Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 20-0005

This file contains the following documents in the order listed:

MT - Submission Package - MT2020MS0001O - (MT-20-0005) - Eligibility

CMS-10434 OMB 0938-1188

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

Center for Medicaid & CHIP Services

September 25, 2020

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.

Name	Date Created
No items available	

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

Sincerely,

James G. Scott

Director, Division of Program Operations

Submission - Summary

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date N/A

Superseded SPA ID N/A

State Information

State/Territory Name: Montana

Medicaid Agency Name: Department of Public Health and Human Services

Submission Component

- (selected) State Plan Amendment

- (selected) Medicaid
- CHIP

Submission - Summary

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

Package Header

Package ID MT2020MS0001O

Submission Type Official

Approval Date 9/25/2020

Superseded SPA ID N/A

SPA ID MT-20-0005

Initial Submission Date 6/30/2020

Effective Date N/A

SPA ID and Effective Date

SPA ID MT-20-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
MAGI-Based Methodologies	4/1/2020	MT-13-0043
Non-MAGI Methodologies	4/1/2020	New
Medically Needy Income Level	4/1/2020	MT-01-019
Handling of Excess Income (Spenddown)	4/1/2020	MT-92-02 and MT-93-23
Medically Needy Resource Level	4/1/2020	MT-97-004
Mandatory Eligibility Groups	4/1/2020	MT-19-0005
Qualified Medicare Beneficiaries	4/1/2020	MT-15-0016,06-005,01-001
Specified Low Income Medicare Beneficiaries	4/1/2020	MT-15-0016,06-005,01-001
Qualifying Individuals	4/1/2020	MT-15-0016,06-005,01-001
Optional Eligibility Groups	4/1/2020	MT-19-0005
Individuals Eligible for but Not Receiving Cash Assistance	4/1/2020	MT-15-0016,06-005,01-001
Individuals Eligible for Cash Except for Institutionalization	4/1/2020	MT-15-0016,06-005,01-001
Work Incentives	4/1/2020	MT15-0016, 06-005, 01-001
Medically Needy Pregnant Women	4/1/2020	MT-15-0016,06-005,01-001
Medically Needy Children under Age 18	4/1/2020	MT-15-0016,06-005,01-001
Medically Needy Reasonable Classifications of Individuals under Age 21	4/1/2020	MT-15-0016,06-005,01-001
Medically Needy Populations Based on Age, Blindness or Disability	4/1/2020	150016,09027,06005,01001

Page Number of the Superseded Plan Section or Attachment (If Applicable):

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)

Submission - Summary

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives

Proposal for Aged/Blind/Disabled Eligibility Categories
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

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	$0
Second	2021	$0

Federal Statute / Regulation Citation

1902(r)(2)
42 CFR 435.603

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date N/A

Superseded SPA ID N/A

Governor's Office Review

- (selected) No comment
- Comments received
- No response within 45 days
- Other

Medicaid State Plan Eligibility

MAGI Based Methodologies

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

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT-13-0043 System-Derived		

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

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT-13-0043 System-Derived		

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:

(•) Yes ( ) No

[x] a. Include a prorated portion of a reasonably predictable increase 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 and 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

[x] 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 and 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.

(•) Yes ( ) No

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.

MAGI Based Methodologies

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT-13-0043 System-Derived		

C. Resource Test

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

D. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

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

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	New User-Entered		

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.

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID New

User-Entered

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:

- [x] (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.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

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.

Non-MAGI Methodologies

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID New

User-Entered

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

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	New User-Entered		

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

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	New User-Entered		

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.

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	New User-Entered		

G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

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

Package Header

Package ID MT2020MS0001O

Submission Type Official

Approval Date 9/25/2020

Superseded SPA ID MT-01-019

User-Entered

SPA ID MT-20-0005

Initial Submission Date 6/30/2020

Effective Date 4/1/2020

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.

- ○ Yes
- ◉ No

3. The level used is:

Household size	Standard
3	$658.00
4	$792.00
1	$525.00
2	$525.00
5	$925.00
6	$1058.00
7	$1192.00
8	$1317.00
9	$1383.00
10	$1450.00
11	$1508.00
12	$1558.00

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

- ○ Yes
- ◉ No

The dollar amounts increase automatically each year

- ○ Yes
- ◉ No

Household size	Standard
13	$1608.00
14	$1658.00
15	$1700.00
16	$1742.00

Medically Needy Income Level

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT-01-019 User-Entered		

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.

