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State/Territory Name: Montana

State Plan Amendment (SPA) #: 20-0005

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
Center for Medicaid & CHIP Services

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

Re: Approval of State Plan Amendment MT-20-0005

Dear Marie Matthews:

On June 30, 2020, the Centers for Medicare and Medicaid Services (CMS) received Montana State Plan Amendment (SPA) MT-20-0005 to apply a census income disregard for Medicaid eligibility groups subject to non-MAGI income methodology, and to migrate eligibility requirements already approved for those non-MAGI eligibility groups into the state plan. Additionally, this state plan amendment revises the MAGI methodology to account for reasonably predictable fluctuations in income.

We approve Montana State Plan Amendment (SPA) MT-20-0005 on September 25, 2020 with an effective date(s) of April 01, 2020.

If you have any questions regarding this amendment, please contact Barbara Prehms at barbara.prehms@cms.hhs.gov.

Sincerely,

James G. Scott
Director, Division of Program Operations
# Submission - Summary

**Package Header**

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**State Information**

- **State/Territory Name:** Montana
- **Medicaid Agency Name:** Department of Public Health and Human Services

**Submission Component**

- State Plan Amendment
- Medicaid
- CHIP
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<td>4/1/2020</td>
<td>MT-92-02 and MT-93-23</td>
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<td>Qualified Medicare Beneficiaries</td>
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<td>Individuals Eligible for but Not Receiving Cash Assistance</td>
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Supplements 8a (pages 2, 5), 8b (pages 1-4), and 8c (pages 1-2) to Attachment 2.6-A.

Addendum to Supplement 8a to Attachment 2.6-A (single page)
Executive Summary

Summary Description Including Goals and Objectives
Montana is proposing to continue excluding temporary census income from eligibility determinations for aged, blind or disabled members, through use of an income disregard under Section 1902(r)(2) of the Social Security Act.

Modified Adjusted Gross Income (MAGI) Eligibility Categories
Montana is proposing to amend the MAGI-Based Methodologies state plan page to elect the reasonably predictable changes income methodology for fluctuating seasonal, temporary, self-employment and commission-based income. The methodology includes temporary census income, minimizing the impact on Medicaid eligibility of temporary census work for individuals whose eligibility uses MAGI-based methodologies.

New Applicants or Redetermination
Montanans who apply for new Medicaid coverage (or an annual redetermination of coverage) will be permitted to annualize the temporary census income consistent with other types of seasonal employment. This means that if a Tribal Member or Urban American Indian applies, or is redetermined, for Medicaid when they are working as a census worker, the census income will be annualized over an entire year and only 1/12th of this temporary income will be considered in their eligibility determination.

Federal Budget Impact and Statute/Regulation Citation

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Federal Statute / Regulation Citation

1902(r)(2) 42 CFR 435.603

Supporting documentation of budget impact is uploaded (optional).

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**Governor's Office Review**

- No comment
- Comments received
- No response within 45 days
- Other
Medicaid State Plan Eligibility
MAGI Based Methodologies

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

A. Household Composition

1. In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
2. In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
   a. The pregnant woman is counted just as herself.
   b. The pregnant woman is counted as herself, plus one.
   c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
3. In establishing household composition under the rules for non-filers set forth at 42 CFR 435.603(f)(3), the state elects the following age for children:
   a. Age 19
   b. Age 19, or in the case of full-time students, age 21
B. Household Income

Financial eligibility is determined consistent with the following provisions:

1. When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

2. When determining eligibility for current beneficiaries, financial eligibility is based on:
   - a. Current monthly household income and family size
   - b. Projected annual household income and family size for the remaining months of the current calendar year.

3. In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:
   - a. Include a prorated portion of a reasonably predictable increase in future income and/or family size.
   - b. Account for a reasonably predictable decrease in future income and/or family size.

The methodology used by the state to account for and verify such change is:

For eligibility determinations and renewals, the Agency will utilize a reasonable methodology for predictable increases and decreases in future income over a 12-month period. The methodology applies when the applicant/member has income deemed by the Agency as highly likely to fluctuate. This reasonable methodology will use the applicant/member's self-attestation or documentation to prorate, or spread out, expected future changes over 12 months. The conversion will calculate an average monthly amount that will be added to the applicant/member's current monthly non-fluctuating income sources and will be used to determine eligibility for the applicant/member.

