

Testimony
Department of Human Services
Industry, Business, and Labor Committee
Representative George Keiser, Chairman
February 4, 2010

Chairman Keiser, members of the Industry, Business, and Labor Committee, I am Curtis Volesky, Director of Medicaid Eligibility for the Department of Human Services. I am here today to provide information about Medicaid eligibility.

MEDICAID

Medicaid is a joint state/federal funded program that pays for the health care of certain low-income citizens and eligible legal immigrants (refugees, naturalized citizens, etc.). Categories of individuals covered are:

- Foster care and subsidized adoption children
- Children with disabilities (birth to 19)
- Other children up to age 21
- Pregnant women
- Women with breast or cervical cancer
- Caretakers of deprived children
- Workers with disabilities
- Other blind and disabled individuals
- Individuals age 65 or older
- Low-income Medicare beneficiaries (Medicare Savings Programs).

Recipients eligible for the Medicare Savings Programs, (which includes Qualified Medicare Beneficiaries (QMB), Special Low-income Medicare Beneficiaries (SLMB), and Qualifying Individuals), are entitled to payment of their Medicare cost sharing. These benefits range from full coverage of all Medicare premiums, deductibles, and co-insurance for QMBs, to coverage of the Medicare Part B premium for SLMBs and

Qualifying Individuals.

Individuals that are not covered by Medicaid are adults between the ages of 21 and 65 who are not blind or disabled, pregnant, or a caretaker of deprived children.

Most children under age 19 are continuously eligible for Medicaid. That is, once they are determined eligible, they stay eligible for up to 12 months without regard to changes in circumstances. Similarly, pregnant women who become eligible remain eligible through their pregnancy and for at least 60 days after the pregnancy ends.

Medicaid coverage may begin up to 3 calendar months prior to the month of application.

Medicaid Asset Levels

Medicaid applies an asset test to most aged, blind, and disabled individuals. An individual's home, car, and personal belongings are not included in the asset test. Some assets are also excluded, such as money set aside for burial expenses, property used to earn a livelihood, etc. The asset test only applies to countable assets, such as money in the bank, additional property, etc. There is no asset test for Children with Disabilities coverage or any of the children and family categories.

The asset levels for most aged, blind, and disabled individuals are:

- \$3,000 for a one person household
- \$6,000 for a two person household
- Plus \$25 for each additional household member

Individuals eligible for the Workers with Disabilities coverage are allowed an additional \$10,000.

Individuals eligible for the Medicare Savings Programs have the same asset level as the Medicare Part D drug coverage. Their current asset levels are:

- \$6,600 for a one-person household
- \$9,910 for a household of two or more

Spousal Impoverishment Coverage

This coverage applies to couples where one needs nursing care services (in a facility or at home). The spouse who remains in the community is entitled to keep half of the couple's countable assets (as of the date of entry into nursing care) with a minimum of \$21,912 and a maximum of \$109,560 (2010). The community spouse is also allowed a higher income level of \$2,267 per month.

Income Levels

Attachment 1 is an income level chart that shows the various levels for the different Medicaid categories and how they compare to the SSI level. All individuals and families are eligible for full Medicaid benefits except those individuals eligible under Medically Needy. Individuals with income in excess of the Medically Needy level are responsible to pay their medical bills equal to the excess income. This is referred to as recipient liability.

Individuals receiving nursing care in a facility are allowed an income level of \$50, and individuals in an intermediate care facility for the mentally retarded are allowed \$85.

Covered Services

Attachment 2 is a general listing of services covered by Medicaid. Some services have limitations or restrictions.

Determining Eligibility

When determining eligibility, all categories are reviewed to determine if an individual qualifies, and the greatest benefit for which the individual is eligible. Children who do not qualify for Medicaid are automatically reviewed to determine whether they qualify for Healthy Steps (CHIP).

The Department of Human Services also offers other program benefits for recipients such as:

- Supplemental Nutrition Assistance Program
- Temporary Assistance for Needy Families
- Basic Care Assistance Program
- Child Care Assistance Program
- Energy Assistance Program
- Subsidy Assistance Program (effective January 2010 – Provides a state subsidy to long term care recipients who have less than \$50 income)

Individuals who are not eligible for Medicaid or Healthy Steps may be referred to other non-government programs if it appears they may benefit. These include prescription assistance programs, Caring for Children Program, Bridging the Dental Gap, Lions Club, etc.

Healthy Steps (CHIP)

Healthy Steps covers children up to age 19 who are ineligible for Medicaid. Healthy Steps provides private insurance coverage to qualifying children in families with net countable income that does not exceed 160% of the Federal Poverty Level. There is no asset test to qualify. There are some co-payments for doctor, hospital, dental, chiropractic, and prescription benefits. Healthy Steps coverage begins the month following the month they are determined eligible.

Children who do not qualify for Healthy Steps due to excess income are referred to the Caring for Children Program through Blue Cross/Blue Shield.

