. KEN PETERSON	✓	
REP. MICHELE REINHART	✓	
REP. DIANE SANDS	✓	

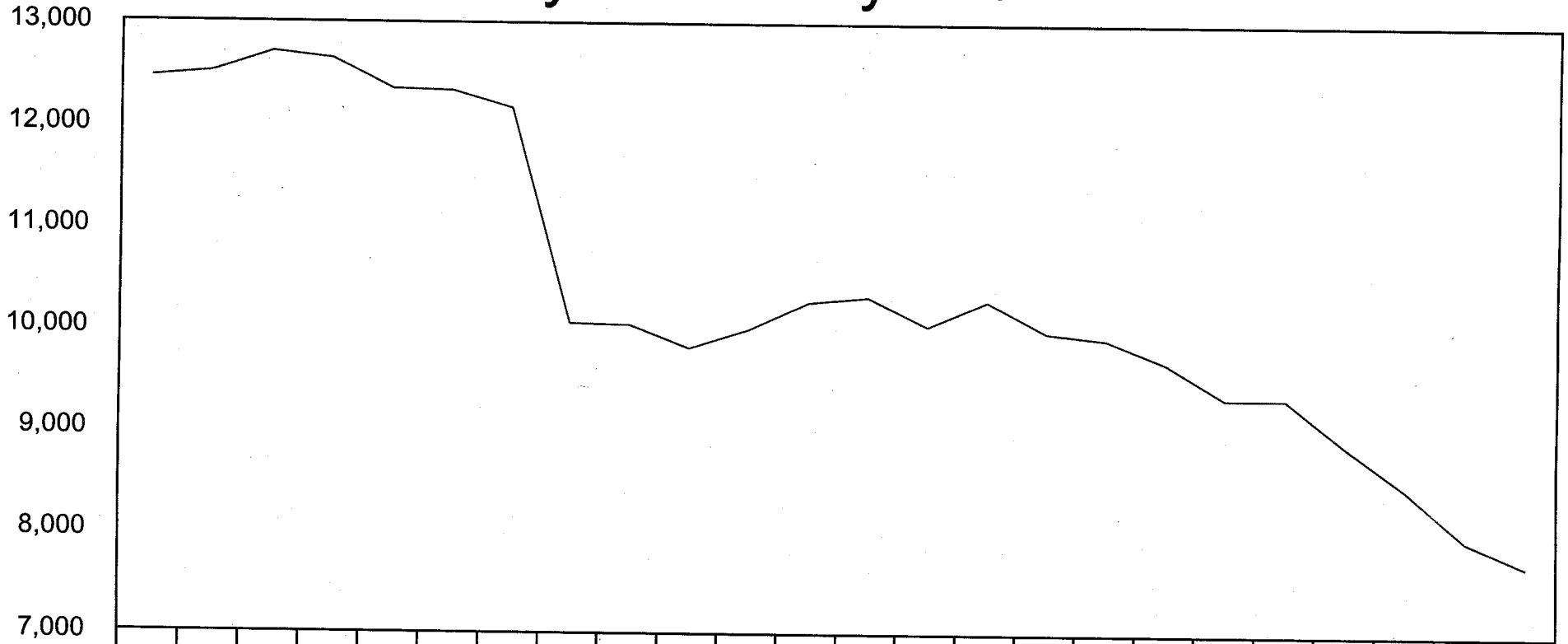
All Medicaid Eligibles
FY 2006 & FY 2007



	1/2005	2/2005	3/2005	4/2005	5/2005	6/2005	7/2005	8/2005	9/2005	10/2005	11/2005	12/2005
Total—	83,172	83,503	84,108	83,850	83,845	83,858	83,532	83,235	83,175	82,510	82,467	82,322
Adults	34,266	34,397	34,627	34,455	34,472	34,508	34,366	34,224	34,220	33,998	33,960	33,861
Children	48,906	49,106	49,481	49,395	49,373	49,350	49,166	49,011	48,955	48,512	48,507	48,461

	1/2006	2/2006	3/2006	4/2006	5/2006	6/2006	7/2006	8/2006	9/2006	10/2006	11/2006	12/2006
Total—	82,173	82,147	82,952	82,399	82,244	82,067	81,003	80,789	79,954	79,709	79,270	78,905
Adults	33,819	33,773	34,108	33,883	33,735	33,546	33,025	32,829	32,552	32,404	32,154	31,922
Children	48,354	48,374	48,844	48,516	48,509	48,521	47,978	47,960	47,402	47,305	47,116	46,983