For seasonal or otherwise regularly fluctuating income, the changes will be considered reasonably predictable if the applicant/member self-attests that for the upcoming year the annual amount of fluctuating income is approximately equal to the annual amount of that income for the current year. For income that has been verified as not recurring in the following year (such as temporary Census income or a one-time contract), the income will be expired from the budget after the period in which it was prorated and included.

The following sources of income are recognized by the Agency as highly likely to fluctuate:
1. Self-employment
2. Seasonal/temporary earned income (includes temporary Census wages)
3. Commission based earned income
4. MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.

5. Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

6. In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.

7. Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

The state uses a specific nominal amount and frequency.

[ ] Yes [ ] No

Explanation of the state's methodology for determining the nominal amount:

Montana will exclude the irregular or infrequent cash support and will budget cash support that is expected to be received on a regular basis.
**C. Resource Test**

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

**D. Additional Information (optional)**

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Medicaid State Plan Eligibility
Income/Resource Methodologies
Non-MAGI Methodologies

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.

2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

   ☐ Yes
   ☐ No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.
C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

   a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

      i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

         (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

         (2) Considers these couples as living separately for the purpose of counting income and resources.

   b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.
D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:
   a. The individual applying, or
   b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
   c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

   - Yes
   - No
E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

☐ Yes
☐ No
F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.

2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.
Non-MAGI Methodologies

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Package ID MT2020MS0001O
Submission Type Official
Approval Date 9/25/2020
Superseded SPA ID New

User-Entered

SPA ID MT-20-0005
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Effective Date 4/1/2020

G. Additional Information (optional)
A. Income Level Used

1. The state employs a single income level for the medically needy.

2. The income level varies based on differences between shelter costs in urban and rural areas.

3. The level used is:

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The state uses an additional incremental amount for larger household sizes.

- Yes
- No

The dollar amounts increase automatically each year

- Yes
- No
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B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.
Medically Needy Income Level

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C. Additional Information (optional)
If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

**A. Budget Periods**

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:
   - a. One budget period of:
      - i. 6 months
      - ii. 5 months
      - iii. 4 months
      - iv. 3 months
      - v. 2 months
      - vi. 1 month
   - b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.
   - Yes
   - No
B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:
   a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
   b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
   c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
   d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.
   - Yes
   - No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.
Handling of Excess Income (Spenddown)

C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:
   a. Eligible expenses incurred during the budget period, whether paid or unpaid.
   b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
   c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
      - i. At any time prior to the budget period.
      - ii. Prior to the third month before the month of application, but no earlier than:
      - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:
   a. Eligible expenses incurred during the budget period, whether paid or unpaid.
   b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
   c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.
D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

1. By the type of service, in the following order:
   a. Premiums, deductibles, coinsurance and co-payments.
   b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
   c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
   d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.

2. In chronological order by the date of the service, or the date cost sharing payments are due.

3. In chronological order by the date the bill is submitted to the state by the individual.
Handling of Excess Income (Spenddown)

E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

☑ Yes
☒ No
Handling of Excess Income (Spenddown)

The state permits individuals to pay-in their spenddown liability.

- Yes
- No

1. The state provides all individuals with the option to pay-in their spenddown or to use incurred expenses for spenddown.

2. The state disburses to the individual amounts for services not covered under the state plan.

3. The state refunds unused pay-in amounts, as follows:
   - a. The state refunds unused pay-in amounts on a case-by-case basis.
   - b. The state applies unused pay-in amounts toward spenddown liability in a subsequent budget period on a case-by-case basis.
Handling of Excess Income (Spenddown)

G. Additional Information (optional)
Medicaid State Plan Eligibility
Income/Resource Standards
Medically Needy Resource Level

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.

2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.
### B. Resource Level Used

The level used is:

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The state uses an additional incremental amount for larger household sizes.

