Montana Department of Public Health and Human Services
Section 1115 Demonstration
Fast-Track Extension Application

Montana Waiver for Additional Services and Populations (WASP) Demonstration Program

{Submitted June 30, 2022}

Effective Date: January 1, 2023

This document, together with the supporting documentation outlined below, constitutes Montana's application to the Centers for Medicare & Medicaid Services (CMS) to extend the Waiver for Additional Services and Populations (WASP), Project number 11-W-00181/8, for a period of 5-years pursuant to section 1115(a) of the Social Security Act.

Section 1115(a) extension <u>with no</u> program changes

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration without any programmatic changes. The state is requesting to extend approval of the demonstration, subject to the same Special Terms and Conditions (STCs) and expenditure authorities currently in effect. The current demonstration period covers January 1, 2018 through December 31, 2022.

The state is submitting the following items that are necessary to ensure that the demonstration is operating in accordance with the objectives of title XIX and/or title XXI as originally approved. The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information as requested in the below appendices.

Please see Attachments 1, 2, and 3 at the end of this document.

- *Attachment 1 - for a copy of the currently effective CMS-approved STCs.*
- *Attachment 2 – Summary of comments received and responses given by the state during the 60-day Public Comment Period.*
- *Attachment 3 – Individual comments received during the 60-day Public Comment Period.*

These attachments will follow the appendices.

For required application documentation, please see, towards the end of this document, Appendices A through E, listed below.

- **Appendix A:** A historical narrative summary of the demonstration project, which includes the objectives set forth at the time the demonstration was approved, evidence of how these objectives have or have not been met, and the future goals of the program.

- **Appendix B:** Budget/allotment neutrality assessment, and projections for the projected extension period. The state will present an analysis of budget/allotment neutrality for the current demonstration approval period, including status of budget/allotment neutrality to date based on the most recent expenditure and member month data, and projections through the end of the current approval that incorporate the latest data. CMS will also review the state's Medicaid and State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES) expenditure reports to ensure that the demonstration has not exceeded the federal

expenditure limits established for the demonstration. The state's actual expenditures incurred over the period from initial approval through the current expiration date, together with the projected costs for the requested extension period, must comply with CMS budget/allotment neutrality requirements outlined in the STCs.

- **Appendix C:** Interim evaluation of the overall impact of the demonstration that includes evaluation activities and findings to date, in addition to plans for evaluation activities over the requested extension period. The interim evaluation should provide CMS with a clear analysis of the state's achievement in obtaining the outcomes expected as a direct effect of the demonstration program. The state's interim evaluation must meet all the requirements outlined in the STCs.

- **Appendix D:** Summaries of External Quality Review Organization (EQRO) reports, managed care organization and state quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration.

- **Appendix E:** Documentation of the state's compliance with the public notice process set forth in 42 CFR 431.408 and 431.420.

A. Expenditure Authorities. List any proposed modifications, additions to, or removal of currently approved expenditure authorities. Indicate how each new expenditure authority is necessary to implement the proposed changes and also how each proposed change furthers the state's intended goals and objectives for the requested extension period.

No modifications, additions or removal of currently approved expenditure authorities are proposed.

B. Waiver Authorities. List any proposed modifications, additions to, or removal of currently approved waiver authorities. Indicate how each new waiver authority is necessary to implement the proposed changes and also how each proposed change furthers the state's intended goals and objectives for the requested extension period.

No modifications, additions or removal of currently approved waiver authorities are proposed.

C. Eligibility. List any proposed changes to the population(s) currently being served under the demonstration.

If the state is proposing to remove any demonstration populations, please include in the justification how the state intends to transition affected beneficiaries into other eligible coverage as outlined in the Special Terms and Conditions (STCs).

No changes to the populations currently being served under the demonstration are proposed. The non-expansion Medicaid-covered individuals whose eligibility is based on Modified Adjusted Gross Income (MAGI), also known as the Parent and Caretaker Relatives (PCR) population, is removed from the WASP by the March 30, 2022 approval of the amendment requesting removal of 12-month continuous eligibility (CE) for the PCR population. This population's only benefit under the WASP is CE. A continuation of 12-month CE remains in effect for all Montana Medicaid programs until the end of the federal public health emergency (PHE). This applies to the PCR population under WASP. At this writing, the end of the federal PHE is expected to occur before December 31, 2022. When these flexibilities end, beneficiaries will be notified in advance, according to a CMS approved plan of unwinding PHE flexibilities.

D. Benefits and Cost Sharing. Describe any proposed changes to the benefits currently provided under the demonstration and any applicable cost sharing requirements. The justification should include any expected impact these changes will have on current and future demonstration enrollment.

No changes to the benefits under the demonstration are proposed. Montana does not have cost sharing requirements for the WASP demonstration.

E. Delivery System. Describe any proposed changes to the healthcare delivery system by which benefits will be provided to demonstration enrollees. The justification should include how the state intends a seamless transition for demonstration enrollees and any expected impact on current and future demonstration enrollment.

Montana's healthcare delivery system is fee-for-service. No changes to the healthcare delivery system by which benefits will be provided to enrollees under the demonstration are proposed.

F. Budget/Allotment Neutrality. Describe any proposed changes to state demonstration financing (i.e., sources of state share) and/or any proposed changes to the overall approved budget/allotment neutrality methodology for determining federal expenditure limits (other than routine updates based on best estimate of federal rates of change in expenditures at the time of extension).

There are no proposed changes to state demonstration financing or overall approved budget/allotment neutrality methodology for determining federal expenditure limits.

G. Evaluation. Describe any proposed changes to the overall demonstration evaluation design, research questions or hypotheses being tested, data sources, statistical methods, and/or outcome measures. Justification should include how these changes furthers and does not substantially alter the currently approved goals and objectives for the demonstration.