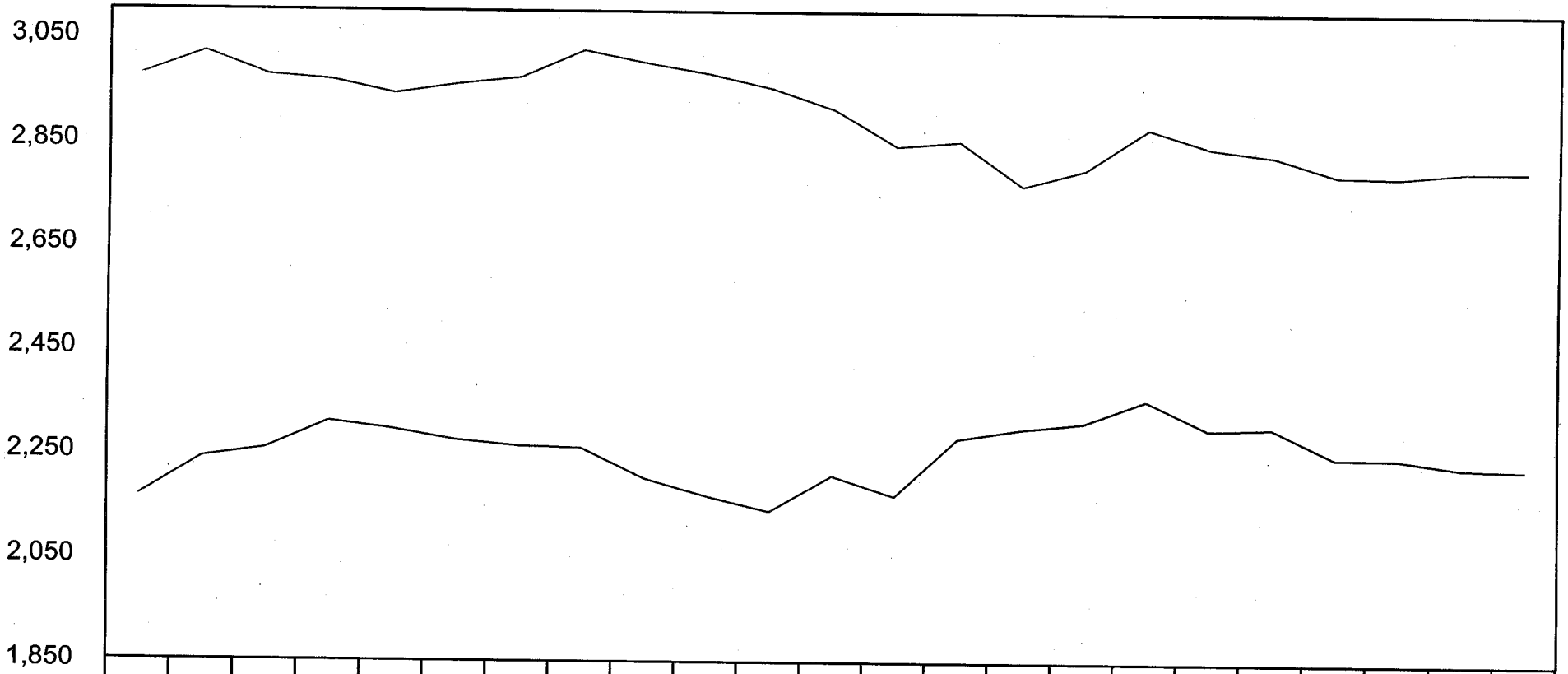
TANF Eligibles
Fy 2006 & Fy 2007



	1/2005	2/2005	3/2005	4/2005	5/2005	6/2005	7/2005	8/2005	9/2005	10/2005	11/2005	12/2005	1/2006	2/2006	3/2006	4/2006	5/2006	6/2006	7/2006	8/2006	9/2006	10/2006	11/2006	12/2006
Total—	12,455	12,507	12,705	12,641	12,345	12,328	12,161	10,043	10,032	9,806	9,992	10,263	10,317	10,028	10,278	9,970	9,904	9,673	9,324	9,327	8,865	8,445	7,944	7,692
Adults	3,454	3,501	3,550	3,537	3,420	3,399	3,392	2,705	2,710	2,662	2,771	2,830	2,861	2,763	2,848	2,742	2,717	2,618	2,492	2,452	2,280	2,183	2,008	1,928
Children	9,001	9,006	9,155	9,104	8,925	8,929	8,769	7,338	7,322	7,144	7,221	7,433	7,456	7,265	7,430	7,228	7,187	7,055	6,832	6,875	6,585	6,262	5,936	5,764

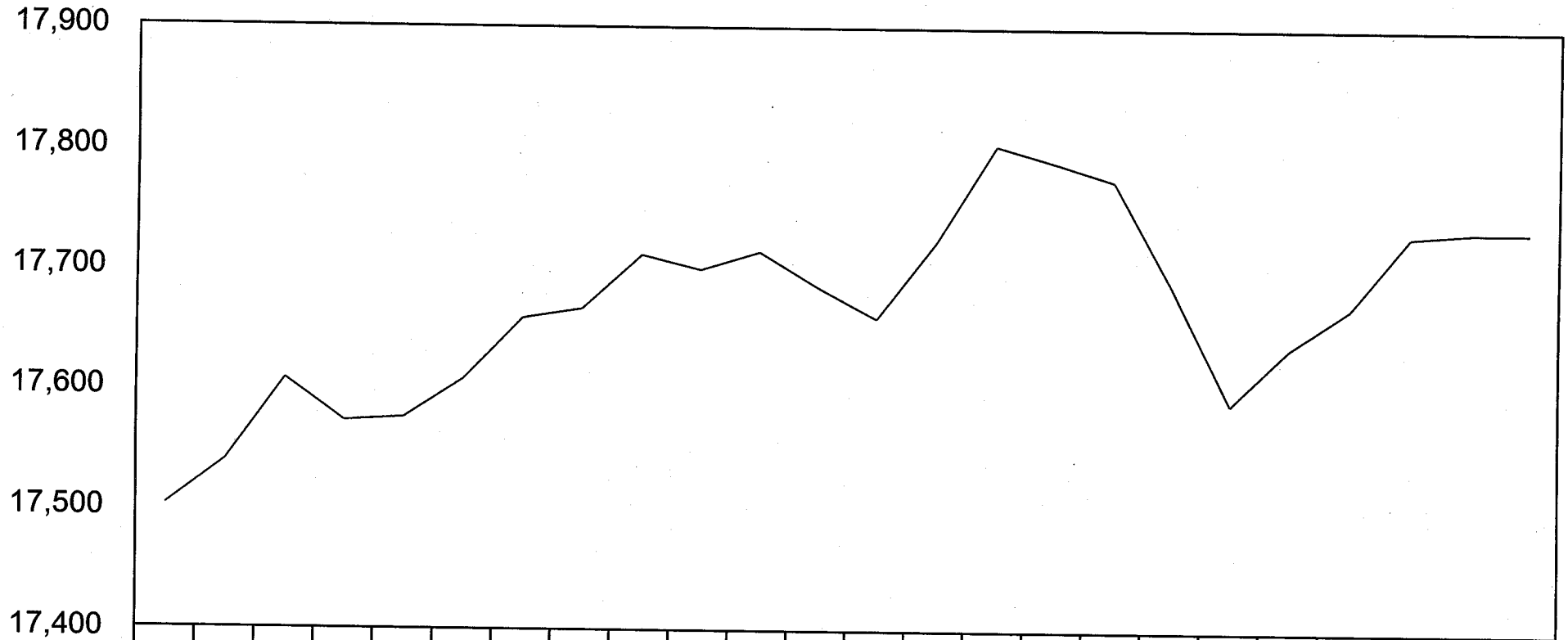
Note: TANF eligibility represents those who recieve cash assistance under the TANF program. While most of the people reflected reflected in this chart are also eligible for Medicaid, there is not a 1 to 1 relationship of those who are eligible for TANF cash assistance and Medicaid. They are not directly related

Pregnant Women and Infants
FY 2006 & FY 2007



	2/2005	3/2005	4/2005	5/2005	6/2005	7/2005	8/2005	9/2005	10/2005	11/2005	12/2005	1/2006	2/2006	3/2006	4/2006	5/2006	6/2006	7/2006	8/2006	9/2006	10/2006	11/2004	12/2004
2141—	2,165	2,239	2,256	2,309	2,294	2,274	2,263	2,260	2,202	2,168	2,140	2,209	2,170	2,281	2,300	2,312	2,356	2,300	2,304	2,247	2,246	2,229	2,226
2983—	2,975	3,020	2,975	2,966	2,941	2,959	2,972	3,025	3,001	2,981	2,954	2,914	2,843	2,853	2,768	2,800	2,879	2,842	2,827	2,790	2,788	2,799	2,799

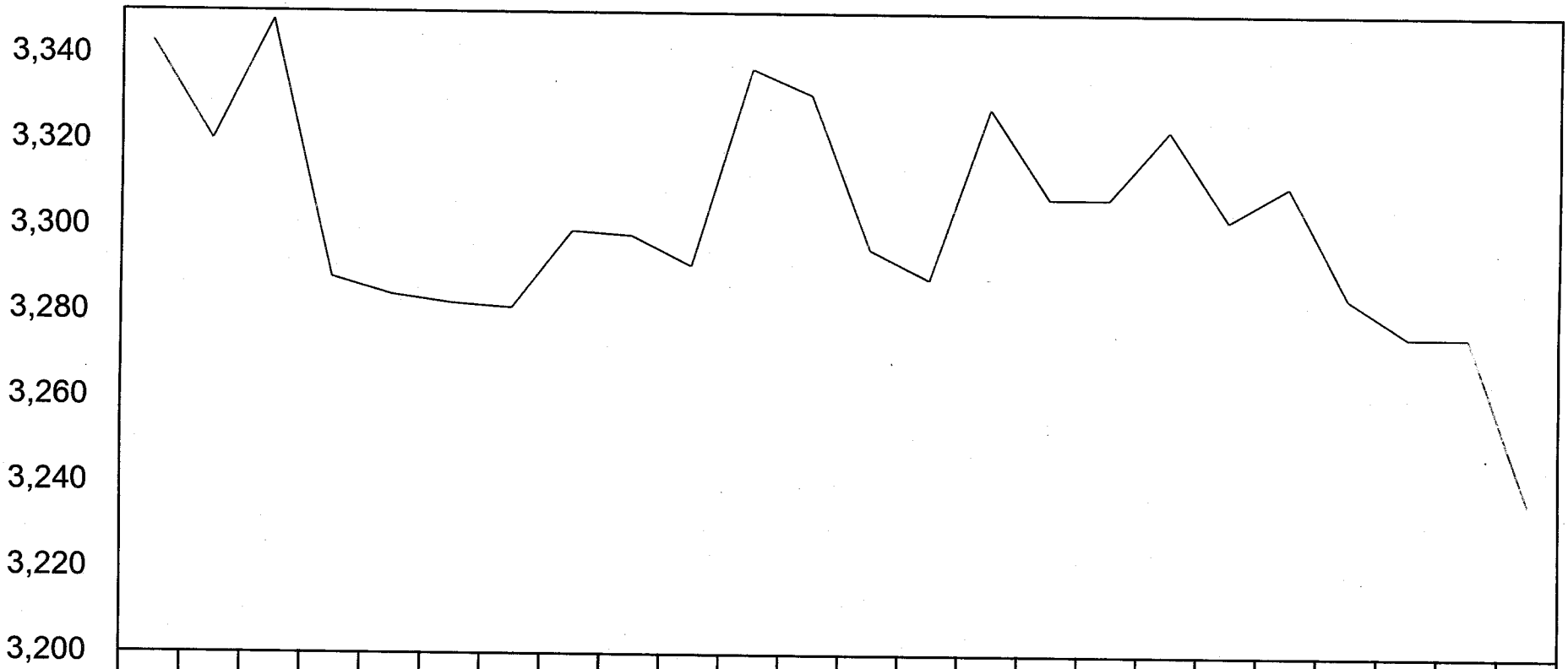
Medicaid Disabled Eligibles
FY 2006 & Fy 2007



