

Health Care Programs Eligibility

Health care coverage is available to individuals and families who meet certain eligibility requirements. The goal of these health care programs is to ensure that essential health care services are made available to those who otherwise do not have the financial resources to purchase them.

It is very important that individuals and families obtain health care coverage. In Michigan, there are many health care programs available to children, adults, and families. Specific coverages may vary depending on the program and the applicant's citizenship status (some non-citizens may be limited to coverage of emergency services only). The Michigan Department of Human Services (MDHS) determines eligibility for some of the health care programs that are administered by the Michigan Department of Community Health (MDCH).

All of the health care programs in Michigan have an income test and some of the programs also have an asset test. These income and asset tests may vary with each program. For some of the programs, the applicant may have income that is over the income limit and still be able to obtain health care benefits when their medical expenses equal or exceed their spend-down amount. The spend-down amount is the amount that their income exceeds the income limit.

CHILDREN There are several health care programs available specifically for children.

Healthy Kids Healthy Kids is a Medicaid health care program for low-income children under age 19 and for Pregnant Women of any age. (Healthy Kids for Pregnant Women is discussed under the Pregnant Women heading). There is only an income test. There is no monthly premium for Healthy Kids. Most children who are eligible for Healthy Kids are enrolled in a Medicaid health plan. Healthy Kids provides a comprehensive package of health care benefits including vision, dental, and mental health services.

MiChild MiChild is a health care program administered by the Department of Community Health. It is for the low income uninsured children of Michigan's working families. MiChild has a higher income limit than Healthy Kids. There is only an income test. Like Healthy Kids, MiChild is for children who are under age 19. There is a \$5 per family monthly premium for MiChild. The \$5 monthly premium is for all of the children in one family. The child must be enrolled in a MiChild health and dental plan in order to receive services. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services. For more information and an application, contact MiChild at 1-888-988-6300 or Development Centers, Inc. (DCI) MiChild Manager at (313) 531-2500.

Children's Special Health Care Services (CSHCS) Children's Special Health Care Services is a program within the Michigan Department of Community Health that provides certain approved medical service coverage to some children and adults with special health care needs. Children must have a qualifying medical condition and be under 21 years of age. Persons 21 and older with cystic fibrosis or certain blood

coagulating disorders may also qualify for services. Information for parents about how to apply for the program or for obtaining the name of basic health plan contact:

- MDCH Family Phone Line
800-359-3722

These organizations assist individuals with application and renewals for the program and general information:

- Children's Special Health Care
Detroit Health Department Choice – City of Detroit Residents
313-876-0180
- Children's Special Health Care
Wayne County Health Department – Excluding City of Detroit
734-727-7088

For existing beneficiaries for care coordination contact:

- Children's Care Plus
800-566-1110

Under 21 Medicaid is available to eligible persons under age 21. There is only an income test. If income is over the income limit, persons may incur medical expenses that equal or exceed the excess income and still qualify for this program. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services. Contact the local Family Independence Agency in your county to apply for this program.

Supplemental Security Income (SSI) SSI is a cash benefit for disabled children whose families have low income. The Social Security Administration (SSA) determines SSI eligibility. The beneficiaries are automatically eligible for Medicaid and they receive the comprehensive package of health benefits including vision, dental, and mental health services. Most beneficiaries are enrolled in a Medicaid health plan. Medicaid may continue even if SSI stops.

Special Disabled Children Medicaid is available to children who received SSI benefits on August 22, 1996, provided the child meets current SSI income and resource standards and the definition of childhood disability in effect before the 1996 revised disability definition. The comprehensive health care package of Medicaid benefits is available. Contact the local Family Independence Agency in your county to apply for this program.

Pregnant Women

Healthy Kids for Pregnant Women Medicaid is available to an eligible woman while she is pregnant, including the month her pregnancy ends and during the two calendar months following the month her pregnancy ends, regardless of the reason (for example: live birth, miscarriage). There is an income limit for this program. The comprehensive health care package of Medicaid benefits is available. Contact the local Family Independence Agency in your county to apply for this program.

Group 2 Pregnant Women A woman who has income that exceeds the income limit for Healthy Kids for Pregnant Women, may be eligible for Medicaid under the Group 2 Pregnant Women program. If the income is over the income limit, persons may incur medical expenses that equal or exceed the excess income and still qualify for this program. Contact the local Family Independence Agency in your county to apply for this program.

Maternity Outpatient Medical Services (MOMS) The goal of the MOMS program is to provide immediate health coverage for pregnant women. It provides outpatient prenatal coverage only. The MOMS program is available to provide immediate prenatal care while a Medicaid application is pending. Other women who may be eligible for MOMS include:

- Teens who, because of confidentiality concerns, choose not to apply for Medicaid, and
- Non-citizens who are only eligible for emergency services only

The woman must use Medicaid benefits if and when they become available. Prenatal health care services will be covered by MOMS and/or Medicaid for the entire pregnancy and for two months after the pregnancy ends. There is an income test for all persons except teens. The local health department can help women apply for the MOMS program.

ADULTS There are several health care programs available for adults.

