



**Living Independently for Today & Tomorrow – 800-669-6319**  
**Montana Independent Living Project – 800-735-6457**  
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## Montana's Medically Needy Income Limit

The Medically Needy Program is for individuals and families whose income exceeds Medicaid program requirements but who have significant medical needs. The individual or family pays the difference between their monthly countable income and the Medically Needy Income Limit (MNIL) toward medical expenses or in a cash payment to the State each month. The difference between countable income and the MNIL amount that an individual must expend in order to be eligible for Medicaid is called a **"spend down"** or **"incurment."** The spend down can be met by making cash payments to the State of Montana, incurring medical bills or obligations, or a combination of the two.



The Medically Needy Income Limit for Montana is \$525 and has not been updated since 2001. The Medically Needy Income Level (MNIL) can be no more than 133 1/3% of the Section 1931 Medicaid income limit, which in turn can be no greater than the State's July 16, 1996 AFDC standards increased by the Consumer Price Index (CPI)<sup>1</sup>. There is also a general income exclusion of \$20 and in 2007 the state adopted a State Plan Amendment, utilizing 1902 (R) 2 regulations, to allow for a \$100 income exclusion, which means that individuals who qualify for Medicaid through the Medically Needy program must spend their income down to \$645 in each month.

To determine an individual's spend down amount, you must take their gross income (the total amount of SSDI they receive per month) subtract the \$20 general income exclusion that is available to everyone and then subtract the \$100 income exclusion that the legislature passed in 2007. The difference between the remainder and \$525 is what an individual would have to spend down each month in order to become eligible for Medicaid, leaving them with \$645 to live on each month. Since the Medically Needy Income Limit has not been adjusted since 2001 and an income exclusion has not been passed since 2007, this means that each year that an individual receives a cost-of-living increase in their SSDI payment, the amount of their spend down increases by the same amount because they must always spend their income down to \$525 (\$645 after income exclusions).

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<sup>1</sup> Section 1931 requires states to establish income and resource standards for Medicaid eligibility at the levels in effect as of July 16, 1996, with certain options. The state may lower its standards to May 1, 1988 levels, an option available to states since passage of the Family Support Act of 1988 (PL 100-485). The law also permits states to increase standards by a percentage no greater than the percentage increase in the consumer price index for all urban consumers. These income and resource standards are used to determine whether a family would have received an AFDC payment as of July 16, 1996.

Section 1931 also permits the state to use less restrictive AFDC income and resource methodologies than the methodologies used under the State plan in effect as of July 16, 1996. Income and resource methodologies are the methods (e.g., disregards, exclusions, allocations) used to establish the amount of a family's countable income and resources. The Health Care Financing Administration (HCFA) has defined a methodology as less restrictive if additional individuals are made eligible for Medicaid and no individuals who are otherwise eligible are made ineligible.<sup>(1)</sup> Thus, although Section 1931 requires states to use the AFDC income and resource standards in effect on July 16, 1996, this section also gives the states considerable flexibility in defining Medicaid much more liberal eligibility criteria due to the states' unfettered ability to use less restrictive income and resource methodologies. For example, states could choose to disregard 50 percent of all earned income or to disregard the total value of one car when determining Medicaid eligibility. <http://aspe.hhs.gov/hsp/isp/diverzn/chaptfive.htm>

Section 1931: [http://www.ssa.gov/OP\\_Home/ssact/title19/1931.htm](http://www.ssa.gov/OP_Home/ssact/title19/1931.htm)

The majority of SSDI recipients receive a monthly payment of between \$300 and \$2,200. In 2016, the average SSDI payment for an unmarried individual is \$1,165. SSDI recipients will receive a .3% cost-of-living increase in 2017.

