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State/Territory Name: Montana

State Plan Amendment (SPA) #: 22-0002

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form
3) Approved SPA Pages
### Package Information

<table>
<thead>
<tr>
<th>Package ID</th>
<th>MT2022MS0001O</th>
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<tr>
<td>Program Name</td>
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<td>SPA ID</td>
<td>MT-22-0002-0000</td>
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<td>Submitted By</td>
<td>Mary Kulawik</td>
</tr>
<tr>
<td>Package Disposition</td>
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<td>Priority Code</td>
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<td>Lead Division</td>
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<tr>
<td>State</td>
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<td>Region</td>
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<tr>
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<td>6/15/2022 12:42 PM EDT</td>
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### Submission Details
- **MT-22-0002-0000**
- **MT2022MS0001O**
- **Approved**
- **MT**
- **Denver, CO**
- **3/31/2022**
- **6/15/2022 12:42 PM EDT**

### Contact Information
- **Submitted By:** Mary Kulawik
- **Priority Code:** P2
- **Lead Division:** DMEP
June 15, 2022

Michael Randol
Montana Medicaid and Health Services Executive Director/State Medicaid Director
Department of Public Health and Human Services
P.O. Box 4210
Helena, MT 59604

Re: Approval of State Plan Amendment MT-22-0002

Dear Michael Randol,

On March 31, 2022, the Centers for Medicare and Medicaid Services (CMS) received Montana State Plan Amendment (SPA) MT-22-0002, in which the state proposed to increase the general income disregard for medically needy individuals from $100 to $269 per month, and to further modify the disregard consistent with Social Security Administration cost-of-living adjustments beginning in 2023 and in subsequent years.

We approve Montana State Plan Amendment (SPA) MT-22-0002 with an effective date(s) of January 01, 2022.

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

Sincerely,
Ruth A. Hughes
Acting Director, Division of Program Operations
Center for Medicaid & CHIP Services
## Package Header

<table>
<thead>
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## SPA ID and Effective Date

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<tr>
<td>Optional Eligibility Groups</td>
<td>1/1/2022</td>
<td>MT-20-0005</td>
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<tr>
<td>Medically Needy Pregnant Women</td>
<td>1/1/2022</td>
<td>MT-20-0005</td>
</tr>
<tr>
<td>Medically Needy Children under Age 18</td>
<td>1/1/2022</td>
<td>MT-20-0005</td>
</tr>
<tr>
<td>Medically Needy Reasonable Classifications of Individuals under Age 21</td>
<td>1/1/2022</td>
<td>MT-20-0005</td>
</tr>
<tr>
<td>Medically Needy Populations Based on Age, Blindness or Disability</td>
<td>1/1/2022</td>
<td>MT-20-0005</td>
</tr>
</tbody>
</table>
**Executive Summary**

**Summary Description Including Goals and Objectives**

This SPA increases the Medically Needy income disregard from the approved $100 to $269, effective January 1, 2022. The income disregard will increase annually by the Social Security Administration COLA increase.

**Federal Budget Impact and Statute/Regulation Citation**

**Federal Budget Impact**

<table>
<thead>
<tr>
<th>Federal Fiscal Year</th>
<th>Amount</th>
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<tbody>
<tr>
<td>First 2022</td>
<td>$2401300</td>
</tr>
<tr>
<td>Second 2023</td>
<td>$2401300</td>
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</table>

**Federal Statute / Regulation Citation**

1902(r)(2) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Created</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

No items available
Submission - Summary

Package Header

- Package ID: MT2022MS0001O
- SPA ID: MT-22-0002-0000
- Submission Type: Official
- Approval Date: 6/15/2022
- Initial Submission Date: 3/31/2022
- Effective Date: N/A
- Superseded SPA ID: N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other
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
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, as described in the state consultation plan.