	1/2005	2/2005	3/2005	4/2005	5/2005	6/2005	7/2005	8/2005	9/2005	10/2005	11/2005	12/2005
Total—	17,502	17,539	17,607	17,572	17,575	17,607	17,658	17,666	17,711	17,699	17,714	17,685
Adults	14,689	14,723	14,796	14,771	14,778	14,821	14,820	14,826	14,853	14,812	14,842	14,829
Children	2,813	2,816	2,811	2,801	2,797	2,786	2,838	2,840	2,858	2,887	2,872	2,856

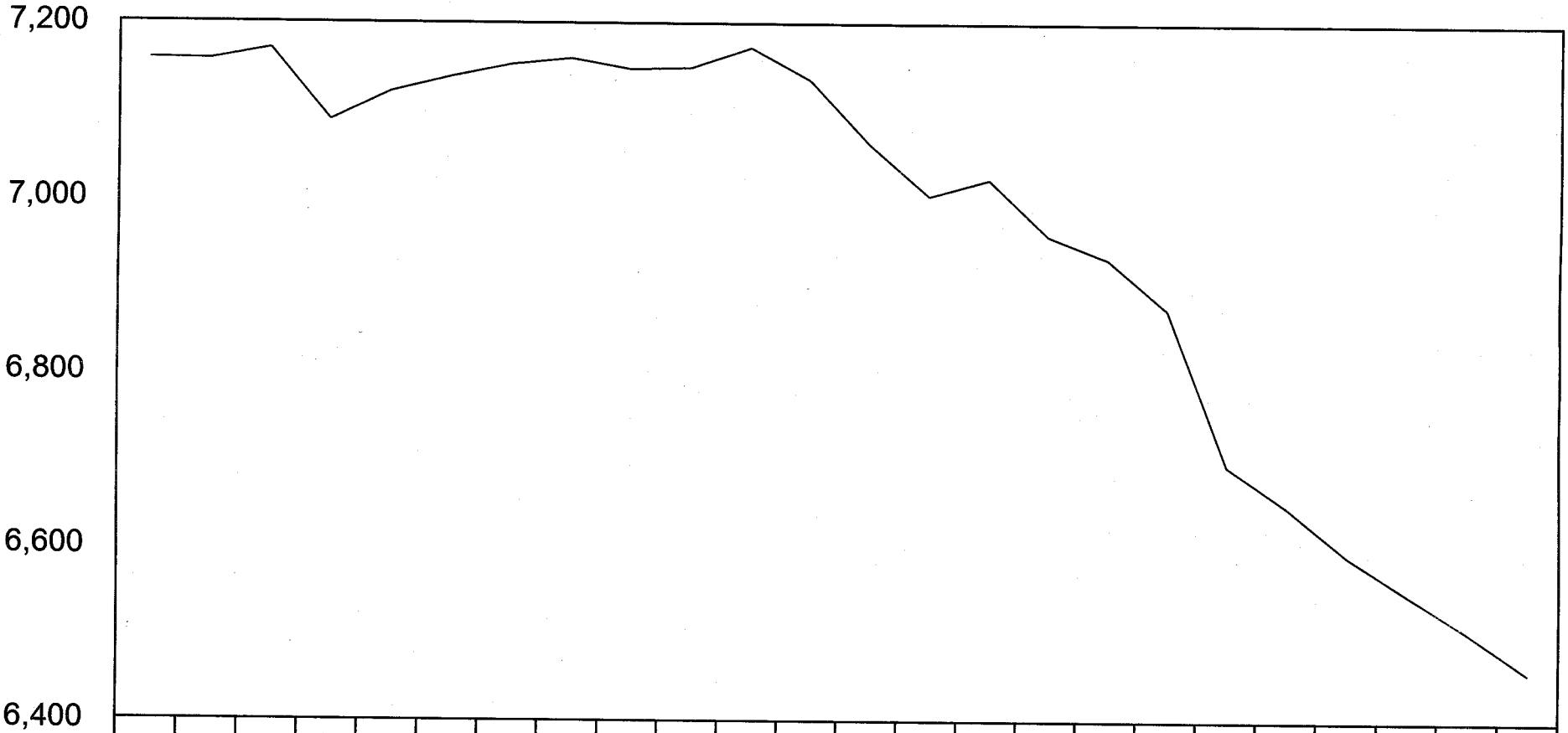
	1/2006	2/2006	3/2006	4/2006	5/2006	6/2006	7/2006	8/2006	9/2006	10/2006	11/2006	12/2006
Total—	17,659	17,723	17,803	17,789	17,774	17,687	17,589	17,636	17,669	17,729	17,733	17,733
Adults	14,775	14,811	14,882	14,867	14,825	14,760	14,618	14,654	14,649	14,693	14,683	14,652
Children	2,884	2,912	2,921	2,922	2,949	2,927	2,971	2,982	3,020	3,036	3,050	3,081

