DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **08-012**

2. STATE: **Montana**

3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: **04/01/08**

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 435.725(c)(4)(ii), 42 CFR 435.832(c)(4)(ii)

7. FEDERAL BUDGET IMPACT:
a. FFY **2008** **$ (20,700)**
b. FFY **2009** **$ (82,800)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 3 to Attachment 2.6-A, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Supplement 3 to Attachment 2.6-A, Page 1

10. SUBJECT OF AMENDMENT: Clarifying and expanding limitations on medical and remedial care expenses when determining post-eligibility treatment of income based on recent State Supreme Court decision and CMS suggestions. State proposes to limit these expenses to those that are unpaid at the time of application, recognized and regulated by State law as medical services, supplies or equipment, and are not payable by a third party. Further, Montana wishes to limit the deduction of medical and remedial care expenses that were incurred during a penalty period applied as a result of an uncompensated transfer of asset to zero.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: Single Agency Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Mary E. Dalton

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: 11/9/10 Revised

16. RETURN TO:
Montana Dept. of Public Health and Human Services
Mary E. Dalton
State Medicaid Director
Attn: Jo Thompson
PO Box 4210
Helena, MT 59604

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/27/08 – Revised 11/9/10

18. DATE APPROVED: January 11, 2011

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/08

20. ~~SIGNATURE~~ OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard C. Allen

22. ~~TITLE~~: ARA, DMCHO

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

For institutionalized individuals, only those medically necessary medical or remedial care services that are:

1. Unpaid at the time of application;
2. recognized and regulated by State law as medical services, supplies or equipment;
3. not payable by any third party, including Medicaid.

will be deducted from income in post-eligibility treatment of income.

In addition, the deduction of medical and remedial care expenses that were incurred during a penalty period applied as a result of an uncompensated transfer of assets is limited to zero.