☑ Yes
☑ No

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

<table>
<thead>
<tr>
<th>Date of solicitation/consultation:</th>
<th>Method of solicitation/consultation:</th>
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</thead>
<tbody>
<tr>
<td>3/2/2022</td>
<td>Tribal Consultation letter</td>
</tr>
</tbody>
</table>

☐ All Urban Indian Organizations

<table>
<thead>
<tr>
<th>Date of solicitation/consultation:</th>
<th>Method of solicitation/consultation:</th>
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</thead>
<tbody>
<tr>
<td>3/2/2022</td>
<td>Tribal Consultation letter</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of consultation:</th>
<th>Method of consultation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/2/2022</td>
<td>Tribal Consultation letter</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Created</th>
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<tbody>
<tr>
<td>Tribal letter Clinical Trial Med Needy Income Disregard CPC+ NAL Medicare A&amp;B final 3-2-22-2</td>
<td>3/11/2022 4:15 PM EST</td>
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</table>

Indicate the key issues raised (optional)

☐ Access
☐ Quality
☐ Cost
☐ Payment methodology
Eligibility
Benefits
Service delivery
Other issue
A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

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

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional Coverage of Parents and Other Caretaker Relatives</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>NEW</td>
</tr>
<tr>
<td>Reasonable Classifications of Individuals under Age 21</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Children with Non-IV-E Adoption Assistance</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Independent Foster Care Adolescents</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>NEW</td>
</tr>
<tr>
<td>Optional Targeted Low Income Children</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>CONVERTED</td>
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<tr>
<td>Individuals above 133% FPL under Age 65</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Individuals Needing Treatment for Breast or Cervical Cancer</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>APPROVED</td>
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<tr>
<td>Individuals Eligible for Family Planning Services</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals with Tuberculosis</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>NEW</td>
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<tr>
<td>Individuals Electing COBRA Continuation Coverage</td>
<td>✅</td>
<td>✅</td>
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### Aged, Blind and Disabled

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
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<tr>
<td>Individuals Eligible for but Not Receiving Cash Assistance</td>
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<td>✅</td>
<td>APPROVED</td>
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<tr>
<td>Eligibility Group Name</td>
<td>Covered In State Plan</td>
<td>Include RU In Package</td>
<td>Included in Another Submission Package</td>
<td>Source Type</td>
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<tr>
<td>---------------------------------------------------------------------------------------</td>
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<tr>
<td>Individuals Eligible for Cash Except for Institutionalization</td>
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<tr>
<td>Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules</td>
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<tr>
<td>Optional State Supplement Beneficiaries</td>
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<td>Individuals in Institutions Eligible under a Special Income Level</td>
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<td>✓</td>
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<tr>
<td>PACE Participants</td>
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<tr>
<td>Individuals Receiving Hospice</td>
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<tr>
<td>Children under Age 19 with a Disability</td>
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<td>Age and Disability-Related Poverty Level</td>
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<td>Work Incentives</td>
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<td>Family Opportunity Act Children with a Disability</td>
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<td>Individuals Receiving State Plan Home and Community-Based Services</td>
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<td>NEW</td>
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<tr>
<td>Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers</td>
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</table>
### B. Medically Needy Options for Coverage

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

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

1. **Mandatory Medically Needy:**

#### Families and Adults

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
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<th>Include RU In Package</th>
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</thead>
<tbody>
<tr>
<td>Medically Needy Pregnant Women</td>
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<td>☑️</td>
<td>☑️</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Medically Needy Children under Age 18</td>
<td>☑️</td>
<td>☑️</td>
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#### Aged, Blind and Disabled

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<th>Source Type</th>
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</thead>
<tbody>
<tr>
<td>Protected Medically Needy Individuals Who Were Eligible in 1973</td>
<td>☑️</td>
<td>☑️</td>
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2. **Optional Medically Needy:**

#### Families and Adults

<table>
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<td>☑️</td>
<td>☑️</td>
<td>APPROVED</td>
</tr>
<tr>
<td>Medically Needy Parents and Other Caretaker Relatives</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
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#### Aged, Blind and Disabled

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<th>Included in Another Submission Package</th>
<th>Source Type</th>
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</thead>
<tbody>
<tr>
<td>Medically Needy Populations Based on Age, Blindness or Disability</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<td>APPROVED</td>
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</table>
Optional Eligibility Groups

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 - Medically Needy

Medically Needy Pregnant Women

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

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The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

**A. Characteristics**

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.
B. Financial Methodologies

1. The financial methodology used is:
   a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
   b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.
   - Yes
   - No

   The less restrictive income methodologies are:
   - General income disregard:
     | Name of disregard: | Description: |
     |-------------------|--------------|
     | General Income disregard | $269 of total net countable income per household per month. This dollar amount will be adjusted annually to reflect the SSA COLA. |

   - Census Bureau wages are disregarded.
   - Interest is disregarded.