The only proposed change to the overall demonstration evaluation design is prompted by the March 30, 2022 approval of the September 3, 2021 amendment application. The approval of this amendment will remove the Parent and Other Caretaker Relatives (PCR) population from coverage under WASP following the end of the federal PHE. The draft evaluation design revision (expected to be submitted before the effective date of this extension/renewal application) would simply remove any references to the PCR population from the current evaluation design.

H. Other. Describe proposed changes to any other demonstration program feature that does not fit within the above program categories. Describe how these change(s) furthers the state's intended goals and objectives for the requested extension period.

There are no proposed changes to any other demonstration program features that do not fit within the above program categories.

State Contact Person(s)

Please provide the contact information for the state's point of contact for this demonstration extension application.

Name:	c/o Mary Eve Kulawik
Title:	Medicaid and CHIP State Plan Amendment & Waiver Coordinator
Agency:	Department of Public Health and Human Services, Director's Office
Address:	111 North Sanders Street PO Box 4210
City/State/Zip:	Helena MT 59604
Telephone Number:	(406) 444-2584
Email Address:	Mkulawik@mt.gov

Name:	Linda Skiles-Hadduck
Title:	Medicaid Waiver and State Plan Program Officer
Agency:	Department of Public Health and Human Services, Health Resources Division
Address:	PO Box 202951
City/State/Zip:	Helena, MT 59620-2951
Telephone Number:	(406) 444-6868
Email Address:	lskiles-hadduck@mt.gov

Appendix A

A historical narrative summary of the demonstration project, which includes the objectives set forth at the time the demonstration was approved, evidence of how these objectives have or have not been met, and the future goals of the program.

HISTORICAL NARRATIVE SUMMARY OF THE DEMONSTRATION

Introduction

The Section 1115 Montana Waiver for Additional Services and Populations was previously titled the Basic Medicaid Waiver.

Basic Medicaid Waiver History:

In 1996, under the authority of an 1115 Welfare Reform Waiver referred to as Families Achieving Independence in Montana (FAIM), Montana implemented a limited Medicaid benefit package of optional services to the same group of adults eligible for Medicaid under Sections 1925 or 1931 of the Social Security Act. The limited Medicaid benefit package was referred to as “Basic Medicaid.” The FAIM Welfare Reform Waiver expired on January 31, 2004, (confirmed by correspondence dated October 7, 2003, from Mr. Mike Fiore, Director, Family and Children’s Health Program Group, Centers for Medicare and Medicaid Services).

Basic Medicaid Waiver 2004:

On October 23, 2003, the State of Montana, Department of Public Health and Human Services (Department) submitted a request for an 1115 Basic Medicaid Waiver of amount, duration and scope of services, Section 1902(a)(10)(B) of the Social Security Act, to provide a limited Medicaid benefit package of optional services for those adults age 21 to 64 who are not pregnant or disabled. The Waiver was approved to operate beginning February 1, 2004, and end January 31, 2009 for those Able-Bodied Adults who are eligible for Medicaid under Sections 1925 or 1931 of the Social Security Act.

Amendments and Extension/Renewals:

A Health Insurance Flexibility and Accountability (HIFA) waiver proposal was submitted on June 27, 2006. The 1115 Basic Medicaid Waiver amendments were submitted on March 23, 2007 and January 28, 2008, requesting seven new optional and expansion populations. Tribal Consultation was completed on December 14, 2007. As a result of discussions with CMS, Montana submitted a revised 1115 Basic Medicaid Waiver amendment on June 6, 2008, requesting four new populations. Further discussion resulted in a July 30, 2009, submittal requesting only one population, Waiver Mental Health Service Plan (WMHSP) individuals (individuals previously covered under a State-funded program who had schizophrenia, severe depression, or bipolar disease),

in addition to Able Bodied Adults. Small changes were made to the July 30, 2009, application as a result of continuing conversations with CMS and the Basic Medicaid Waiver was approved December 2010. The Basic Medicaid Waiver Renewal was approved December 24, 2013, effective January 1, 2014. A Waiver amendment to increase coverage for the MWHSP group to cover all individuals with Severe Disabling Mental Illness (SDMI) was submitted on June 30, 2014 and became effective August 1, 2014.

The amendment submitted on November 15, 2015, with an effective date of January 1, 2016, made the following changes:

- Removed able-bodied adults from the Waiver;
- Removed individuals under age 65 with SDMI who are not covered by or eligible for Medicare and who are between 0-138% of the MAGI income level;
- Covered individuals age 18 or older with SDMI who are otherwise ineligible for Medicaid benefits and either:
    - Have income 0-138% of the Federal Poverty Level (FPL) and are eligible for or enrolled in Medicare; or
    - Have income 139-150% of the FPL regardless of Medicare status (they can be covered ornot covered by Medicare and be eligible).
- Aligned the Basic Medicaid benefit package with the Standard Medicaid benefit package. Basic Medicaid previously did not cover or had very limited coverage of audiology, dental and denturist, durable medical equipment (DME), eyeglasses, optometry and ophthalmology for routine eye exams, personal care services, and hearing aids; and
- Adopted a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI.

The amendment submitted on March 7, 2016, effective March 1, 2016, changed the name of the Waiver to Section 1115 Montana Waiver for Additional Services and Populations (WASP) and covered individuals determined categorically eligible for Aged, Blind, or Disabled (ABD) for dental treatment services above the Medicaid State Plan cap of $1,125.

The extension/renewal submitted by DPHHS on July 15, 2016 for the Section 1115 WASP was approved December 15, 2017 and effective January 1, 2018, through December 31, 2022. This extension/renewal made no changes to the waiver.