Aged & Disabled Eligibles
Residing In an Institution Fy 2006 & Fy 2007



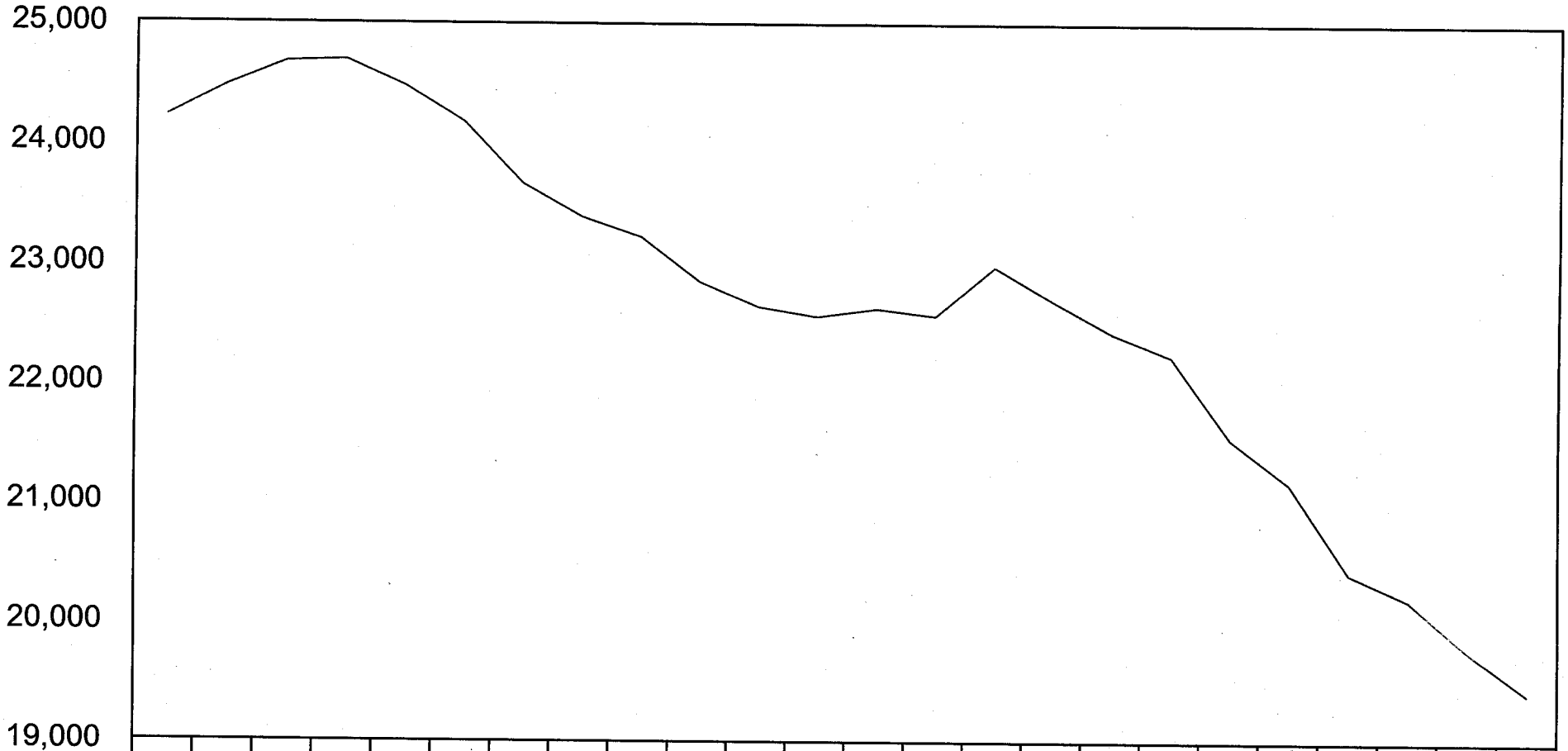
	1/2005	2/2005	3/2005	4/2005	5/2005	6/2005	7/2005	8/2005	9/2005	10/2005	11/2005	12/2005	1/2006	2/2006	3/2006	4/2006	5/2006	6/2006	7/2006	8/2006	9/2006	10/2006	11/2006	12/2006
Total—	3,343	3,320	3,348	3,288	3,284	3,282	3,281	3,299	3,298	3,291	3,337	3,331	3,295	3,288	3,328	3,307	3,307	3,323	3,302	3,310	3,284	3,275	3,275	3,236
Aged 65 & Up	2,903	2,889	2,920	2,851	2,858	2,854	2,856	2,874	2,880	2,869	2,915	2,916	2,882	2,877	2,913	2,891	2,886	2,900	2,890	2,902	2,871	2,862	2,861	2,832
Disabled	440	431	428	437	426	428	425	425	418	422	422	415	413	411	415	416	421	423	412	408	413	413	414	404

MEDICAID ELIGIBLES Aged 65 & Up
Fy 2006 & Fy 2007



	1/2005	2/2005	3/2005	4/2005	5/2005	6/2005	7/2005	8/2005	9/2005	10/2005	11/2005	12/2005	1/2006	2/2006	3/2006	4/2006	5/2006	6/2006	7/2006	8/2006	9/2006	10/2006	11/2006	12/2006
AGED 65 & UP—	7,158	7,157	7,170	7,088	7,121	7,138	7,152	7,159	7,147	7,149	7,172	7,135	7,062	7,003	7,022	6,957	6,931	6,873	6,694	6,647	6,591	6,547	6,504	6,457

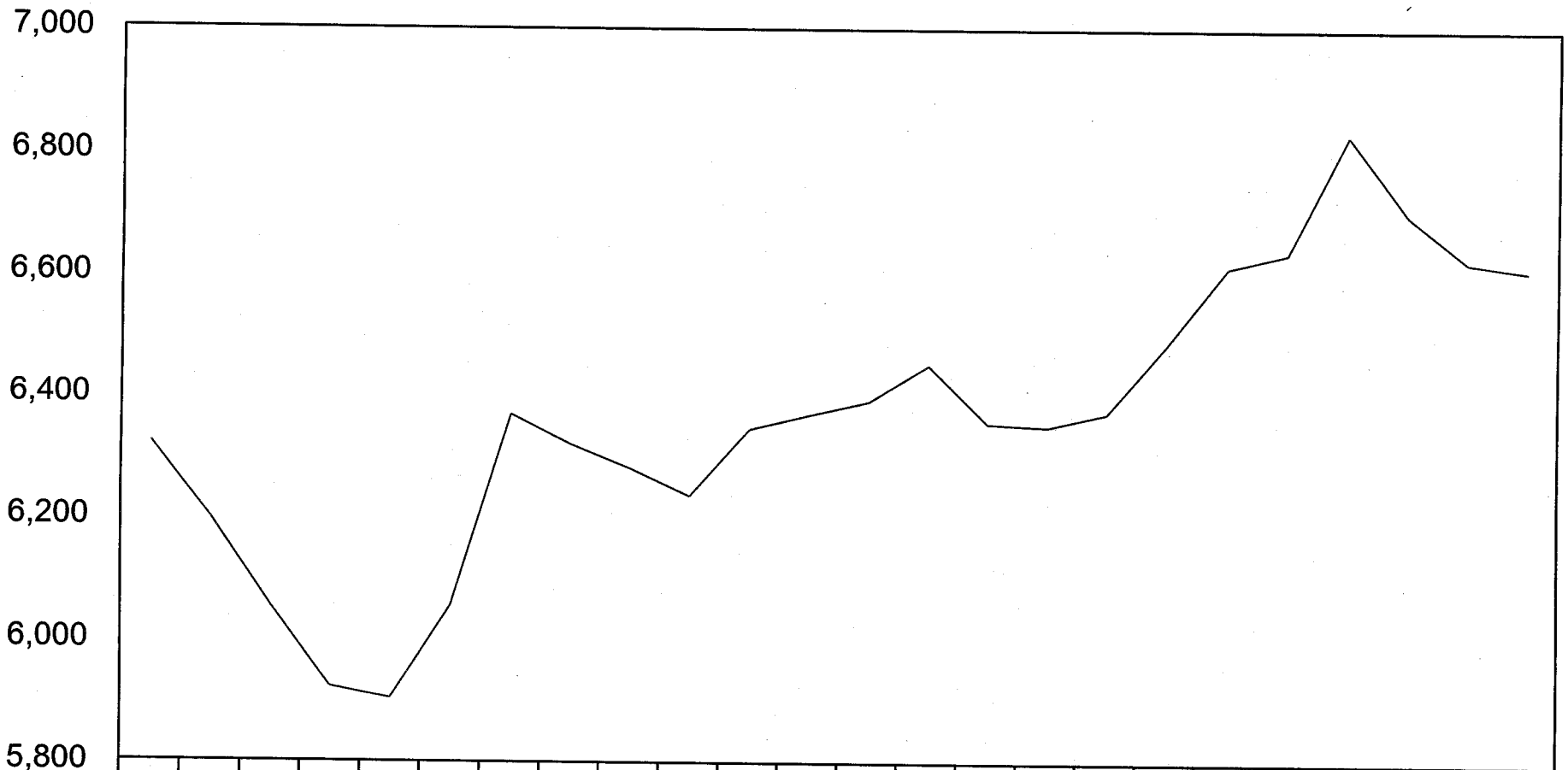
Family Medicaid
Fy 2006 - FY 2007



	1/2005	2/2005	3/2005	4/2005	5/2005	6/2005	7/2005	8/2005	9/2005	10/2005	11/2005	12/2005
Total—	24,215	24,470	24,671	24,689	24,470	24,171	23,656	23,380	23,215	22,843	22,639	22,559
Adults	8,170	8,290	8,469	8,430	8,341	8,235	8,005	7,851	7,781	7,645	7,582	7,589
Children	16,045	16,180	16,202	16,259	16,129	15,936	15,651	15,529	15,434	15,198	15,057	14,970