   - The following less restrictive methodologies are used:

   a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
   b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable resources.
   - Yes
   - No

   The less restrictive resource methodologies are:
   - General resource disregard:
     | Name of disregard: | Description: |
     |-------------------|--------------|
     | Contract for Deed | A contract for deed, for which the provisions of the contract are being met, and which contains a provision for at least annual payments, will be excluded as a resource so long as the provisions of the contract are being met, including scheduled payments. |
The value of a life estate will be excluded as a resource if the life estate is being used to produce income consistent with the fair market value of the property. Income will be considered consistent with the fair market value of the property if the net income produced is at least 6% of the fair market value of the property.

The value of the first resource purchased with excluded Native American funds, as long as the purchase is clearly identifiable as being made with excluded funds. This would include the first transfer of excluded funds into a non-excluded account, so long as the excluded funds remained identifiable in the account during the maintenance of the account. Amounts contributed to the account and any interest and earnings accrued by the account during and subsequent to such enrollment. No additional deposits into the account are permitted once the individual is no longer enrolled in the eligibility category described at section 1902(a)(10)(A)(ii)(XIII) of the Act. The disregard shall apply to amounts contributed to the account during the individual’s enrollment in the section 1902(a)(10)(A)(ii)(XIII) category, and any interest and earnings accrued by the account during and subsequent to such enrollment. No additional deposits into the account are permitted once the individual is no longer enrolled in the eligibility category described at section 1902(a)(10)(A)(ii)(XIII) of the Act.

Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in specified types of accounts:

- Independence/Freedom accounts
- Independence/AF/ID accounts
- Independence/Freedom accounts

A beneficiary of a "qualified state long-term care insurance partnership policy (or equivalent policy)" as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq. is provided a resource disregard equal to the amount of the insurance benefit payments made to the individual under the partnership policy.

A beneficiary of a "qualified state long-term care insurance partnership policy (or equivalent policy)" as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq. is provided a resource disregard equal to the amount of the insurance benefit payments made to the individual under the partnership policy.
C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.
F. Additional Information (optional)

Medicaid State Plan Eligibility
Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

Children under age 18 who would qualify under the state’s categorically needy eligibility groups, except for income.

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.
B. Financial Methodologies

1. The financial methodology used is:
   a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
   b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.
   - Yes
   - No

   The less restrictive income methodologies are:
   - General income disregard:
     - General Income disregard: $269 of total net countable income per household per month. This dollar amount will be adjusted annually to reflect the SSA COLA.
     - Description of disregard: Census income is disregarded.
     - Description of disregard: Interest and earnings from Independence Accounts.

3. Less restrictive methodologies are used in calculating countable resources.
   - Yes
   - No

   The less restrictive resource methodologies are:
   - General resource disregard:
     - Contract for Deed: A contract for deed, for which the provisions of the contract are being met, and which contains a provision for at least annual payments, will be excluded as a resource so long as the provisions of the contract are being met, including scheduled payments.
The value of a life estate will be excluded as a resource if the life estate is being used to produce income consistent with the fair market value of the property. Income will be considered consistent with the fair market value of the property if the net income produced is at least 6% of the fair market value of the property.

The value of the first resource purchased with excluded Native American funds, as long as the purchase is clearly identifiable as being made with excluded funds. This would include the first transfer of excluded funds into a non-excluded account, so long as the excluded funds remained clearly identifiable. The disregard shall apply only to amounts contributed to the account during the individual's enrollment in the section 1902(a)(10)(A)(ii)(XIII) category, and any interest and earnings accrued by the account during and subsequent to such enrollment. No additional deposits into the account are permitted once the individual is no longer enrolled in the eligibility category described at section 1902(a)(10)(A)(ii)(XIII) of the Act. Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).

Resources set aside in an Individual Development Account (IDA) account are excluded as resources. The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.
Medically Needy Children under Age 18

C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.
F. Additional Information (optional)
Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.
B. Individuals Covered

The state covers the following populations:

1. All children under a specified age limit:
   - Under age 21
   - Under age 20
   - Under age 19

2. Reasonable classifications of children
C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.
   - Yes
   - No

2. The financial methodology used is:
   - a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
   - b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.
   - Yes
   - No

   The less restrictive income methodologies are:
   - General income disregard:
     - Name of disregard: General Income disregard
       - Description: $269 of total net countable income per household per month. This dollar amount will be adjusted annually to reflect the SSA COLA.
     - Description of disregard: Census income is disregarded.
     - Description of disregard: Interest and earnings from Independence Accounts.

