

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-011	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 January 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.406		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 139,293.68 b. FFY 2011 \$ 185,742.90	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, page 2 Attachment 2.6-A, page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, page 2 Attachment 2.6-A, page 3	
10. SUBJECT OF AMENDMENT: Implement the option in section 214 to provide full Medicaid coverage to all otherwise eligible alien children lawfully residing in the United States			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Single State Agency <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		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	
13. TYPED NAME: <i>Mary E. Dalton</i>			
14. TITLE: <i>State Medicaid Director</i>			
15. DATE SUBMITTED: <i>3/23/2010</i>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <i>3/23/10</i>		18. DATE APPROVED: <i>6/18/10</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>1/1/10</i>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <i>Richard C. Allen</i>		22. TITLE: <i>Associate Regional Administrator</i>	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Condition or Requirement</u>
<u>Requirement</u>	
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905 (p) of the Act	c. For financially eligible qualified Medicare beneficiaries Covered under the section 1902 (a) (10) (E) (i) of the act, meets non-financial criteria of section 1905 (p) of the act.
1905 (s) of the Act	d. For financially eligible qualified disabled and working individuals Covered under section 1902(a) (10) (E) (i) of the Act, meets the non-financial criteria of section 1905 (s).
42 CFR 435.406	3. Is residing in the United States (U.S.), and-- a. Is a citizen or national of the United States; b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended; c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended. ___ State covers all authorized QAs. ___ State does not cover authorized QAs. f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following:

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Supersedes
TN No. 92-13

Citation(s)	Condition or Requirement
1)	A "Qualified alien" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;
(2)	A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a non-immigrant and is permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.;
(3)	An individual described in 8 CFR section 103.12(a)(4) who does not have a permanent residence in the country of their nationality and is in a status that permits the individual to remain in the U.S. for an indefinite period of time, pending adjustment of status. These individuals include: <ul style="list-style-type: none"> <li data-bbox="289 594 1390 646">(a) An individual currently in temporary resident status as an Amnesty beneficiary pursuant to section 210 or 245A of the Immigration and Nationality Act (INA); <li data-bbox="289 651 1284 676">(b) An individual currently under Temporary Protected Status pursuant to section 244 of the INA; <li data-bbox="289 680 1349 732">(c) A family Unity beneficiary pursuant to section 301 of Public Law 101-649 as amended by, as well as pursuant to, section 1504 of Public Law 106-554; <li data-bbox="289 737 1430 762">(d) An individual currently under Deferred Enforced Departure pursuant to a decision made by the President; and <li data-bbox="289 766 1430 814">(e) An individual who is the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and
(4)	An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including the following as specified in section 101(a)(15) of the INA: <ul style="list-style-type: none"> <li data-bbox="337 873 1349 926">• A parent or child of an individual with special immigrant status under section 101(a)(27) of the INA, as permitted under section 101(a)(15)(N) of the INA; <li data-bbox="337 930 1081 955">• A Fiancé of a citizen, as permitted under section 101(a)(15)(K) of the INA; <li data-bbox="337 959 824 984">• A religious worker under section 101(a)(15)(R); <li data-bbox="337 989 1349 1041">• An individual assisting the Department of Justice in a criminal investigation, as permitted under section 101(a)(15)(S) of the INA; <li data-bbox="337 1045 1304 1071">• A battered alien under section 101(a)(15)(U) (see also section 431 as amended by PRWORA); and <li data-bbox="337 1075 1398 1100">• An individual with a petition pending for 3 years or more, as permitted under section 101(a)(15)(V) of the INA.
	<p style="text-align: center;">_____ Elected for pregnant women. x Elected for children under age <u>19</u>.</p>

g. _____ The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

42 CFR 435.403 4.
1902 (b) of the Act

Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.

State has interstate residency agreement with the following States:

State has open agreement (s).

Not applicable; no residency requirement

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