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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-15-0016

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

April 3, 2017

Mary Dalton, Medicaid & CHIP Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Re: SPA MT-15-0016

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-15-0016. This amendment will exclude retirement accounts established while the account owner was receiving coverage under section 1902(a)(10)(A)(ii)(XIII), and disregard those accounts in resource eligibility determination for specified eligibility categories.

Please be informed that this State Plan Amendment was approved April 1, 2017, with an effective date of July 1, 2015. We are enclosing the summary page and the amended plan page(s).



If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Sheila Hogan, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0016	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 07/01/15	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(10)(A)(i)(II) & (III); 1902(a)(10)(A)(ii)(IV), (VI) & (XIII); 1902(a)(10)(C); 1902(a)(10)(E)(i), (ii), (iii), and (iv); 1902(a)(10)(F); 1905(p0		7. FEDERAL BUDGET IMPACT: a. FFY 2015: 3 months \$ 122,260 b. FFY 2016: 12 months \$ 489,039 c. FFY 2017: 9 months: \$ 366,780	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8a to Attachment 2.6-A, pages 2 and 5 Supplement 8b to Attachment 2.6-A, pages 3-4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 8a to Attachment 2.6-A, pages 2 and 5 New	
10. SUBJECT OF AMENDMENT: For all Medicaid programs, exclude retirement accounts established while the account owner was receiving coverage under section 1902(a)(10)(A)(ii)(XIII), after the individual is no longer eligible for the Balanced Budget Act coverage.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Department of Public Health and Human Services Mary E. Dalton Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: original submittal date: 7/23/15 resubmittal date: 1/13/17			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: July 23, 2015		18. DATE APPROVED: April 1, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2015		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

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902 (r) (2) OF THE ACT

Section 1902 (f) State

Non-Section 1902(£) State

1902(r)(2) of the Act

Consideration of more liberal resource policies under 1902(r)(2) are being applied to determine medical assistance eligibility.

For covered Medically Needy Groups described in Attachment 2.2-A:

\$100 of the total net countable income per household per month will be deducted before comparing the income of the household to the Medically Needy Income Level.

Interest on and earnings from Independence Accounts described in Supplement 8b to 2.6-A shall be disregarded.

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

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- 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.

 - X Interest on and earnings from Independence Accounts described in Supplement 8b to 2.6-A shall be disregarded.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: MONTANA

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902 (r) (2) OF THE ACT

Section 1902 (f) State

Non-Section 1902(f) State

1902(r)(2) of the Act Consideration of more liberal resource policies under 1902(r)(2) are being applied to determine medical assistance eligibility.

X Exclude the value of all retirement accounts while the account owner is receiving coverage under section 1902(a)(10)(A)(ii)(XIII) of the Act.

- 1) For individuals enrolled in the eligibility category described at section 1902(a)(10)(A)(ii)(XIII) of the Act, the following resource methodology applies:
 - A resource disregard will apply to an account established by the beneficiary after and during the individual's enrollment in the category. The individual shall designate the account to the state Medicaid agency as his or her Independence Account.
 - These accounts will be held separate from non-exempt resources in accounts for which prior approval has been obtained from the Department, and for which the owner authorizes regular monitoring and/or reporting including deposits, withdrawals and other information deemed necessary by the Department for the proper administration of this provision.
 - The Independence Account may be funded by the account owner's earned income.
 - There is no minimum or maximum limit to establish the account.
 - There is no minimum or maximum limit that can be deposited to the existing account.

STATE: MONTANA

- 2) Independence Accounts established under the above-stated terms shall be disregarded in the resource eligibility determination for the following categories, subject to the limitations identified below:

Section 1902(a)(10)(A)(ii)(I), 1902(a)(10)(A)(ii)(II); 1902(a)(10)(A)(ii)(III); 1902(a)(10)(A)(ii)(IV); 1902(a)(10)(C); 1902(a)(10)(E)(i); 1902(a)(10)(E)(iii); 1902(a)(10)(E)(iv); and 1905(p) of the Act.

- The disregard shall apply only to amounts contributed to the account during the individual's enrollment in the section 1902(a)(10)(A)(ii)(XIII) category, and any interest and earnings accrued by the account during and subsequent to such enrollment.
- No additional deposits into the account are permitted once the individual is no longer enrolled in the eligibility category described at section 1902(a)(10)(A)(ii)(XIII) of the Act.
- Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).