

Free and Low Cost
Health Care Coverage
Available to Michigan
Adults, Children, Pregnant
Women and Families



Studies reveal that health insurance is the key factor that determines most people's access to health care services; without it, many cannot afford care. Those with no or minimum coverage often forgo preventive services or delay seeking care until their problems advance and become more difficult (and costly) to treat than they otherwise would have been.

- Many people (or their dependents) are without coverage because their employer does not provide it (employers are the greatest single source of Americans' health insurance coverage, but many find it too expensive to purchase insurance for their workers);
- their employer covers them but not their dependents (one way employers cut costs); or
- they have declined their employer's coverage because they cannot afford their share of the premium.

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It is the goal of the Michigan Family-to-Family Health Information and Education Center (F2FHIEC) to improve access to quality care and supports for children with special needs in their communities by empowering families with information about free and low cost public health insurance programs. Together with other family, community, and state-wide partners, we hope that anyone needing necessary services can obtain them. Twenty-nine partners are involved in this effort. For more information about F2FHIEC visit:

<http://www.bridges4kids.org/f2f> or contact the
Family Phone Line at: 1-800-359-3722

There are several health care programs available specifically for children.

Children's Special Health Care Services

(CSHCS) is a program within the Michigan Department of Community Health that provides certain approved medical service coverage to children and some 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. If you think you or your child qualifies for CSHCS, call our toll-free **Family Phone Line at: 1-800-359-3722** or contact the CSHCS office in *your local health department* for information on how to apply. A CSHCS Medical Consultant will review each condition to determine eligibility.

Children's Special Needs Fund provides services and equipment to children with special health care needs that no other resource — including state or federal programs — provides. The Fund is administered through the Michigan Department of

Community Health. The child must be a Michigan resident to receive benefits from the Fund. Families with a child enrolled, or medically eligible to enroll, in the Children's Special Health Care Services (CSHCS) Program may apply to the Children With Special Needs Fund. To find out if your child is eligible, contact the CSHCS office in your local health department. You can find your local health department under county government in your telephone directory.

Children's Waiver Program (CWP) is a federal entitlement program that provides Medicaid funded home and community-based services to children (under age 18) who are eligible for, and at risk of, placement into an Intermediate Care Facility for the Mentally Retarded (ICF/MR). Children with developmental disabilities and who have challenging behaviors and/or complex medical needs are served through this program. The CWP enables children to remain in their parent's home or return to their parent's home from out-of-home placements, while receiving regular Medicaid State Plan services (i.e., case management, private duty nursing) and waiver

services, regardless of their parent's income. The waiver services include: family training, speciality services (e.g. music, recreation, art and message therapy), community living supports, transportation, respite care, environmental accessibility adaptations, and speciality medical equipment. The program has a capacity to serve 417 children statewide. Although the program is at capacity, a waiting list is maintained, using a priority rating system to add new children to the program when openings occur. To request more information regarding eligibility or to submit a prescreen application for the program contact your local Community Mental Health Services Program.

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. Every family's situation is different. Call toll-free **1-888-988-6300** to get more information that will help you find out if you qualify.

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 \$10 per family monthly premium for MIChild. The \$10 monthly premium is for all eligible 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 visit the MIChild Information website at

<https://eform.state.mi.us/michild/intro1.htm>.

Under 21 Medicaid is available to eligible persons under age 21. There is an income test and an asset

test for this program. 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 Michigan Department of Human Services office in your county to apply for this program.

Supplemental Security Income (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. For more information contact your local SSA office.

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 MDHS office in your county to apply for this program.



There are several health care programs available for adults.

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 (e.g., inpatient coverage is not covered). However, pharmacy 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 Department of Human Services 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 MDHS office in your county 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 MDHS office in your county to apply for this program.

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 an income test and an asset 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 MDHS office 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 MDHS office in your county to apply for this program.

Plan First provides a family planning service benefit for non-pregnant women ages 19 through 44 who reside in Michigan, are not currently Medicaid eligible; who do not have full family planning benefits through private insurance, including Medicare; and have family income at or below 185% of the federal poverty level (FPL). Family planning services are defined as any medically approved means, including diagnostic evaluation, pharmaceuticals, and supplies, for voluntarily preventing or delaying pregnancy. MDHS will determine eligibility 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, and/or Medicare deductible.

In some cases, MDCH may refund the beneficiary a portion of the Medicare Part B premium on an annual basis. Contact the local MDHS office 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 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. Contact the local MDHS office in your county to apply for this program.

There are health care coverage programs specifically for 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 MDHS office in your county to apply for this program or apply on-line at <https://eform.state.mi.us/michild/intro2.htm>.

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 MDHS office 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. 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 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.

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 MDHS office. 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 Family Independence

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 Family Independence 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.



NOTE: To learn even more about Medicaid, you can also visit the Department's on-line courses at **<http://www.training.mihealth.org>**. To obtain contact information for your local community mental health agency, department of human services or local health department visit: **<http://www.bridges4kids.org/f2f>**.



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Visit www.bridges4kids.org/f2f or call
The Family Phone Line: 1-800-359-3722