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## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: MT-13-0042-MM**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (179)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages
- 5) Additional Attachments that are part of the state plan (delete if not applicable)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



## Region VIII

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April 8, 2014

Mary Dalton, Medicaid & Health Services Manager  
Montana Department of Health & Human Services  
1400 Broadway  
PO Box 202951  
Helena, MT 59620

Re: SPA MT-13-0042-MM

Dear Ms. Dalton:

Enclosed is an approved copy of Montana's state plan amendment (SPA) 13-0042-MM, which was submitted to CMS on August 28, 2013. SPA 13-0042-MM incorporates the MAGI-based mandatory and optional eligibility groups' requirements into Montana's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is January 1, 2014.

We are also sending a copy of the following state plan pages and attachments to be incorporated within a separate section at the end of Colorado's approved state plan:

- S14, S25, S28, S30, S32, S33, S50, S51, S52, S53, S54, S55, S57, S59

In addition we will send a summary of the state plan pages which are superseded by SPA 13-0042-MM, which should also be incorporated into a separate section in the front of the state plan.

- Superseding pages of state plan material, SPA 13-0042-MM

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions regarding this SPA please contact Cindy Smith at 303-844-7041.

Sincerely,

/s/

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

Cc: Richard Opper, Department Director  
Duane Preshinger  
Mary Eve Kulwik  
Jo Thompson

**Medicaid State Plan Eligibility: Summary Page (CMS 179)**

**State/Territory name:** Montana

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

MT-13-0042

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

S25: 42 CFR 435.110; 1902(a)(10)(A)(i)(1); 1931(b) and (d) • S28: 42 CFR 435.116; 1902 (a)(10)(A)(i)(III) and

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 1397665.00
Second Year	2015	\$ 2660177.00

**Subject of Amendment**

Implementation of ACA changes for the groups included in the SPAs named above. MAGI budgeting implementation, removal of resource limits and addition of new Former Foster Care children as a covered Medicaid group.

**Governor's Office Review**

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Single Agency Director Review

**Signature of State Agency Official**

Submitted By: Mary Eve

Last Revision Date: Mar 27, 2014

Submit Date: Aug 28, 2013

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

**STATE:**

13-0042

Montana

Pages or sections of pages being superseded by S14, S25, S28, S30, S51, S52, S53, S54, S55, and S57 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 1 Page 3 Page 3a Page 4 Page 4a Page 12 Page 13 Page 13a Page 14 Page 14a Page 21 Page 23 Page 23c Page 23e	Page 2, A.2.b Page 2, A.2.c Page 2a, A.3 Page 5, A.10 Page 9c, B.1 for pregnant women and parents/caretaker relatives Page 20, B.14 Page 25, C.4
Supplement 1 to Attachment 2.2-A	Page 1	
Attachment 2.6-A	Page 3b Page 11a Page 19 Page 19a Page 19b Page 21	Page 1, A.2.a(i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7, 1.a(1) and (2) Page 12, 5.e(2) Page 18, 5.e Page 25, 11.a(3)
Supplement 1 to Attachment 2.6-A	Pages 1-4	
Supplement 2 to Attachment 2.6-A	Pages 1-5	

<p><b>Supplement 8a to Attachment 2.6-A</b></p>	<p>Page 1 Page 4</p>	<p>Page 3 related to AFDC recipients, pregnant women, infants, and children 8a Addendum related to AFDC recipients, pregnant women, infants, and children</p>
<p><b>Supplement 8b to Attachment 2.6-A</b></p>	<p>Page 1a</p>	<p>Page 1 related to AFDC recipients, pregnant women, infants, and children Page 2 related to AFDC recipients, pregnant women, infants, and children</p>
<p><b>Supplement 12a to Attachment 2.6-A</b></p>	<p>Pages 1-3</p>	
<p><b>Supplement 14 to Attachment 2.6-A</b></p>	<p>Page 1</p>	



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## AFDC Income Standards

S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and  
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

### MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

#### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard



# Medicaid Eligibility

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	236	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	318	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	399	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	481	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	563	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	645	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	727	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	808	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	851	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	892	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	11	931	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	12	968	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	13	1,004	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	14	1,037	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	15	1,068	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	16	1,097	<input checked="" type="checkbox"/>

Additional incremental amount  
 Yes  No

Increment amount \$

The dollar amounts increase automatically each year

Yes  No

## AFDC Payment Standard in Effect As of July 16, 1996

### Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region



# Medicaid Eligibility

- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard			
	Household size	Standard (\$)	
+	1	261	X
+	2	349	X
+	3	438	X
+	4	527	X
+	5	615	X
+	6	703	X
+	7	792	X
+	8	880	X
+	9	923	X
+	10	966	X
+	11	1,003	X
+	12	1,040	X
+	13	1,073	X
+	14	1,104	X
+	15	1,134	X
+	16	1,161	X

Additional incremental amount  
 Yes    No

Increment amount \$

The dollar amounts increase automatically each year

- Yes    No

**MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996**

**Income Standard Entry - Dollar Amount - Automatic Increase Option**

**S13a**



# Medicaid Eligibility

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
<b>+</b>	1	330	<b>X</b>
<b>+</b>	2	442	<b>X</b>
<b>+</b>	3	555	<b>X</b>
<b>+</b>	4	668	<b>X</b>
<b>+</b>	5	780	<b>X</b>
<b>+</b>	6	892	<b>X</b>
<b>+</b>	7	1,005	<b>X</b>
<b>+</b>	8	1,117	<b>X</b>
<b>+</b>	9	1,184	<b>X</b>
<b>+</b>	10	1,251	<b>X</b>
<b>+</b>	11	1,312	<b>X</b>
<b>+</b>	12	1,373	<b>X</b>
<b>+</b>	13	1,430	<b>X</b>
<b>+</b>	14	1,485	<b>X</b>
<b>+</b>	15	1,539	<b>X</b>
<b>+</b>	16	1,590	<b>X</b>

Additional incremental amount

- Yes    No

Increment amount \$

The dollar amounts increase automatically each year

- Yes    No

**AFDC Need Standard in Effect As of July 16, 1996**

TN: MT-13-0042-MM

Approval Date: 03/27/14

Effective Date: 01/01/14

Montana

S14, page 4



# Medicaid Eligibility

## Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes    No

## AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

## Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)		Additional incremental amount
				<input type="radio"/> Yes <input type="radio"/> No
<b>+</b>	1		<b>X</b>	Increment amount \$ <input style="width: 50px;" type="text"/>

The dollar amounts increase automatically each year

- Yes    No

## MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date

## Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region



# Medicaid Eligibility

- Standard varies by living arrangement
- Standard varies in some other way

### Enter the statewide standard

	Household size	Standard (\$)	
<b>+</b>	1	453	<b>X</b>
<b>+</b>	2	607	<b>X</b>
<b>+</b>	3	761	<b>X</b>
<b>+</b>	4	916	<b>X</b>
<b>+</b>	5	1,070	<b>X</b>
<b>+</b>	6	1,225	<b>X</b>
<b>+</b>	7	1,380	<b>X</b>
<b>+</b>	8	1,533	<b>X</b>
<b>+</b>	9	1,637	<b>X</b>
<b>+</b>	10	1,740	<b>X</b>
<b>+</b>	11	1,836	<b>X</b>
<b>+</b>	12	1,934	<b>X</b>
<b>+</b>	13	2,026	<b>X</b>
<b>+</b>	14	2,116	<b>X</b>
<b>+</b>	15	2,204	<b>X</b>
<b>+</b>	16	2,290	<b>X</b>

Additional incremental amount

- Yes    No

Increment amount \$

The dollar amounts increase automatically each year

- Yes    No

### TANF payment standard

**Income Standard Entry - Dollar Amount - Automatic Increase Option**

S13a

The standard is as follows:



# Medicaid Eligibility

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes    No

## MAGI-equivalent TANF payment standard

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes    No

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives

S25

42 CFR 435.110  
1902(a)(10)(A)(i)(I)  
1931(b) and (d)

- Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

The state attests that it operates this eligibility group in accordance with the following provisions:

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

- Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

- This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

Options relating to the definition of caretaker relative (select any that apply):

- The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.

Definition of domestic partner:

- The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.