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT-01-019 User-Entered		

C. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

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

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT-92-02 and MT-93-23 User-Entered		

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:

- (selected) a. One budget period of:
  - i. 6 months
  - ii. 5 months
  - iii. 4 months
  - iv. 3 months
  - v. 2 months
  - (selected) 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
- (selected) No

Handling of Excess Income (Spenddown)

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

Package Header

Package ID	MT2020MS0001O
Submission Type	Official
Approval Date	9/25/2020
Superseded SPA ID	MT-92-02 and MT-93-23 User-Entered
SPA ID	MT-20-0005
Initial Submission Date	6/30/2020
Effective Date	4/1/2020

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)

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

Package Header

Package ID MT2020MS0001O

Submission Type Official

Approval Date 9/25/2020

Superseded SPA ID MT-92-02 and MT-93-23

User-Entered

SPA ID MT-20-0005

Initial Submission Date 6/30/2020

Effective Date 4/1/2020

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:

- (selected) 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.

Handling of Excess Income (Spenddown)

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT-92-02 and MT-93-23

User-Entered

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.

Package Header

Package ID	MT2020MS0001O
Submission Type	Official
Approval Date	9/25/2020
Superseded SPA ID	MT-92-02 and MT-93-23 User-Entered
SPA ID	MT-20-0005
Initial Submission Date	6/30/2020
Effective Date	4/1/2020

E. Reasonable Limitations

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

- ○ Yes
- ● No

Handling of Excess Income (Spenddown)

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT-92-02 and MT-93-23

User-Entered

F. Spenddown Payments Made by Individuals

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:

- [x] 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.

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT-92-02 and MT-93-23

User-Entered

G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

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

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT-97-004 User-Entered		

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.

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT-97-004

User-Entered

B. Resource Level Used

The level used is:

Household size	Standard
1	$3000.00
2	$3000.00
3	$3000.00
4	$3000.00
5	$3000.00
6	$3000.00
7	$3000.00
8	$3000.00
9	$3000.00
10	$3000.00

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

- ○ Yes
- ● No

Package Header

Package ID	MT2020MS0001O
Submission Type	Official
Approval Date	9/25/2020
Superseded SPA ID	MT-97-004 User-Entered
SPA ID	MT-20-0005
Initial Submission Date	6/30/2020
Effective Date	4/1/2020

C. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT-19-0005 System-Derived		

Mandatory Coverage

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

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		☑	☐	○	CONVERTED
Parents and Other Caretaker Relatives		☑	☐	○	CONVERTED
Pregnant Women		☑	☐	○	CONVERTED
Deemed Newborns		☑	☐	○	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		☑	☐	○	NEW
Former Foster Care Children		☑	☐	○	NEW
Transitional Medical Assistance		☑	☐	○	NEW
Extended Medicaid due to Spousal Support Collections		☑	☐	○	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		☑	☐	○	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Closed Eligibility Groups		☑	☐	○	NEW
Individuals Deemed To Be Receiving SSI		☑	☐	○	NEW
Working Individuals under 1619(b)		☑	☐	○	NEW
Qualified Medicare Beneficiaries		☑	☑	○	APPROVED
Qualified Disabled and Working Individuals		☑	☐	○	NEW
Specified Low Income Medicare Beneficiaries		☑	☑	○	APPROVED
Qualifying Individuals		☑	☑	○	APPROVED

Mandatory Eligibility Groups

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT-19-0005

System-Derived

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

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Adult Group		☑	☐	○	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

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

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

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

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

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

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.

Package Header

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

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:

- [x] Census Bureau wages are disregarded. — **Description of disregard:** Census income is disregarded.
- [x] Interest is disregarded. — **Description of disregard:** Interest and earnings from Independence Accounts.
- [x] The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	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:

- [x] 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.

Name of disregard:	Description:
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.

☑ 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.

☑ Resources set aside in Independence/Freedom accounts

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.

Qualified Medicare Beneficiaries

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

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

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.

Qualified Medicare Beneficiaries

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

Package Header

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

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

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

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	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT-15-0016,06-005,01-001 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.

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

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:

- [x] Census Bureau wages are disregarded.

Description of disregard: Census income is disregarded.

- [x] Interest is disregarded.

Description of disregard: Interest and earnings from Independence Accounts.

- [x] The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

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

- (•) Yes
- ( ) No

The less restrictive resource methodologies are:

- [x] 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.

Name of disregard:	Description:
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.

☑ 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.

☑ Resources set aside in Independence/Freedom accounts

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.

Specified Low Income Medicare Beneficiaries

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

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.

Package Header

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

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

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

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.

Package Header

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

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.

Qualifying Individuals

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT-15-0016,06-005,01-001

User-Entered

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:

- [x] Census Bureau wages are disregarded.

Description of disregard: Census income is disregarded.

- [x] Interest is disregarded.

Description of disregard: Interest and earnings from Independence Accounts.

