

|  |  |  |                     |
|--|--|--|---------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b><br><br><b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>   |  | 1. TRANSMITTAL NUMBER:<br>10-012   | 2. STATE<br>Montana |
|  |  | 3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)   |                     |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE<br>07/01/10   |                     |
| 5. TYPE OF PLAN MATERIAL (Check One):<br><br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT<br>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  |  |  |                     |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>Section 1902 (a)(10)(A)(ii)(XIII), 1916(g) and 1902(r)(2)   |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2011                      \$107,661<br>b. FFY 2012                      \$247,984                                  |                     |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Supplement 8a to Attachment 2.6-A Page 5<br>Attachment 2.6-A Pages 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o<br>Attachment 2.2-A page 23d   |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><br>New  |                     |
| 10. SUBJECT OF AMENDMENT:<br>The 2009 Montana Legislature passed SB 119, an act requiring the creation and implementation of a Montana Medicaid for Workers with Disabilities Program.   |  |  |                     |
| 11. GOVERNOR'S REVIEW (Check One):<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Single Agency Director; Enacted by<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      the 2007 Montana Legislature |  |  |                     |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  |  | 16. RETURN TO:   |                     |
| 13. TYPED NAME: Mary E. Dalton   |  | Montana Dept. of Public Health and Human Services<br>Mary E. Dalton<br>State Medicaid Director<br>Attn: Jo Thompson<br>PO Box 4210<br>Helena, MT 59604 |                     |
| 14. TITLE: State Medicaid Director   |  |  |                     |
| 15. DATE SUBMITTED 6/15/10 revised   |  |  |                     |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |  |  |                     |
| 17. DATE RECEIVED: 3/30/10   |  | 18. DATE APPROVED: 6/28/10   |                     |
| <b>PLAN APPROVED - ONE COPY ATTACHED</b>   |  |  |                     |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>7/1/10   |  | 20. SIGNATURE OF REGIONAL OFFICIAL:  |                     |
| 21. TYPED NAME:<br>Richard C. Allen  |  | 22. TITLE:<br>Associate Regional Administrator   |                     |
| 23. REMARKS:   |  |  |                     |

Revision: HCFA-PM-00-1  
February 2000

Supplement 8a to Attachment 2.6-A  
Page 5

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 the group covered by 1902(a)(10)(A)(ii)(XIII), the income methodologies of the SSI program will be followed, except that the monthly income limit applied will be 250% of the official Federal Income Poverty Level.

TN: 10-012

Approval Date: JUN 28 2010

Effective Date: 07/01/10

Supersedes TN: NEW

Revision:

ATTACHMENT 2.6-A

Page 12c

OMB No.:

State/Territory: Montana

| Citation                                | Condition or Requirement  |
|---|---|
| 1902(a)(10)(A)(ii)<br>(XIII) of the Act | <p data-bbox="586 585 1247 619">(i) <u>Working Individuals With Disabilities -BBA</u></p> <p data-bbox="678 657 1365 762">In determining countable income and resources for working individuals with disabilities under BBA, the following methodologies are applied:</p> <ul style="list-style-type: none"><li data-bbox="678 800 1304 833">_____ The methodologies of the SSI program.</li><li data-bbox="678 871 1393 1081">_____ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 (income) and Supplement 5 (resources) to <u>ATTACHMENT 2.6-A</u>.</li><li data-bbox="678 1119 1411 1329"><u>X</u> The agency uses more liberal income and/or resource than the SSI program. More liberal methodologies are described in Supplement 8a to attachment 2.6-A. More liberal resource methodologies are described in <u>Supplement 8b to ATTACHMENT 2.6-A</u>.</li></ul> <p data-bbox="678 1438 1365 1501">The State follows the income methodologies of the SSI program.</p> <p data-bbox="678 1539 1401 1644">But for the specific more liberal methodologies listed in <u>Supplement 8b to ATTACHMENT 2.6-A</u>, the State uses the resource methodologies of the SSI program.</p> |

TN 10-012  
SupersedesTN

NEW

Approval Date 6/28/2010

Effective Date 07/01/2010  
CMS ID:

JUN 28 2010

Revision:

ATTACHMENT 2.6-A  
Page 12d  
OMB No.:

State/Territory: Montana

| Citation | Condition or Requirement |
|----------|--------------------------|
|----------|--------------------------|

1902(a)(10)(A)  
(ii)(XV) of the Act

(ii) Working Individuals with Disabilities - Basic Coverage Group - TWWIA

In determining financial eligibility for working individuals with disabilities under this provision, The following standards and methodologies are applied:

The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

The agency applies the following income and/or resource standard(s):

TN 10-012  
SupersedesTN

NEW

Approval Date \_\_\_\_\_

JUN 28 2010

Effective Date 07/01/2010  
CMS ID:

Revision:

ATTACHMENT 2.6-A

Page 12e

OMB No.:

