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**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 22-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

# MT - Submission Package - MT2022MS0001O - (MT-22-0002-0000) - Eligibility

- Summary
- Reviewable Units
- Versions
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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	MT2022MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	MT
<b>SPA ID</b>	MT-22-0002-0000	<b>Region</b>	Denver, CO
<b>Version Number</b>	2	<b>Package Status</b>	Approved
<b>Submitted By</b>	Mary Kulawik	<b>Submission Date</b>	3/31/2022
<b>Package Disposition</b>		<b>Approval Date</b>	6/15/2022 12:42 PM EDT
<b>Priority Code</b>	P2		
<b>Lead Division</b>	DMEP		

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Division of Program Operations  
601 E. 12th Street  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

June 15, 2022

Michael Randol  
Montana Medicaid and Health Services Executive Director/State Medicaid  
Director  
Department of Public Health and Human Services  
P.O. Box 4210  
Helena, MT 59604

Re: Approval of State Plan Amendment MT-22-0002

Dear Michael Randol,

On March 31, 2022, the Centers for Medicare and Medicaid Services (CMS) received Montana State Plan Amendment (SPA) MT-22-0002, in which the state proposed to increase the general income disregard for medically needy individuals from \$100 to \$269 per month, and to further modify the disregard consistent with Social Security Administration cost-of-living adjustments beginning in 2023 and in subsequent years.

We approve Montana State Plan Amendment (SPA) MT-22-0002 with an effective date(s) of January 01, 2022.

If you have any questions regarding this amendment, please contact Barbara Prehmus at [barbara.prehmus@cms.hhs.gov](mailto:barbara.prehmus@cms.hhs.gov) or at 303-844-7472

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

### Package Header

**Package ID** MT2022MS0001O  
**Submission Type** Official  
**Approval Date** 6/15/2022  
**Superseded SPA ID** N/A

**SPA ID** MT-22-0002-0000  
**Initial Submission Date** 3/31/2022  
**Effective Date** N/A

### State Information

**State/Territory Name:** Montana

**Medicaid Agency Name:** Department of Public Health and  
Human Services

### Submission Component

State Plan Amendment

Medicaid

CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

### Package Header

**Package ID** MT2022MS0001O  
**Submission Type** Official  
**Approval Date** 6/15/2022  
**Superseded SPA ID** N/A

**SPA ID** MT-22-0002-0000  
**Initial Submission Date** 3/31/2022  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** MT-22-0002-0000

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2022	MT-20-0005
Medically Needy Pregnant Women	1/1/2022	MT-20-0005
Medically Needy Children under Age 18	1/1/2022	MT-20-0005
Medically Needy Reasonable Classifications of Individuals under Age 21	1/1/2022	MT-20-0005
Medically Needy Populations Based on Age, Blindness or Disability	1/1/2022	MT-20-0005

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

### Package Header

**Package ID** MT2022MS0001O  
**Submission Type** Official  
**Approval Date** 6/15/2022  
**Superseded SPA ID** N/A

**SPA ID** MT-22-0002-0000  
**Initial Submission Date** 3/31/2022  
**Effective Date** N/A

### Executive Summary

**Summary Description Including Goals and Objectives** This SPA increases the Medically Needy income disregard from the approved \$100 to \$269, effective January 1, 2022. The income disregard will increase annually by the Social Security Administration COLA increase.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$2401300
Second	2023	\$2401300

#### Federal Statute / Regulation Citation

1902(r)(2) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

### Package Header

**Package ID** MT2022MS0001O  
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**SPA ID** MT-22-0002-0000  
**Initial Submission Date** 3/31/2022  
**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

<b>Package ID</b>	MT2022MS0001O	<b>SPA ID</b>	MT-22-0002-0000
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/31/2022
<b>Approval Date</b>	6/15/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

**Package ID** MT2022MS0001O  
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**SPA ID** MT-22-0002-0000  
**Initial Submission Date** 3/31/2022  
**Effective Date** N/A

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes  
 No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes  
 No

- The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

- All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
3/2/2022	Tribal Consultation letter

- All Urban Indian Organizations


Date of solicitation/consultation:	Method of solicitation/consultation:
3/2/2022	Tribal Consultation letter

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
3/2/2022	Tribal Consultation letter

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
<a href="#">Tribal letter Clinical Trial Med Needy Income Disregard CPC+ NAL Medicare A&amp;B final 3-2-22-2</a>	3/11/2022 4:15 PM EST	

**Indicate the key issues raised (optional)**

- Access  
 Quality  
 Cost  
 Payment methodology



Eligibility

Benefits

Service delivery

Other issue

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

### Package Header

**Package ID** MT2022MS0001O  
**Submission Type** Official  
**Approval Date** 6/15/2022  
**Superseded SPA ID** MT-20-0005  
System-Derived