Description of other relatives:

Related within 5th degree of kinship to the child by blood, adoption and/or marriage.

- The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.

Options relating to the definition of dependent child (select the one that applies):

- The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

- The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):



# Medicaid Eligibility

- Have household income at or below the standard established by the state.
- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
- Income standard used for this group
  - Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

- The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

**An attachment is submitted.**

- Maximum income standard

- The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

- The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:



# Medicaid Eligibility

- A percentage of the federal poverty level:  %
- The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
  - The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- Other dollar amount

Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
- The maximum income standard
  - The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.
- Another income standard in-between the minimum and maximum standards allowed

There is no resource test for this eligibility group.

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes     No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made;  
or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.



# Medicaid Eligibility

Other reasonable limitation:

The state requires that a written application be signed by the applicant or representative.

Yes  No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**

The presumptive eligibility determination is based on the following factors:

The individual must be a caretaker relative, as described at 42 CFR 435.110.

Household income must not exceed the applicable income standard described at 42 CFR 435.110.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

## List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act

Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990

Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966

Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)

Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)

Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs

Is a state or Tribal child support enforcement agency under title IV-D of the Act



# Medicaid Eligibility

- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
<b>+</b>	Hospitals	Any hospital in Montana that accepts Medicaid and/or CHIP	<b>X</b>

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

**An attachment is submitted.**

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage

### Pregnant Women

S28

42 CFR 435.116  
1902(a)(10)(A)(i)(III) and (IV)  
1902(a)(10)(A)(ii)(I), (IV) and (IX)  
1931(b) and (d)  
1920

**Pregnant Women** - Women who are pregnant or post-partum, with household income at or below a standard established by the state.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

Yes  No

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

Yes  No

The minimum income standard for this eligibility group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

- The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 185% FPL

Income standard chosen

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
- The maximum income standard
- Another income standard in-between the minimum and maximum standards allowed.

The amount of the income standard for this eligibility group is:  % FPL

There is no resource test for this eligibility group.

Benefits for individuals in this eligibility group consist of the following:

- All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

- Yes    No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

There may be no more than one period of presumptive eligibility per pregnancy.

A written application must be signed by the applicant or representative.



# Medicaid Eligibility

Yes  No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**

The presumptive eligibility determination is based on the following factors:

The woman must be pregnant

Household income must not exceed the applicable income standard at 42 CFR 435.116.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

## List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act

Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990

Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966

Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)

Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)

Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs

Is a state or Tribal child support enforcement agency under title IV-D of the Act

Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act

Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act



# Medicaid Eligibility

Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.)

Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization

Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
<b>+</b>	Community Health Center or Public Health Services Primary Care Research and Demonstration projects	Receive funding under Migrant Health Centers or Community Health Centers or Public Health Service Primary Care Research and Demonstration Projects (Section 329, Section 300, and section 340 of the Public Health Services Act)	<b>X</b>
<b>+</b>	Health Department	Receives funds under Maternal & Child Health Services Block Grant (Title V of Social Security Act)	<b>X</b>
<b>+</b>	Health Department	Participates in the State Perinatal Program	<b>X</b>
<b>+</b>	Hospitals	Any hospital in Montana that accepts Medicaid and/or CHIP	<b>X</b>

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

**An attachment is submitted.**

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Infants and Children under Age 19

S30

42 CFR 435.118  
1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)  
1902(a)(10)(A)(ii)(IV) and (IX)  
1931(b) and (d)

**Infants and Children under Age 19** - Infants and children under age 19 with household income at or below standards established by the state based on age group.

The state attests that it operates this eligibility group in accordance with the following provisions:

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

Are under age 19

Have household income at or below the standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for infants under age one

Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

Yes  No

The minimum income standard for infants under age one is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

**An attachment is submitted.**

The state's maximum income standard for this age group is:

The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

- The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 185% FPL

Income standard chosen

The state's income standard used for infants under age one is:

- The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

The amount of the income standard for infants under one is:  % FPL

Income standard for children age one through age five, inclusive

Minimum income standard



# Medicaid Eligibility

The minimum income standard used for this age group is 133% FPL.

Maximum income standard

- The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

**An attachment is submitted.**

The state's maximum income standard for children age one through five is:

- The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard:  % FPL

Income standard chosen

The state's income standard used for children age one through five is:

- The maximum income standard

- If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

Income standard for children age six through age eighteen, inclusive

Minimum income standard

The minimum income standard used for this age group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for children age  six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

**An attachment is submitted.**

The state's maximum income standard for children age six through eighteen is:

The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

133% FPL

Income standard chosen

The state's income standard used for children age six through eighteen is:



# Medicaid Eligibility

The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),

- 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

There is no resource test for this eligibility group.

Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

Yes    No

<b>Presumptive Eligibility for Children</b>	<b>S16</b>
1902(a)(47) 1920A 42 CFR 435.1101 42 CFR 435.1102	
<input checked="" type="checkbox"/> The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity under the following provisions:	



# Medicaid Eligibility

If the state has elected to cover Optional Targeted Low-Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the higher of the standard used for Optional Targeted Low-Income Children or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

If the state has not elected to cover Optional Targeted Low Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the standard used under the Infants and Children under Age 19 eligibility group (42 CFR 435.118), for that child's age.

- Children under the following age may be determined presumptively eligible:

Under age

- The presumptive period begins on the date the determination is made.

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

- Yes  No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**

- The presumptive eligibility determination is based on the following factors:

Household income must not exceed the applicable income standard described above, for the child's age.

State residency

Citizenship, status as a national, or satisfactory immigration status

- The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.



# Medicaid Eligibility

## List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
<b>+</b>	Hospitals	Any hospital in Montana that accepts Medicaid and/or CHIP	<b>X</b>

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.
- 

**An attachment is submitted.**



# Medicaid Eligibility

## PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Mandatory Coverage</b> <b>Adult Group</b>	<b>S32</b>
1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	
The state covers the Adult Group as described at 42 CFR 435.119. <input type="radio"/> Yes <input checked="" type="radio"/> No	

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage

S33

### Former Foster Care Children

42 CFR 435.150

1902(a)(10)(A)(i)(IX)

- Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

The state attests that it operates this eligibility group under the following provisions:

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

Are under age 26.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

Yes  No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes  No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Periods of presumptive eligibility are limited as follows:

No more than one period within a calendar year.

No more than one period within two calendar years.

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Other reasonable limitation:



# Medicaid Eligibility

The state requires that a written application be signed by the applicant or representative.

Yes     No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**

The presumptive eligibility determination is based on the following factors:

The individual must meet the categorical requirements of 42 CFR 435.150.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

## List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act

Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990

Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966

Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)

Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)

Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs

Is a state or Tribal child support enforcement agency under title IV-D of the Act

Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act

Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act



# Medicaid Eligibility

- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
<b>+</b>	Hospital	Any hospital in Montana that accepts Medicaid and/or CHIP	<b>X</b>

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act,  and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

**An attachment is submitted.**

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b>	<b>S50</b>
<b>Individuals above 133% FPL</b>	

1902(a)(10)(A)(ii)(XX)  
1902(hh)  
42 CFR 435.218

**Individuals above 133% FPL** - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

Yes    No

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b>	<b>S51</b>
<b>Optional Coverage of Parents and Other Caretaker Relatives</b>	

42 CFR 435.220  
1902(a)(10)(A)(ii)(I)

**Optional Coverage of Parents and Other Caretaker Relatives** - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.

Yes  No

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage S52 Reasonable Classification of Individuals under Age 21

42 CFR 435.222  
1902(a)(10)(A)(ii)(I)  
1902(a)(10)(A)(ii)(IV)

**Reasonable Classification of Individuals under Age 21** - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

Yes  No

The state attests that it operates this eligibility group in accordance with the following provisions:

- Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the following criteria:
  - Be under age 21, or a lower age, as defined within the reasonable classification.
  - Have household income at or below the standard established by the state, if the state has an income standard for the reasonable classification.
  - Not be eligible and enrolled for mandatory coverage under the state plan.
- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

Yes  No

The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, 2010 with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

Yes  No

### Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

- The state attaches the approved pages from the Medicaid state plan as of March 23, 2010 to indicate the age groups, reasonable classifications, and income standards used at that time for this eligibility group.