An amendment was submitted September 3, 2021, to remove the expenditure authority for 12-month continuous eligibility for all non-expansion Medicaid-covered individuals whose eligibility was based on MAGI, also known as Parents and Other Caretaker Relatives (PCR). This amendment was approved March 30, 2022. The state requests to extend approval of the demonstration, subject to the same Special Terms and Conditions (STCs), and expenditure authorities in effect following that approval. The removal of the 12-month continuous eligibility for all non-expansion Medicaid covered individuals whose eligibility is based on MAGI removes this population from any coverage under WASP, as this is the only benefit they received under the waiver.

The coverage WASP provides for the MHSP SDMI population, including 12-month continuous eligibility, and for the ABD population, for dental treatment services above the State Plan annual cap of $1,125, remains the same.

This amendment also grants the removal of cost sharing and copayments for demonstration enrollees, to align with the removal of cost sharing from the Montana Medicaid plan effective January 1, 2020. This applies to WMHSP enrollees as well as the categorically eligible ABD individuals who receive expanded dental treatment services through WASP.

The submission of this amendment introduced a barrier to Montana meeting the December 31, 2021 extension/renewal deadline as it was unknown if/when the amendment would be approved and thus created content ambiguity of what the extension/renewal application should ask to extend/renew. Additionally, the state needed to make adjustments to the WASP fiscal reporting prior to submission of the extension/renewal. The needed onset of the 60-day public comment period was approaching with these issues still pending. Montana requested a temporary extension of the application deadline (and accompanying interim evaluation report) to give more time to resolve these issues. On November 3, 2021, via email confirmation, CMS granted a temporary extension of both the extension/renewal application and the interim evaluation report with a new deadline of June 30, 2022.

In the waiver authorities due to expire December 31, 2022, a third population receives coverage under the WASP. The PCR population, under WASP, receives the single benefit of 12-month continuous eligibility. This benefit will be removed by the above-mentioned amendment submitted September 3, 2021, which effectively removed the PCR population from the WASP. However, the effective date of this removal commences at the currently unknown date of the federal PHE cessation. For the purposes of this extension/renewal application, we will assume the PCR will remain under WASP coverage for this benefit through December 31, 2022. The state requests approval of the demonstration that includes/extends the changes requested in the approved September 3, 2021 amendment request.

OBJECTIVES SET FORTH AT THE TIME THE DEMONSTRATION WAS APPROVED AND EVIDENCE OF HOW THESE OBJECTIVES HAVE OR HAVE NOT BEEN MET

Please refer to the age and multiple changes of this demonstration noted in the Historical Narrative above. Very little electronic information remains related to this demonstration approval in 1996. We are not even certain this was considered a “demonstration” waiver at the time.

The most recent paper document we were able to obtain was an October 23, 2003 Section 1115 Waiver Application for Health Care Reform. In this document, no specific goals or objectives were set forth, and no evaluation plans were noted. The application does include this statement saying, “It is our intention to have no gap in the time the

FAIM waiver expires and the new 1115 waiver becomes effective. All the systems are appropriately programmed to continue with the 'Basic' Medicaid coverage."

The oldest Evaluation Report located covers the dates of February 2014 – January 2016. This report indicates the goal was as follows:

Section 1115 Basic Medicaid Waiver Goal
Montana's goal is to provide Basic Medicaid coverage, originally designed to replicate a basic health plan benefit as a Welfare Reform Waiver, for Able-Bodied Adults while using the generated Federal Waiver savings to provide Basic coverage for the previously uninsured WMHSP.

The Evaluation Report consists of survey findings. These findings are repeated, below.

Section 1115 Montana Basic Medicaid Waiver
Primary Survey Findings
In October, 2015, DPHHS mailed 2,760 surveys to all currently enrolled WMHSP individuals. As in the previous survey, completed in 2012, a drawing for $50 gift certificate to a grocery store of their choice was provided as an incentive to complete and return the survey in the pre-paid envelope by November 15. In all, 26% of the surveys were returned (705), which was comparable to the 2012 return rate (26.5%).

The survey addressed six different components, which are: General Coverage, Demographics, Health Status, Access to Health Care, Quality of Health Care, and Travel to Healthcare. The 2012 survey data was intended as a baseline. Five percent of the 2015 surveys were second-time respondents; the remaining 672 surveys (95% of the returned 2015 surveys) were first-time respondents. Comparison of results showed; members reported a greater understanding of their benefits, reported a greater percentage had seen their physician for their physical health in the past month, reported a smaller percentage where there were zero days in which poor physical or mental health kept them from doing their usual activities, and reported a greater percentage of members receiving Medicaid travel reimbursement to see specialists outside of their community. Additionally, all the 2015 responses are compared with the 2012 responses, which are included in the findings under the Baseline Comparison heading.

Primary findings from the 2015 survey data are below. Additional details are provided in the attached Detailed Analysis Report.*

*(Note: the detailed analysis report is not included as what is available now, is only graphs showing visual comparisons of the numbers/percentages indicated in the verbiage below.)

<u>General Coverage</u>:

- More than half (55%) said they understood their Basic Medicaid benefits well or very well; 45% said they did not understand their benefits well at all (Q1).

- Two-thirds (66%) did not have additional coverage; 28% had Medicare in addition to Medicaid (Q2).
- 84% currently indicated having a primary physician for physical health while only 58% had a primary physician prior to receiving Basic Medicaid (a 31% increase) (Q3+Q4).
- Half (50%) had seen a physician for physical healthcare within the past month, while an additional 40% (280) last saw their physician within the past 2-12 months. Ten percent had last seen a physician two or more years ago (Q5).

Demographics:

- Race, ethnicity, gender and age of the respondents reflected that of publicly funded adult mental health members in Montana, but with an underrepresentation of American Indians (3% of survey respondents vs. 6.6%); however, five percent of the respondents categorized as having more than one race most often were of American Indian/Alaska Native descent (Q6-Q8).
- 38% had completed high school and an additional 49% of the sample had attended college (Q9); the percent who had attended college was not representative of publicly funded adult mental health clients in Montana (which was reported to be 22% in 2015).
- One-fourth (26%) were employed (Q10), 66% owned or rented a home (Q11), and four percent considered themselves homeless (Q11) (including some who lived with others in their home).