**SPA ID** MT-22-0002-0000  
**Initial Submission Date** 3/31/2022  
**Effective Date** 1/1/2022











### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes  No

















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS00010 | MT-22-0002-0000

## Package Header

**Package ID** MT2022MS00010  
**Submission Type** Official  
**Approval Date** 6/15/2022  
**Superseded SPA ID** MT-20-0005  
System-Derived

**SPA ID** MT-22-0002-0000  
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**Effective Date** 1/1/2022

## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

### Package Header

<b>Package ID</b>	MT2022MS0001O	<b>SPA ID</b>	MT-22-0002-0000
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/31/2022
<b>Approval Date</b>	6/15/2022	<b>Effective Date</b>	1/1/2022
<b>Superseded SPA ID</b>	MT-20-0005		
	System-Derived		

### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

#### Package Header

<b>Package ID</b>	MT2022MS0001O	<b>SPA ID</b>	MT-22-0002-0000
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/31/2022
<b>Approval Date</b>	6/15/2022	<b>Effective Date</b>	1/1/2022
<b>Superseded SPA ID</b>	MT-20-0005		
	System-Derived		

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

**Package ID** MT2022MS0001O  
**Submission Type** Official  
**Approval Date** 6/15/2022  
**Superseded SPA ID** MT-20-0005  
System-Derived

**SPA ID** MT-22-0002-0000  
**Initial Submission Date** 3/31/2022  
**Effective Date** 1/1/2022

## B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
General Income disregard	\$269 of total net countable income per household per month. This dollar amount will be adjusted annually to reflect the SSA COLA.

Census Bureau wages are disregarded.

**Description of disregard:** Census income is disregarded.

Interest is disregarded.

**Description of disregard:** Interest and earnings from Independence Accounts.

The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Contract for Deed	A contract for deed, for which the provisions of the contract are being met, and which contains a provision for at least annual payments, will be excluded as a resource so long as the provisions of the contract are being met, including scheduled payments.

Name of disregard:	Description:
Value of a Life Estate	The value of a life estate will be excluded as a resource if the life estate is being used to produce income consistent with the fair market value of the property. Income will be considered consistent with the fair market value of the property if the net income produced is at least 6% of the fair market value of the property.
Value of First Resource Purchased with Excluded Native American Funds	The value of the first resource purchased with excluded Native American funds, as long as the purchase is clearly identifiable as being made with excluded funds. This would include the first transfer of excluded funds into a non-excluded account, so long as the excluded funds remained clearly identifiable.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:** All funds (including interest) contained in an Individual Development Account (IDA) are excluded as a Resource.

Resources set aside in Independence/Freedom accounts

**Description:** 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).

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.



# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

<b>Package ID</b>	MT2022MS0001O	<b>SPA ID</b>	MT-22-0002-0000
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	System-Derived		

## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

## Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

### Package Header

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<b>Superseded SPA ID</b>	MT-20-0005		
	System-Derived		

### F. Additional Information (optional)

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

### Package Header

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<b>Superseded SPA ID</b>	MT-20-0005		
	System-Derived		

The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

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System-Derived

**SPA ID** MT-22-0002-0000  
**Initial Submission Date** 3/31/2022  
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## B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
General Income disregard	\$269 of total net countable income per household per month. This dollar amount will be adjusted annually to reflect the SSA COLA.

- Census Bureau wages are disregarded.

**Description of disregard:** Census income is disregarded.

- Interest is disregarded.

**Description of disregard:** Interest and earnings from Independence Accounts.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- General resource disregard:

Name of disregard:	Description:
Contract for Deed	A contract for deed, for which the provisions of the contract are being met, and which contains a provision for at least annual payments, will be excluded as a resource so long as the provisions of the contract are being met, including scheduled payments.

Name of disregard:	Description:
Value of a Life Estate	The value of a life estate will be excluded as a resource if the life estate is being used to produce income consistent with the fair market value of the property. Income will be considered consistent with the fair market value of the property if the net income produced is at least 6% of the fair market value of the property.
Value of First Resource Purchased with Excluded Native American Funds	The value of the first resource purchased with excluded Native American funds, as long as the purchase is clearly identifiable as being made with excluded funds. This would include the first transfer of excluded funds into a non-excluded account, so long as the excluded funds remained clearly identifiable.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:** All funds (including interest) contained in an Individual Development Account (IDA) are excluded as a Resource.