**An attachment is submitted.**

### Current Coverage of All Children under a Specified Age



# Medicaid Eligibility

The state covers all children under a specified age limit, equal to or higher than the age limit and/or income standard used in the Medicaid state plan as of March 23, 2010, provided the income standard is higher than the current mandatory income standard for the individual's age. The age limit and/or income standard used must be no higher than any age limit and/or income standard covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

Yes  No

## Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

The state covers reasonable classifications of children previously covered in the Medicaid state plan as of March 23, 2010, with income standards higher than the current mandatory income standard for the age group. Age limits and income standards are equal to or higher than the Medicaid state plan as of March 23, 2010, but no higher than any age limit and/or income standard for this classification covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

Yes  No

Indicate the reasonable classifications of children that were covered in the state plan in effect as of March 23, 2010 with income standards higher than the mandatory standards used for the child's age, using age limits and income standards that are not more restrictive than used in the state plan as of as March 23, 2010 and are not less restrictive than used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

## Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

<b>Reasonable Classifications of Children</b>	<b>S11</b>
<input checked="" type="checkbox"/> Individuals for whom public agencies are assuming full or partial financial responsibility.	
<input checked="" type="checkbox"/> Individuals placed in foster care homes by public agencies	
Indicate the age which applies:	
<input checked="" type="radio"/> Under age 21 <input type="radio"/> Under age 20 <input type="radio"/> Under age 19 <input type="radio"/> Under age 18	
<input type="checkbox"/> Individuals placed in foster care homes by private, non-profit agencies	
<input checked="" type="checkbox"/> Individuals placed in private institutions by public agencies	
Indicate the age which applies:	
<input checked="" type="radio"/> Under age 21 <input type="radio"/> Under age 20 <input type="radio"/> Under age 19 <input type="radio"/> Under age 18	
<input type="checkbox"/> Individuals placed in private institutions by private, non-profit agencies	
<input checked="" type="checkbox"/> Individuals in adoptions subsidized in full or part by a public agency	
Indicate the age which applies:	
<input checked="" type="radio"/> Under age 21 <input type="radio"/> Under age 20 <input type="radio"/> Under age 19 <input type="radio"/> Under age 18	



# Medicaid Eligibility

Individuals in nursing facilities, if nursing facility services are provided under this plan

Indicate the age which applies:

Under age 21    Under age 20    Under age 19    Under age 18

Also individuals in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), if these services are provided under this plan.

Indicate the age which applies:

Under age 21    Under age 20    Under age 19    Under age 18

Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan

Other reasonable classifications

	Name of classification	Description	Age Limit	
+	Individuals receiving active treatment as inpatients in psychiatric facilities or programs	Under the jurisdiction of the Department or are wards of the tribal court and under the supervision of an indian tribe, BIA or the State of Montana	Under age 21	X

Enter the income standard used for these classifications. The income standard must be higher than the mandatory standard for the child's age. It may be no lower than the income standard used in the state plan as of March 23, 2010 and no higher than the highest standard used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

[Click here once S11 form above is complete to view the income standards form.](#)

## Individuals placed in foster care homes by public agencies

Income standard used

Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes    No



# Medicaid Eligibility

- The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

- The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- A percentage of the federal poverty level:  %
- The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
- The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
- Other dollar amount

## **Income Standard Entry - Dollar Amount - Automatic Increase Option** S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way



# Medicaid Eligibility

Enter the statewide standard

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	453	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	607	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	761	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	916	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	1,070	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	1,225	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	1,380	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	1,533	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	1,637	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	1,740	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	11	1,836	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	12	1,934	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	13	2,026	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	14	2,116	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	15	2,204	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	16	2,290	<input checked="" type="checkbox"/>

Additional incremental amount  
 Yes  No

Increment amount \$

The dollar amounts increase automatically each year

Yes  No

Income standard chosen

Individuals qualify under this classification under the following income standard:

- The minimum standard.
- The maximum income standard.



# Medicaid Eligibility

- If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

## Individuals placed in private institutions by public agencies

Income standard used

Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes     No

- The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.
- 

**An attachment is submitted.**



# Medicaid Eligibility

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

A percentage of the federal poverty level:  %

The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.

The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.

Other dollar amount

## **Income Standard Entry - Dollar Amount - Automatic Increase Option** S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way



# Medicaid Eligibility

	Household size	Standard (\$)	
<b>+</b>	1	453	<b>X</b>
<b>+</b>	2	607	<b>X</b>
<b>+</b>	3	761	<b>X</b>
<b>+</b>	4	916	<b>X</b>
<b>+</b>	5	1,070	<b>X</b>
<b>+</b>	6	1,225	<b>X</b>
<b>+</b>	7	1,380	<b>X</b>
<b>+</b>	8	1,533	<b>X</b>
<b>+</b>	9	1,637	<b>X</b>
<b>+</b>	10	1,740	<b>X</b>
<b>+</b>	11	1,836	<b>X</b>
<b>+</b>	12	1,934	<b>X</b>
<b>+</b>	13	2,026	<b>X</b>
<b>+</b>	14	2,116	<b>X</b>
<b>+</b>	15	2,204	<b>X</b>
<b>+</b>	16	2,290	<b>X</b>

Additional incremental amount

Yes  No

Increment amount \$

The dollar amounts increase automatically each year

Yes  No

Income standard chosen

Individuals qualify under this classification under the following income standard:

- The minimum standard.
- The maximum income standard.



# Medicaid Eligibility

- If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

## Individuals in adoptions subsidized in full or part by a public agency

### Income standard used

#### Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

#### Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes    No

#### No income test was used (all income was disregarded) for this classification under:

(check all that apply)

- The Medicaid state plan as of March 23, 2010.
- The Medicaid state plan as of December 31, 2013.
- A Medicaid 1115 Demonstration as of March 23, 2010.



# Medicaid Eligibility

A Medicaid 1115 Demonstration as of December 31, 2013.

The state's maximum standard for this classification of children is no income test (all income is disregarded).

Income standard chosen

Individuals qualify under this classification under the following income standard:

This classification does not use an income test (all income is disregarded).

## Individuals in nursing facilities, if nursing facility services are provided under this plan

Income standard used

Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes  No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.



# Medicaid Eligibility

- The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- A percentage of the federal poverty level:  %

- The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.

- The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.

- Other dollar amount

<b>Income Standard Entry - Dollar Amount - Automatic Increase Option</b>	<b>S13a</b>
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The standard is as follows:

- Statewide standard  
 Standard varies by region  
 Standard varies by living arrangement  
 Standard varies in some other way

Enter the statewide standard



# Medicaid Eligibility

	Household size	Standard (\$)	
<b>+</b>	1	453	<b>X</b>
<b>+</b>	2	607	<b>X</b>
<b>+</b>	3	761	<b>X</b>
<b>+</b>	4	916	<b>X</b>
<b>+</b>	5	1,070	<b>X</b>
<b>+</b>	6	1,225	<b>X</b>
<b>+</b>	7	1,380	<b>X</b>
<b>+</b>	8	1,533	<b>X</b>
<b>+</b>	9	1,637	<b>X</b>
<b>+</b>	10	1,740	<b>X</b>
<b>+</b>	11	1,836	<b>X</b>
<b>+</b>	12	1,934	<b>X</b>
<b>+</b>	13	2,026	<b>X</b>
<b>+</b>	14	2,116	<b>X</b>
<b>+</b>	15	2,204	<b>X</b>
<b>+</b>	16	2,290	<b>X</b>

Additional incremental amount

Yes  No

Increment amount \$

The dollar amounts increase automatically each year

Yes  No

Income standard chosen

Individuals qualify under this classification under the following income standard:

- The minimum standard.
- The maximum income standard.



# Medicaid Eligibility

- If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

## **Also individuals in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), if these services are provided under this plan.**

### Income standard used

#### Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

#### Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes    No

- The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

**An attachment is submitted.**



# Medicaid Eligibility

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

A percentage of the federal poverty level:  %

The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.

The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.

