


Package Information

Package ID MT2019MS0001O
Program Name N/A
SPA ID MT-19-0005
Version Number 2
Submitted By Mary Kulawik
Package Disposition 
Priority Code P2

Submission Type Official
State MT
Region Denver, CO
Package Status Approved
Submission Date 3/29/2019
Approval Date 5/6/2019 1:21 PM EDT

Division of Medicaid and Children's Health Operations

Sheila Hogan
Director, DPHHS
Department of Public Health and Human Services
111 North Sanders, Room 301
Helena, MT 59604

Re: Approval of State Plan Amendment MT-19-0005

Dear Sheila Hogan:

On March 29, 2019, the Centers for Medicare and Medicaid Services (CMS) received Montana State Plan Amendment (SPA) MT-19-0005 to revise Montana's state plan to include coverage of individuals, not just women, who have been screened and require treatment for breast or cervical cancer under the Breast and Cervical Cancer Treatment Program.

We approve Montana State Plan Amendment (SPA) MT-19-0005 on May 06, 2019 with an effective date(s) of January 01, 2019.

Name	Date Created	
No items available		

If you have any questions regarding this amendment, please contact Barbara Prehmus at 3037940261 or barbara.prehmus@cms.hhs.gov.

Sincerely,
Mary Marchioni
Acting Deputy Director
Western Regional Operations Group
Division of Medicaid and Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2019MS0001O | MT-19-0005

Package Header

Package ID MT2019MS0001O
Submission Type Official
Approval Date 5/6/2019
Superseded SPA ID N/A

SPA ID MT-19-0005
Initial Submission Date 3/29/2019
Effective Date N/A

State Information

State/Territory Name: Montana

Medicaid Agency Name: Department of Public Health and Human Services

Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2019MS0001O | MT-19-0005

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SPA ID MT-19-0005
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Effective Date N/A

SPA ID and Effective Date

SPA ID MT-19-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2019	New
Mandatory Eligibility Groups	1/1/2019	New
Optional Eligibility Groups	1/1/2019	New
Individuals Needing Treatment for Breast or Cervical Cancer	1/1/2019	MT-01-013

Package Header

Package ID	MT2019MS0001O	SPA ID	MT-19-0005
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	5/6/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Effective January 1, 2019, Montana is updating Attachment 2.2-A of the Montana Medicaid State Plan and revising BCCTP eligibility coverage to individuals, not just women, screened and found to need treatment for breast or cervical cancer.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

1902(a)(10)(A)(ii) (XVIII) of the Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

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Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☒ No response within 45 days
- ☐ Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MT2019MS0001O | MT-19-0005

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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- ☐ Public notice was not federally required and comment was not solicited
- ☒ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- ☐ Newspaper Announcement
- ☐ Publication in state's administrative record, in accordance with the administrative procedures requirements
- ☐ Email to Electronic Mailing List or Similar Mechanism
- ☐ Website Notice
- ☐ Public Hearing or Meeting
- ☐ Other method

Upload copies of public notices and other documents used

Name	Date Created	
37-857 ARM	2/18/2019 12:29 PM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created
No items available	

Indicate the key issues raised during the public comment period (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MT2019MS00010 | MT-19-0005

Package Header

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Approval Date 5/6/2019
Superseded SPA ID N/A

SPA ID MT-19-0005
Initial Submission Date 3/29/2019
Effective Date N/A

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

☒ Yes

☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

☐ Yes

☒ No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations:

The language update from "women" to "individuals on Attachment 2.2-A, Page 23b, is a general update.

☒ Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

☐ The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☒ All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
2/8/2019	Written letter.

☒ All Urban Indian Organizations








Date of solicitation/consultation:	Method of solicitation/consultation:
2/8/2019	Written letter.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☒ All Indian Tribes

Date of consultation:	Method of consultation:
2/8/2019	The federally unrecognized Little Shell Tribe and the Billings area Office of Indian Health Service were also mailed the written letter.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
2-8-19 tribal letter1	2/18/2019 12:40 PM EST	
2-8-19 tribal letter2	2/18/2019 12:40 PM EST	
2-8-19 tribal letter3	2/18/2019 12:40 PM EST	
2-8-19 tribal letter4	2/18/2019 12:40 PM EST	
2-8-19 tribal letter5	2/18/2019 12:40 PM EST	
2-8-19 tribal letter6	2/18/2019 12:40 PM EST	
2-8-19 tribal letter7	2/18/2019 12:40 PM EST	

Indicate the key issues raised (optional)

☐ Access

☐ Quality

☐ Cost

☐ Payment methodology

☐ Eligibility

☐ Benefits

☐ Service delivery

☐ Other issue

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | MT2019MS0001O | MT-19-0005

Package Header

Package ID	MT2019MS0001O	SPA ID	MT-19-0005
Submission Type	Official	Initial Submission Date	3/29/2019
Approval Date	5/6/2019	Effective Date	1/1/2019
Superseded SPA ID	New User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

- ☒ 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- ☐ 2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- ☐ 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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Superseded SPA ID	New		
	User-Entered		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

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SPA ID

MT-19-0005

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1/1/2019

User-Entered

B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MT2019MS0001O | MT-19-0005

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	User-Entered		





















A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals. *































☒ Yes ☐ No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>		CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>		CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>		CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		APPROVED
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Electing COBRA Continuation Coverage		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>		NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving State Plan Home and Community-Based		<input type="checkbox"/>	<input type="checkbox"/>		NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Services Who Are Otherwise Eligible for HCBS Waivers					

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Superseded SPA ID

New

SPA ID

MT-19-0005

Initial Submission Date

3/29/2019

Effective Date

1/1/2019

User-Entered

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy. *

☒ Yes ☐ No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MT2019MS0001O | MT-19-0005

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Needing Treatment for Breast or Cervical Cancer

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Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.

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The state operates the optional Individuals Needing Treatment for Breast or Cervical Cancer eligibility group in accordance with the following provisions:

A. Characteristics

Individuals (including women and men) qualifying under this eligibility group must meet the following criteria:

1. Are under the age of 65.
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.
3. Have been screened under the Centers for Disease Control and Prevention (CDC) Breast and Cervical Cancer Early Detection Program.
4. As a result of the screening, a determination has been made that the individual needs treatment for breast or cervical cancer, as defined at 42 CFR 435.213(c).
5. Do not otherwise have creditable coverage for treatment of breast or cervical cancer.

Individuals Needing Treatment for Breast or Cervical Cancer

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B. Financial Methodologies

This eligibility group has no income or resource test.

Individuals Needing Treatment for Breast or Cervical Cancer

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C. Additional Information (optional)

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 0938-1188. 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.

This view was generated on 5/6/2019 3:52 PM EDT

