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State/Territory Name: Montana

State Plan Amendment (SPA) #: 21-0004

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

MT - Submission Package - MT2020MS0002O - (MT-21-0004) - Eligibility

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CMS-10434 OMB 0938-1188

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid & CHIP Operations Group
601 East 12th Street, Suite 355
Kansas City, MO 64106-2898



Center for Medicaid & CHIP Services

March 25, 2021

Marie Matthews
Medicaid & CHIP Director
Montana Department of Public Health and Human Services
111 North Sanders, Room 301
Helena, MT 59604

Re: Approval of State Plan Amendment MT-21-0004

Dear Marie Matthews,

On January 05, 2021, the Centers for Medicare and Medicaid Services (CMS) received Montana State Plan Amendment (SPA) MT-21-0004 to integrate eligibility for the state's 1115 family planning demonstration waiver into the state's Medicaid eligibility application and eligibility determination system.

This state plan amendment approves specific changes to modify the state's paper and online applications to integrate eligibility for the state's 1115 family planning demonstration waiver into the state's Medicaid eligibility application and eligibility determination system. The changes approved are limited to inclusion of two additional questions to ensure an applicant can apply and be determined eligible for family planning coverage, as provided under Montana's section 1115 family planning demonstration.

These approved changes are added to the previously approved versions of the applications approved under SPA MT 13-0044.

We approve Montana State Plan Amendment (SPA) MT-21-0004 with an effective date(s) of January 01, 2021.

If you have any questions regarding this amendment, please contact Barbara Prehmus at barbara.prehmus@cms.hhs.gov or at 303-844-7472

Sincerely,

James G. Scott

Director, Division of Program
Operations

Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2020MS0002O | MT-21-0004

Package Header

Package ID MT2020MS0002O
Submission Type Official
Approval Date 3/25/2021
Superseded SPA ID N/A

SPA ID MT-21-0004
Initial Submission Date 1/5/2021
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 | MT2020MS00020 | MT-21-0004

Package Header

Package ID MT2020MS00020

SPA ID MT-21-0004

Submission Type Official

Initial Submission Date 1/5/2021

Approval Date 3/25/2021

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID MT-21-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	1/1/2021	MT-13-044MM

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2020MS0002O | MT-21-0004

Package Header

Package ID	MT2020MS0002O	SPA ID	MT-21-0004
Submission Type	Official	Initial Submission Date	1/5/2021
Approval Date	3/25/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Montana is integrating the state's 1115 Plan First Demonstration Waiver (family planning at 42 CFR 435.214) into the CHIMES eligibility system. One of the eligibility requirements of the Plan First Waiver is that the woman be able to bear children/become pregnant. Therefore, DPHHS plans to add a related question to Montana's single streamlined Medicaid application (HCS-256), the multi-program application (HCS-250), and the online application via the Self Service Portal at apply.mt.gov.

This SPA is submitted to seek approval only for the specific changes being made to add questions to the state's paper and online applications to integrate family planning eligibility. Montana added the proposed changes to the previously approved versions of the applications approved under SPA MT-13-0044.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

Federal Statute / Regulation Citation

42 CFR 435, Subparts J and M

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2020MS0002O | MT-21-0004

Package Header

Package ID MT2020MS0002O

SPA ID MT-21-0004

Submission Type Official

Initial Submission Date 1/5/2021

Approval Date 3/25/2021

Effective Date N/A

Superseded SPA ID N/A

Governor's Office Review

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

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | MT2020MS0002O | MT-21-0004

Package Header

Package ID	MT2020MS0002O	SPA ID	MT-21-0004
Submission Type	Official	Initial Submission Date	1/5/2021
Approval Date	3/25/2021	Effective Date	1/1/2021
Superseded SPA ID	MT-13-044MM		
	User-Entered		

A. MAGI Paper Application


The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. 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
- 2. One or more alternative single, streamlined applications 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

Name

2015 Single Streamlined Application (003) box unchecked, identical wording

The paper application(s) has been uploaded.


Document Name	Date Created	
2015 Single Streamlined Application (003) box unchecked, identical wording	3/16/2021 11:59 AM EDT	

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

Name

HCS-250 10-2020 rework plan first questions-identical wording

The alternative multi-program paper application(s) has been uploaded.

Document Name	Date Created	
HCS-250 10-2020 rework plan first questions-identical wording	3/16/2021 12:03 PM EDT	

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | MT2020MS0002O | MT-21-0004

Package Header

Package ID	MT2020MS0002O	SPA ID	MT-21-0004
Submission Type	Official	Initial Submission Date	1/5/2021
Approval Date	3/25/2021	Effective Date	1/1/2021
Superseded SPA ID	MT-13-044MM		
	User-Entered		

B. MAGI Online Application


The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. 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
- 2. One or more 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

Name

S94 Single Streamlined Application 02-23-21

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
S94 Single Streamlined Application 022321	3/5/2021 3:38 PM EST	

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs


Name

S94 Single Streamlined Application 02-23-2021

Description

Online application

Screenshots or other documentation of the online application(s) have been uploaded.

Document Name	Date Created	
S94 Single Streamlined Application 022321	3/1/2021 12:36 PM EST	

Application

MEDICAID | Medicaid State Plan | Eligibility | MT2020MS0002O | MT-21-0004

Package Header


Package ID	MT2020MS0002O	SPA ID	MT-21-0004
Submission Type	Official	Initial Submission Date	1/5/2021
Approval Date	3/25/2021	Effective Date	1/1/2021
Superseded SPA ID	MT-13-044MM		
	User-Entered		

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. 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

The supplemental form(s) used to collect additional information has been uploaded.

Name	Date Created	
2015 Single Streamlined Application (003) box unchecked, identical wording	3/16/2021 12:05 PM EDT	

- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more applications used to apply for multiple human service programs

Name

HCS-250 10-2020 rework plan first questions-identical wording

This application for multiple human service programs is the same one used for applicants on the basis of the applicable MAGI standard.

- Yes
- No

- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | MT2020MS0002O | MT-21-0004

Package Header


Package ID	MT2020MS0002O	SPA ID	MT-21-0004
Submission Type	Official	Initial Submission Date	1/5/2021
Approval Date	3/25/2021	Effective Date	1/1/2021
Superseded SPA ID	MT-13-044MM		
	User-Entered		

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

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

Screenshots or other documentation of the online form(s) used to the collect additional information have been uploaded

Name	Date Created	
S94 Single Streamlined Application 022321	2/25/2021 12:52 PM EST	

- 2. One or more 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
- 3. One or more application used to apply for multiple human service programs
- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | MT2020MS0002O | MT-21-0004

Package Header

Package ID	MT2020MS0002O	SPA ID	MT-21-0004
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Superseded SPA ID	MT-13-044MM		
	User-Entered		

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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 3/30/2021 10:09 AM EDT