Other dollar amount

## **Income Standard Entry - Dollar Amount - Automatic Increase Option** S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way



# Medicaid Eligibility

	Household size	Standard (\$)	
<b>+</b>	1	453	<b>X</b>
<b>+</b>	2	607	<b>X</b>
<b>+</b>	3	761	<b>X</b>
<b>+</b>	4	916	<b>X</b>
<b>+</b>	5	1,070	<b>X</b>
<b>+</b>	6	1,225	<b>X</b>
<b>+</b>	7	1,380	<b>X</b>
<b>+</b>	8	1,533	<b>X</b>
<b>+</b>	9	1,637	<b>X</b>
<b>+</b>	10	1,740	<b>X</b>
<b>+</b>	11	1,836	<b>X</b>
<b>+</b>	12	1,934	<b>X</b>
<b>+</b>	13	2,026	<b>X</b>
<b>+</b>	14	2,116	<b>X</b>
<b>+</b>	15	2,204	<b>X</b>
<b>+</b>	16	2,290	<b>X</b>

Additional incremental amount

Yes  No

Increment amount \$

The dollar amounts increase automatically each year

Yes  No

Income standard chosen

Individuals qualify under this classification under the following income standard:

- The minimum standard.
- The maximum income standard.



# Medicaid Eligibility

- If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

## Individuals receiving active treatment as inpatients in psychiatric facilities or programs

Income standard used

Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes    No

- The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.
- 

**An attachment is submitted.**



# Medicaid Eligibility

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

- The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- A percentage of the federal poverty level:  %
  - The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
  - The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
- Other dollar amount

**Income Standard Entry - Dollar Amount - Automatic Increase Option** S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard



# Medicaid Eligibility

	Household size	Standard (\$)	
<b>+</b>	1	453	<b>X</b>
<b>+</b>	2	607	<b>X</b>
<b>+</b>	3	761	<b>X</b>
<b>+</b>	4	916	<b>X</b>
<b>+</b>	5	1,070	<b>X</b>
<b>+</b>	6	1,225	<b>X</b>
<b>+</b>	7	1,380	<b>X</b>
<b>+</b>	8	1,533	<b>X</b>
<b>+</b>	9	1,637	<b>X</b>
<b>+</b>	10	1,740	<b>X</b>
<b>+</b>	11	1,836	<b>X</b>
<b>+</b>	12	1,934	<b>X</b>
<b>+</b>	13	2,026	<b>X</b>
<b>+</b>	14	2,116	<b>X</b>
<b>+</b>	15	2,204	<b>X</b>
<b>+</b>	16	2,290	<b>X</b>

Additional incremental amount

Yes  No

Increment amount \$

The dollar amounts increase automatically each year

Yes  No

Income standard chosen

Individuals qualify under this classification under the following income standard:

- The minimum standard.
- The maximum income standard.



# Medicaid Eligibility

- If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

## Other Reasonable Classifications Previously Covered

The state covers reasonable classifications of children not covered in the Medicaid state plan as of March 23, 2010, but covered under the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013 with an income standard higher than the current mandatory income standard for the age group.

Yes  No

## Additional new age groups or reasonable classifications covered

If the state has not elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does not cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

Yes  No

There is no resource test for this eligibility group.

## PRA Disclosure Statement



# Medicaid Eligibility

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage Children with Non IV-E Adoption Assistance

S53

42 CFR 435.227  
1902(a)(10)(A)(ii)(VIII)

**Children with Non IV-E Adoption Assistance** - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.

Yes  No

The state attests that it operates this eligibility group in accordance with the following provisions:

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

The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;

Are under the following age (see the Guidance for restrictions on the selection of an age):

Under age 21

Under age 20

Under age 19

Under age 18

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes  No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

Yes  No

Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.

The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes  No

Income standard used for this eligibility group

Minimum income standard

The minimum income standard for this eligibility group is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

Maximum income standard



# Medicaid Eligibility

No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes  No

No income test was used (all income was disregarded) for this eligibility group under (check all that apply):

- The Medicaid state plan as of March 23, 2010.
- The Medicaid state plan as of December 31, 2013.
- A Medicaid 1115 Demonstration as of March 23, 2010.
- A Medicaid 1115 Demonstration as of December 31, 2013.

The state's maximum standard for this eligibility group is no income test (all income is disregarded).

Income standard chosen

Individuals qualify under this eligibility group under the following income standard, which must be higher than the minimum for this child's age:

This eligibility group does not use an income test (all income is disregarded).

There is no resource test for this eligibility group.

## PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage Optional Targeted Low Income Children S54

1902(a)(10)(A)(ii)(XIV)  
42 CFR 435.229 and 435.4  
1905(u)(2)(B)

**Optional Targeted Low Income Children** - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

Yes  No

The state attests that it operates this eligibility group in accordance with the following provisions:

- Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group.
- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes  No

The state also covered this eligibility group in the state plan as of March 23, 2010.

Yes  No

- Until October 1, 2019, states must include at least those individuals covered as of March 23, 2010, but may cover additional individuals. Effective October 1, 2019, states may reduce or eliminate coverage for this group.
- Individuals are covered under this eligibility group, as follows:

All children under age 18 or 19 are covered:

The reasonable classification of children covered is:

- Under age 1
- Age 1 through age 5, inclusive
- Age 6 through age 18, inclusive
- Under age
- Age  through age

Income standard used for this classification

Minimum income standard



# Medicaid Eligibility

The income standard for this classification of children must exceed the lowest income standard chosen for children in the age group selected above, under the mandatory Infants and Children under Age 19 eligibility group.

Maximum income standard

- The state certifies that it has submitted and received approval for its converted income standard(s) for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

- The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for this classification of children under the Medicaid State Plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 200% FPL.
- A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
- The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

% FPL

Income standard chosen, which must exceed the minimum income standard

Individuals qualify under the following income standard:

- The maximum income standard.
- The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
  - If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
  - If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

- If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- If higher than the effective income level used under the state plan as of March 23, 2010, 200% FPL.
- If higher than the effective income level used under the state plan as of March 23, 2010, a percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this eligibility group in the state plan as of March 23, 2010.

The income standard for this eligibility group is:  % FPL

There is no resource test for this eligibility group.

Presumptive Eligibility

Presumptive eligibility for this group depends upon the selection of presumptive eligibility for the Infants and Children under Age 19 eligibility group. If presumptive eligibility is done for that group, it is done for this group under the same provisions.

## PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b> <b>Individuals with Tuberculosis</b>	<b>S55</b>
1902(a)(10)(A)(ii)(XII) 1902(z)	
<b>Individuals with Tuberculosis</b> - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services. <input type="radio"/> Yes <input checked="" type="radio"/> No	

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b>	<b>S57</b>
<b>Independent Foster Care Adolescents</b>	

42 CFR 435.226  
1902(a)(10)(A)(ii)(XVII)

**Independent Foster Care Adolescents** - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.

Yes    No

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b>	<b>S59</b>
<b>Individuals Eligible for Family Planning Services</b>	

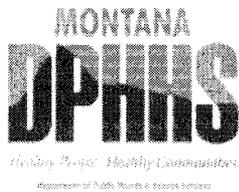
1902(a)(10)(A)(ii)(XXI)  
42 CFR 435.214

**Individuals Eligible for Family Planning Services** - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

Yes    No

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.



## Proof of Temporary Coverage for Presumptive Eligibility

Dear Provider:

The person(s) listed below has temporary health coverage through Presumptive Eligibility (PE). Temporary coverage may last between 30 and 60 days depending on the effective date of coverage shown (below). To ensure payment, providers must verify eligibility prior to providing services and submitting claims. If you have questions concerning Presumptive Eligibility, please call the Human and Community Services office, 1-877-543-7669, ext.2869 OR ext. 3098.

Verify Presumptive Eligibility via:

- Web Portal at [www.mtmedicaid.org](http://www.mtmedicaid.org) (click on *Montana Access to Health* link);
- FAX Back at 1-800-714-0075 (do not FAX the completed PE application to this FAX number); or
- Automated Voice Response at 1-800-714-0060

Services included under temporary coverage are the same as those available under regular program coverage.

**NOTE:** Social Security Numbers are requested **but are not required.**

Name (First - Middle Initial - last)	Social Security Number <u>AND</u> Date of Birth mm/dd/yyyy	Effective Date of Coverage mm/dd/yyyy	<u>Check the appropriate coverage group</u>					
			HMK <i>Plus</i>	HMK	Former Foster Care (ages 18 up to 26)	Parent/ Caretaker Relative Medicaid	Pregnant Woman	Breast & Cervical Cancer

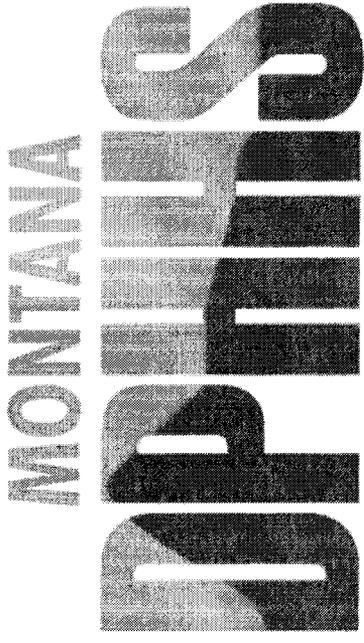
\_\_\_\_\_  
**Name** of Qualified Entity Determining Presumptive Eligibility (Please Print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**Signature** of Qualified Entity

**QUALIFIED ENTITY:** Within 5 days of Determination, SCAN PE Application and Proof of Temporary Coverage form, then create a secure ePass account at [transfer.mt.gov](http://transfer.mt.gov), and email scanned documents to: [HHSPresumptive@mt.gov](mailto:HHSPresumptive@mt.gov) – OR FAX same documents to: 1-877-418-4533.

**Human and Community Services Division, State of Montana, PO Box 202925, Helena MT 59620-2925**



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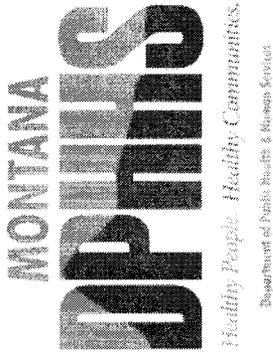
Department of Public Health & Human Services

# Presumptive Eligibility Training

## *Streamlining Healthcare for Montanans*

Human and Community Services Division, DPHHS  
PO Box 202925, Helena, Montana 59620-2925

Website: [www.dphhs.mt.gov](http://www.dphhs.mt.gov) ♦ E-mail: [tsmith@mt.gov](mailto:tsmith@mt.gov)  
1-877-543-7669, x3098 (Free call)

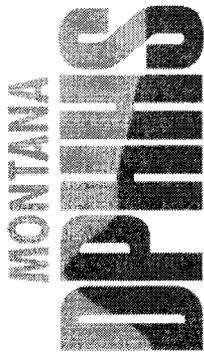


## *Presumptive Eligibility--Streamlining Healthcare for Montanans*

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# **You Make It Happen!**

- ❖ **As a Qualified Entity (QE), you have many opportunities to make a real difference for the people you serve. Access to health care is critical for uninsured or underinsured persons when faced with sudden and serious health care conditions.**
- ❖ **After taking this training, you will be trained and certified to make accurate, complete and timely Presumptive Eligibility (PE) determinations so eligible people can receive temporary health care coverage for a short period of time. Reimbursement for your facility, and the family's peace of mind depend upon your due diligence and attention to detail.**
- ❖ ***We value your participation in the Presumptive Eligibility process. You are an ambassador for health care. Thank you for your commitment to Montanans!***

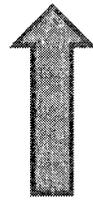


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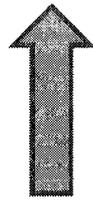
*Presumptive Eligibility--Streamlining Healthcare for Montanans*

## New or Changing Populations for PE

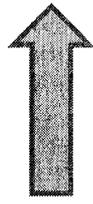
Beginning January 1, 2014, hospitals and other designated facilities participating with Medicaid are able to offer PE to more people. Prior to 2014, PE was available for children and pregnant women. Now the following populations have PE coverage as an option if they meet eligibility requirements. The hospital/facility must participate with Medicaid and must agree to make determinations for every group listed:



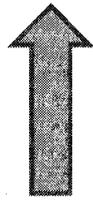
Children (HMK Plus and HMK)



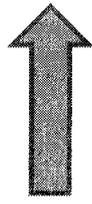
Former Foster Care Children (ages 18 up to 26)



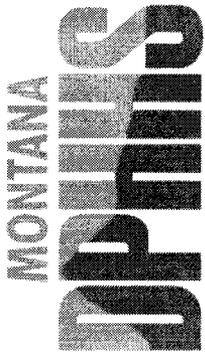
Parent/Caretaker Relative Medicaid



Pregnant Woman (Ambulatory Prenatal Care)



Breast and Cervical Cancer



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## Presumptive Eligibility--Streamlining Healthcare for Montanans

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### Definitions

**HMK Plus** – (Healthy Montana Kids *Plus*), formerly called Children’s Medicaid

- Children UP TO age 19. See *Income Calculation Tool* for Household Income levels.

**HMK** – (Healthy Montana Kids), formerly called Children’s Health Insurance Program (CHIP)

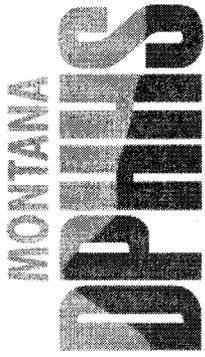
- Children UP TO age 19. See *Income Calculation Tool* for Household Income levels.
- Applicants cannot have other health insurance and receive **HMK**.

#### Former Foster Care

- For individuals who were in Foster Care and receiving Medicaid when they turned 18
- May apply if currently age 18 UP TO age 26
- No Income limit or resource/asset test
- Should be evaluated for PE as an individual even if living in a household with other family members

#### Parent/Caretaker Relative Medicaid

- For individuals who live together and are related by Marriage and/or Parentage.
- The parent or caretaker relative **must** have a related dependent child under age 19 living with them in the home to be eligible. See *Income Calculation Tool* for Household Income levels.



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## Presumptive Eligibility--Streamlining Healthcare for Montanans

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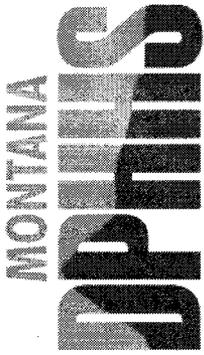
### Definitions, Continued

#### Pregnant Woman

- For Pregnant women presenting for services prior to delivery. See **Income Calculation Tool** for Household Income levels. A pregnant woman may be eligible for PE more than once in 12 months if they are pregnant more than once in that 12-month period.

#### Breast and Cervical Cancer

- For women (ages 19 through 64) presenting for services after screening at a designated Montana Breast and Cervical Health Program facility AND after receiving diagnosis and treatment options for breast and/or cervical cancer.
- A **Montana Breast and Cervical Screening Form**, **Enrollment Form**, and the **Montana Breast and Cervical Cancer Treatment Program Medicaid Referral form** must be presented to be eligible for PE.
- Income and Household Size do not need to be evaluated for PE since they are reviewed during the Breast and Cervical Cancer Screening process.
- Applicants cannot have other insurance which covers breast or cervical cancer treatment.



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## Presumptive Eligibility--Streamlining Healthcare for Montanans

### What Is Presumptive Eligibility?

#### Immediate temporary health coverage for eligible individuals

- Recipients are allowed ONE PE period every 12 months (dated from the most recent PE effective date) OR once per pregnancy. (A pregnant woman may be eligible more than once in 12 months if they have more than one pregnancy during that 12-month period).
- When applying for Presumptive Eligibility, Applicants **MUST** be provided with the “Application for Health Coverage” and informed of documentation requirements. QEs are encouraged to assist applicants as much as possible in applying for long term coverage.
- PE begins the date a Qualified Entity makes a PE determination, and lasts until either the date a complete eligibility determination is made based on a full health coverage application, **OR** until the last day of the month following the month PE began. Qualified Entities must explain coverage options to PE recipients:
  - Short term coverage is provided under Presumptive Eligibility, and
  - Longer term coverage is available to eligible persons who complete and submit the “Application for Health Coverage” and required documentation.



