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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-23-0028

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

October 16, 2023

Michael Randol
State Medicaid and CHIP Director
Montana Department of Public Health and Human Services
Post Office Box 4210
Helena, MT 59620

Dear Michael Randol:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) MT-23-0028, submitted on August 11, 2023, has been approved. Through this SPA, Montana provides 12 months of continuous postpartum coverage to individuals enrolled in its separate CHIP, pursuant section 9822 of the American Rescue Plan Act of 2021 (ARP). This SPA has an effective date of July 1, 2023, and is a companion to the Medicaid continuous postpartum coverage Medicaid SPA, MT-23-0018.

Section 9822 of the ARP added section 2107(e)(1)(J) to the Social Security Act, which requires states to provide continuous eligibility throughout an individual's pregnancy and 12-month postpartum period in CHIP if the state has elected this option in Medicaid. In Montana, this provision applies to targeted low-income children who are pregnant.

Although the state plan template indicates that this provision sunsets on March 31, 2027, section 5113 of the Consolidated Appropriations Act, 2023, eliminated the sunset date and made the option permanent. Coverage will continue unless the state submits a new SPA to eliminate extended postpartum coverage in the future.

Your Project Officer is Joyce Jordan. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-3413
E-mail: Joyce.Jordan@cms.hhs.gov

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If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

Montana CHIP SPA for Providing 12-month Continuous Eligibility to Postpartum Individuals
07/01/2023

State/Territory: Montana

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR,

457.40(b)) Michael Randol 7-18-23
(Signature of Governor, or designee, of State/Territory) (Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Michael Randol	Position/Title: Medicaid and Health Services Executive Director/State Medicaid and CHIP Director
Name: Mary LeMieux	Position/Title: Interim Division Administrator, Health Resources Division Department of Public Health and Human Services

- 1.4.** Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

SPA number: MT-23-0028

Purpose of SPA: The purpose of this SPA is to provide continuous eligibility for CHIP members during their 12-month postpartum period.

Proposed effective date: July 1, 2023

Proposed implementation date: July 1, 2023

- 1.4- TC** Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

This topic was included in the Medicaid and CHIP tribal consultation letter that was mailed on 06/22/2023.

4.1.2 Ages of each eligibility group, including unborn children and pregnant women (if applicable) and the income standard for that group:

The HMK coverage group (separate CHIP program) is available to children ages zero through eighteen. Coverage for a child will continue through the end of the month of the child's 19th birthday.

Continuous eligibility is provided to targeted low-income children/teens who are pregnant, eligible, and enrolled in the state CHIP plan beginning on the day the pregnancy ends and ending on the last day of the 12 month post-partum period, which may extend beyond their nineteenth birthday. This Post-Partum coverage is available through March 31, 2027.

9.10 Provide a 1-year projected budget. A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including:
- Projected amount to be spent on health services;
- Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
- Assumptions on which the budget is based, including cost per child and expected enrollment.
- Projected expenditures for the separate child health plan, including but not limited to expenditures for targeted low income children, the optional coverage of the unborn, lawfully residing eligibles, dental services, etc.
- All cost sharing, benefit, payment, and eligibility need to be reflected in the budget.
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
- Include a separate budget line to indicate the cost of providing coverage to pregnant women.
- States must include a separate budget line item to indicate the cost of providing coverage to premium assistance children.
- Include a separate budget line to indicate the cost of providing dental-only supplemental coverage.
- Include a separate budget line to indicate the cost of implementing Express Lane Eligibility.
- Provide a 1-year projected budget for all targeted low-income children covered under the state plan using the attached form. Additionally, provide the following:
 - Total 1-year cost of adding prenatal coverage
 - Estimate of unborn children covered in year 1

CHIP Budget

STATE:	FFY 24 Budget
Federal Fiscal Year 2023	
State's enhanced FMAP rate	74.74%
Benefit Costs	
Insurance payments	
Managed care	0
per member/per month rate	
Fee for Service	119,186,923
Health Services Initiatives	
Cost of Proposed SPA changes	13,698
Total Benefit Costs	119,186,923
(Offsetting beneficiary cost sharing payments)	0
Net Benefit Costs	119,200,621
Administration Costs	
Personnel	202,346
General administration	88,790
Contractors/Brokers	0
Claims Processing	1,642,439
Outreach/marketing costs	0
Other (e.g., indirect costs)	4,468,982
Total Administration Costs	6,402,557
10% Administrative Cap	13,244,513
Federal Share	94,051,660
State Share	31,727,363
Total Costs of Approved CHIP Plan	125,603,178
NOTE: Include the costs associated with the current SPA.	
The Source of State Share Funds: General Fund and State Special Revenue Funds (see Funding, below)	



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MT - 23 - 0028

Separate Child Health Insurance Program General Eligibility - Continuous Eligibility

CS27

2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926; 2107(e)(1)(J) and 1902(e)(16) of the SSA

Mandatory 12-Month Postpartum Continuous Eligibility in CHIP for States Electing This Option in Medicaid

At state option in Medicaid, states may elect to provide continuous eligibility for an individual's 12-month postpartum period consistent with section 1902(e)(16) of the SSA. If elected under Medicaid, states are required to provide the same continuous eligibility and extended postpartum period for pregnant individuals in its separate CHIP. A separate CHIP cannot implement this option if not also elected under the Medicaid state plan.

State elected the Medicaid option to provide continuous eligibility through the 12- month postpartum period

The 12-month postpartum continuous eligibility applies for the period beginning on the effective date of this SPA (no earlier than April 1, 2022) and is available through March 31, 2027.

The state assures the extended postpartum period available to pregnant targeted low-income children or targeted low-income pregnant women under section 2107(e)(1)(J) of the SSA is provided consistent with the following provisions:

Individuals who, while pregnant, were eligible and received services under the state child health plan or waiver shall remain eligible throughout the duration of the pregnancy (including any period of retroactive eligibility) and the 12-month postpartum period, beginning on the day the pregnancy ends and ending on the last day of the 12th month consistent with paragraphs (5) and (16) of section 1902(e) of the SSA

Continuous eligibility is provided to targeted low income children who are pregnant or targeted low-income pregnant women (if applicable) who are eligible for and enrolled under the state child health plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:

The individual or representative requests voluntary disenrollment.

The individual is no longer a resident of the state.

The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to the individual.

The individual dies.

Unlike continuous eligibility for children, states providing the 12-month postpartum period may not end an individual's continuous eligibility due to non-payment of premiums or becoming eligible for Medicaid.

Consistent with section 2107(e)(1)(J) of the SSA, the state assures that continuous eligibility is provided through an individual's pregnancy and 12-month postpartum period regardless of non-payment of premiums, or an individual becoming eligible for Medicaid.

Benefits provided during the 12-month postpartum period must be the same scope of comprehensive services consistent with the benefit package elected by the state under section 2103(a) of the SSA that is available to targeted low income children and/or targeted low-income pregnant women and may include additional benefits as described in Section 6 of the CHIP state plan.



CHIP Eligibility

Optional Continuous Eligibility for Children

The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier.

The CHIP Agency elects to provide continuous eligibility to children under this provision. Yes

For children up to age 19

For children up to age

The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends:

At the end of the months continuous eligibility period.

The state assures that a child's eligibility is not terminated during a continuous eligibility period, regardless of any changes in circumstances, unless:

The child attains the age specified by the state Agency or age 19.

The child or child's representative requests voluntary disenrollment.

The child is no longer a resident of the state.

The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.

The child dies.

The child becomes eligible for Medicaid

There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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