- [ ] Yes
- [ ] No
Medically Needy Resource Level

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C. Additional Information (optional)
# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

Medicaid | Medicaid State Plan | Eligibility | MT2020MS0001O | MT-20-0005
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### Mandatory Coverage

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

#### Families and Adults

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<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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<tbody>
<tr>
<td>Infants and Children under Age 19</td>
<td>✓</td>
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<tr>
<td>Parents and Other Caretaker Relatives</td>
<td>✓</td>
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<tr>
<td>Pregnant Women</td>
<td>✓</td>
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</tr>
<tr>
<td>Deemed Newborns</td>
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<tr>
<td>Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care</td>
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<tr>
<td>Former Foster Care Children</td>
<td>✓</td>
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<tr>
<td>Transitional Medical Assistance</td>
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<tr>
<td>Extended Medicaid due to Spousal Support Collections</td>
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#### Aged, Blind and Disabled

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<tr>
<td>Closed Eligibility Groups</td>
<td>✅</td>
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<tr>
<td>Individuals Deemed To Be Receiving SSI</td>
<td>✅</td>
<td></td>
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<tr>
<td>Working Individuals under 1619(b)</td>
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<td></td>
<td>NEW</td>
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<td>Qualified Medicare Beneficiaries</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>Qualified Disabled and Working Individuals</td>
<td>✓</td>
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<td></td>
<td>NEW</td>
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<tr>
<td>Specified Low Income Medicare Beneficiaries</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>APPROVED</td>
</tr>
<tr>
<td>Qualifying Individuals</td>
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### Families and Adults

<table>
<thead>
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<th>Included in Another Submission Package</th>
<th>Source Type</th>
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<tr>
<td>Adult Group</td>
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<td>No</td>
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</table>

**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 - Mandatory Coverage

Qualified Medicare Beneficiaries

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

**Package Header**

<table>
<thead>
<tr>
<th>Package ID</th>
<th>SPID</th>
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<tbody>
<tr>
<td>MT2020MS0001O</td>
<td>MT-20-0005</td>
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<th>Submission Type</th>
<th>Initial Submission Date</th>
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<tr>
<td>Official</td>
<td>6/30/2020</td>
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<th>Approval Date</th>
<th>Effective Date</th>
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<tr>
<td>9/25/2020</td>
<td>4/1/2020</td>
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</tr>
</thead>
<tbody>
<tr>
<td>MT-15-0016,06-005,01-001</td>
<td>-</td>
</tr>
</tbody>
</table>

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

**A. Characteristics**

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.
Qualified Medicare Beneficiaries
MEDICAID | Medicaid State Plan | Eligibility | MT2020MS0001O | MT-20-0005

Package Header

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. 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:

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

The following less restrictive methodologies are used:

- All TANF (including Tribal TANF) cash assistance payments are excluded as income.

3. 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 methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>All TANF</td>
<td>All TANF (including Tribal TANF) cash assistance payments are excluded as income.</td>
</tr>
</tbody>
</table>

<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>Name of disregard:</td>
<td>Description:</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------</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
  - 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.
C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.
## F. Additional Information (optional)
Medicaid State Plan Eligibility
Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

Package Header

- Package ID: MT2020MS0001O
- SPA ID: MT-20-0005
- Submission Type: Official
- Approval Date: 9/25/2020
- Initial Submission Date: 6/30/2020
- Superseded SPA ID: MT-15-0016,06-005,01-001
- Effective Date: 4/1/2020
- User-Entered

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.
B. Financial Methodologies

1. SSI methodologies are used in calculating household income. 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:

- Census Bureau wages are disregarded.
- Interest is disregarded.
- The following less restrictive methodologies are used:
  - 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:
  - Name of disregard: Contract for Deed
    - Description: 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 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
- 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.
C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.
Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | MT2020MS0001O | MT-20-0005

Package Header

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| SPA ID          | MT-20-0005                     |
| Initial Submission Date | 6/30/2020                   |
| Effective Date  | 4/1/2020                       |

F. Additional Information (optional)
Medicaid State Plan Eligibility
Eligibility Groups - Mandatory Coverage

Qualifying Individuals

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.