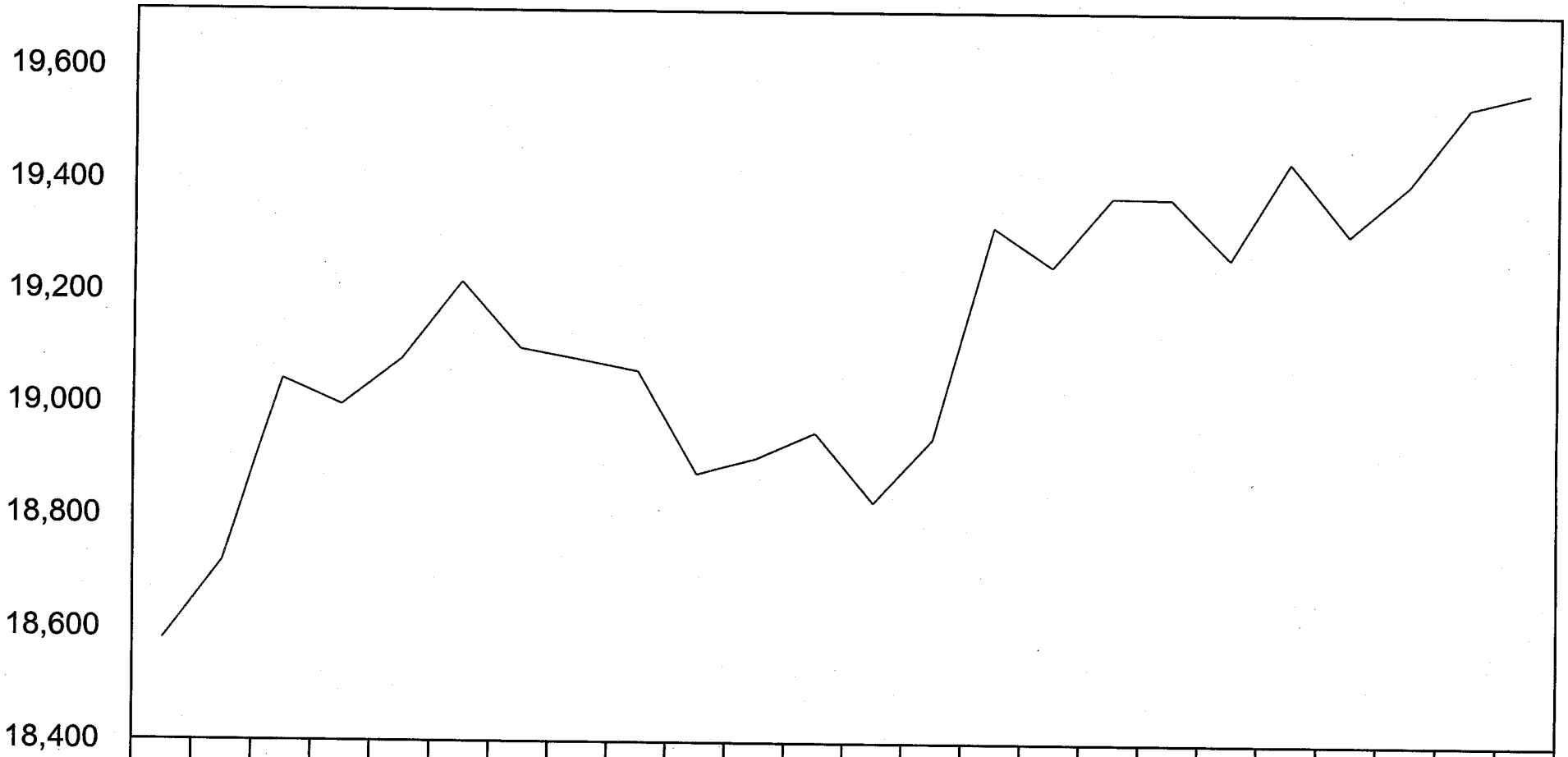
	1/2006	2/2006	3/2006	4/2006	5/2006	6/2006	7/2006	8/2006	9/2006	10/2006	11/2006	12/2006
Total—	22,625	22,566	22,976	22,689	22,422	22,228	21,541	21,168	20,420	20,201	19,777	19,413
Adults	7,610	7,586	7,757	7,580	7,511	7,386	7,115	6,953	6,697	6,606	6,485	6,354
Children	15,015	14,980	15,219	15,109	14,911	14,842	14,426	14,215	13,723	13,595	13,292	13,059

Transitional Medicaid
FY 2006 - 2007



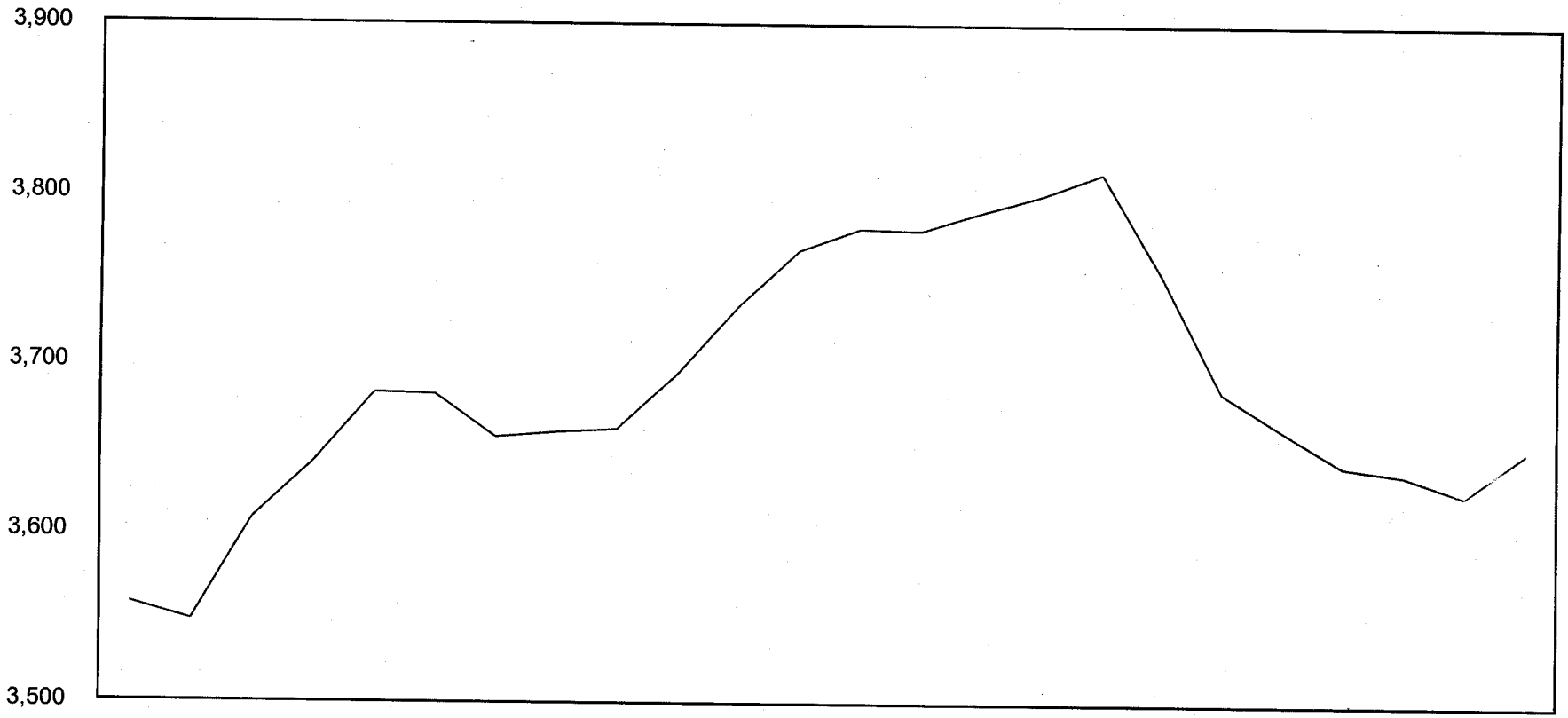
	1/2005	2/2005	3/2005	4/2005	5/2005	6/2005	7/2005	8/2005	9/2005	10/2005	11/2005	12/2005	1/2006	2/2006	3/2006	4/2006	5/2006	6/2006	7/2006	8/2006	9/2006	10/2006	11/2006	12/2006
Total—	6,321	6,197	6,053	5,922	5,903	6,054	6,368	6,319	6,280	6,235	6,345	6,369	6,391	6,451	6,356	6,351	6,373	6,487	6,612	6,635	6,829	6,698	6,622	6,608
Adults	2,424	2,385	2,341	2,285	2,276	2,366	2,461	2,445	2,435	2,425	2,431	2,423	2,445	2,465	2,437	2,448	2,448	2,483	2,554	2,548	2,629	2,578	2,528	2,526
Children	3,897	3,812	3,712	3,637	3,627	3,688	3,907	3,874	3,845	3,810	3,914	3,946	3,946	3,986	3,919	3,903	3,925	4,004	4,058	4,087	4,200	4,120	4,094	4,082