Resources set aside in Independence/Freedom accounts

**Description:** 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).

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

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<b>Superseded SPA ID</b>	MT-20-0005		
	System-Derived		

## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Children under Age 18

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	System-Derived		

## F. Additional Information (optional)

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

### Package Header

<b>Package ID</b>	MT2022MS0001O	<b>SPA ID</b>	MT-22-0002-0000
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/31/2022
<b>Approval Date</b>	6/15/2022	<b>Effective Date</b>	1/1/2022
<b>Superseded SPA ID</b>	MT-20-0005		
	System-Derived		

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

### Package Header

<b>Package ID</b>	MT2022MS0001O	<b>SPA ID</b>	MT-22-0002-0000
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<b>Superseded SPA ID</b>	MT-20-0005		
	System-Derived		

The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

<b>Package ID</b>	MT2022MS0001O	<b>SPA ID</b>	MT-22-0002-0000
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<b>Superseded SPA ID</b>	MT-20-0005		
	System-Derived		

## B. Individuals Covered

The state covers the following populations:

- 1. All children under a specified age limit:
  - i. Under age 21
  - ii. Under age 20
  - iii. Under age 19
- 2. Reasonable classifications of children



# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

**Package ID** MT2022MS0001O  
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**SPA ID** MT-22-0002-0000  
**Initial Submission Date** 3/31/2022  
**Effective Date** 1/1/2022

## C. Financial Methodologies

### 1. The state uses the same financial methodology for all individuals covered.

- Yes  
 No

### 2. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.  
 b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 3. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
General Income disregard	\$269 of total net countable income per household per month. This dollar amount will be adjusted annually to reflect the SSA COLA.

- Census Bureau wages are disregarded.

**Description of disregard:** Census income is disregarded.

- Interest is disregarded.

**Description of disregard:** Interest and earnings from Independence Accounts.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

### 4. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

- General resource disregard:

Name of disregard:	Description:
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Name of disregard:	Description:
Contract for Deed	A contract for deed, for which the provisions of the contract are being met, and which contains a provision for at least annual payments, will be excluded as a resource so long as the provisions of the contract are being met, including scheduled payments.
Value of a Life Estate	The value of a life estate will be excluded as a resource if the life estate is being used to produce income consistent with the fair market value of the property. Income will be considered consistent with the fair market value of the property if the net income produced is at least 6% of the fair market value of the property.
Value of First Resource Purchased with Excluded Native American Funds	The value of the first resource purchased with excluded Native American funds, as long as the purchase is clearly identifiable as being made with excluded funds. This would include the first transfer of excluded funds into a non-excluded account, so long as the excluded funds remained clearly identifiable.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:** All funds (including interest) contained in an Individual Development Account (IDA) are excluded as a Resource.

Resources set aside in Independence/Freedom accounts

**Description:** 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).

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

<b>Package ID</b>	MT2022MS0001O	<b>SPA ID</b>	MT-22-0002-0000
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## D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

<b>Package ID</b>	MT2022MS0001O	<b>SPA ID</b>	MT-22-0002-0000
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## G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

#### Package Header

<b>Package ID</b>	MT2022MS0001O	<b>SPA ID</b>	MT-22-0002-0000
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	System-Derived		

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following:

- a. Are age 65 or older;
- b. Have blindness; or
- c. Have a disability.

2. Are not otherwise eligible for categorically needy coverage under the state plan.

3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

<b>Package ID</b>	MT2022MS0001O	<b>SPA ID</b>	MT-22-0002-0000
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	System-Derived		

## B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

**Package ID** MT2022MS0001O  
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System-Derived

**SPA ID** MT-22-0002-0000  
**Initial Submission Date** 3/31/2022  
**Effective Date** 1/1/2022

## C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes  
 No

2. The financial methodology used is:

- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.  
b. Less restrictive methodologies are used in calculating countable income.

- Yes  No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
General Income disregard	\$269 of total net countable income per household per month. This dollar amount will be adjusted annually to reflect the SSA COLA.

Census Bureau wages are disregarded.

**Description of disregard:** Census income is disregarded.

Interest is disregarded.

**Description of disregard:** Interest and earnings from Independence Accounts.

The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

c. Less restrictive methodologies are used in calculating countable resources.

- Yes  No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Contract for Deed	A contract for deed, for which the provisions of the contract are being met, and which contains a provision for at least annual payments, will be excluded as a resource so long as the provisions of the contract are being met, including scheduled payments.
Value of a Life Estate	The value of a life estate will be excluded as a resource if the life estate is being used to produce income consistent with the fair market value of the property. Income will be considered consistent with the fair market value of the property if the net income produced is at least 6% of the fair market value of the property.
Value of First Resource Purchased with Excluded Native American Funds	The value of the first resource purchased with excluded Native American funds, as long as the purchase is clearly identifiable as being made with excluded funds. This would include the first transfer of excluded funds into a non-excluded account, so long as the excluded funds remained clearly identifiable.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:** All funds (including interest) contained in an Individual Development Account (IDA) are excluded as a Resource.

**Description:** The disregard shall apply only to amounts contributed to the



Resources set aside in Independence/Freedom accounts

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).

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

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## D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

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## E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

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## F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | MT2022MS0001O | MT-22-0002-0000

## Package Header

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## G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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