



ADMINISTRATIVE RULES OF MONTANA



37.82.701 GROUPS COVERED, NONINSTITUTIONALIZED FAMILIES AND CHILDREN

- (1) Medicaid will be provided to:
 - (a) Individuals under age 19 who currently reside in Montana and are receiving foster care, guardianship, or adoption assistance under Title IV-E of the Social Security Act, whether or not such assistance originated in Montana. Eligibility requirements for Title IV-E foster care and adoption assistance are found in ARM 37.50.101, 37.50.105, 37.50.106, and 45 CFR part 233.
 - (b) Individuals who have been receiving assistance in the nonmedically needy family Medicaid program and whose assistance is terminated because of earned income. These individuals may continue to receive Medicaid for any or all of the 6 calendar months immediately following the month in which nonmedically needy family Medicaid is last received, providing:
 - (i) in cases where assistance was terminated due to earned income, a member of the assistance unit continues to be employed during the 6 months; however, eligibility may continue even though no member of the assistance unit is employed if there was a good cause as defined in the family-related Medicaid Manual, section 1508-1, as incorporated by reference in ARM 37.82.101, for the termination or loss of employment;
 - (ii) they received nonmedically needy family Medicaid for three of the six months immediately prior to the month they became ineligible for nonmedically needy family Medicaid coverage; and
 - (iii) there continues to be an eligible child in the assistance unit. This coverage group is known as the "family-transitional."
 - (c) Individuals under age 19 who live with a specified caretaker relative as defined in the family-related Medicaid manual, section 201-1, as incorporated by reference in ARM 37.82.101, and who meet all other eligibility requirements.
 - (d) A pregnant woman whose pregnancy has been verified and whose family income and resources meet the requirements listed in ARM 37.82.1106, 37.82.1107, and 37.82.1110. This coverage group is known as the "qualified pregnant woman group." The unborn child shall be considered an additional member of the filing unit for purposes of determining eligibility.
 - (e) A pregnant woman whose pregnancy has been verified, whose family income does not exceed 157% of the federal poverty guidelines. This coverage group is known as the "pregnancy group."

- (i) The unborn child shall be considered an additional member of the filing unit for purposes of determining eligibility.
 - (ii) Newborn children are continuously eligible through the month of their first birthday, provided they continue to reside in Montana. This coverage group is known as the "child-newborn group."
- (f) A pregnant woman during a period of presumptive eligibility.
 - (i) Presumptive eligibility is established by submission of an application by the applicant on the form specified by the department, to a qualified presumptive eligibility provider, verification of pregnancy and a determination by the qualified presumptive eligibility provider that applicant's household income and resources do not exceed the income and resource standards specified in (1)(e).
 - (A) A qualified presumptive eligibility provider is an entity which meets the requirements specified in section 3570 of the state Medicaid Manual, published by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services and who is enrolled with the department as a qualified presumptive eligibility provider under the presumptive eligibility program. Section 3570 of the state Medicaid Manual is adopted and incorporated by this reference. A copy of the manual section may be obtained from the Department of Public Health and Human Services, Human and Community Services Division, 111 N. Jackson St., P.O. Box 202925, Helena, MT 59620-2925.
 - (B) Presumptive eligibility determinations shall be effective through the earlier of the date the department makes a determination of eligibility or ineligibility based upon a Medicaid application, or the last day of the month following the month of the presumptive eligibility determination, if no Medicaid application is filed within such period. An individual is limited to one presumptive eligibility period per pregnancy.
 - (C) The applicant or recipient shall be entitled to a fair hearing with respect to a determination by the department based upon a Medicaid application.
 - (ii) During a period of presumptive eligibility, a pregnant woman is limited to ambulatory prenatal care services covered under the Montana Medicaid program. Such services may be provided by any Medicaid provider eligible to receive Medicaid reimbursement for such services under applicable law and regulations.
- (g) A pregnant woman who becomes ineligible for Medicaid due solely to increased income and whose countable resources do not exceed \$3,000 and whose pregnancy is disclosed to the department prior to the effective date of Medicaid closure. This coverage group is known as the "continuous pregnant woman group." Eligibility shall be continuous without lapse in Medicaid eligibility from the prior Medicaid eligibility and shall terminate on the last day of the month in which the 12-month postpartum period ends.
- (h) A child who has not yet reached age 19, whose family income does not exceed 143% of the federal poverty guidelines. This coverage group is known as the "Healthy Montana Kids (HMK) Plus" group. Children determined eligible under the Healthy Montana Kids Plus program will receive up to 12 months of continuous coverage.

- (i) Individuals under the age of 21 who are receiving foster care or subsidized adoption payments through child welfare services. These individuals must have full or partial financial responsibility assumed by public agencies and must have been placed in foster homes, private institutions, or private homes by a nonprofit agency.
 - (j) A child of a minor custodial parent when the custodial parent is living in the child's grandparent's home and the grandparent's income is the sole reason rendering the child ineligible for nonmedically needy family Medicaid.
 - (k) Needy caretaker relatives as defined in the family-related Medicaid Manual, section 201-1, as incorporated by reference in ARM 37.82.101, who have in their care an individual under age 19 who is eligible for Medicaid, and whose countable income does not exceed the state's family Medicaid standards as defined in the family-related Medicaid Manual, section 002.
 - (l) A child through the month of the child's 19th birthday, who lives in a household whose income exceeds the categorically needy standards and resources do not exceed the resource standards specified in ARM 37.82.1106, 37.82.1107, and 37.82.1110. This coverage group is known as the "family medically needy group."
 - (m) Individuals, under the age of 65 who have been screened through the Montana Breast and Cervical Health Program who:
 - (i) have been diagnosed with cancer or precancer of the breast or cervix;
 - (ii) do not have creditable coverage to pay for their cancer/precancer treatment;
 - (iii) have countable income that does not exceed 250% of the federal poverty level at the time of screening and enrollment into the Montana Breast and Cervical Health Program; and
 - (iv) are not eligible for any other nonmedically needy Medicaid coverage group. This coverage group is known as "breast and cervical cancer treatment."
 - (n) Families who, due to receipt of new or increased spousal support, lose eligibility for nonmedically needy family Medicaid. To be eligible the family must:
 - (i) receive new or increased spousal support in an amount great enough to cause their nonmedically needy family Medicaid eligibility to end; and
 - (ii) have received nonmedically needy family Medicaid in Montana for three of six months prior to the closure of nonmedically needy family Medicaid. The coverage will continue for four consecutive months. This program is known as the "family-extended group."
 - (o) Women ages 19 through 44, who have not been otherwise determined eligible for Medicaid under this title, who are able to become pregnant but are not now pregnant, whose household income does not exceed 211% of the federal poverty level. Services are limited to those family planning services defined at ARM 37.86.1707 and not covered by third party health coverage. This program is limited to 4,000 women at any given time and is known as Plan First. Plan First will not pay any copay or deductible required by a member's third party health coverage.
- (2) Medicaid will continue until the last day of the month in which the 12-month postpartum period ends for pregnant women as long as the pregnant woman was eligible for and receiving Medicaid on the date pregnancy ends.

- (3) Medicaid may be provided for up to three months prior to the date of application for individuals listed in (1)(a), (1)(c), (1)(d), (1)(g), (1)(h), (1)(i), (1)(j), (1)(k), (1)(l), and (1)(m) if all financial and nonfinancial eligibility criteria are met as of the date medical services were received in each of those months.

Authorizing statute(s): 53-4-212, 53-4-1105, 53-6-113, MCA

Implementing statute(s): 53-4-231, 53-4-1104, 53-4-1105, 53-6-101, 53-6-131, 53-6-134, MCA

History: NEW, 1982 MAR p. 729, Eff. 4/16/82; AMD, 1984 MAR p. 1478, Eff. 10/12/84; AMD, 1985 MAR p. 500, Eff. 5/17/85; AMD, 1986 MAR p. 1604, Eff. 9/26/86; AMD, 1987 MAR p. 1655, Eff. 9/25/87; AMD, 1989 MAR p. 883, Eff. 7/1/89; AMD, 1990 MAR p. 541, Eff. 4/1/90; AMD, 1990 MAR p. 542, Eff. 4/1/90; AMD, 1991 MAR p. 516, Eff. 4/26/91; AMD, 1991 MAR p. 1046, Eff. 6/28/91; AMD, 1996 MAR p. 284, Eff. 1/26/96; AMD, 1998 MAR p. 3281, Eff. 12/18/98; TRANS, from SRS, 2000 MAR p. 476; AMD, 2002 MAR p. 1773, Eff. 6/28/02; AMD, 2006 MAR p. 2418, Eff. 10/6/06; AMD, 2007 MAR p. 302, Eff. 3/9/07; AMD, 2009 MAR p. 1673, Eff. 10/1/09; AMD, 2009 MAR p. 2494, Eff. 1/1/10; AMD, 2012 MAR p. 757, Eff. 5/1/12; AMD, 2014 MAR p. 2166, Eff. 9/19/14; AMD, 2018 MAR p. 2240, Eff. 11/3/18; AMD, 2024 MAR p. 2021, Eff. 8/10/24; AMD, 2024 MAR p. 2284, Eff. 9/21/24.