Poverty Child: Infant to 18 year of age
FY 2006 - FY 2007



	1/2005	2/2005	3/2005	4/2005	5/2005	6/2005	7/2005	8/2005	9/2005	10/2005	11/2005	12/2005	1/2006	2/2006	3/2006	4/2006	5/2006	6/2006	7/2006	8/2006	9/2006	10/2006	11/2006	12/2006
Total—	18,579	18,718	19,043	18,997	19,079	19,217	19,099	19,080	19,059	18,877	18,905	18,951	18,828	18,941	19,319	19,249	19,373	19,371	19,264	19,437	19,308	19,398	19,536	19,562
6 & Under	10,248	10,290	10,485	10,445	10,431	10,566	10,497	10,495	10,561	10,447	10,494	10,541	10,534	10,591	10,846	10,810	10,872	10,801	10,762	10,808	10,732	10,710	10,760	10,748
7 to 18	8,331	8,428	8,558	8,552	8,648	8,651	8,602	8,585	8,498	8,430	8,411	8,410	8,294	8,350	8,473	8,439	8,501	8,570	8,502	8,629	8,576	8,688	8,776	8,814

Children on Medicaid due to Foster Care and Sub-Adoption Programs Fy 2006 -2007



	1/2005	2/2005	3/2005	4/2005	5/2005	6/2005	7/2005	8/2005	9/2005	10/2005	11/2005	12/2005	1/2006	2/2006	3/2006	4/2006	5/2006	6/2006	7/2006	8/2006	9/2006	10/2006	11/2006	12/2006
Total—	3,558	3,548	3,608	3,641	3,682	3,681	3,656	3,659	3,661	3,694	3,734	3,767	3,780	3,779	3,790	3,800	3,813	3,753	3,684	3,662	3,641	3,636	3,624	3,650
Sub-Adopt	1,917	1,923	1,945	1,956	1,968	1,981	1,988	2,005	2,020	2,053	2,071	2,089	2,107	2,113	2,128	2,138	2,164	2,116	2,116	2,139	2,156	2,180	2,192	2,214
Foster Care	1,641	1,625	1,663	1,685	1,714	1,700	1,668	1,654	1,641	1,641	1,663	1,678	1,673	1,666	1,662	1,662	1,649	1,637	1,568	1,523	1,485	1,456	1,432	1,436

Note: Some children in state custody may be eligible in other categories including SSI-Disabled and Familiy Medicaid.

Medicaid Eligibility

Broad National Guidelines for Eligibility

-No two states exactly alike

-Two Eligibility Paths: Aged, Blind, Disabled (ABD)-Social Security
Family-Related-Old AFDC

-Mandatory and Optional Groups: Over 30 in Montana

-Medically Needy State: "Spend down" to income limit

Eligibility Determination

-Determination must be done by the State, others can help up to that point.

-Local Offices of Public Assistance

-Process: Application

No interview required but often helpful to applicant

Non-financial requirements
- Fit in a group
- Citizenship and identity (DRA)
- Montana resident
- Social Security number
- Cooperation with Third Party Liability, Program Compliance
- Other requirements such as Screening of Need, Child Support

Financial requirements
- Resources within program limits
- Income within program limits
- Asset transfers now have five year lookback

Once eligible, report changes: Household size, income, resources

Redetermined at least once every twelve months

Ex parte reviews to insure continuous coverage when eligible

Questions: Linda Snedigar 444-6676
Kathe Quittenton 444-9022
Nancy Clark 823-5005

MEDICAID COVERAGE GROUPS

PROGRAM	LIVING ARRANGEMENTS	CHILD SUPPORT	AGE LIMIT	INCOME LIMIT	RESOURCE LIMIT	TARGET POPULATION
Family (FM)	Child must live with a specified caretaker relative; adult must have eligible child in home	Yes	Children 0 to 19 years; related adults	Benefit Standard/ Medically Needy	$3000	Families with children age 0 through month of 19th birthday. Adult can only be covered if case is not medically needy
Pregnancy (PW)	N/A	No	N/A	133% of FPL	$3000	Pregnant women of any age
Qualified Pregnant Women (QP)	N/A	Yes	N/A	Medically Needy	$3000	Pregnant women of any age who are over income for the Pregnancy program.
Child-Newborn (AN)	Child must continue to live with its mother	No	birth through month of first birthday	N/A	$3000	Children birth through month of 1st birthday whose mother was eligible for and receiving Medicaid at time of birth
Child-Under Age 6 (PC)	Child may be living independently or with adult who is not a specified caretaker relative	No	birth to 6 years	133% of FPL	$15000	Children birth through month of 6th birthday
Child –Age 6 to 19 (PS)	Child may be living independently or with an adult who is not a specified caretaker relative	No	6 to 19 years	100% of FPL	$15000	Children age 6 through month of 19th birthday
Child-Medically Needy (RK)	Child may be living independently	No	0 to 19 years	Medically Needy	$3000	Children birth through month of 19th birthday