2. Are not otherwise eligible for Medicaid under the state plan.

3. Have income below the income standard and resources at or below the resource standard for this group.
B. Financial Methodologies

1. SSI methodologies are used in calculating household income. 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:

- Census Bureau wages are disregarded.
- Interest is disregarded.
- The following less restrictive methodologies are used:

<table>
<thead>
<tr>
<th>Name of methodology</th>
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<tbody>
<tr>
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</table>

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- General resource disregard:

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  - Resources set aside in an Assets for Independence Act (IDA) account
  - 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.
C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.
Qualifying Individuals

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Package ID MT2020MS0001O
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Superseded SPA ID MT-15-0016,06-005,01-001
User-Entered

SPA ID MT-20-0005
Initial Submission Date 6/30/2020
Effective Date 4/1/2020

F. Additional Information (optional)
## Medicaid State Plan Eligibility

### Optional Eligibility Groups

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>
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<tr>
<td>Optional Coverage of Parents and Other Caretaker Relatives</td>
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<tr>
<td>Reasonable Classifications of Individuals under Age 21</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Children with Non-IV-E Adoption Assistance</td>
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<td>☐</td>
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<td>Independent Foster Care Adolescents</td>
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<tr>
<td>Optional Targeted Low Income Children</td>
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<td>Individuals above 133% FPL under Age 65</td>
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<td>Individuals Needing Treatment for Breast or Cervical Cancer</td>
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<td>Individuals Eligible for Family Planning Services</td>
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<tr>
<td>Individuals with Tuberculosis</td>
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<td>Individuals Electing COBRA Continuation Coverage</td>
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<td>---------------------------------------------------------------------------------------</td>
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<tr>
<td>Individuals Eligible for but Not Receiving Cash Assistance</td>
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<td>☑️</td>
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<tr>
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<td>☑️</td>
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<tr>
<td>Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules</td>
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<td>Optional State Supplement Beneficiaries</td>
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<td>PACE Participants</td>
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<td>Individuals Receiving Hospice</td>
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<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>☑️</td>
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<td>Ticket to Work Basic</td>
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<td>☑️</td>
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</tr>
<tr>
<td>Ticket to Work Medical Improvements</td>
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<td>Family Opportunity Act Children with a Disability</td>
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<td>☑️</td>
<td>☑️</td>
<td>NEW</td>
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<tr>
<td>Individuals Receiving State Plan Home and Community-Based Services</td>
<td>☑️</td>
<td>☑️</td>
<td>☑️</td>
<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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</tbody>
</table>
Optional Eligibility Groups

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:

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
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</thead>
<tbody>
<tr>
<td>Medically Needy Pregnant Women</td>
<td>☑</td>
<td>☑</td>
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<tr>
<td>Medically Needy Children under Age 18</td>
<td>☑</td>
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2. Optional Medically Needy:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Medically Needy Reasonable Classifications of Individuals under Age 21</td>
<td>☑</td>
<td>☑</td>
<td>☒</td>
<td>APPROVED</td>
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<tr>
<td>Medically Needy Parents and Other Caretaker Relatives</td>
<td>☐</td>
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<td>-----------------------------------------</td>
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<tr>
<td>Medically Needy Populations Based on Age, Blindness or Disability</td>
<td>✓</td>
<td>✓</td>
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</table>
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 Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | MT2020MS0001O | MT-20-0005

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

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</table>

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the eligibility requirements of at least one of the following cash assistance programs:
   
   - a. SSI
   - b. Optional State Supplement
   - c. AFDC

2. Do not receive cash assistance under these programs.
B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.
   - Yes
   - No

2. The state covers the following populations:
   - a. Individuals age 65 or older
   - b. Individuals who have blindness
   - c. Individuals who have a disability
   - d. All children under a specified age limit:
   - e. Reasonable classifications of children
   - f. Parents and other caretaker relatives
   - g. Pregnant women
   - h. Other population
C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. 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:

- Census Bureau wages are disregarded.
- Interest is disregarded.
- The following less restrictive methodologies are used:

<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>All TANF</td>
<td>All TANF (including Tribal TANF) cash assistance payment are excluded as income.</td>
</tr>
</tbody>
</table>

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- General resource disregard:

<table>
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<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>
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<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>
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<td>Value of First Resource Purchased with Excluded Native American Funds</td>
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</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
  - 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.
 Individuals Eligible for but Not Receiving Cash Assistance

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**D. Income Standard Used**

The income standard used is the standard of the most closely related cash assistance program.

**E. Resource Standard Used**

The resource standard used is the standard of the most closely related cash assistance program.
Individuals Eligible for but Not Receiving Cash Assistance

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**F. Additional Information (optional)**
Medicaid State Plan Eligibility
Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

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The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

**A. Characteristics**

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

1. Are in a medical institution.

2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
   - a. SSI
   - b. Optional State Supplement
   - c. AFDC
B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No
C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. 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:

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

   ☑ The following less restrictive methodologies are used:

   - Description of disregard: Census income is disregarded.
   - Description of disregard: Interest and earnings from Independence Accounts.

