

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  10-013	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 01/01/2010	
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: §1905(p)(1)(C) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2010      \$ 77,561.05 b. FFY 2011      \$ 129,268.42	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A pages 9a-9b1 Attachment 2.6-A pages 22-22a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.2-A pages 9a-9b2 Attachment 2.6-A pages 22-22a	
10. SUBJECT OF AMENDMENT: Incorporate Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) changes into Plan			
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 Agency Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i>		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: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 3/31/10			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <i>3/31/10</i>		18. DATE APPROVED: <i>6/18/10</i>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
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: Montana

Agency	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

— The State applies more restrictive eligibility standards than those under SSI and part or all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

1902(a)(10)(E)(i),  
1905(p) and  
1860D-14(a)(3)(D)  
of the Act

24. Qualified Medicare Beneficiaries --

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),  
1905(p)(3)(A)(i),  
1905(p) and  
1860D-14(a)(3)(D)  
of the Act

25. Qualified Disabled and Working Individuals --

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and

TN No: 10-013  
Supersedes TN No. 92-15

Approval Date 6/18/10

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State: Montana

Agency	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- c. Whose resources do not exceed twice the maximum standard under the SSI resource limit.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

1902(a)(10)(E)(iii),  
1905(p)(3)(A)(ii), and  
1860D-14(a)(3)(D)  
of the Act

26. Specified Low-Income Medicare Beneficiaries --

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed three times the maximum standard under the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

TN No: 10-013  
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State: Montana

Agency	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(iv)  
and 1905(p)(3)(A)(ii)  
and 1860D-14(a)(3)(D)  
of the Act

27. Qualifying Individuals --

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income is at least 120 percent but less than 135 percent of the Federal poverty level;
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

1634(e) of the Act

28. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.

The State applies more restrictive eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611 (e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

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Effective Date 01/01/2010

Supersedes TN No. 93-16, 01-016

State: Montana

Citation	Condition or Requirement
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7. Resource Standard - Medically Needy

1902(a)(10)(C)(i)  
of the Act

- a. Resource standards are based on family size.
- b. A single standard is employed in determining resource resource eligibility for all groups.
- c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--
  - Aged
  - Blind
  - Disabled

Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 to ATTACHMENT 2.6-A so indicates.

1902(a)(10)(E),  
1905(p)(1)(D), 1905(p)(2)(B)  
and 1860D-14(a)(3)(D)  
of the Act

8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals.

For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.

TN No: 10-013  
Supersedes TN No. 97-004

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Revision:

ATTACHMENT 2.6-A  
Page 22a

State: Montana

Citation	Condition or Requirement
1902(a)(10)(E)(ii), 1905(s) and 1860D-14(a)(3)(D) of the Act	9. Resource Standard - Qualified Disabled and Working Individuals.  For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.
1902(u) of the Act	10. For COBRA continuation beneficiaries, the resource standard is:  ___ Twice the SSI resource standard for an individual.  ___ More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to Attachment 2.6-A</u> .

TN No: 10-013  
Supersedes TN No. 92-09

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