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**State/Territory Name:** Montana

State Plan Amendment (SPA) #: MT-13-0045-MM

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages
- 5) Additional Attachments that are part of the state plan

**TN:** MT-13-0045-MM **Approval Dat** 06/10/2015 **Effective Date** 01/01/2014

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



### **Region VIII**

June 11, 2015

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

Re: SPA MT-13-0045-MM

Dear Ms. Dalton:

We have reviewed the proposed MAGI State Plan Amendment (SPA) submitted under transmittal number MT-13-0045-MM. This SPA implements the Affordable Care Act (ACA) changes for citizenship and non-citizen eligibility, verifying the reasonable opportunity periods to provide verification of citizenship. The SPA also confirms who may qualify as a non-citizen under section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996.

Please be informed that this State Plan Amendment was approved on June 10, 2015 with an effective date of January 1, 2014. We are enclosing the summary page and the amended plan page(s) with attachments.

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 Jo Thompson Mary Eve Kulawik

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

State/	Territory	name:
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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-13-0045

**Proposed Effective Date** 

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

2014

1902(a)(46)(B); 8 USC 1661, 1612, 1613 and 1641; 1903(v)(2),(3) and (4); 42 CFR 435.4; 42 CFR 435.406; 42

**Federal Budget Impact** 

First Year

Federal Fiscal Year Amount

\$ 0.00 Second Year 2015 \$ 0.00

**Subject of Amendment** 

Implementation of ACA changes for citizenship and non-citizen eligibility, verifying the reasonable opportunity periods to provide verification of citizenship. The SPA also confirms who may qualify as a non-citizen under section 403 of PRWORA.

#### 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:

Sincle Agency Director Review

Signature of State Agency Official

Submitted By:

Mary Eve

**Last Revision Date:** 

Jun 8, 2015

**Submit Date:** 

Aug 28, 2013



# **Medicaid Eligibility**

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

Non-Financial Eligibility Citizenship and Non-Citizen Eligibility			
902(a)(46)(B) 3 U.S.C. 1611, 1612, 1613, and 1641 903(v)(2),(3) and (4) 2 CFR 435.4 2 CFR 435.406 2 CFR 435.956			
Citizenship and Non-Citizen Eligibility			
The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.			
■ The state provides Medicaid eligibility to other	herwise eligible individuals:		
Who are citizens or nationals of the Unit	ted States; and		
Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity  Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and			
immigration status, during a reasonable	satisfactory infining factor status consistent with requirements of 1700(x), 1107(c), 1702(c), or the constitution of 1700(x),		
The reasonable opportunity period begi received by the individual.	The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.		
	The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.		
• Yes C No			
	The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.		
The date benefits are furnished is:			
The date of application con	The date of application containing the declaration of citizenship or immigration status.		
The date the reasonable opposition	portunity notice is sent.		
• Other date, as described:	First day of the month of the application containing the declaration of citizenship and/or immigration status.		

TN: MT-13-0045-MM Approval Date: 6/10/15 Effective Date: 01/01/14



# **Medicaid Eligibility**

	e provides Medicaid coverage t 2. §1613).	o all Qualified Non-Citizens whose eligibility is	s not pronibited by section 403 of PRWORA
C Yes	( No		
Ind	icate which requirements apply	:	
	The state requires Lawful Perr	nanent Residents to have 40 qualifying work qu	narters under Title II of the Social Security Act.
	• Yes O No		
	The state limits eligibility to 7	years for certain non-citizens.	
	• Yes O No		
	Check all that apply:		
	Non-citizens admitted	d to the U.S. as a refugee under section 207 of the	he INA
	Non-citizens granted	asylum under section 208 of the INA	
	Non-citizens whose d	leportation is withheld under section 243(h) or 2	241(b)(3) of the INA
	Non-citizens granted Assistance Act of 198	status as a Cuban-Haitían Entrant, as defined in 30	section 501(e) of the Refugee Education
	Non-citizens admitted	d to the U.S. as Amerasian	
The stat	e elects the option to provide M in the United States, as provide	dedicaid coverage to otherwise eligible individued in section 1903(v)(4) of the Act.	als under 21 and pregnant women, lawfully
Yes	○ No		
	Pregnant women		
$\boxtimes$	Individuals under age 21:		
	C Individuals under age 21		
	C Individuals under age 20		
	• Individuals under age 19		
	individual is considered to be la sibility requirements in the state	awfully residing in the United States if he or she plan.	e is lawfully present and otherwise meets the
An	individual is considered to be la	awfully present in the United States if he or she	:
1. I	s a qualified non-citizen as defi	ned in 8 U.S.C. 1641(b) and (c);	
	s a non-citizen in a valid nonim efined in 8 U.S.C. 1101(a)(17))	nmigrant status, as defined in 8 U.S.C. 1101(a)(1 );	15) or otherwise under the immigration laws (as
		aroled into the United States in accordance with for prosecution, for deferred inspection or pend	
4. 1	s a non-citizen who belongs to	_	
TN:	MT-13-0045-MM	Approval Date: 6/10/15	Effective Date: 01/01/14

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## **Medicaid Eligibility**

		Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
		Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
		Granted employment authorization under 8 CFR 274a.12(c);
		Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
		Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
		Granted Deferred Action status;
		Granted an administrative stay of removal under 8 CFR 241;
		Beneficiary of approved visa petition who has a pending application for adjustment of status;
		individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 1.1231, or under the Convention Against Torture who -
		Has been granted employment authorization; or
		Is under the age of 14 and has had an application pending for at least 180 days;
	6. Has b	een granted withholding of removal under the Convention Against Torture;
	7. Is a c	hild who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
	8. Is law	fully present in American Samoa under the immigration laws of American Samoa; or
		ictim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of Pub. L. 106-386, as amended (22 U.S.C. 7105(b));
	chile	eption: An individual with deferred action under the Department of Homeland Security's deferred action for the lhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be idered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.
	Oth	er
<b>√</b>	organ tra individu	e assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an ansplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following als who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration ad/or present an SSN:
	Qua	alified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;
		n-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in ordance with 1903(v)(4) and implemented at 435.406(b).

#### 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.

TN: MT-13-0045-MM Approval Date: 6/10/15 Effective Date: 01/01/14

SUPERSEDING PAGES OF STATE PLAN MATERIAL				
TRANSMITTAL NUMBER:	STATE:			
13-0045 MM	Montana			
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):			
S89 Non-Financial Eligibility- Citizenship and Non-citizen Eligibility	Attachment 2.6-A: Page 2, item (3), paragraphs (a), (b), (c),(d),(e) and (f), TN 10-011  Attachment 2.6-A: Page 3, item (3), paragraphs (f)(1), (f)(2), (f)(3), (f)(4) and (g), TN 10-011			

TN: MT-13-0045-MM Approval Date: 6/10/15 Effective Date: 01/01/14

QUALIFIED NON-CITIZENS SUBJECT TO 40 WORK QUARTERS REQUIREMENT (Attachment to S89)		
TRANSMITTAL NUMBER:	STATE:	
13-0045-MM	Montana	

In addition to Lawful Permanent Residents listed on page 2, Montana requires the following Qualified Non-Citizens to have 40 qualifying work quarters under Title II of the Social Security Act as a condition of Medicaid eligibility:

- Battered non-citizens, who meet the conditions set forth at 8 U.S.C. 1641(c)
- Non-citizens granted conditional entry under §203(a)(7) of the INA in effect before April 1, 1980
- Non-citizen granted parole for at least one year under §212(d)(5) of the INA

Approval Date: 6/10/15

Effective Date: 01/01/14