4. Less restrictive methodologies are used in calculating countable resources.

   ☐ Yes  ☐ No

   The less restrictive resource methodologies are:

   ☑ General resource disregard:

   - Name of disregard: Contract for Deed
   - Description: 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 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
- Resources set aside in Independence/Freedom accounts

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

The disregard shall apply only to amounts contributed to the account during the individual's enrollment in the section 1902(a)(10)(A)(i)(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)(i)(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.
D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.
Individuals Eligible for Cash Except for Institutionalization

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F. Additional Information (optional)
Eligibility Groups - Options for Coverage

Work Incentives

Eligibility Groups - Options for Coverage

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

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The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

**A. Characteristics**

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

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
   a. Step One - A comparison of family net income to 250% FPL; and
   b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.
B. Step One Financial Methodologies and Income Test

1. Financial methodologies

   a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.
- Interest is disregarded.
- The following less restrictive methodologies are used:

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<th>Name of methodology</th>
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<td>All TANF</td>
<td>All TANF (including Tribal TANF) cash assistance payment are excluded as income.</td>
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2. Income Test

  Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.
C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

   a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

   b. Less restrictive methodologies are used in calculating countable income.

   - Yes
   - No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.
- Interest is disregarded.
- The following less restrictive methodologies are used:

   - Description of disregard: Census income is disregarded.
   - Description of disregard: Interest and earnings from Independence Accounts.

2. Less restrictive methodologies are used in calculating countable resources.

   - Yes
   - No

The less restrictive resource methodologies are:

- General resource disregard:

   - Name of disregard: Contract for Deed
   - Description: 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.
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- 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
  - 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.

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:
- a. The SSI income standard.
- b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.
D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.
E. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections as well as on page 12m of Attachment 2.6-A of the state plan.
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:
       - Census Bureau wages are disregarded.
       - Interest is disregarded.
       - The following less restrictive methodologies are used:

3. Less restrictive methodologies are used in calculating countable resources.
   - Yes
   - No
   The less restrictive resource methodologies are:
     - General resource disregard:
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<td>Contract for Deed</td>
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<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>
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- 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
  - 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.
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.
Medically Needy Pregnant Women

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:
     - Census Bureau wages are disregarded.
     - Interest is disregarded.
     - The following less restrictive methodologies are used:

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

   The less restrictive resource methodologies are:
   - ☑ General resource disregard:
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- 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
  - Resources set aside in Independence/Freedom accounts

  - 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)(i)(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)(i)(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.
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)
Medically Needy Children under Age 18

Medically Needy Reasonable Classifications of Individuals under Age 21

The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

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:
   ☐ i. Under age 21
   ☐ ii. Under age 20
   ☐ iii. 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:
     - 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:**

  - **Resources set aside in an Assets for Independence Act (IDA) account**
  - **Resources set aside in Independence/Freedom accounts**

- **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.

- **Value of a Life Estate**
  
  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.

- **Value of First Resource Purchased with Excluded Native American Funds**
  
  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.

- **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)(i)(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)(i)(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 Reasonable Classifications of Individuals under Age 21

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

Package Header

Package ID MT2020MS0001O
Submission Type Official
Approval Date 9/25/2020
Superseded SPA ID MT-15-0016,06-005,01-001
User-Entered

SPA ID MT-20-0005
Initial Submission Date 6/30/2020
Effective Date 4/1/2020

G. Additional Information (optional)
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.
   b. Less restrictive methodologies are used in calculating countable income.
      - 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:

<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Income disregard</td>
<td>$100 of total net countable income per household per month.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of disregard</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Census income is disregarded.</td>
<td></td>
</tr>
<tr>
<td>Interest and earnings from Independence Accounts.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>All TANF</td>
<td>All TANF (including Tribal TANF) cash assistance payment are excluded as income.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of disregard</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Less restrictive methodologies are used in calculating countable resources.
   - Yes
   - No
   The less restrictive resource methodologies are:
<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

☑️ Resources set aside in Independence/Freedom accounts

**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...
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

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.
Medically Needy Populations Based on Age, Blindness or Disability

E. Resource Standard Used

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

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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.

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