Health Status:

- 44% considered their general health to be good, very good, or excellent; 36% fair; and 19% poor (Q12).
- 38% believed their general health had *improved* since receiving the Basic Medicaid benefits; 30% believed it had stayed the same; 10% felt their health had gotten worse; and 22% were not sure (Q13).
- Members presented themselves as being healthier physically than mentally:
    - 34% said their *physical* health was not good for 14 or more days out of the past 30 days (Q14), while 51% said their *mental* health was not good for 14 or more days out of the past 30 days (Q15).
    - Similarly, 51% said their *physical* health was *not* good for just 0-7 days out of the past 30 days (Q14), while only 29% said their *mental* health was *not* good for just 0-7 days out of the past 30 days (Q15).
- When asked the number of days, in the past 30 days, that poor physical *or* mental health kept them from doing their usual activities, 16% said zero days; 17% said 1-7 days; nine percent said 8-13 days; 20% said 14-20 days; and 20% said 21-30 days (Q16).

- Most (91%) said they had received mental or physical health care in the last three months, and 88% had received care from their physician (Q17-Q18).
- In the last three months, 23% received physical or mental health care at the Emergency Room, and 11% were hospitalized (Q19-Q20).

Access to Health Care:

- For *physical* care in the last three months, 19% could get an appointment with their physician within one day, 43% within a week, 22% within two weeks, and 16% greater than two weeks. For physical care in general, 83% found their wait-time to be satisfactory. (Q21)
- Members had to wait longer for mental health care than physical care for wait-times that exceeded one day: 19% could get an appointment with their mental health physician within one day, 34% within a week, 24% within two weeks, and 23% greater than two weeks. For mental care in general, 71% found their wait-time to be satisfactory, which was a 12% lower satisfaction rate than that for physical appointment wait-times. (Q21). (Satisfaction rates and comments suggest that some members may have felt they needed to be seen for mental health care more often than the once-a-week appointments they were given.)
- For those who had to wait *over* two weeks for an appointment, 53% found the wait-time to be unsatisfactory for physical care, and 54% found the wait-time to be unsatisfactory for mental care (Q21).
- For those who were able to get an appointment *within* two weeks, 24% found the wait-time unsatisfactory for physical care and 23% found the wait-time unsatisfactory for mental care (Q21).
- When asked if they were unable to see a physician for physical or mental health care in the past three months because of *cost*, 72% said no, and 28% said yes or sometimes (Q22). One member said, “No, I have Medicaid.” Some members commented that $4-$5 co-pays for appointments and medications are not always affordable; others said that medication is cheaper, and that without Medicaid they would not be able to afford physicians, specialists, and needed procedures.

Quality of Health Care:

- The majority (81%) felt their physician always or usually spent enough time listening to their concerns, answering their physical and mental health questions, and explaining their medical conditions, treatment options and medications; 16% felt their physician sometimes spent enough time; and three percent said their physician never spent enough time with them (Q23-Q24). Comments suggested that the amount of time spent listening varied from provider to provider, and that specialists tended to spend less time than Primary Care Providers (PCPs), therapists, or case managers.

- The majority (70%) said that in the past three months they were able to get all the physical and mental health care services they thought they needed (Q25). One member said, “Medicaid has helped me a lot. I have been very sick and out of work and seeing a lot of physicians.”
- In the comments, three percent of respondents expressed a desire for dental coverage, some of them with dire needs; and two percent expressed a need for vision care. (Fortunately, both dental and vision will be covered for nearly all these members when they move from Basic Medicaid to Standard Medicaid in January, 2016.)
- 88% were prescribed medication, and 94% of respondents said they take their medication as prescribed every day (Q26).

Travel to Health Care:

- Two-thirds (64%) traveled no more than 20 miles roundtrip for healthcare; 17% traveled 22-60 miles; 15% traveled 62-200 miles; and five percent traveled 202 or more roundtrip miles (Q27).
- The most common reason for traveling outside one’s community for healthcare was to see a specialist (45%); 37% said their physician did not live in their community; and 18% traveled outside their community for health care because they did not live in a large enough community (Q28).
- Only 12% received Medicaid travel reimbursement; 88% did not. One member who asked for information on travel reimbursement wrote, “A roundtrip to the physician is over 200 miles—and in a pickup. Have missed many appointments.” Three percent of respondents requested travel reimbursement information or said they were unaware of travel reimbursement coverage; another ten members asked for assistance with transportation (Q29).

Baseline Comparison

Although only 33, 2015 surveys were returned by members who had also completed the 2012 baseline survey; we can still compare the responses between the three years. Comparing the averaged responses of the 705 members in 2015 with the averaged responses of the 209 members who returned the 2012 surveys, we find:

- A greater percentage of Waiver members understood their Basic Medicaid benefits well or very well in 2015 than in 2012 (55% vs. 50%).
- A smaller percentage of members had *Medicare* in addition to Medicaid in 2015 compared to 2012 (28% vs. 38%); and a greater percent did *not* have additional coverage in 2015 compared to 2012 (66% vs. 52%).
- A greater percent of 2015 members had seen their physician for *physical* health care within the last month compared to the 2012 respondents (50% vs. 45%).
- A greater percent of 2015 members felt their general health was *poor* compared to the 2012 respondents (19% vs. 12%).

- A greater percent of 2015 members felt their general health had gotten *worse* since being on the Basic Medicaid Waiver compared to the 2012 respondents (10% vs.4%).
- A greater percent of 2015 members said their *mental* health was not good for *14 days or more days* out of the past 30 compared to the 2012 respondents (51% vs. 40%).
- A smaller percent of 2015 members said there were zero days in which poor physical *or* mental health kept them from doing their usual activities (16% vs. 24% in 2012).
- The *same* percent of 2015 members were hospitalized overnight in the last three months for physical or mental health as the 2012 respondents (11% each).
- A smaller percent of 2015 members were able to get a *physical* health care appointment within one day compared to 2012 respondents (19% vs. 27%).*
- A smaller percent of 2015 members were able to get a *mental* health care appointment within one day compared to 2012 respondents (19% vs. 25%).*
- A greater percent of 2015 members had to wait over two weeks to get a *mental* health care appointment compared to 2012 respondents (23% vs. 16%).*
- A greater percent of 2015 members were *dissatisfied with the wait-time for mental health* services compared to 2012 respondents (29% vs. 24%); likewise, fewer 2015 members were *satisfied* with the mental health wait-time (71% vs. 76% in 2012).*
- A smaller percent of 2015 members said their physician never spends enough time explaining their medical condition, treatment options and medications compared to 2012 respondents (3% vs. 6%).
- *12% fewer* 2015 members felt they were able to get all of the physical or mental health care services they needed compared to 2012 respondents (70% vs. 82%). Likewise, a greater percent of 2015 members said they were *not* able to get all the health care services they needed (30% vs. 18%).*
- A greater percent of 2015 members said the reason they needed to travel was to see a specialist outside their community (45% vs. 36% in 2012).*
- A greater percent of 2015 members received Medicaid travel reimbursement compared to 2012 respondents (12% vs. 4%).*

<u>Comments of Appreciation:</u>

- Fifty-four members (8%) took the initiative to express appreciation for their Medicaid services in the Comments section. One member summed up the comments of many others when stating, “Since I have had Medicaid, I have finally been able to get the medical and mental help so desperately needed. Thank you.”

*2012 percent adjusted to exclude those not needing an appointment in the past three months to allow for equitable comparison with 2015.

The next Evaluation Report available was relevant to February 2016 – July 2017. At that time the stated goal mirrored the goal of the February 2014 – January 2016 goal.

Section 1115 Basic Medicaid Waiver Goal
Montana's goal is to provide Basic Medicaid coverage, originally designed to replicate a basic health plan benefit as a Welfare Reform Waiver, for Able-Bodied Adults while using the generated Federal Waiver savings to provide Basic coverage for the previously uninsured WMHSP.

The Evaluation Report again consists of survey findings. These findings are repeated, below.

Section 1115 Montana Medicaid Waiver for Additional Services and Populations (WASP)

Primary 2017 Survey Findings

In April, 2017, DPHHS mailed and hand-delivered a consumer satisfaction survey to 350 individuals who had been enrolled in the WASP between February, 2016 and July, 2017. Thirty percent (n=104) completed and returned the surveys.

The surveys were comprised of the 36 standard questions from the Mental Health Statistical Improvement Program (MHSIP) survey that measure member satisfaction with services and service outcomes over the past six months. The survey also included an additional five questions on general health, length of time in services, and open-ended responses on what has been most helpful, and what would make their mental health services better. Entry into a drawing for a $100 gift certificate to a grocery store of their choice was provided as an incentive to complete and return the survey in the pre-paid envelope by July 31, 2017.

The primary findings from the survey are provided below, along with comparisons of survey responses from the 2015 Basic Medicaid Waiver, and comparisons with the responses of members on Standard Medicaid receiving mental health services.

DOMAIN	FY17 WASP RESPONDENTS	FY17 NON-WASP RESPONDENTS	LEGEND
General Satisfaction	89.3%	86.5%	% Positive
	1.6	1.7	Mean Score (1=strongly agree; 5=strongly disagree)
	103	903	# of Responses
Access	81.7%	81.2%	% Positive
	1.7	1.8	Mean Score (1=strongly agree; 5=strongly disagree)
	104	897	# of Responses
Quality and Appropriateness	83.2%	85.5%	% Positive
	1.7	1.8	Mean Score (1=strongly agree; 5=strongly disagree)
	101	860	# of Responses
Participation in Treatment	89.9%	83.1%	% Positive
	1.5	1.6	Mean Score (1=strongly agree; 5=strongly disagree)
	99	850	# of Responses
Treatment Outcomes	58.2%	65.7%	% Positive
	2.3	2.2	Mean Score (1=strongly agree; 5=strongly disagree)
	98	870	# of Responses
Improved Functioning	63.7%	65.3%	% Positive
	2.3	2.2	Mean Score (1=strongly agree; 5=strongly disagree)
	102	890	# of Responses
Social Connectedness	53%	64%	% Positive
	2.5	2.2	Mean Score (1=strongly agree; 5=strongly disagree)
	104	902	# of Responses
Average of all 7 domains:	**FY17 WASP RESPONDENTS**	**FY17 NON-WASP RESPONDENTS**	
Average Percent Responding Positively	**74%**	**76%**	

General Satisfaction with Services:
Nine out of 10 respondents (89%) responded positively to being generally satisfied with their mental health services. This domain of "General Satisfaction" was measured through three questions:

- I like the services that I received at my agency (90% positive);
- If I had other choices, I would still get services from this agency (83% positive); and
- I would recommend this agency to a friend or family member (88% positive).

Access to Services:
Eight out of 10 respondents (82%) responded positively to having adequate access to their mental health services. "Access" was measured through six questions:

- The location of services was convenient (parking, public transportation, distance, etc.) (88% positive);
- Staff were willing to see me as often as I felt it was necessary (86% positive);

- Staff returned my call in 24 hours (82% positive);
- Services were available at times that were good for me (92% positive);
- I was able to get all the services that I thought I needed (84% positive; 9% negative); and
- I was able to see a psychiatrist when I wanted to (66% positive; 23% negative).

Comparison with 2015: The last two questions above reduced the overall percent responding positively on the Access domain. Two similar questions were also asked in the 2015 Basic Medicaid Waiver survey.

- In 2015, the question on getting all the services the member needed pertained to both physical and mental health: "In the last three months, have you been able to get all the physical and mental health care that you needed?" In 2015, 30% said no; in 2017, when asked only about mental health services, only 9% said no. This likely reflects, at least in part, the greater access members now have to all their health needs in 2017, as their covered services now include the following medically necessary services that had not been covered in 2015: audiology, dental and denturist, durable medical equipment, eyeglasses, optometry and ophthalmology for routine eye exams, personal care services, home infusion and hearing aids. As members' coverage increased, their satisfaction with access to services increased.
- In 2015, the question on being able to see a psychiatrist was also worded differently. It stated: "Was the timeframe in which you waited to receive an appointment [with your doctor] for mental care satisfactory?" In 2015, 29% said the wait time was unsatisfactory. In 2017, 23% said they were not able to see a psychiatrist when they wanted. Although the questions were slightly different, the important finding is that Montanans, including those on the Section 1115 Montana Medicaid WASP, continue to struggle with adequate access to psychiatrists. The 6% reduction in complaints regarding access to psychiatrists (from 29% in 2015 down to 23% I 2017) is not a reliable measure of improvement due to sample size and inconsistent wording of the question.

Quality and Appropriateness of Services:
Eight out of 10 respondents (83%) responded positively to the "Quality and Appropriateness" of their mental health services. This domain was comprised of nine questions:

- Staff believe that I can grow, change and recover (76% positive);
- I felt free to complain (77% positive);
- I was given information about my rights and the grievance procedure (83% positive);
- Staff encouraged me to take responsibility for how I live my life (85% positive);
- Staff told me what side effects to watch out for (70% positive);
- Staff respected my wishes about who is and who is not to be given information about my treatment (89% positive);
- Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.) (82% positive);
- Staff helped me obtain the information I needed so I could take charge of managing my illness (84% positive); and

- I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.) (70% positive).

Participation in Treatment:
Nine out of 10 respondents (90%) responded positively to their participation in their mental health treatment. This domain was measured through two questions:

- I felt comfortable asking questions about my treatment and medication (96% positive); and
- I, along with staff, decided my treatment goals (89% positive).

The three remaining domains pertained to improved outcomes from treatment. Consistent with past surveys from all adult survey respondents, a lower percent of members responded positively to these items, suggesting that different and more effective mental health treatment options are still needed for many.

Treatment Outcomes:
Nearly six out of 10 respondents (58%) responded positively to their perception of treatment outcomes. This domain was measured through eight questions, which all began with "As a direct result of the services I received…":

- I deal more effectively with daily problems (77% positive);
- I am better able to control my life (79% positive);
- I am better able to deal with crisis (72% positive);
- I am getting along better with my family (68% positive);
- I do better in social situations (52% positive; 22% negative);
- I do better in school and/or work (38% positive; 14% negative);
- My housing situation has improved (55% positive); and
- My symptoms are not bothering me as much (53% positive; 23% negative).

Eight percent fewer members on the Section 1115 Montana Medicaid WASP responded positively on the Treatment Outcomes domain compared with those on Standard Medicaid (58% vs. 66%), perhaps because 100% of those on the WASP have a Serious and Disabling Mental Illness (SDMI) whereas only some of those on Standard Medicaid receiving mental health services have an SDMI.

Improved Functioning:
Greater than six out of 10 respondents (64%) responded positively to their perception that their functioning had improved. This domain was measured through five questions, which all began with "As a direct result of the services I received…":

- My symptoms are not bothering me as much (53% positive; 23% negative);
- I do things that are more meaningful to me (71% positive; 13% negative);
- I am better able to take care of my needs (71% positive; 12% negative);
- I am better able to handle things when they go wrong (60% positive; 18% negative); and
- I am better able to do things I want to do (61% positive; 16% negative).

Members on the Section 1115 Montana Medicaid WASP had similar scores on the Improved Functioning domain compared to respondents on Standard Medicaid (64% positive vs. 65% positive).

Social Connectedness:
Slightly more than half (53%) responded positively to questions on social connectedness in relation to people other than their mental health provider. The four questions in this domain included:

- I am happy with the friendships I have (61% positive; 13% negative);
- I have people with whom I can do enjoyable things (60% positive; 16% negative);
- I feel I belong in my community (41% positive; 21% negative); and
- In a crisis, I would have the support I need from family or friends (66% positive; 12% negative).

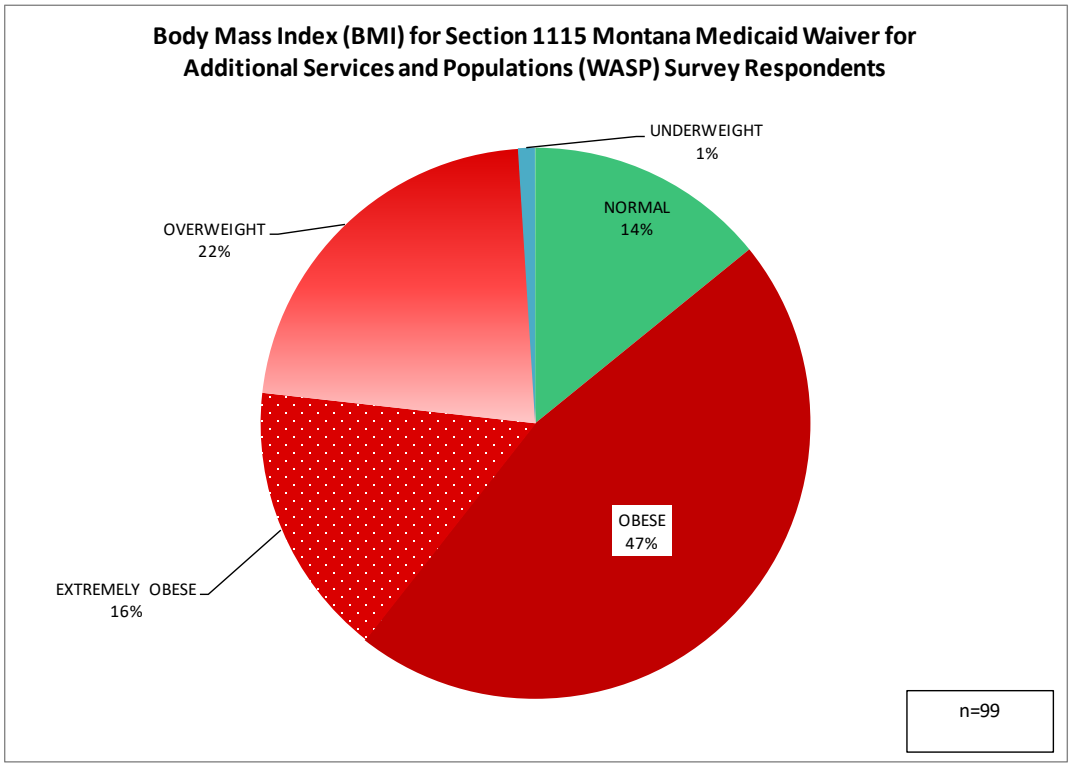
Eleven percent fewer members on the Section 1115 Montana Medicaid WASP responded positively in the Social Connectedness domain compared with those on Standard Medicaid (53% vs. 64%). One potential explanation is that the Waiver sample size was much smaller than the sample size for Standard Medicaid (104 vs. 902).

Demographics:
The average age of respondents was 55. Ninety-seven percent were Caucasian; 2% were American Indian; 4% were more than one race; and 1% was "Other" race. One-third of respondents were male (n=34), and two-thirds were female (n=70). Members resided in all parts of the state and were receiving treatment from Western Montana Mental Health Center (n=39); South Central Montana Mental Health Center (n=25); Center for Mental Health (n=19); Eastern Montana Community Mental Health Center (n=7), and several other mental health centers and private providers. Members had been in mental health services for an average of 20 years. Forty-one percent of the respondents qualified for the Section 1115 Montana Medicaid WASP due to a primary diagnosis of Major Depression disorder; 36% qualified due to Bipolar Disorder; 10% qualified due to a Schizophrenia Spectrum disorder; and the remaining 14% qualified due to Anxiety, Post-Traumatic Stress Disorder, and other primary mental health diagnoses.

Health Status
Over half (54%) considered their general health to be good, very good, or excellent; 34% fair; and 13% poor. These results are an improvement compared to responses to the same question on the 2015 Basic Medicaid Waiver, in which 44% considered their general health to be good, very good, or excellent; and 19% considered their health to be poor.

The two most common self-reported general health conditions were allergies/environmental sensitivities (38%) and chronic pain (34%). These were followed by lung disease (27%), diabetes (26%), asthma (22%), and obesity (21%). Eleven percent reported heart disease, and 8% reported liver disease. A greater percentage of women compared to men were more likely to have allergies/sensitivities (43% vs. 26%), chronic pain (40% vs. 21%), asthma (29% vs. 9%), and obesity (26% vs. 12%). Respondents were also asked to provide their height and weight. Using this information, the average Body Mass Index (BMI) was 33 (obese) and differed little by gender. Members in the normal BMI range were younger (average age=50) compared

to those who were overweight (average age = 61), obese (53), or extremely obese (58). Asking members to provide height and weight appears to be a more accurate method to determine the percent of respondents who weigh more than their ideal weight, as nearly three times as many respondents were obese or very obese using height and weight calculations (62%) compared to asking respondents to mark a checkbox labeled "Obese" among a list of health conditions (21%).



Respondents were also asked about their current tobacco use. Nearly one-third used tobacco every day (30%); nearly one-third had quit using (30%); one-third had never used tobacco (32%); and 8% used tobacco only some days.

Improved Quality

Respondents were asked directly if they believed the quality of their mental health services in the past three years had improved, stayed the same, or decreased. Fifty-eight percent of respondents said their mental health services had improved; 27% said they had stayed the same; and only 12% of respondents said the quality of their mental health services had decreased.

What Was Most Helpful:

Members mentioned as being most helpful medication/psychiatrist (34%), case manager (33%), and therapist (28%), with all three often mentioned by the same respondent.

One respondent wrote:

> "My current counselor and med provider have been fantastic and addressing problems and helping me in ways that I have never encountered in all my 20 years of needing mental help. They understand me and my problems and make me feel like a person."

What Would Make Services Better:
The most frequently mentioned suggestions for making services better were more availability/ better care/smaller caseloads (n=12). Less turnover/more consistency were mentioned almost as much (n=11). Comments from members include:

- "I needed help from case worker because it was recommended by my provider, but they kept quitting and I would have to start over, which I did not like. Will now stumble on my own to avoid more frustration."; and
- "[I have not been receiving therapy from the MHC] because my therapist kept leaving (5 in 6 years) so I left to see the last one who opened her own practice."

Seven members also suggested longer sessions (30 minutes is the limit for some), and/or a greater number of sessions. Other suggestions included better psychiatrists and meds (n=4); coverage for art supplies and mental health resources (n=3); substantial transportation assistance (n=2); not having to worry about cuts to case managers and Medicaid (n=2); larger parking lots (n=2). One member each suggested better communication between primary care doctor and psychiatrist; a group home; employment; a psych peer group; a way for staff to work around a member's severe chemical sensitivity; and a cure. Nine people also said that there was nothing that would make services better because "services are excellent," they are "satisfied," and "they do a wonderful job."