Applying for Medicaid

Eligibility for Medicaid is determined at the county social service offices. Eligibility for Healthy Steps is determined at the county social service offices or the state office. Application forms are available from many sites as well as electronically. Applicants have a choice of two application forms to apply for assistance and will soon have more options.

- A short application is available for children and families who want to apply only for healthcare coverage.
- A combined application is available for individuals who also want to apply for other economic assistance programs.
- A short application is also now available for aged, blind, and disabled individuals who only want to apply for health care coverage. This new form became available February 1, 2010.
- Individuals will soon be able to complete and submit an application electronically through an online application system that is currently being developed.

An application for assistance guidebook is provided to all applicants for assistance. The guidebook provides information about the Department's programs, helpful application information, and informs applicants about their rights.

Information, brochures, and Fact Sheets about Medicaid are provided on the Department's website at: <http://www.nd.gov/dhs/info/pubs/medical.html>.

I would be happy to address any questions that you may have.

INCOME LEVELS EFFECTIVE * JANUARY 1, 2010

Attachment 1

Family Size	Family Coverage (1931)	Medically Needy 83% of Poverty	SSI (Effective 01/01/09)	Children Age 6 to 19 and QMB 100% of Poverty	SLMB 120% of Poverty	Pregnant Women & Child to Age 6 133% of Poverty	QI-1 135% of Poverty	Healthy Steps 160% of Poverty	Transitional Medicaid 185% of Poverty	Caring for Children & Children with Disabilities & Women's Way 200% of Poverty	Workers with Disabilities 225% of Poverty
1	\$311	\$ 750	\$674	\$ 903	\$1,083	\$1,201	\$1,219	\$1,444	\$1,670	\$1,805	\$2,031
2	417	1008	1011	1,215	1,457	1,615	1,640	1,943	2,247	2,429	2,732
3	523	1267		1,526	1,831	2,030	2,060	2,442	2,823	3,052	3,434
4	629	1526		1,838	2,205	2,444	2,481	2,940	3,400	3,675	4,135
5	735	1784		2,150	2,579	2,859	2,902	3,439	3,976	4,299	4,836
6	841	2,043		2,461	2,953	3,273	3,323	3,938	4,553	4,922	5,537
7	947	2,302		2,773	3,327	3,688	3,743	4,436	5,130	5,545	6,239
8	1,053	2,560		3,085	3,701	4,102	4,164	4,935	5,706	6,169	6,940
9	1,159	2,819		3,396	4,075	4,517	4,585	5,435	6,283	6,792	7,641
10	1,265	3,078		3,708	4,449	4,931	5,006	5,935	6,859	7,415	8,342
+1*	107	259		312	374	415	421	500	577	624	702

Spousal Impoverishment Levels			
Community Spouse Minimum Asset Allowance (Effective 01/01/09)	Community Spouse Maximum Asset Allowance (Effective 01/01/09)	Community Spouse Income Level (Effective 01/01/03)	Income Level for each Additional Individual (Effective 04/01/09)
\$21,912	\$109,560	\$2,267	\$607

Average Cost of Nursing Care	
Average Monthly Cost of Care (Effective 01/01/10)	Average Daily Cost of Care (Effective 01/01/10)
\$5,948	\$195.55

Rev 01/2010

**North Dakota Department of Human Services
Medical Services Division**

MEDICAID MANDATORY AND OPTIONAL SERVICES

MANDATORY	OPTIONAL	OPTIONAL
Inpatient Hospital	Chiropractic Services	Mental Health Rehab / Stabilization
Outpatient Hospital	Podiatrist Services	Inpatient Hospital / Nursing Facility / ICF Services 65 and older in IMD
Laboratory X-ray	Optometrists / Eyeglasses	Intermediate Care Facility Services for MR
Nursing Facility Services for beneficiaries age 21 and older	Psychologists	Inpatient Psychiatric Services Under Age 21
EPSDT for under age 21	Nurse Anesthetist	Personal Care Services
Family Planning Services & Supplies	Private Duty Nursing	Targeted Case Management
Physician Services	Clinic Services	Primary Care Case Management
Nurse Mid-wife Services	Home Health Therapy	Hospice Care
Pregnancy Related Services and services for other conditions that might complicate pregnancy	Dental & Dentures	Non-Emergency Transportation Services
60 Days Post Partum Pregnancy-Related Services	Physical Therapy & Occupational Therapy	Nursing Facility Services Under Age 21
Home Health Services (Nursing), including Durable Medical Equipment and Supplies	Speech, Hearing, Language Therapy	Emergency Hospital Services in Non-Medicare Participating
Medical and Surgical Services of a Dentist	Prescribed Drugs	Prosthetic Devices
Emergency Medical Transportation	Diagnostic/Screening/Preventative Services	
Federal Qualified Health Center (FQHC) / Rural Health Center (RHC)		

Note: ALL Optional services are available to children under the age of 21, if medically necessary (Required through EPSDT)