State/Territory: Montana

| Citation                                      | Condition or Requirement  |
|---|---|
| 1902(a)(10)(A)<br>(ii)(XV) of the Act (cont.) | <p data-bbox="680 688 987 720"><u>Income Methodologies</u></p> <p data-bbox="680 762 1377 867">In determining whether an individual meets the income standard described above, the agency uses the following methodologies.</p> <ul style="list-style-type: none"><li data-bbox="680 905 1409 936">_____ The income methodologies of the SSI program.</li><li data-bbox="680 1010 1409 1182">_____ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in <u>Supplement 4 to ATTACHMENT 2.6-A.</u></li><li data-bbox="680 1224 1409 1360">_____ The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></li></ul> |

JUN 28 2010

TN 10-012  
Supersedes TN

NEW

Approval Date \_\_\_\_\_

Effective Date 07/01/2010  
CMS ID:

Revision:

ATTACHMENT 2.6-A  
Page 12f  
OMB No.:

State/Territory: Montana

---

| Citation | Condition or Requirement |
|----------|--------------------------|
|----------|--------------------------|

---

1902(a)(10)(A)  
(ii)(XV) of the Act (cont.)

Resource Methodologies

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

Unless one of the following items is checked, the agency, under the authority of 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to ATTACHMENT 2.6-A.

The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.

The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to ATTACHMENT 2.6-A.

---

TN 10-012  
SupersedesTN

NEW

Approval Date \_\_\_\_\_

JUN 28 2010

Effective Date 07/01/2010  
CMS ID:

Revision:

ATTACHMENT 2.6-A

Page 12g

OMB No.:

State/Territory: Montana

| Citation                                      | Condition or Requirement   |
|---|--|
| 1902(a)(10)(A)<br>(ii)(XV) of the Act (cont.) | <ul style="list-style-type: none"><li data-bbox="764 590 1411 663">_____ The agency does not disregard funds in retirement accounts.</li><li data-bbox="764 695 1411 940">_____ The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></li><li data-bbox="764 978 1411 1045">_____ The agency uses the resource methodologies of the SSI Program.</li><li data-bbox="764 1083 1411 1293">_____ The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in <u>Supplement 5 to ATTACHMENT 2.6-A.</u></li></ul> |

TN 10-012  
Supersedes TN

NEW

Approval Date \_\_\_\_\_

Effective Date 07/01/2010

CMS ID:

JUN 28 2010

Revision:

ATTACHMENT 2.6-A  
Page 12h  
OMB No.:

State/Territory: Montana

---

| Citation | Condition or Requirement |
|----------|--------------------------|
|----------|--------------------------|

---

1902(a)(10)(A)  
(ii)(XVI) of the Act

(ii) Working Individuals with Disabilities -  
Employed Medically Improved Individuals -  
TWWIIA

In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:

The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

The agency applies the following income and/or resource standard(s):

---

TN 10-012  
SupersedesTN

NEW

Approval Date \_\_\_\_\_

Effective Date 07/01/2010  
CMS ID:

1 APR 28 2010



Revision:

ATTACHMENT 2.6-A

Page 12i

OMB No.:

State/Territory: Montana

---

| Citation                                       | Condition or Requirement  |
|--|---|
| 1902(a)(10)(A)<br>(ii)(XVI) of the Act (cont.) | <p data-bbox="675 585 984 617"><u>Income Methodologies</u></p> <p data-bbox="675 655 1373 758">In determining whether an individual meets the income standard described above, the agency uses the following methodologies.</p> <ul data-bbox="675 795 1404 1260" style="list-style-type: none"><li data-bbox="675 795 1404 827">___ The income methodologies of the SSI program.</li><li data-bbox="675 905 1404 1077">___ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in <u>Supplement 4 to ATTACHMENT 2.6-A.</u></li><li data-bbox="675 1115 1404 1260">___ The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in <u>Supplement 8a to ATTCHMENT 2.6-A.</u></li></ul> |

---

TN 10-012  
SupersedesTN

NEW

Approval Date \_\_\_\_\_

JUN 28 2010

Effective Date 07/01/2010

CMS ID:

Revision:

ATTACHMENT 2.6-A

Page 12j

OMB No.:

State/Territory: Montana

---

| Citation | Condition or Requirement |
|----------|--------------------------|
|----------|--------------------------|

---

1902(a)(10)(A)  
(ii)(XVI) of the Act (cont.)

Resource Methodologies

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

Unless one of the following items are checked, the agency, under the authority of 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to ATTACHMENT 2.6-A.

The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.

The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to ATTACHMENT 2.6-A.