### **Barriers Faced by People with Disabilities on SSDI**

1. People with disabilities who receive Social Security Disability Insurance (SSDI) have prior work experience and so qualify for SSDI. They feel they are being unjustly penalized for having worked in the past by having to spend their monthly income to below the Supplemental Security Income (SSI) level (\$735/month in 2017) in order to become Medicaid eligible. This is especially the case considering that SSI recipients do not incur a spend down and, therefore, have available to them a greater amount of income and more opportunity to increase their income while remaining Medicaid eligible.
2. Those who must qualify for Medicaid through the Medically Needy program and who receive other benefits (rental, energy, food) have those benefits determined based off of their full gross SSDI when, in reality, they have only \$645/month available to them after the spend down for living expenses. For example, when trying to qualify for Section 8 or other HUD assistance the spend down is not counted as a deductible medical expense and so many who need assistance with these items do not qualify.
3. Many people with significant disabilities on SSDI benefits require routine and long-term assistance such as daily help with personal care and other activities of daily living and have no choice but to meet the spend down each and every month because Medicaid is the only health insurance available that will help to meet their needs. In contrast, people who do not require such ongoing daily assistance can pick and choose which months they need Medicaid coverage. The Medically Needy Program in some ways works against those with significant disabilities because they will never have the opportunity to benefit from the full amount of SSDI they receive because of their years of work; nor will they benefit from cost-of-living increases as they may occur, even though their subsidized housing and other possible benefits will continue to decrease because they are based off of the gross amount of their SSDI and living expenses often increase over time.
4. SSI/SSDI recipients routinely receive annual cost of living increases and those on SSI get to use their increase for living expenses but those on SSDI who are subject to the spend down, only see an increase in the amount of their spend down because the threshold does not adjust annually. In fact, the threshold hasn't increased since 2001 other than the \$100 income exclusion passed by the 2007 legislature.
5. Medicaid is the only access to health care that will meet the specialized needs of many people with disabilities. Private insurance policies do not cover the needed services that a person with complex health needs requires and no private health insurance covers personal care attendants or developmental disability services. Therefore, individuals have no choice but to rely on Medicaid for their healthcare needs and should not be penalized for having a lack of options available to them.

### **Strategy/Action Step Options:**

1. Ask the state to conduct an analysis of the change in the CPI to determine what the fiscal impact for updating the Medically Needy Income Level to current levels would be and implement that change.
2. Seek another State Plan Amendment and appropriate funds for an additional income exclusion to bring the current Medically Needy Income Level plus current income disregards up to at least the current SSI standard.

## Personal Stories Related to the Spend Down

*I'm an example of what happens, At 57yrs. I'm currently in a nursing home in Missoula trying to get a small apt to call home. I am on Medicare but Medicare only pays the first 120 days of care. I after a long recovery of emergency open heart surgery spent almost a year in the hospital with rehabilitation ended up in a nursing home facility with bedsores in which healed in just a few months, but I have been here now almost 2 years trying to get out. I receive over 1500.00 a month with my social security in which I worked hard. It cost all my monthly money and then Medicaid for 6000.00 a month which is the monthly rent here. To leave here and get a 1 bdrm. Apt I have to give up over half of my income and spend down to 645.00 to live on. keep mind I'm still paying monthly for my Medicare which I pay for A, B, and D but being left paralyzed from the waist down because of my heart surgery complications I need a little extra help have to have medical in able to live on my own and have somewhat of a life outside of a nursing home. If you are lucky enough to find an apt. Under 600.00 a month then that would leave you with 45.00 left to pay for food, toiletries, utilities, phone, in my case dog food , dog pads, etc. etc. etc. I have worked hard my whole life and because of a heart condition I have over the course of 3 years lost everything. I overheard my Caseworker talking on the phone one time and overheard her saying this one client was receiving 730.00 a month when she hung up I asked her why she was getting 730.00 a month and she says to me because she has never worked in her life???? What has happened to our system where I get more money I don't have to worry about copay get section 8, food stamps all of this if I had never worked????? What can be done here I am stuck with people 30yrs. older trying to get an apt. I cannot afford and if I do get one I will have to worry about getting robbed or someone trying to break in because they see I'm in a wheelchair and probably take pills they can break in and steal. I worked my whole life until I got sick and now have nothing to show for it. Something is wrong and they want to talk to me about my spend down but they will take all my money here and charge 6000.00 a month. Think about how you could live on 6000.00 a month no they won't even let me live on my own 1500.00 which I earned but because I need next to no help have to be on Medicaid so I have to live on 645.00 a month. I cannot even begin to express how angry I am. Well that's my REAL story of our system.*

~ Laura Creasey

*I have been receiving Medicaid funded homecare for 16 years. Were I not, I would require living in a nursing home. All went fairly well, until John also became disabled. Most of the years he was gainfully employed, I had no spend down. Since that point in time however, his spend downs have been so high, we could not possibly afford it on a monthly basis, and be able to pay so much as our \$675.00 rent, with only \$645.00. We have not seen a cheaper wheelchair accessible option, here in Missoula. We do not qualify for SNAP, LIEAP, or any other financial assistance program.*

*We are blessed to have very good health insurance, otherwise. However when my John needs and deserves homecare himself, we are not able to pay his spend down, to qualify him to receive it. So we are left without any means of state funded care for him. We must rely on the help of volunteers, or pay out of pocket ourselves.*

*The one time we thought we could meet John's spend down, by combining the three months of out of pocket medical expenses, they had raised it yet again (without a change of income). With that news, we were still over \$600.00 short. At that point, it was so high, we would only have been left with \$93.00 dollars in our pockets (not even a quality of life under a bridge), when our combined spend downs were subtracted from our combined incomes. It took months for someone to recognize, and address that situation.*

*It has nearly become a fulltime job, just to get the Medicaid on board, so that my providers can receive what is do them. They can't even agree within themselves, on what the correct amount after expenses are calculated, on how much to write the check for. I'm now to the point, of needing a third party (also at taxpayers expense), to handle it for me. Currently John is no longer on Medicaid.*

~ John and Nancy Kruger

*I am writing on behalf of approximately 60 clients I serve as their Representative Payee who are on the Medicaid Medical Needy Program. I am responsible to make sure those who pay a cash option that it is paid and that they maintain eligibility. As a Medicaid provider it is also important that they are Medicaid eligible so that I and other providers are paid for our service, but most important that they have Medicaid so they can receive services provided to them paid by Medicaid and be able to seek medical treatment rather than doctor appointments, dentist appointments or surgery. Or just the service of a personal care attendant.*

*I have a 95 year old client who has to pay \$503 each month for her Medicaid and uses \$175 in medical to reduce the amount. She complains every month of the high cost of her Medicaid and it is a shame that she is forced to live on \$645 a month given that after paying her bills she may have \$100 left to live on even if she has every service available to her.. She worked her whole life, has a decent SSA payment and has to live on an amount that barely pays the bills.*

*The cash option amount is entirely too high. It is shameful that a person is forced to live on \$645 if they live in their own home and \$100 if they live in an assistive living facility just because they are on Medicaid, when they have worked their whole life, while a client who receives \$733 because they did not work enough to qualify for SSDI does not have to pay for their Medicaid and lives on \$88 more. It is also shameful that those on Medicaid can only have up to \$2000 in resources when it should be \$8000 due to inflation.*

**~ Joan Bartkowski, owner, Treasure State Payee Services**

*I am [REDACTED]'s legal guardian and receive his OPA spend down each month. Since the new system started in January I have received 3 to 4 pink slip each month, which is out of control! Each paper I turned in was NOT used against his spend down. It has been a nightmare for me. Let's go back to the other way. I had [REDACTED] out of Missoula and he was on top of things and I never had problems like NOW. He would call me or I would call him and everything was smooth. Needless to say the paper you are using? I thought that we were trying to be paperless? I have called and waited on the phone left my number and never received a call from the state. Now if it was [REDACTED] would called me back in the next 24 hours. I have to send my spend down papers to [REDACTED]'s Social Worker to get the correct amount for his spend down per month. Whomever changes the policy's on this have never had to deal with OPA or DPHHS as a client. If it were not for legal guardians, social workers, & advocates for these people they would not have money to live. We need to FIX THE BIG PROBLEM.*

**~ Connie Nielsen**

*Services to rural communities is hard to obtain with distant, phone communication and transportation to those with physical and mental disabilities. I work with many senior and disabled clients, one being a man age 51 years old with mental illness. He has no family. His hip degenerated to a point that was in acute server pain and was collapsing, with the help of the spend down program he was able to receive a hip replacement. Had he not received the spend down help and could not afford to pay for the cost of outrageous medical bills he would be die. He would have committed suicide. He is now in physical health and his mental health is stable. This program is vital to the health and well-being of the low income disabled and senior. DO NOT LOWER THE FUNDING OR BENEFITS THAT CARE FOR THE MOST NEEDY. Put your grandfather in his place and then give him unobtainable medical cost, low income and mental and physical disabilities, would you not help him? I would dare to say you would do ANY thing to help him.*

**~ Kathrine Arnado**