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Presumptive Eligibility--Streamlining Healthcare for Montanans

# Step 1 - Verify Coverage Status

## Web Portal - [www.mtmedicaid.org](http://www.mtmedicaid.org)

★ Verify if the person has current coverage

**mt.gov** Montana's Official State Website  
 DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES  
 Montana Access to Health Web Portal  
 HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS  
 Exit | Help  
 Home > Eligibility > Eligibility Inquiry Confirm > Eligibility Inquiry Response Nays Dermatology

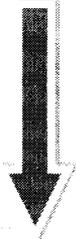
### Eligibility Inquiry Response

#### Client Demographic Information

Client Original ID: 0001110902  
 Client Current ID: 10/19/2013  
 Client Member ID:  
 Name:  
 Address:  
 City:  
 County Code:  
 State:  
 Zip Code:  
 Date of Birth:  
 Gender Code:  
 NPI or Provider ID: 0001110902  
 Date of Service: 10/19/2013  
 Valid Request Indicator:  
 Reject Reason Code:  
 Follow-up Action Code:  
 Date of Death:  
 Trace Number:

In this example, the person has HMK Plus coverage from 2/1/12 - 12/31/13.

Eligibility Spans	Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus Basic Coverage			02/01/2012	12/31/2013

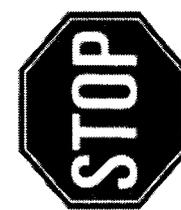


**Eligibility Inquiry Response**

**Client Demographic Information**

Client Original ID: NPI or Provider ID: 0001110902  
 Client Current ID: Date of Service: 01/15/2014  
 Client Member ID: Valid Request Indicator:  
 Name: Reject Reason Code:  
 Address: Follow-up Action Code:  
 City: Date of Death:  
 County Code: Trace Number:  
 State:   
 Zip Code:   
 Date of Birth:   
 Gender Code:

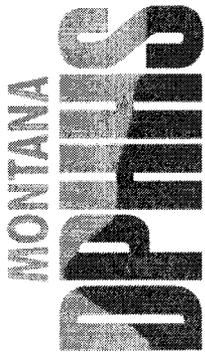
Eligibility Spans	Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	OT: Other	HMK/CHIP	Presumptive Eligible		01/15/2014	02/28/2014



**Persons currently covered under Medicaid, HMK, or HMK Plus do not need PE. Those who had PE within the past 12 months (with a PE effective date on or after a year prior to the current date) are not eligible for PE, but the "Application for Health Coverage" should be offered. A pregnant woman may be eligible for PE more than once in 12 months if they are pregnant more than once during that 12-month period.**

In this example, the person had HMK Presumptive Eligibility coverage 1/15/14-2/28/14. This person can't receive PE benefits again until 1/15/2015. However, the applicant should be offered the full "Application for Health Coverage and Help Paying Costs" to complete and submit.





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# Presumptive Eligibility--Streamlining Healthcare for Montanans

## Step 2 The Presumptive Eligibility Application

➤ The APPLICANT (or their representative) completes Applicant Information:

### PRESUMPTIVE ELIGIBILITY (PE) APPLICATION ONLY

This application is used for Presumptive Eligibility (PE) determinations for:

- Children (HNK Plus and HMK)
- Former Foster Care Children, ages 18 up to 26
- Parent/Caretaker Relative Medicaid
- Pregnant Woman
- Breast & Cervical Cancer

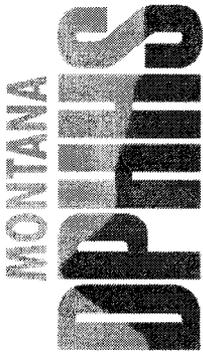
For ongoing coverage, applicants may:

- Apply online at [www.healthcare.gov](http://www.healthcare.gov); or phone 1-800-318-2596
  - Apply online at [www.apply.mt.gov](http://www.apply.mt.gov); or phone 1-888-706-4535
  - Apply by mail using a paper Application for Health Coverage.
- Mail application to: P.O. Box 202925, Helena, MT 59620-2925



#### Applicant Information - Please PRINT CLEARLY.

First/Last Name:	City/State/ZIP:
Home Address:	City/State/ZIP:
Mailing Address (if Different):	Message Phone:
Home or Cell Phone:	



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Departments of Public Health & Human Services

**Presumptive Eligibility--Streamlining Healthcare for Montanans**

**The PE Application, continued**

**Applicants complete the Household Information Box and the applicable questions below the box:**

**Household Information**

Complete for every person living in the household. List adults first, then children. Social Security Numbers are requested but are not required. \* U.S. Citizenship and \*Qualified Non-Citizen status ONLY need to be included for persons applying for Presumptive Eligibility. \*\* Answer ONLY for HMK

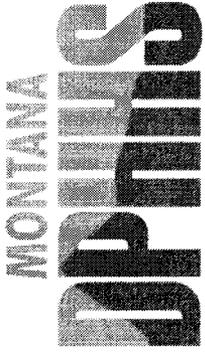
Name (First - Middle Initial - Last)	Relationship to Applicant	Apply for PE? (Y/N)	Social Security Number	Date of Birth (mm/dd/yyyy)	Gender (M/F)	*U.S. Citizen (Y/N)	SEE PAGE 3 ADDITIONAL *Qualified Non-Citizen (Y/N)	Montana Resident (Y/N)	**Has Health Insurance (Y/N)
	[self]								

Is anyone in the household pregnant? Yes \_\_\_ No \_\_\_ If "Yes", who? \_\_\_\_\_ Date Due: \_\_\_\_\_ How many unborn? \_\_\_\_\_

Was anyone in Foster Care and receiving Medicaid at age 18? Yes \_\_\_ No \_\_\_ If "Yes", who? \_\_\_\_\_

Applicant: Please also complete Household Income Information and Signature on Next Page. January, 2014 - Page 1

**NOTE: "Has Health Insurance (Y or N)" applies only to those who may qualify for HMK PE coverage, and does not impact those applying for Medicaid coverage.**



Department of Public Health & Human Services

## *Presumptive Eligibility--Streamlining Healthcare for Montanans*

Immigrant Applicants must review the Page 3 Addendum to respond to Qualified Non-Citizen column on Page 1:

Those who are in ANY of the following groups are considered a Qualified Non-Citizen:

- Lawful Permanent Residents (LPR/Green Card Holder)\*\* -- SEE FURTHER INFORMATION, BELOW
- Asylees
- Refugees
- Cuban/Haitian entrants
- Paroled into the U.S. for at least one year
- Conditional entrant granted before 1980
- Battered non-citizens, spouses, children, or parents
- Victims of trafficking and his or her spouse, child, sibling, or parent or individuals with a pending application for a victim of trafficking visa
- Granted withholding of deportation
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Children lawfully residing in the state of Montana (lawfully present and otherwise eligible for HMK Plus or HMK in the state, including being a state resident)

\*\*In order to get Medicaid coverage under current law, most adult Lawful Permanent Residents or green card holders have a 5-year waiting period. These residents must wait 5 years after receiving "qualified" immigration status before they are eligible for Medicaid. There are exceptions -- Lawful Permanent Residents who don't have to wait 5 years -- such as people previously identified as refugees or asylees.

# Income Information and Signature

Finally, the Applicant completes the Household Income Information box and signs the application:



**Household Income Information and Applicant Signature**

**Earned Income** – List this MONTH'S total gross wages before taxes for each person; **Unearned Income** – List all monthly unearned income (i.e., Unemployment, Social Security, Pensions, Interest/Dividends) for each person. (Do not include Child Support or Worker's Comp)

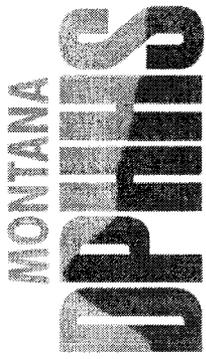
First Name	Earned Income Total	Unearned Income Total	TOTAL (Monthly Gross)

**COMBINED TOTAL MONTHLY GROSS INCOME = \$** \_\_\_\_\_

(Applicant OR Parent/Guardian/Other) – I understand the questions on this application and the penalty for withholding or giving false information. I certify, under penalty of perjury, all my answers are correct and complete to the best of my knowledge. I understand the information provided on this application can be used to establish identity for children under age 16.

Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_  
 (Please Print)

(Presumptive Eligibility may last 60 days or less and is limited to once every 365 days OR once/pregnancy).