---

TN 10-012  
Supersedes TN

NEW

Approval Date \_\_\_\_\_ Effective Date 07/01/2010

JUN 28 2010 CMS ID:

Revision:

ATTACHMENT 2.6-A

Page 12k

OMB No.:

State/Territory: Montana

---

| Citation                                       | Condition or Requirement  |
|--|---|
| 1902(a)(10)(A)<br>(ii)(XVI) of the Act (cont.) | <p data-bbox="764 585 1409 653">_____ The agency does not disregard funds in retirement accounts.</p> <p data-bbox="764 690 1409 932">_____ The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p data-bbox="764 970 1409 1037">_____ The agency uses the resource methodolgies of the SSI Program.</p> <p data-bbox="764 1075 1409 1287">_____ The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in <u>Supplement 5 to ATTACHMENT 2.6-A.</u></p> |

---

TN 10-012  
Supersedes TN

NEW

Approval Date \_\_\_\_\_  
JUN 28 2010

Effective Date 07/01/2010  
CMS ID:

Revision:

ATTACHMENT 2.6-A

Page 12I

OMB No.:

State/Territory: Montana

| Citation  | Condition or Requirement  |
|---|---|
| 1902(a)(10)(A)<br>(ii)(XVI) and 1905(v)(2)<br>of the Act. | <u>Definition of Employed – Employed Medically<br/>Improved Individuals – TWWIA</u> |

\_\_\_\_\_ The agency uses the statutory definition of "employed", i.e., earning at least the minimum wage, and working at least 40 hours per month.

\_\_\_\_\_ The agency uses an alternative definition of "employed" that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency's threshold criteria is described below:

TN 10-012  
SupersedesTN

NEW

Approval Date \_\_\_\_\_  
JUN 28 2010

Effective Date 07/01/2010  
CMS ID:

Revision:

ATTACHMENT 2.6-A

Page 12m

OMB No.:

State/Territory: Montana

| Citation | Condition or Requirement |
|----------|--------------------------|
|----------|--------------------------|

1902(a)(10)(A)(ii)(XIII)  
(XV), (XVI), and 1916(g)  
of the Act

Payment of Premiums or Other Cost Sharing Charges

For individuals eligible under the BBA eligibility group described in No. 23 on page 23d of ATTACHMENT 2.2-A:

X The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied are described below:

Only the income of the employed worker with disabilities will be considered in determining the amount of premium. Cost shares will be the same as the standard copayments for other Medicaid programs.

| Income Range (% of FPL for 1) | Monthly Premium |
|-------------------------------|-----------------|
| Up to 100% FPL                | \$35            |
| Over 100% - 150%              | \$75            |
| Over 150% - 200%              | \$125           |
| Over 200% - 250%              | \$175           |

TN 10-012  
Supersedes TN

NEW

Approval Date \_\_\_\_\_

JUN 28 2010

Effective Date 07/01/2010

CMS ID:

Revision:

ATTACHMENT 2.6-A

Page 12n

OMB No.:

State/Territory: Montana

| Citation | Condition or Requirement |
|----------|--------------------------|
|----------|--------------------------|

1902(a)(10)(A)(ii)  
(XIII), (XV), (XVI), and 1916(g)  
of the Act (cont.)

For individuals eligible under the Basic Coverage Group described in No. 24 on page 23d of ATTACHMENT 2.2-A, and the Medical Improvement Group described in No. 25 on page 23d of ATTACHMENT 2.2-A:

NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.

\_\_\_\_\_ The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.

The premiums or other cost-sharing charges, and how they are applied are described on page 12o.

TN 10-012  
SupersedesTN

NEW

Approval Date JUN 23 2010

Effective Date 07/01/2010  
CMS ID:

Revision:

ATTACHMENT 2.6-A  
Page 12o  
OMB No.:

State/Territory: Montana

---

| Citation  | Condition or Requirement  |
|---|---|
| Sections 1902(a)(10)(A)<br>(ii)(XV), (XVI), and 1916(g)<br>of the Act (cont.) | <u>Premiums and Other Cost-Sharing Charges</u><br><br>For the Basic Coverage Group and the Medical Improvement Group, the agency's premium and other cost-sharing charges, and how they are applied, are described below. |

---

TN 10-012  
SupersedesTN

NEW

Approval Date \_\_\_\_\_

JUN 28 2010

Effective Date 07/01/2010

CMS ID:

Revision:

ATTACHMENT 2.2-A  
PAGE 23d  
OMB NO.:

State/Territory: Montana

| Citation | Groups Covered |
|----------|----------------|
|----------|----------------|

B. Optional Groups Other Than the Medically Needy  
(Continued)

- |   |                                     |   |
|---|-------------------------------------|---|
| 1902(a)(10)(A)<br>(ii)(XIII) of the Act | <input checked="" type="checkbox"/> | 23. BBA Work Incentives Eligibility Group - Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of <u>ATTACHMENT 2.6-A.</u> |
| 1902(a)(10)(A)<br>(ii)(XV) of the Act   | <input type="checkbox"/>            | 24. TWWIIA Basic Coverage Group - Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State.<br>See page 12d of <u>ATTACHMENT 2.6-A.</u>   |
| 1902(a)(10)(A)<br>(ii)(XVI) of the Act  | <input type="checkbox"/>            | 25. TWWIIA Medical Improvement Group - Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State.<br>See page 12h of <u>ATTACHMENT 2.6-A.</u>  |

NOTE: If the State elects cover this group, it MUST also cover the eligibility group described in No. 24 above.

TN 10-012  
SupersedesTN

NEW

Approval Date \_\_\_\_\_

JUN 28 2010

Effective Date 07/01/2010  
CMS ID: