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**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 23-0018**

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- 3) Approved SPA Pages

# MT - Submission Package - MT2023MS0001O - (MT-23-0018) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th Street  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

October 16, 2023

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

Re: Approval of State Plan Amendment MT-23-0018

Dear Michael Randol,

On July 24, 2023, the Centers for Medicare & Medicaid Services (CMS) received Montana State Plan Amendment (SPA) MT-23-0018, in which the state proposed to elect the option described in section 1902(e)(16) of the Social Security Act to provide 12 months of postpartum coverage to Medicaid-eligible pregnant individuals.

We approve Montana State Plan Amendment (SPA) MT-23-0018 with an effective date(s) of July 01, 2023.

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

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

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CMS-10434 OMB 0938-1188

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2023MS0001O | MT-23-0018

### Package Header

<b>Package ID</b>	MT2023MS0001O	<b>SPA ID</b>	MT-23-0018
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/24/2023
<b>Approval Date</b>	10/16/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

<b>State/Territory Name:</b>	Montana	<b>Medicaid Agency Name:</b>	Department of Public Health and Human Services
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### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2023MS0001O | MT-23-0018

### Package Header

**Package ID** MT2023MS0001O

**Submission Type** Official

**Approval Date** 10/16/2023

**Superseded SPA ID** N/A

**SPA ID** MT-23-0018

**Initial Submission Date** 7/24/2023

**Date**

**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** MT-23-0018

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	7/1/2023	New

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

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2023MS0001O | MT-23-0018

## Package Header

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<b>Superseded SPA ID</b>	N/A		

## Executive Summary

**Summary Description** This amendment proposes to extend postpartum continuous eligibility coverage to 12 months for people eligible and enrolled under the state plan while pregnant.  
**Including Goals and Objectives**

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$1126146
Second	2024	\$4549967

### Federal Statute / Regulation Citation

Sections 9812 and 9822 of the American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MT2023MS0001O | MT-23-0018

### Package Header

**Package ID** MT2023MS0001O  
**Submission Type** Official  
**Approval Date** 10/16/2023  
**Superseded SPA ID** N/A

**SPA ID** MT-23-0018  
**Initial Submission Date** 7/24/2023  
**Effective Date** N/A

### Governor's Office Review

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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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CMS-10434 OMB 0938-1188

## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

#### Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | MT2023MS0001O | MT-23-0018

#### Package Header

<b>Package ID</b>	MT2023MS0001O	<b>SPA ID</b>	MT-23-0018
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/24/2023
<b>Approval Date</b>	10/16/2023	<b>Effective Date</b>	7/1/2023
<b>Superseded SPA ID</b>	New		
	User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

#### A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

#### B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

Yes

No

- This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
- Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
- Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
  - The individual requests voluntary termination of eligibility;
  - The individual ceases to be a resident of the state;
  - The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
  - The individual dies.

#### C. Additional Information (optional)

Section 5113 of the Consolidated Appropriations Act, 2023 eliminated, without replacement, the March 31, 2027, sunset date of the 12-month postpartum continuous eligibility option. Therefore, the durational limit of the option that is described in Section B. does not apply.

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