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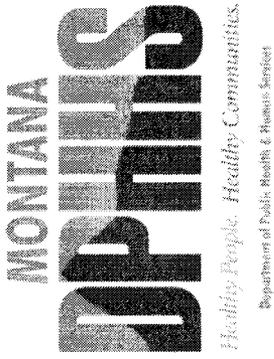
## *Presumptive Eligibility--Streamlining Healthcare for Montanans*

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### **Pregnant Woman -- Who Counts in Household Size?**

**For a Pregnant Woman**, include the woman, the unborn child(ren), the father of the unborn (if married and present in the household), and any other children (of the unborn's married parents) under age 19 who live in the household. Some examples:

- Ann is a single mother with one child and has a significant other in the household. She is pregnant with one child. For this household, **count only Ann, her child, and the unborn child (3)**. Do not count the significant other OR his income because he and Ann are not married.
- Julie and her husband are expecting their first child, and are living in the same household. **This household would include Julie, her husband, and the unborn (3)**.
- Mary and her husband, Bob, have 2 children and Mary is pregnant. They are living in the same household with Mary's parents, who require living assistance. **Count Mary, Bob, their 2 children, and the unborn in this household (5)**.

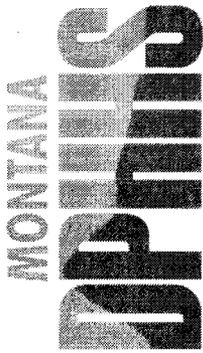


## Presumptive Eligibility--Streamlining Healthcare for Montanans

### For HMK, HMK Plus, and Parent/Caretaker Relative Medicaid -- Who Counts in Household Size?

Include all those on the application connected by **Marriage** or **Parentage** who live in the household, **along with unborn children**, including Natural, Adoptive or Step Parents and birth, adoptive or step children under age 19, as well as unborn children of these persons. **DO NOT INCLUDE** other adult relatives who file their own tax return. Examples:

- Pamela, her significant other Dan, Pamela's two children, and Pamela and Dan's unborn child **are counted as a Household of 4**. Dan and his income are not counted. **After** the child is born, Dan and his income may be counted.
- Lily, Rose, and Paul live with their maternal grandparents and are not adopted by the grandparents. **Only the three children** are counted for this household (and only income the children receive is used for income purposes).
- Susan has three children, including an 18-year old daughter who just had a baby. Her brother Michael and his son live with Susan and her children and grandchild. **Count Susan, her children, and the baby** for a household of **5**. Michael and his son are not counted because they are not connected by Marriage or Parentage.



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# Presumptive Eligibility--Streamlining Healthcare for Montanans

## Step 3

### Making a PE Determination

Complete the **ENTIRE** box "**FOR OFFICE USE ONLY**". Copy "Combined Total Monthly Gross Income" figure from the applicant's Income Information box. Count how many people are in the household and record the number under Household Size in the box shown below. Compare Combined Total Monthly Gross Income to Current Income Calculation Tool (next slide) based on household size for the program being considered for each individual. Once eligible individuals are identified, enter their names, etc. on the "Proof of Temporary Coverage" form.

**FOR OFFICE USE ONLY – Qualified Entity must complete all information below:**

COMBINED TOTAL MONTHLY GROSS INCOME for Household: \$ \_\_\_\_\_ \*\* Household Size \_\_\_\_\_

(\* Compare this amount to the Income Calculation Tool for the appropriate category of applicant(s) based on household size, then finalize determination).

DATE DETERMINED (mm/dd/yyyy) \_\_\_\_\_ Facility \_\_\_\_\_

QE Signature \_\_\_\_\_

QE Name (print) \_\_\_\_\_

QE Phone \_\_\_\_\_ QE FAX \_\_\_\_\_ QE Email \_\_\_\_\_

**Within 5 days of Determination, SCAN application and Proof of Temporary Coverage form, then create a secure ePass account at [transfer.mt.gov](http://transfer.mt.gov), and email scanned documents to: [HHSPresumptive@mt.gov](mailto:HHSPresumptive@mt.gov) – **OR FAX** same documents to: 1-877-418-4533.**



**Compare Combined  
Total Monthly Gross  
Income to Current  
Income Calculation  
Tool based on  
Household Size for  
the program being  
determined. Record  
Family Size in box  
"FOR OFFICE USE  
ONLY".**

# Current Income Calculation Tool

Montana Presumptive Eligibility Income Calculation Tool – Effective January 1, 2014						
HOUSEHOLD SIZE <small>(See notes at bottom of page for who to count for household size)</small>	Maximum Monthly Adjusted Gross Income <b>HMK Plus</b> Ages <19 <small>(Other insurance allowed)</small>	Maximum Monthly Adjusted Gross Income <b>HMK</b> Ages <19 <small>(NO other insurance allowed)</small>	Maximum Monthly Adjusted Gross Income <b>Parent/Careraker Relative Medicaid</b> <small>(Other insurance allowed) Household MUST have child under age 19 related to adults</small>	Maximum Monthly Adjusted Gross Income <b>Pregnant Woman</b> <small>(Other insurance allowed)</small>	Maximum Monthly Adjusted Gross Income <b>Former Foster Care Children</b> AGES 18 UP TO 26 <small>(Other insurance allowed)</small>	Maximum Monthly Adjusted Gross Income <b>Breast and Cervical Cancer</b> <small>(No other insurance allowed which covers breast or cervical cancer treatment)</small>
1	\$1,417	\$2,547	\$501	\$1,551	N/A	N/A
2	\$1,913	\$3,438	\$672	\$2,094	N/A	N/A
3	\$2,408	\$4,329	\$842	\$2,636	N/A	N/A
4	\$2,904	\$5,220	\$1,014	\$3,179	N/A	N/A
5	\$3,400	\$6,111	\$1,185	\$3,722	N/A	N/A
6	\$3,896	\$7,003	\$1,357	\$4,265	N/A	N/A
7	\$4,392	\$7,893	\$1,528	\$4,807	N/A	N/A
8	\$4,888	\$8,785	\$1,699	\$5,350	N/A	N/A
9	\$5,384	\$9,676	\$1,819	\$5,893	N/A	N/A

**WHO TO COUNT FOR HOUSEHOLD SIZE:** For Former Foster Care, count only the individual. For Pregnant Women, include the woman, the unborn child(ren), the father of the unborn child, and any other children of the unborn child, regardless of age or who live in the household. For HMK, HMK Plus, Parent/Careraker, Relative Medicaid, Breast and Cervical Cancer, and any other children of the unborn child, regardless of age or who live in the household. For HMK, HMK Plus, Parent/Careraker, Relative Medicaid, Breast and Cervical Cancer, include all those on the application, regardless of age or who live in the household. For Breast and Cervical Cancer, include all children living in the household (birth, adoption, or step) under the age 21. For HMK, HMK Plus, Parent/Careraker, Relative Medicaid, Breast and Cervical Cancer, other than adults, include all children of the parent or stepparent (other than unborn) who live in the household. For Breast and Cervical Cancer, income and household size do not need to be evaluated for PE since they are reviewed during the Breast and Cervical Cancer Screening process.

(Includes calculation of income for each household size based on a household size for appropriate PE. An automatic addition of 5% of 100% FPL according to household size.)

**NOTE:** Applicants cannot have HMK coverage if they have other insurance (double check if applicant checked "has health insurance" on 1<sup>st</sup> page of PE Application, last column). Applicants cannot have Breast and Cervical Cancer PE coverage if their insurance plan covers breast or cervical cancer treatment or if they do not provide the needed paperwork.





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## Presumptive Eligibility--Streamlining Healthcare for Montanans

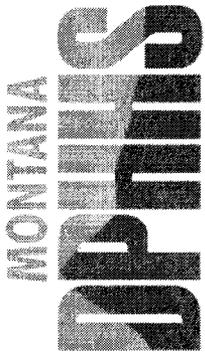
# Step 5 Follow Up and SCAN or FAX

- Provide the applicant(s) with information about accessing benefit information online. This information is available through:

[medicaid.mt.gov/membguide.pdf](http://medicaid.mt.gov/membguide.pdf) -- use for **HMK Plus (Children's Medicaid), Parent/Caretaker Relative Medicaid, Former Foster Care, Pregnant Woman, and Breast & Cervical Cancer benefit information**

<http://hmk.mt.gov/hmkresources.shtml> (click on HMK Member Handbook) -- use for **Healthy Montana Kids (CHIP) benefit information**

- **Within 5 days of the date of determination, SCAN the PE application and Proof of Temporary Coverage form, then create a secure ePass account at [transfer.mt.gov](http://transfer.mt.gov), and email scanned documents to: [HSPresumptive@mt.gov](mailto:HSPresumptive@mt.gov), OR**
- FAX the same documents to Central Office at 877-418-4533
- Keep a copy of your email with SCANNED documents attached, **OR** your FAX verification sheet with all faxed materials, in the event the State does not receive them. You should receive a faxed copy of the State's applicant enrollment letter within ten days. If you do not receive the letter, call Central Office at 877-543-7669 to confirm whether your SCAN or FAX was received and processed.



