# **Table of Contents**

## State/Territory Name: Montana

# State Plan Amendment (SPA) #: MT-10-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



## **Region VIII**

January 19, 2010

Ms. Mary Dalton Medicaid & Health Services Manager Montana Department of Public Health & Human Services 111 North Sanders, Room 301 P.O. Box 4210 Helena, MT 59604

Re: Approval of State Plan Amendment (SPA) MT 10-001

Dear Ms. Dalton:

We have received Montana's State Plan Amendment 10-001. The intent of this SPA is to create a Medicaid Expansion as part of the State's Healthy Montana Kids initiative.

CMS has completed its review of this SPA. We would like to thank State staff for their cooperative efforts with CMS as we worked through a number of hurdles presented by the timing and topic of the SPA. Please be advised that the amendment is approved with an effective date of October 1, 2009.

Sincerely,

/s/

Richard C. Allen Associate Regional Administrator Divisions of Medicaid and Children's Health

Cc: Duane Preshinger

DEPARTMENT OF HEALTH AND HUMAN SERVICES		FORM APPROVED OMB NO. 0938-0193
HEALTH CARE FINANCING ADMINISTRATION TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		Montana
STATE I LAN MATERIAL	10-001	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: Tit Social Security Act (Medicaid)	le XIX of the
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
6. FEDERAL STATUTE/REGULATION CITATION. 1902(a)(10)(A)(i)(VI) and (VII); 1902(a)(10)(A)(ii)(XIV) and	a. FFY 2010 Medicaid Funded \$	3.084,910.46
1902(a)(10)(A)(1)(4) and (41), 1902(a)(10)(10)(1)(1)(1) and 1902(a)(10)(10)(10)(10)(10)(10)(10)(10)(10)(10		7,526,310.00
1905(u)(2)(b)	b. FFY 2011 Medicaid Funded S	
	CHIP Funded \$	14,530,298.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
	OR ATTACHMENT (If Applicable)	
Supplement 2 to Attachment 2.6-A, page 4	Supplement 2 to Attachment 2.6-A, pa	
Supplement 2 to Attachment 2.6-A, page 5	Supplement 2 to Attachment 2.6-A, pa	ge 5
Supplement 8a to Attachment 2.6-A, page 4	New	
Attachment 2.2-A, page 23c	New	
10. SUBJECT OF AMENDMENT:		11
Remove the resource test for children under 1902(a)(10)(A)(i)(VI) and (	VII); and increase the income limit for chi	lidren under
1902(a)(10)(A)(i)(VII) to 133% FPL through a CHIP-funded Medicaid e	expansion; disregard changes in family inc	come during the 12-month
certification period after the initial determination or redetermination for	ulese children.	
11. GOVERNOR'S REVIEW (Check One):	🖂 OTHER, AS SPEC	CIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Single State Agen	
□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	÷ •	<i>,</i>
12. SIGNATURE OF STATE AGENCY OFF CIAL:	16. RETURN TO:	
	Montana Dept. of Public Health and	Human Services
13. TYPI	Mary E. Dalton	
	State Medicaid Director	
14. TITLE: State Medicaid Director	Attn: Jo Thompson	
	PO Box 4210	
15. DATE SUBMITTED:	Helena, MT 59604	
FOR REGIONAL O	FEICE USE ONLY	
17. DATE RECEIVED: / /	19 DATE ADDOVED	
17. DATE RECEIVED. //1//10	1/19/1	0
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	ONAL OF	FICIAL:
21 TYPED NAME	22. HILL.	Administrate
Richard C. Allen	Accociate Legional	namen Strate
23. REMARKS:	O	

Revision: CMS-PM-

ATTACHMENT 2.2-A Page 23c OMB NO.:

Citation

**Groups** Covered

X

B. 1902(a)(10)(A)(ii)(XIV) and 1905(u)(2)(B) of the Act 42 CFR 435.4 and 42 CFR 435.229

22. Optional Targeted Low-Income Children. Children younger than age 19 who:
a. Are not eligible for Medicaid under any other mandatory or optional eligibility group or eligible as medically needy (without spenddown liability);

**Optional Coverage Other Than the Medically Needy (Continued)** 

- b. Would not have been eligible for Medicaid under the policies in the State's Medicaid plan in effect on March 31, 1997 (but taking into account the expansion of age eligibility provided for in §1902(l)(1)(D));
- c. Are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act), other than under a health insurance program in operation before July 1, 1997 offered by a State which received no Federal funds for the program; and
- d. Have family income at or below:
  - \_\_\_\_\_ 200 percent of the Federal poverty level (FPL) for the family size involved, as revised annually in the Federal Register; or
  - X 133 percent of the FPL, which is in excess of any "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

- X All children described above who are under age <u>19</u> (18, 19) with family income at or below <u>133</u> percent of the FPL.
- The following reasonable classifications of children described above who are under age <u>19</u> (18, 19) with family income at or below the FPL percent specified below for each classification:

TN No. <u>10-001</u> Supersedes TN No. <u>new</u> Effective Date 10-1-2009

Revision: HCFA-PM-00-1 February 2000 Supplement 8a to Attachment 2.6-A Page 4

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

### STATE: MONTANA

### LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

X For poverty-level related children aged 1 up to 19 who are determined eligible under section 1902(a)(10)(A)(i)(VI) or (VII) or 1902(a)(10)(A)(ii)(XIV) of the Social Security Act, disregard any changes in the family's income during the 12-month certification period after the initial determination or redetermination until the next redetermination of the child's eligibility.

TN <u>10-001</u> Supersedes TN <u>NEW</u> Approval Date: <u>1/19/10</u> Effective Date <u>10/01/09</u>

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### STATE: MONTANA

#### **RESOURCE LEVELS**

#### 3. Children

a. <u>Mandatory Group of Children under Section 1902(a)(10)(A)(i)(VI) of the Act</u>. (Children who have attained age 1 but have not attained age 6.)

Same as resource levels in the State's approved AFDC plan. Less restrictive than the AFDC levels and are as follows:

Family Size
1
2
3
4
<u>4</u> <u>5</u> <u>6</u>
6
<u> </u>
8
9
10

.......

Resource Level
\$ no resource test
\$
\$
\$
\$
\$
\$
\$
\$

Revision: HCFA-PM-92-2 (MB) MARCH 1992 SUPPLEMENT 2 to Attachment 2.6-A Page 5

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### STATE: MONTANA

#### **RESOURCE LEVELS**

b. <u>Mandatory Group of Children under Section 1902(a)(10)(A)(i)(VII) of the Act</u>. (Children born after September 30, 1983 who have attained age 6 but have not attained age 19.)

Same as resource levels in the State's approved AFDC plan.XLess restrictive than the AFDC levels and are as follows:

Family Size	Resource Level	
1	\$no resource test	
2	\$	
3		
4	\$	
5	\$	
6	\$	
7	\$	
8	\$	
9	\$	
10	\$	