Caretaker Relatives Medicaid is available to eligible parents and people who act as parents, caring for a dependent child. These people are called caretaker relatives. There is only an income test for this program. If the income test is over the income limit, persons may incur medical expenses that equal or exceed the excess income and still qualify for this program. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services. Contact the local Family Independence Agency in your county to apply for this program.

Supplemental Security Income (SSI) SSI is a cash benefit to low income adults who are aged, disabled, or blind. The Social Security Administration (SSA) determines SSI eligibility. SSI beneficiaries are automatically eligible for Medicaid and the comprehensive package of health care benefits including, vision, dental and mental health services. Medicaid may continue even if SSI stops. Contact the Social Security Administration to apply for this program.

Aged, Blind, Disabled Medicaid is available to persons who are aged, blind, or disabled. There are income and asset tests. If the income is over the income limit,

persons may incur medical expenses that equal or exceed the excess income and still qualify for this program. Most beneficiaries are enrolled in a Medicaid health plan and receive a comprehensive package of health care benefits including vision, dental, and mental health services. Contact the local DHS in your county to apply for this program.

Disabled Adult Children (DAC) A person who had a disability or blindness that began before age 22 may be eligible to receive Medicaid benefits in his adult years. He must also be receiving DAC benefits from Social Security. Most beneficiaries are enrolled in a Medicaid health plan and receive a comprehensive package of health care benefits including vision, dental, and mental health services. Contact the local Family Independence Agency in your county to apply for this program.

MIChoice The MIChoice waiver provides home and community based health care services for aged and disabled persons. The program's goal is to allow persons to remain at home to receive health services. If they did not receive such services, these persons would require nursing home care. The cost of care at home must be less than the cost of care in a nursing home. MIChoice Beneficiaries are not enrolled in a Medicaid health plan but still receive a comprehensive package of health care benefits including vision, dental, and mental health services. In addition, the waiver may provide other benefits to help the person remain at home. Contact the local Family Independence Agency in your county to apply for this program.

Medicare Savings Program (MSP) The Medicare Savings Program pays for certain Medicare costs. There is an asset test. The income amount determines what is covered. The Michigan Department of Community Health (MDCH) may help pay the following, depending on the income amounts:

- Medicare premiums
- Medicare coinsurance
- Medicare deductible

In some cases, the Michigan Department of Community Health (MDCH) may refund the beneficiary a portion of the Medicare Part B premium on an annual basis. Contact the local Family Independence Agency in your county to apply for this program.

Adult Benefits Waiver (ABW), a.k.a., Adult Medical Program (AMP) ABW/AMP provides basic medical care to low income childless adults who do not qualify for Medicaid. There are asset and income tests. ABW/AMP medical coverages are limited however coverage of inpatient hospital services is included. Some counties have a county health plan that the person must be enrolled in to receive ABW/AMP benefits. Coverages do not have to be approved by the Michigan DHS (MDHS) specialist prior to receiving services, but some services may require prior authorization from the county health plan or state (if there is no health plan in the county of residence). Contact the local DHS in your county to apply for this program.

For information contact:

- Wayne County MedBasic
313-833-3450

Patient Care Management System
6440 Temple – Suite 370
Detroit, MI 48201-2558

For coordination of care contact:

- Midwest Health Plan
1-888-654-3300
- Pro Care
313-925-4607
- HealthSource/DMC
800-242-7955
- Mi

FAMILIES Many times, the entire family may be eligible for health care benefits.

Low Income Families (LIF) Medicaid is available to families under the Low Income Family (LIF) Program. There are income and asset tests. Families that receive cash assistance (Family Independence Program or FIP) are automatically eligible for this program. Other families must apply at the local DHS (DHS). Families don't have to apply for FIP in order to receive health care coverage under this program. Most beneficiaries are enrolled in a Medicaid health plan and receive a comprehensive package of health care benefits including vision, dental, and mental health services.

Special N Support Special N Support is available to families that received Low Income Families (LIF) Medicaid but are no longer eligible due to income from child support payments. Special N Support is available for 4 months. Most beneficiaries are enrolled in a Medicaid health plan and receive a comprehensive package of health care benefits including vision, dental, and mental health services. Your DHS specialist will let you know if you qualify for this program.

Transitional Medical Assistance (TMA) TMA is available to families that have received LIF in at least 3 of the last 6 months. The family is no longer LIF eligible because a parent has too much income from employment. TMA is available for up to 12 months and the family does not need to fill out a new application. Most beneficiaries are enrolled in a Medicaid health plan and receive a comprehensive package of health care benefits including vision, dental, and mental health services. Your DHS specialist will let you know if you qualify for this program.

Transitional Medical Assistance Plus (TMA-Plus) TMA-Plus assists beneficiaries in achieving self-sufficiency by extending medical coverage for families unable to purchase employer-sponsored health care coverage. TMA-Plus is available to adults

after the 12 months of TMA/MTMA. The family must apply and be eligible for the TMA-Plus program. There is only an income limit. There are monthly premiums based on the number of adults and how long they have been in the TMA-Plus program. TMA-Plus is not available for children. The DHS specialist will tell you about health care coverage for the children in the family. If available, the beneficiaries must be enrolled in a Medicaid health plan. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services. Your DHS specialist will let you know if you qualify for this program.