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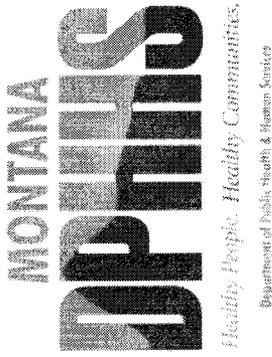
## *Presumptive Eligibility--Streamlining Healthcare for Montanans*

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Follow Up, continued

### **IMPORTANT! FURTHER APPLICATION ASSISTANCE REQUESTED!**

- Explain to applicants they will receive a letter within approximately 10 days confirming their PE enrollment.
- Provide the applicant a copy of the **Application for Health Coverage**, along with applicable appendices (Appendix A – Health Coverage from Jobs; Appendix B – American Indian/Alaska Native Family Member; or Appendix C – Authorized Representative Consent Form); and
- Assist or refer them to the appropriate contact in your facility who will assist them with completing the application, gathering any needed verifications, AND submitting the “Application for Health Coverage” to the State of Montana.
- Reinforce with the applicant the PE application is the first step in applying for ongoing coverage, and they may be contacted if additional information is necessary.



*Presumptive Eligibility--Streamlining Healthcare for Montanans*

## Notes and Contact Information

Prior to submitting claims, verify the Presumptive Eligibility span is active by:

Web Portal - [www.mtmedicaid.org](http://www.mtmedicaid.org) (see "Eligibility Spans")

FAX Back - 1-800-714-0075

Automated Voice Response - 1-800-714-0060

### Contact Us

Please call at any time if you have questions, need training or additional supplies, or need to verify any information about Presumptive Eligibility:

Trinda Smith

406-444-3098

1-877-543-7669, ex. 3098

[tsmith@mt.gov](mailto:tsmith@mt.gov)



# PRESUMPTIVE ELIGIBILITY (PE) APPLICATION ONLY

This application is used for Presumptive Eligibility (PE) determinations for:

- Children (HMK Plus and HMK)
- Former Foster Care Children, ages 18 up to 26
- Parent/Caretaker Relative Medicaid
- Pregnant Woman
- Breast & Cervical Cancer

**For ongoing coverage, applicants may:**

- Apply online at [www.healthcare.gov](http://www.healthcare.gov); or phone 1-800-318-2596
- Apply online at [www.apply.mt.gov](http://www.apply.mt.gov) or phone 1-888-706-1535
- Apply by mail using a paper **Application for Health Coverage**.  
Mail application to: P.O. Box 202925, Helena, MT 59620-2925

**Applicant Information - Please PRINT CLEARLY.**

First/Last Name: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Mailing Address (if Different): \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

**Household Information**

-- Complete for every person living in the household. List adults first, then children. Social Security Numbers are requested but are not required. \*U.S. Citizenship and \*Qualified Non-Citizen status ONLY need to be included for persons applying for Presumptive Eligibility. \*\*Answer ONLY for HMK.

	Name (First - Middle Initial - Last)	Relationship to Applicant	Apply for PE? (Y/N)	Social Security Number	Date of Birth (mm/dd/yyyy)	Gender (M/F)	*U.S. Citizen (Y/N)	SEE PAGE 3 ADDENDUM *Qualified Non-Citizen (Y/N)	Montana Resident (Y/N)	**Has Health Insurance (Y/N)
1		(self)								
2										
3										
4										
5										
6										

Is anyone in the household pregnant? Yes \_\_\_ No \_\_\_ If "Yes", who? \_\_\_\_\_ Date Due \_\_\_\_\_ How many unborns? \_\_\_\_\_

Was anyone in Foster Care and receiving Medicaid at age 18? Yes \_\_\_ No \_\_\_ If "Yes", who? \_\_\_\_\_

**Applicant:** Please also complete Household Income Information and Signature on Next Page.

**Household Income Information and Applicant Signature**

**Earned Income** -- List this MONTH'S total gross wages before taxes for each person; **Unearned Income** -- List all monthly unearned income (i.e., Unemployment, Social Security, Pensions, Interest/Dividends) for each person. (Do not include Child Support or Worker's Comp)

First Name	Earned Income Total	Unearned Income Total	TOTAL (Monthly Gross)

COMBINED TOTAL MONTHLY GROSS INCOME = \$ \_\_\_\_\_

(Applicant OR Parent/Guardian/Other) – I understand the questions on this application and the penalty for withholding or giving false information. I certify, under penalty of perjury, all my answers are correct and complete to the best of my knowledge. I understand the information provided on this application can be used to establish identity for children under age 16.

Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_

(Please Print)

(Presumptive Eligibility may last 60 days or less and is limited to once every 365 days OR once/pregnancy).

**FOR OFFICE USE ONLY – Qualified Entity must complete all information below:**

COMBINED TOTAL MONTHLY GROSS INCOME for Household: \$ \_\_\_\_\_ \*\* Household Size \_\_\_\_\_

(\*\*Compare this amount to the Income Calculation Tool for the appropriate category of applicant(s) based on household size, then finalize determination).

DATE DETERMINED (mm/dd/yyyy) \_\_\_\_\_ Facility \_\_\_\_\_

QE Signature \_\_\_\_\_

QE Name (print) \_\_\_\_\_

QE Phone \_\_\_\_\_ QE FAX \_\_\_\_\_ QE Email \_\_\_\_\_

Within 5 days of Determination, SCAN application and Proof of Temporary Coverage form, then create a secure ePass account at [transfer.mt.gov](http://transfer.mt.gov), and email scanned documents to: [HHSPresumptive@mt.gov](mailto:HHSPresumptive@mt.gov) – OR FAX same documents to: 1-877-418-4533.



# Presumptive Eligibility Application Addendum for Qualified Non-Citizens

ALL PERSONS WHO ARE IMMIGRANTS NEED TO REVIEW THE FOLLOWING INFORMATION TO DETERMINE IF THEY ARE A QUALIFIED NON-CITIZEN; THEN THEY SHOULD MARK THE APPROPRIATE RESPONSE ON PAGE 1.

Those who are in ANY of the following groups would be considered a Qualified Non-Citizen:

- Lawful Permanent Residents (LPR/Green Card Holder)\*\* -- SEE FURTHER INFORMATION, BELOW
- Asylees
- Refugees
- Cuban/Haitian entrants
- Paroled into the U.S. for at least one year
- Conditional entrant granted before 1980
- Battered non-citizens, spouses, children, or parents
- Victims of trafficking and his or her spouse, child, sibling, or parent or individuals with a pending application for a victim of trafficking visa
- Granted withholding of deportation
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Children lawfully residing in the state of Montana (lawfully present and otherwise eligible for Medicaid or HMK in the state, including being a state resident)

\*\*In order to get Medicaid coverage, under current law most ADULT Lawful Permanent Residents or green card holders have a 5-year waiting period. This means they must wait 5 years after receiving "qualified" immigration status before being eligible for Medicaid. There are also exceptions -- Lawful Permanent Residents who don't have to wait 5 years -- such as people who used to be refugees or asylees.

Montana has removed the 5-year waiting period to cover lawfully residing children who are otherwise eligible for Medicaid or HMK. A child is "lawfully residing" if lawfully present and otherwise eligible for Medicaid or HMK in the state (including being a state resident).

NOTE: Immigrants who are qualified non-citizens are generally eligible for Medicaid and Children's Health Insurance Program (HMK) coverage IF they are otherwise eligible for Medicaid and HMK in the state; that is, if they meet Montana's income eligibility rules.