- [x] The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	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:

- [x] 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.

Name of disregard:	Description:
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.

☑ 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.

☑ Resources set aside in Independence/Freedom accounts

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.

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

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.

Package Header

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

F. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

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

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT-19-0005 System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

(•) Yes ( ) No

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

Families and Adults

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

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		[x]	[x]	○	APPROVED
Individuals Eligible for Cash Except for Institutionalization		[x]	[x]	○	APPROVED
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		[x]	[ ]	○	NEW
Optional State Supplement Beneficiaries		[x]	[ ]	○	NEW
Individuals in Institutions Eligible under a Special Income Level		[ ]	[ ]	○	NEW
PACE Participants		[ ]	[ ]	○	NEW
Individuals Receiving Hospice		[x]	[ ]	○	NEW
Children under Age 19 with a Disability		[ ]	[ ]	○	NEW
Age and Disability-Related Poverty Level		[ ]	[ ]	○	NEW
Work Incentives		[x]	[x]	○	APPROVED
Ticket to Work Basic		[ ]	[ ]	○	NEW
Ticket to Work Medical Improvements		[ ]	[ ]	○	NEW
Family Opportunity Act Children with a Disability		[ ]	[ ]	○	NEW
Individuals Receiving State Plan Home and Community-Based Services		[ ]	[ ]	○	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		[ ]	[ ]	○	NEW

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT-19-0005 System-Derived		

B. Medically Needy Options for Coverage

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

(•) Yes ( ) No

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

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		☑	☑	○	APPROVED
Medically Needy Children under Age 18		☑	☑	○	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		☑	☐	○	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		☑	☑	○	APPROVED
Medically Needy Parents and Other Caretaker Relatives		☐	☐	○	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability					APPROVED

Optional Eligibility Groups

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT-19-0005

System-Derived

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.

Package Header

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

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:

- [x] a. SSI
- [ ] b. Optional State Supplement
- [ ] c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

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

Package Header

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

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT-15-0016,06-005,01-001

User-Entered

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.

Description of disregard: Census income is disregarded.

☑ Interest is disregarded.

Description of disregard: Interest and earnings from Independence Accounts.

☑ The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

4. 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.

Name of disregard:	Description:
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.

☑ 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.

☑ Resources set aside in Independence/Freedom accounts

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.

Individuals Eligible for but Not Receiving Cash Assistance

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

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.

Package Header

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

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

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

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT-15-0016,06-005,01-001

User-Entered

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:

- [x] a. SSI
- [ ] b. Optional State Supplement
- [ ] c. AFDC

Individuals Eligible for Cash Except for Institutionalization

Package Header

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

B. Individuals Covered

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

(•) Yes

( ) No

Individuals Eligible for Cash Except for Institutionalization

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT-15-0016,06-005,01-001

User-Entered

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.

- (selected) Yes
- ( ) No

The less restrictive income methodologies are:

- [x] Census Bureau wages are disregarded.

  Description of disregard: Census income is disregarded.

- [x] Interest is disregarded.

  Description of disregard: Interest and earnings from Independence Accounts.

- [x] The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

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

- (selected) Yes
- ( ) No

The less restrictive resource methodologies are:

- [x] 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.

Name of disregard:	Description:
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.

☑ 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.

☑ Resources set aside in Independence/Freedom accounts

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.

Package Header

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

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.

Package Header

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

F. Additional Information (optional)

Eligibility Groups - Options for Coverage

Work Incentives

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

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

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT15-0016, 06-005, 01-001 User-Entered		

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.

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT15-0016, 06-005, 01-001

User-Entered

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.

Description of disregard: Census income is disregarded.

☑ Interest is disregarded.

Description of disregard: Interest and earnings from Independence Accounts.

☑ The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

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.

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT15-0016, 06-005, 01-001 User-Entered		

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:

- [x] Census Bureau wages are disregarded. **Description of disregard:** Census income is disregarded.
- [x] Interest is disregarded. **Description of disregard:** Interest and earnings from Independence Accounts.
- [x] The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

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

- (•) Yes
- ( ) No

The less restrictive resource methodologies are:

- [x] 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.

Name of disregard:	Description:
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.

☑ 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.

☑ Resources set aside in Independence/Freedom accounts

Description: Exclude the value of all retirement accounts while the account owner is receiving coverage under section 1902(a)(10)(A)(ii)(XIII) of the Act. For individuals enrolled in the eligibility category described at section 1902(a)(10)(A)(ii)(XIII) of the Act, the following resource methodology applies:
-A resource disregard will apply to an account established by the beneficiary after and during the individual's enrollment in the category. The individual shall designate the account to the state Medicaid agency as his or her Independence Account.
These accounts will be held separate from non-exempt resources in accounts for which prior approval has been obtained from the Department, and for which the owner authorizes regular monitoring and/or reporting including deposits, withdrawals and other information deemed necessary by the Department for the proper administration of this provision.
-The Independence Account may be funded by the account owner's earned income.
-There is no minimum or maximum limit to establish the account. There
is no minimum or maximum limit that can be deposited to the existing account.