   - Census Bureau wages are disregarded.
   - Interest is disregarded.

   - The following less restrictive methodologies are used:

4. Less restrictive methodologies are used in calculating countable resources.
   - Yes
   - No

   The less restrictive resource methodologies are:
   - General resource disregard:
<table>
<thead>
<tr>
<th>Name of disregard:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A contract for deed, for which the provisions of the contract are being met, and which contains a provision for at least annual payments, will be excluded as a resource so long as the provisions of the contract are being met, including scheduled payments.</td>
<td></td>
</tr>
<tr>
<td>The value of a life estate will be excluded as a resource if the life estate is being used to produce income consistent with the fair market value of the property. Income will be considered consistent with the fair market value of the property if the net income produced is at least 6% of the fair market value of the property.</td>
<td></td>
</tr>
<tr>
<td>The value of the first resource purchased with excluded Native American funds, as long as the purchase is clearly identifiable as being made with excluded funds. This would include the first transfer of excluded funds into a non-excluded account, so long as the excluded funds remained clearly identifiable.</td>
<td></td>
</tr>
</tbody>
</table>

- The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.
  - **Resources set aside in an Assets for Independence Act (IDA) account**<br>**Description:** All funds (including interest) contained in an Individual Development Account (IDA) are excluded as a Resource.
  - **Resources set aside in Independence/Freedom accounts**

- A beneficiary of a “qualified state long-term care insurance partnership” policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.
D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.
Medically Needy Reasonable Classifications of Individuals under Age 21

G. Additional Information (optional)
Medicaid State Plan Eligibility
Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following:
   a. Are age 65 or older;
   b. Have blindness; or
   c. Have a disability.

2. Are not otherwise eligible for categorically needy coverage under the state plan.

3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.
B. Individuals Covered

The state covers the following populations:

1. Individuals age 65 or older
2. Individuals with blindness
3. Individuals who have a disability
C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.
   - Yes
   - No

2. The financial methodology used is:

   a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
   - Yes
   - No

   The less restrictive income methodologies are:
   - General income disregard:
     - Census Bureau wages are disregarded.
     - Interest is disregarded.

   The following less restrictive methodologies are used:
   - All TANF:
     - All TANF (including Tribal TANF) cash assistance payment are excluded as income.
<table>
<thead>
<tr>
<th>Name of disregard:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract for Deed</td>
<td>A contract for deed, for which the provisions of the contract are being met, and which contains a provision for at least annual payments, will be excluded as a resource so long as the provisions of the contract are being met, including scheduled payments.</td>
</tr>
<tr>
<td>Value of a Life Estate</td>
<td>The value of a life estate will be excluded as a resource if the life estate is being used to produce income consistent with the fair market value of the property. Income will be considered consistent with the fair market value of the property if the net income produced is at least 6% of the fair market value of the property.</td>
</tr>
<tr>
<td>Value of First Resource Purchased with Excluded Native American Funds</td>
<td>The value of the first resource purchased with excluded Native American funds, as long as the purchase is clearly identifiable as being made with excluded funds. This would include the first transfer of excluded funds into a non-excluded account, so long as the excluded funds remained clearly identifiable.</td>
</tr>
</tbody>
</table>

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

- Resources set aside in an Assets for Independence Act (IDA) account

Description: All funds (including interest) contained in an Individual Development Account (IDA) are excluded as a Resource.

Description: The disregard shall apply only to amounts contributed to the
account during the individual's enrollment in the section 1902(a)(10) (A)(ii)(XIII) category, and any interest and earnings accrued by the account during and subsequent to such enrollment. No additional deposits into the account are permitted once the individual is no longer enrolled in the eligibility category described at section 1902(a)(10) (A)(ii)(XIII) of the Act. Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.
Medically Needy Populations Based on Age, Blindness or Disability

The income standard used for this group is described in the Medically Needy Income Level RU.
E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.
F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.
Medically Needy Populations Based on Age, Blindness or Disability

G. 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.