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## **Table of Contents**

**State/Territory Name:** Montana

**State Plan Amendment (SPA) #:** MT-16-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



## **Region VIII**

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February 6, 2017

Mary Dalton, Medicaid & CHIP Director  
Montana Department of Public Health & Human Services  
P.O. Box 4210  
Helena, MT 59604

Re: SPA MT-16-0007

Dear Ms. Dalton:

The Centers for Medicare & Medicaid Services (CMS) has approved the Montana state plan amendment (SPA) 16-0007. This amendment permits Montana to provide continuous Medicaid eligibility for children under the age of 19 for a full year, regardless of whether the child continuously meets all eligibility requirements during the continuous eligibility period. The amendment is effective as of October 1, 2016. The CMS-179 form and amended plan page are enclosed.

Section 1902(e)(12) of the Act requires that when a state elects the continuous eligibility option, it must extend continuous eligibility to all children categorically eligible under section 1902(a)(10)(A) of the Act. While the state has adopted the policy to provide continuous eligibility for all children under age 19 enrolled in Medicaid, the Montana Department of Public Health & Human Services has indicated that it is possible that children whose Medicaid eligibility is based on their receipt of SSI will not be captured by the state's current eligibility system as being continuously eligible if their SSI eligibility is terminated. Montana has informed CMS that it will complete the necessary system modifications to ensure that SSI-based children who lose SSI will be granted continuous eligibility. Montana has further indicated that it expects to complete this work by June 1, 2017.

CMS requests that Montana provide monthly reports on its progress on the necessary eligibility systems upgrade by the 15<sup>th</sup> of each month to the CMS Regional Office, beginning March 2017.



If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



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

cc: Richard Opper, Department Director  
Duane Preshinger  
Jo Thompson  
Mary Eve Kulawik

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 16-0007	2. STATE Montana
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 10/01/2016	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  section 1902(e)(12)		7. FEDERAL BUDGET IMPACT:  a. FFY 2016 (3 mos): \$ 0 b. FFY 2017 (12 mos): \$ 0 c. FFY 2018 (9 mos): \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 2.2-A, Page 23c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 2.2-A, Page 23c	
10. SUBJECT OF AMENDMENT:  The purpose of this amendment is to provide all categorically needy children between the ages of 0-19 with 12 months of continuous eligibility, regardless of changes in circumstances other than moving out of the State or attaining age 19.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review	
12. SIGNATURE OF STATE AGENCY OFFICIAL:  		16. RETURN TO: Montana Department of Public Health and Human Services Mary E. Dalton Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED:  6-21-16			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: June 21, 2016		18. DATE APPROVED: February 6, 2017	
PLAN APPROVED - ON			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2016		20. APPROVING OFFICIAL:  	
21. TYPED NAME: Richard C. Allen		ARA, DMCHO	
23. REMARKS:			

Revision: CMS-PM-

ATTACHMENT 2.2-A

Page 23c(i)

OMB NO.:

State: MONTANA

Citation

Groups Covered

**B. Optional Coverage Other Than the Medically Needy  
(Continued)**

1902(e)(12) of the Act

x

**22a. Continuous Eligibility for Children.**

A child under age 19 (not to exceed age 19) who has been determined eligible under §1902(a)(10)(A) of the Act is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances, other than moving out of the State or attainment of the maximum age stated above, until the earlier of:

- a. The end of a period (not to exceed 12 months) of continuous eligibility; or
- b. The time that the individual exceeds that age.

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TN No. 16-0007

Supersedes TN No. 10-001

Approval Date 2/6/17

Effective Date 10/01/16