☑ 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.

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT15-0016, 06-005, 01-001 User-Entered		

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.

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	MT15-0016, 06-005, 01-001 User-Entered		

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

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

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

Package Header

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

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.

Medically Needy Pregnant Women

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT-15-0016,06-005,01-001

User-Entered

B. Financial Methodologies

1. The financial methodology used is:

- (selected) 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.

- (selected) Yes
- No

The less restrictive income methodologies are:

- [x] General income disregard:

Name of disregard:	Description:
General Income disregard	$100 of total net countable income per household per month.

- [x] Census Bureau wages are disregarded.

Description of disregard: Census income is disregarded.

- [x] Interest is disregarded.

Description of disregard: Interest and earnings from Independence Accounts.

- [x] The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

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

- (selected) Yes
- No

The less restrictive resource methodologies are:

- [x] 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.
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.

☑ 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.

☑ Resources set aside in Independence/Freedom accounts

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.

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

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

Package Header

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

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

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

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

Package Header

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

The state covers the Medically Needy Children under Age 18 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 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.

Medically Needy Children under Age 18

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID MT-15-0016,06-005,01-001

User-Entered

B. Financial Methodologies

1. The financial methodology used is:

- (selected) 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.

- (selected) Yes
- ( ) No

The less restrictive income methodologies are:

- [x] General income disregard:

Name of disregard:	Description:
General Income disregard	$100 of total net countable income per household per month.

- [x] Census Bureau wages are disregarded.

Description of disregard: Census income is disregarded.

- [x] Interest is disregarded.

Description of disregard: Interest and earnings from Independence Accounts.

- [x] The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

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

- (selected) Yes
- ( ) No

The less restrictive resource methodologies are:

- [x] 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.
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.

☑ 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.

☑ Resources set aside in Independence/Freedom accounts

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 Children under Age 18

Package Header

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

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.

Package Header

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

F. Additional Information (optional)

Medically Needy Children under Age 18

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

Package Header

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

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

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

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

Package Header

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

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.

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

B. Individuals Covered

The state covers the following populations:

- [x] 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

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

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:

[x] General income disregard:

Name of disregard:	Description:
General Income disregard	$100 of total net countable income per household per month.

[x] Census Bureau wages are disregarded.

Description of disregard: Census income is disregarded.

[x] Interest is disregarded.

Description of disregard: Interest and earnings from Independence Accounts.

[x] The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

4. 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.
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.

☑ 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.

☑ Resources set aside in Independence/Freedom accounts

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 Reasonable Classifications of Individuals under Age 21

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

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

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.

Package Header

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

G. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

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

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID 150016,09027,06005,01001

User-Entered

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.

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	150016,09027,06005,01001 User-Entered		

B. Individuals Covered

The state covers the following populations:

- [x] 1. Individuals age 65 or older
- [x] 2. Individuals with blindness
- [x] 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID 150016,09027,06005,01001

User-Entered

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:

[x] General income disregard:

Name of disregard:	Description:
General Income disregard	$100 of total net countable income per household per month.

[x] Census Bureau wages are disregarded.

Description of disregard: Census income is disregarded.

[x] Interest is disregarded.

Description of disregard: Interest and earnings from Independence Accounts.

[x] The following less restrictive methodologies are used:

Name of methodology:	Description:
All TANF	All TANF (including Tribal TANF) cash assistance payment are excluded as income.

c. 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.
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.

☑ 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.

☑ Resources set aside in Independence/Freedom accounts

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.

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	150016,09027,06005,01001 User-Entered		

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

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

Package Header

Package ID MT2020MS0001O

SPA ID MT-20-0005

Submission Type Official

Initial Submission Date 6/30/2020

Approval Date 9/25/2020

Effective Date 4/1/2020

Superseded SPA ID 150016,09027,06005,01001

User-Entered

E. Resource Standard Used

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

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	150016,09027,06005,01001 User-Entered		

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.

Package Header

Package ID	MT2020MS0001O	**SPA ID**	MT-20-0005
Submission Type	Official	**Initial Submission Date**	6/30/2020
Approval Date	9/25/2020	**Effective Date**	4/1/2020
Superseded SPA ID	150016,09027,06005,01001 User-Entered		

G. Additional Information (optional)