PROGRAM	LIVING ARRANGEMENTS	CHILD SUPPORT	AGE LIMIT	INCOME LIMIT	RESOURCE LIMIT	TARGET POPULATION
Subsidized Adoption (AD)	Child is living with adoptive parents, or adoptive parents remain financially responsible if child not in home	No	0 to 21 years	N/A	N/A	Adopted children with special needs. Medicaid coverage guaranteed with adoption. If IV-E, may be eligible through mo of 18th birthday or High School grad. If non-IV-E, may be eligible through mo of 21st birthday
IV-E Foster Care (FF)	Child in paid foster care placement	Yes	0 to 18 years; or High School graduation	1996 AFDC standards	$10000 - initial IV-E determination $3000 - Medicaid	Foster children who are IV-E eligible
Non-IV-E Foster Care (FW)	Child in paid foster care placement	No	0 to 21 years	Benefit Standard/ MN	$3000	Foster children who do not meet IV-E eligibility requirements (excess income, etc.)
Pregnancy-Continued	N/A	No	N/A	N/A	$3000	Pregnant women who lost other Medicaid due to increased income. Coverage continues throughout pregnancy without regard to income.
Pregnancy - Extended (EP)	N/A	No	N/A	N/A	None	Pregnant woman who were receiving Medicaid at time of the child's birth.
Family-Transitional (TR)	Child must live with specified caretaker relative	No	children birth through mo of 19th birthday; adults	1st 6 mo – none 2nd 6 mo – 185% FPL	None	Families who's non-medically needy Family Medicaid closes due to increased earned income. Eligible for maximum of 12 consecutive months.
Family-Extended (EC)	Child must live with specified caretaker relative	Yes	Children birth through mo of 19th birthday; adults	N/A	None	Families who's non-medically needy Family Medicaid closes due to new or increased child/spousal support. Eligible for up to 4 consecutive months.

PROGRAM	LIVING ARRANGEMENTS	CHILD SUPPORT	AGE LIMIT	INCOME LIMIT	RESOURCE LIMIT	TARGET POPULATION
Breast & Cervical Cancer Treatment (BC)	N/A	N/A	Under 65	200% FPL	None	Women screened through MBCHP who are subsequently diagnosed with breast and/or cervical cancer or precancer. Cannot have 'creditable coverage' or be eligible for any other non-medically needy Medicaid program.
Institutionalized - Aged (IA)	Living in a nursing home	N/A	Age 65 or older	Must not exceed cost of care	$2000*	Institutionalized (nursing home) residents age 65 or older
Institutionalized - Disabled (ID)	Disabled individual under age 65 in nursing home or residential treatment facilities	N/A	up to age 65	Must not exceed cost of care	$2000*	Institutionalized individuals who meet SSA disability definition
MA-Aged (MA)	Non-institutional community living	N/A	age 65 or older	None - over SSI payment rate = must meet incurment	$2000 for an individual $3000 for a couple	Non institutionalized individuals/couples over age 65
MA-Blind (MB)	Non-institutional community living	N/A	N/A	None - over SSI payment rate = must meet incurment	$2000 for an individual $3000 for a couple	Blind individuals/couples who meet SSA blind definition
MA-Disabled (MD)	Non-institutional community living	N/A	up to age 65	None - over SSI payment rate = must meet incurment	$2000 for an individual $3000 for a couple	Non-institutionalized individuals/couples under age 65 who meet SSA disability definition
SSI-SSP Aged (SA)	Non-institutional community living	N/A	age 65 or older	N/A	$2000 for an individual $3000 for a couple	Recipients of SSI cash benefits who are age 65 or older
SSI-SSP Blind (SB)	Non-institutional community living	N/A	N/A	N/A	$2000 for an individual $3000 for a couple	Blind SSI cash recipients

PROGRAM	LIVING ARRANGEMENTS	CHILD SUPPORT	AGE LIMIT	INCOME LIMIT	RESOURCE LIMIT	TARGET POPULATION
SSI-SSP Disabled (SD)	Non-institutional community living	N/A	N/A	N/A	$2000 for an individual $3000 for a couple	Disabled SSI cash recipients
Waiver Aged (WA)	Individual over age 65 in the community or in a personal care home	N/A	Age 65 or older	N/A	$2000 for an individual	Those who would be eligible for nursing home care but choose to remain in the community
Waiver Disabled (WD)	Disabled Individual under age 65 in the community or in a personal care home	N/A	up to age 65	N/A	$2000 for an individual	Those who would be eligible for nursing home care but choose to remain in the community
Waiver Other (WO)	Group home for the Developmentally Disabled	N/A	N/A	N/A	$2000 for an individual $3000 for a couple	Those who would be eligible for intermediate care facility for the mentally retarded
QMB - Aged (QA)	N/A	N/A	65 and older	Up to 100% FPL	$4000 - one $6000 - two	Medicare beneficiaries age 65 and older
QMB - Disabled (QD)	N/A	N/A	Under age 65	Up to 100% FPL	$4000 - one $6000 - two	Medicare beneficiaries under age 65
SLMB	N/A	N/A	N/A	100% - 120% FPL	$4000 - one $6000 - two	Medicare beneficiaries over QMB income limit but under QI-1 limit
QI-1	N/A	N/A	N/A	120%-135% FPL	$4000 - one $6000 - two	Medicare beneficiaries over SLMB income limit but under 135% of poverty

* If applicant has a spouse, spouse is entitled to a minimum of $20,328 or a maximum of ½ of all resources up to $101,640.

QMB pays:
- Medicare Part A premium (if applicable)
- Medicare Part B premium
- Medicare Deductibles
- Medicare Co-insurance

QI-1 & SLMB pay: Medicare Part B premium only

2006 POVERTY LEVEL GUIDELINES

Income Guidelines as Published in the Federal Register, Vol 71, No 15, January 24, 2006

ANNUAL GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY 100%	120%	133%	135%	150%	175%	185%	200%	250%
1	9,800.00	11,760.00	13,034.00	13,230.00	14,700.00	17,150.00	18,130.00	19,600.00	24,500.00
2	13,200.00	15,840.00	17,556.00	17,820.00	19,800.00	23,100.00	24,420.00	26,400.00	33,000.00
3	16,600.00	19,920.00	22,078.00	22,410.00	24,900.00	29,050.00	30,710.00	33,200.00	41,500.00
4	20,000.00	24,000.00	26,600.00	27,000.00	30,000.00	35,000.00	37,000.00	40,000.00	50,000.00
5	23,400.00	28,080.00	31,122.00	31,590.00	35,100.00	40,950.00	43,290.00	46,800.00	58,500.00
6	26,800.00	32,160.00	35,644.00	36,180.00	40,200.00	46,900.00	49,580.00	53,600.00	67,000.00
7	30,200.00	36,240.00	40,166.00	40,770.00	45,300.00	52,850.00	55,870.00	60,400.00	75,500.00
8	33,600.00	40,320.00	44,688.00	45,360.00	50,400.00	58,800.00	62,160.00	67,200.00	84,000.00
9	37,000.00	44,400.00	49,210.00	49,950.00	55,500.00	64,750.00	68,450.00	74,000.00	92,500.00
10	40,400.00	48,480.00	53,732.00	54,540.00	60,600.00	70,700.00	74,740.00	80,800.00	101,000.00
11	43,800.00	52,560.00	58,254.00	59,130.00	65,700.00	76,650.00	81,030.00	87,600.00	109,500.00
12	47,200.00	56,640.00	62,776.00	63,720.00	70,800.00	82,600.00	87,320.00	94,400.00	118,000.00
13	50,600.00	60,720.00	67,298.00	68,310.00	75,900.00	88,550.00	93,610.00	101,200.00	126,500.00
14	54,000.00	64,800.00	71,820.00	72,900.00	81,000.00	94,500.00	99,900.00	108,000.00	135,000.00
15	57,400.00	68,880.00	76,342.00	77,490.00	86,100.00	100,450.00	106,190.00	114,800.00	143,500.00
16	60,800.00	72,960.00	80,864.00	82,080.00	91,200.00	106,400.00	112,480.00	121,600.00	152,000.00

For family units of more than 16 members, add $3,400 for each additional member.

MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY 100%	120%	133%	135%	150%	175%	185%	200%	250%
1	816.67	980.00	1,086.17	1,102.50	1,225.00	1,429.17	1,510.83	1,633.33	2,041.67
2	1,100.00	1,320.00	1,463.00	1,485.00	1,650.00	1,925.00	2,035.00	2,200.00	2,750.00
3	1,383.33	1,660.00	1,839.83	1,867.50	2,075.00	2,420.83	2,559.17	2,766.67	3,458.33
4	1,666.67	2,000.00	2,216.67	2,250.00	2,500.00	2,916.67	3,083.33	3,333.33	4,166.67
5	1,950.00	2,340.00	2,593.50	2,632.50	2,925.00	3,412.50	3,607.50	3,900.00	4,875.00
6	2,233.33	2,680.00	2,970.33	3,015.00	3,350.00	3,908.33	4,131.67	4,466.67	5,583.33
7	2,516.67	3,020.00	3,347.17	3,397.50	3,775.00	4,404.17	4,655.83	5,033.33	6,291.67
8	2,800.00	3,360.00	3,724.00	3,780.00	4,200.00	4,900.00	5,180.00	5,600.00	7,000.00
9	3,083.33	3,700.00	4,100.83	4,162.50	4,625.00	5,395.83	5,704.17	6,166.67	7,708.33
10	3,366.67	4,040.00	4,477.67	4,545.00	5,050.00	5,891.67	6,228.33	6,733.33	8,416.67
11	3,650.00	4,380.00	4,854.50	4,927.50	5,475.00	6,387.50	6,752.50	7,300.00	9,125.00
12	3,933.33	4,720.00	5,231.33	5,310.00	5,900.00	6,883.33	7,276.67	7,866.67	9,833.33
13	4,216.67	5,060.00	5,608.17	5,692.50	6,325.00	7,379.17	7,800.83	8,433.33	10,541.67
14	4,500.00	5,400.00	5,985.00	6,075.00	6,750.00	7,875.00	8,325.00	9,000.00	11,250.00
15	4,783.33	5,740.00	6,361.83	6,457.50	7,175.00	8,370.83	8,849.17	9,566.67	11,958.33
16	5,066.67	6,080.00	6,738.67	6,840.00	7,600.00	8,866.67	9,373.33	10,133.33	12,666.67

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DPHHS-HCS-253
(New 09/06)

STATE OF MONTANA
Department of Public Health and Human Services

MEDICAID APPLICATION

If you need assistance completing this application, please ask an Office of Public Assistance staff member.

COMPLETION INSTRUCTIONS:

The Montana Department of Public Health and Human Services (DPHHS) offers several programs to help you. Use this application to apply for Medicaid only. **This application is not to be used to apply for TANF or food stamps.**

1. **If you don't have time to complete the full application now, complete the entire first page, including signature, and turn in only the top copy of the first page today.**
2. If eligible, Medicaid may begin up to three (3) months prior to the month of application.
3. Complete the entire application to the best of your ability.
4. Please use black or blue ink (it is easy to read and copies best). Print your answers.
5. If more space is needed to answer a question(s), attach an additional sheet with appropriate information about each additional person.
6. A household member or an authorized representative who knows the financial situation of all household members should complete the application. The person completing the application is responsible for the answers given.
7. The person listed first on the application is considered the "primary information" person and will receive all notices and correspondence for this household, unless otherwise requested by the household.
8. Any question that refers to "household" is referring to those persons applying for assistance and those financially responsible for them. You need to enter the Social Security number and citizenship status and provide proof of identity only for individuals requesting Medicaid.

INTERVIEW:

1. After your application is filed, you will be notified of the time and date of your interview. **Complete as much of the application as you can.** A worker will help you with any unanswered questions at your interview. If you do not have all necessary information, this could delay a decision on your application.
2. If you are not able to appear for an interview or you are unable to find someone to represent you, call your County Office of Public Assistance to schedule a home visit or phone interview.

RIGHTS AND RESPONSIBILITIES:

1. You have the right to file an application on the same day you contact us. You may either leave the entire completed application or completed front page or mail it to your County Office of Public Assistance.
2. You do not have to be interviewed or have a scheduled appointment before filing the application.
3. Your application will be processed 45 days from the date of application except in unusual circumstances as defined by regulation.
4. You will be required to repay any benefits that you are not eligible to receive because of any error other than agency error.
5. In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, marital status, political beliefs, religion or disability.

To file a complaint of discrimination, you may contact the Civil Rights Coordinator - HCSD, DPHHS, P0 Box 202925, Helena, MT 59620-2925; or Attention: Regional Manager, US Department of Health and Human Services, Office for Civil Rights, 1961 Stout Street, Room 1426, Denver, CO 80294, phone 303-844-2024 (voice), 303-844-3439 (TTY), or 1-800-368-1019 (toll free), or Office for Civil Rights, US Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Building, Washington DC 20201, phone 1-800-368-1019.

REGAL FORMS INC., CONGERS, NY

DPHHS-HCS-245
(Rev 06/06)

STATE OF MONTANA
Department of Public Health and Human Services

APPLICATION FOR LONG-TERM CARE OR RELATED MEDICAL ASSISTANCE

Attention all long-term care and Home and Community Based Service (waiver) applicants:
You must contact the Mountain Pacific Quality Health Foundation Screening Team immediately at 1-800-219-7035 or 443-0320 in Helena area. The Screening Team will set the effective date for Medicaid payment (provided all other eligibility criteria is met). Medicaid payment may not be available for care provided before the screening date.

Instructions to the person applying for assistance:

1. Please read all questions carefully before filling out this form and any attached supplements. This information will be used to determine your eligibility for assistance.
2. If eligible, Medicaid may begin up to three (3) months prior to the month of application.
3. Complete the entire application to the best of your ability. **Anyone you choose can help you complete this application. If you want help from this office in completing the form, please tell us, and we will help you.**
4. Write only in non-shaded areas on this form.
5. Print your answers using black or blue ink (it is easy to read and copies best).
6. A household member or an authorized representative who knows the financial situation of all household members should fill out this application. The person completing the application is responsible for the answers given.
7. The person listed first on the application is considered the "primary information" person and will receive all notices and correspondence for this household, unless otherwise requested by the household.
8. Any question that refers to "household" is referring to those persons applying for assistance and those financially responsible for them. <u>You need to enter the Social Security number and citizenship status, and provide proof of identity only for individuals requesting Medicaid</u>

Interview:

1. After your application is filed, you will be notified of the time and date of your interview. **Complete as much of the application as you can.** A worker will help you with any unanswered questions at your interview. If you do not have all necessary information, this could delay a decision on your application.
2. If you are not able to appear for an interview or you are unable to find someone to represent you, call your county Office of Public Assistance to schedule a home visit or phone interview.

Rights and Responsibilities:

1. You or your representative have the right to file an application on the same day you contact us to protect your application date. To file an application, fill in your name and address on page 3, sign your name on page 3, and return page 3 to the Office of Public Assistance.
2. You may leave the completed application at the Office of Public Assistance or mail it.
3. You will be required to repay any benefits paid on your behalf that you are not eligible to receive because of any error other than agency error.
4. Your application will be considered without regard to race, color, sex, age, handicap, religious creed, national origin, marital status or political beliefs. These are equal opportunity programs. To file a complaint of discrimination, you may contact the Civil Rights Coordinator - HCSD, DPHHS, P0 Box 202925, Helena, MT 59620-2925; or Attention: Regional Manager, US Department of Health and Human Services, Office for Civil Rights, 1961 Stout Street, Room 1426, Denver, CO 80294, phone 303-844-2024 (voice), 303-844-3439 (TTY), or 1-800-368-1019 (toll free), or Office for Civil Rights, US Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Building, Washington DC 20201, phone 1-800-368-1019