

**Department of Human Services
Health Services Committee
Senator Judy Lee, Chairman
April 25, 2018**

Chairman Lee and members of the Health Services Committee, I am Michele Gee, Economic Assistance Director for the Department of Human Services. I am here to provide an overview of the Medicaid eligibility requirements for individuals with developmental disabilities and the role of county social services in determining eligibility for these individuals.

County social service staff administers Economic Assistance Programs which include the:

- Child Care Assistance Program
- Low Income Home Energy Assistance Program
- Medicaid Program
- Supplemental Nutrition Assistance Program
- Temporary Assistance for Needy Families Program

When a family in need requests or applies for assistance, county staff reviews the family's circumstances to determine if there is eligibility for any and all of the Economic Assistance Programs.

When Developmental Disability Program Managers refer families to apply for Medicaid, they have two options for applying:

1. If the family wants coverage for the child only, in order to determine eligibility, the income and assets of the child are required. The family can complete the Health Care Coverage

for the Elderly and Disabled Application including only the child's information and the child's income and assets.

The parent's income and assets are not required as they are not considered in determining eligibility for the child starting with the first full month the child is screened to this level of care. For a unit size of one, the current monthly income level is \$835 and the asset limit is three thousand dollars.

As eligibility is determined based on the child's income and assets only, there generally is not a client share for eligible Medicaid services.

Under this option, since the family is requesting Medicaid for the child only, the family will not be screened for other assistance programs.

2. If the family is requesting coverage for Medicaid or wants to apply for other Economic Assistance Programs, the family would need to complete the Application for Economic Assistance Programs. Information for all members along with their income and assets is required as part of this application. This is necessary in order to determine the appropriate Medicaid coverage type for the family as well as eligibility for other programs.

Anyone applying for Medicaid can also request coverage for up to three months prior to the month the application is signed. Under either option, if the family is requesting eligibility for months prior

to the first full month an individual is screened for this level of care, the families information along with income and assets of all members is required to determine eligibility.

This concludes my testimony and I would be happy to answer any questions you may have.