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**State/Territory Name:** Montana

**State Plan Amendment (SPA) #:** MT-13-0044-MM

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

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



## **Region VIII**

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November 26, 2013

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

Re: SPA MT-13-0044-MM

Dear Ms. Dalton:

Enclosed is an approved copy of Montana's state plan amendment (SPA) 13-0044-MM, which was submitted to CMS on August 28, 2013. SPA 13-0044-MM incorporates the MAGI-based eligibility process requirements into Montana's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

Enclosed is a copy of the following S94 state plan pages and attachments to be incorporated within a separate section at the end of Montana's approved state plan:

- S94, pages S94-1 and S94-2
- Appendix A and Appendix B

In addition, enclosed is a summary of the state plan pages which are superseded by SPA 13-0044-MM, which should also be incorporated into a separate section in the front of the state plan.

- Superseding pages of state plan material, SPA 13-0044-MM.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Cindy Smith of my staff at (303) 844-7041 or by email at [Cindy.Smith@cms.hhs.gov](mailto:Cindy.Smith@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Richard C. Allen.

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

Cc: Richard Oppen, Department Director  
Duane Preshinger  
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.*

MT13-044MM

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435, Subpart J and Subpart M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Implementation of ACA changes for the new single-streamlined application. Montana will implement the rebranded Federal single streamlined paper application and a new online integrated application for multiple benefit programs.

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:

Jo Thompson

Last Revision Date:

Nov 21, 2013

Submit Date:

Aug 28, 2013



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## General Eligibility Requirements Eligibility Process

S94

42 CFR 435, Subpart J and Subpart M

### Eligibility Process

- ☒ The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

#### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- ☒ The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- ☐ An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- ☒ An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- ☒ The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- ☒ An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- ☒ Yes ☐ No



# Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
<input checked="" type="checkbox"/>	Fax	Applications accepted by fax.	<b>X</b>
<input checked="" type="checkbox"/>	Montana's online application	apply.mt.gov - online self-service portal.	<b>X</b>

- ☒ The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

## Redetermination Processing

- ☒ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- ☐ Once every 12 months
  - ☐ Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional
- ☐ information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
- ☐ Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- ☒ Once every 12 months
  - ☐ Once every 6 months
  - ☐ Other, more often than once every 12 months

## Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between
- ☒ Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

## 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.