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State/Territory Name: Montana

State Plan Amendments (SPA) #: MT-20-0022

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

July 8, 2020

Marie Matthews
State Medicaid and CHIP Director
Montana Department of Public Health and Human Services
Post Office Box 4210
Helena, MT 59620

Dear Ms. Matthews:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), MT-20-0022, submitted on April 20, 2020, has been approved. This SPA has an effective date of March 1, 2020.

This amendment, as it applies to the COVID-19 public health emergency (PHE), makes the following changes effective March 1, 2020 through the duration of the Federally-declared PHE:

- Conduct tribal consultation subsequent to the submission of this SPA, as permitted under section 1135 of the Social Security Act;
- Waive requirements related to timely processing of applications;
- Delay processing of renewals and extend deadlines for families to respond to renewal requests;
- Delay acting on changes in circumstances for CHIP beneficiaries other than the required changes in circumstances described in 42 CFR 457.342(a) cross-referencing 42 CFR 435.926(d); and
- Waive copayments for all enrollees.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-3413
E-mail: Joyce.Jordan@cms.hhs.gov

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If you have additional questions, please contact Meg Barry, Acting Director, Division of State Coverage Programs at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/signed Amy Lutzky/

Amy Lutzky
Acting Deputy Director

cc: Courtney Miller, Director, Medicaid and CHIP Operations Group
Jackie Glaze, Deputy Director, Medicaid and CHIP Operations Group

**Montana CHIP Disaster Relief State Plan Amendment
4/20/2020**

State/Territory: **Montana**

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR,

457.40(b)) _____
(Signature of Governor, or designee, of State/Territory) (Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Marie Matthews	Position/Title: State Medicaid and CHIP Director
Name: Darci Wiebe	Position/Title: Division Administrator, Health Resources Division
	Department of Public Health and Human Services

Disclosure Statement This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Section 1. General Description and Purpose of the Children's Health Insurance Plans and the

Requirements

- 1.4.** Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

SPA MT 20-0022

Purpose of SPA: To implement provisions for temporary adjustments to application/enrollment and redetermination policies, changes in circumstances, and co-payments/cost sharing requirements for children in families impacted by the Federal COVID-19 public health emergency.

Proposed effective date: March 1, 2020

Proposed implementation date: March 1, 2020

- 1.4- TC** **Tribal Consultation (Section 2107(e)(1)(C))** Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

To address the Federal COVID-19 public health emergency, the State received waiver approval under section 1135 of the Act to modify the tribal consultation process by conducting tribal consultation after submission of the SPA.

- 4.3. Methodology.** Describe the methods of establishing and continuing eligibility and enrollment. The description should address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations, and the process for enrollment of individuals receiving covered services, and whether the State uses the same application form for Medicaid and/or other public benefit programs. (Section 2102)(b)(2)) (42CFR, 457.350)

CHIP Disaster Relief: *The State believes the following policy changes will help maintain continuity of coverage and care for during the federal COVID-19 public health emergency.*

During the Federal COVID-19 public health emergency, requirements related to timely processing of applications may be temporarily waived for CHIP applicants.

During the Federal COVID-19 public health emergency, requirements related to timely processing of renewals and/or deadlines for families to respond to renewal requests may be temporarily waived for CHIP enrollees. In cases where the State exercises this flexibility, it will continue to furnish services until an individual is determined ineligible.

The State will temporarily delay acting on certain changes in circumstances for CHIP beneficiaries whom the state determines are impacted during the Federal COVID-19 public health emergency such that processing the change in a timely manner is not feasible. The state will continue to act on the changes in circumstance described in 42 CFR 457.342(a) cross-referencing 435.926(d).

- 8.2.** Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge by age and income (if applicable) and the service for which the charge is imposed or time period for the charge, as appropriate. (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

8.2.3. Coinsurance or copayments:

Copayments:

During the Federal COVID-19 public health emergency, Montana will waive co-payments and cost share for all enrollees.

- 9.10.** Provide a 1-year projected budget. A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42CFR 457.140)

Montana anticipates that the proposed disaster event provisions will not make any notable impact on the budget.