

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 09-011	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.112, 1902(a)(52), 1902(e)(1), and 1925 of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2009      \$ 158,950 b. FFY 2010      \$ 635,800 c. FFY 2011      \$635,800	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 12b to Attachment 2.6-A, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): n/a - new page	
10. SUBJECT OF AMENDMENT: Amendment to extend Medicaid eligibility under TMA for an initial period of 12 months			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Mary E. Dalton</i>		16. RETURN TO: Montana Dept. of Public Health and Human Services Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 11-3-09			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 8/25/09 11-3-09 - revisions		18. DATE APPROVED: 11/06/09	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/09		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Richard C. Allen</i>	
21. TYPED NAME: Richard C. Allen		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Montana

ELIGIBILITY UNDER SECTION 1925 OF THE ACT  
TRANSITIONAL MEDICAL ASSISTANCE

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard (**42 CFR 435.112, 1902(a)(52), 1902(e)(1), and 1925 of the Act**)

The amount, duration and scope of services for this coverage group are specified in Section 3.5 this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement):

  X   During at least 3 of the 6 months immediately preceding the month in which the family become ineligible under section 1931.

       For fewer that 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

The State extends Medicaid eligibility under TMA for an initial period of:

       6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical and income eligibility requirements specified in section 1925(b) of the Act.

  X   12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(g) of the Act, in accordance with the format, timing and frequency specified by the Secretary and makes such information publicly available.

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



**Region VIII**

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November 6, 2009

Ms. Mary Dalton  
Medicaid & Health Services Manager  
Montana Department of Public Health & Human Services  
111 North Sanders, Room 301  
P.O. Box 4210  
Helena, MT 59604

Re: Approval of State Plan Amendment (SPA) MT 09-011

Dear Ms. Dalton:

We have received Montana's State Plan Amendment 09-011. The intent of this SPA is to provide for an initial 12 months of Transitional Medical Assistance (TMA) for eligible individuals.

CMS has completed its review of this SPA. Please be advised that the amendment is approved with an effective date of July 1, 2009.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Divisions of Medicaid and Children's Health Operations

Cc: Duane Preshinger