Overall, survey responses suggest that members on the Section 1115 Montana Medicaid WASP are generally satisfied with the quality of their mental health services, access to services, and their own participation in treatment. They are less satisfied with their treatment outcomes, functioning, and social connectedness outside of treatment. They appreciate their services and service providers—prescribers, therapists and case managers, alike—but wish they were more available with less turnover. The majority of members are overweight and suffer most often with allergies/environmental sensitivities, chronic pain, lung disease, diabetes, and asthma. Twelve percent of surveyed members believe that the quality of their mental health services have decreased over the past three years; 27% believe they have stayed the same; and 57% believe the quality of their mental health services have improved.

2019 Survey Findings
A new, though less extensive survey of the WASP MHSP population was completed in September of 2019. The results show a positive increase in member experience in SFY 2019 compared to the prior year. Additionally, the results show an overall higher level of satisfaction with services compared to the non-WASP Montana Medicaid population.

Domain	SFY18	SFY19
General Satisfaction	84%	90%
Access to Services	76%	87%
Quality & Appropriateness of Services	81%	86%
Participation in Treatment	79%	86%
Outcomes	62%	68%
Improved Functioning	60%	66%
Improved Social Connectedness	54%	69%
Average of all 7 Domains	**71%**	**79%**

Domain	SFY19 WASP	SFY19 NON-WASP
General Satisfaction	90%	85%
Access to Services	87%	83%
Quality & Appropriateness of Services	86%	87%
Participation in Treatment	86%	86%
Outcomes	68%	64%
Improved Functioning	66%	65%
Improved Social Connectedness	69%	66%
Average of all 7 Domains	**79%**	**77%**

A New Evaluation Design

In the summer of 2020, over three months into the federal PHE, CMS informed Montana that the WASP Medicaid Demonstration evaluation design draft was overdue. This design draft, due 120 days after approval of the extension, had been due on May 1, 2018. It is believed that change in staffing at both CMS and the State of Montana contributed to this oversight. On August 19, 2020 CMS provided Montana with recommendations for developing an evaluation design draft with a suggested due date 60-days following.

In prior years, the approved WASP evaluation designs have been limited to the Mental Health Savings Plan (MHSP) population only. For this new demonstration period, CMS requested the other two populations: Aged, Blind and Disabled (ABD) and Parent & Caretaker Relatives (PCR) be included in the evaluation design draft. This presented some barriers to Montana. Since the MHSP population of the WASP is under the oversight of the Behavioral Health and Developmental Disorders Division (BHDDD) formally known as the Addictive and Mental Disorders Division (AMDD) of DPHHS, this division has been responsible for the evaluation plan and reports, whereas the Health Resources Division (HRD) has been responsible for the monitoring reports. Additionally, HRD struggled with how to evaluate the very limited benefit the WASP offers to the ABD and PCR populations. WASP offers the ABD population only dental treatment services above the $1,125 State Plan dental treatment cap. WASP offers the PCR population a 12-month continuous eligibility period only.

Weeks of discussion and clarification followed, while both CMS and Montana were enmeshed in the federal PHE response. By late November, 2020, CMS provided direction to Montana on how to proceed with the draft evaluation design giving minimal attention to measuring and evaluating WASP's effect on the ABD and PCR populations. In early December, 2020 CMS and Montana agreed upon a due date for the draft evaluation design. Montana submitted the draft evaluation design on January 13, 2021. The evaluation design was formally approved by CMS on April 5, 2021. The new evaluation design was utilized in the Interim Evaluation Report that is included with this extension/renewal application.

FUTURE GOALS OF THE PROGRAM

The goal of the Waiver for Additional Services and Populations (WASP) Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

The three populations currently covered under WASP differ significantly from each other and the benefit each population derives from inclusion in WASP also differ. The MHSP population receives the broadest service package and is therefore the principal focus of this evaluation design.

MHSP Population Goal

The goal of WASP for the MHSP population is threefold. The goals include improving (1) access to mental health care, (2) utilization of mental health care, and (3) mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services. The evaluation plan utilizes three research questions that seek to understand how the provision of Standard Medicaid benefits coverage for the MHSP population of WASP impacts their (1) access to mental health care, (2) utilization of mental health care, and their (3) mental health outcomes. The evaluation design and research questions enable an understanding of the impact of WASP on the MHSP population by hypothesizing that the provision of Standard Medicaid benefits will enable the MHSP population to receive timely and appropriate mental health care, including community-based mental health care services and psychotropic prescription drug services, that improves their mental health outcomes by reducing the MHSP population's utilization of emergency rooms, crisis facilities, inpatient behavioral health units and the Montana State Hospital for mental health care.

The State will conduct the evaluation for the MHSP population using survey responses and claims data specific to the MHSP population over a defined time period. The distinct measurements evaluate access to and utilization of services covered by Standard Medicaid benefits, which would be unavailable to the MHSP population without WASP. The defined data sources ensure that the evaluation design utilizes measurements

primarily effected by the provision of Standard Medicaid benefits to ensure the evaluation is isolated from other initiatives within the State.

ABD Dental Population Goal

The goal of including the ABD Dental population into the WASP coverage is to provide individuals determined categorically eligible for ABD with dental treatment services above the $1,125 State Plan dental treatment cap.

The ABD population began receiving this singular benefit under WASP on March 1, 2016. There are no similar groups to compare with this ABD population or any additional services covered for them under WASP, only the absence of the dental treatment cap. Likely, most ABD WASP members do not realize they are participants in the WASP as its action is invisible to them. The ABD population is aged, blind and disabled. They are offered this additional annual coverage because of the hardship inherent in providing dental services incrementally. This population is especially difficult to serve with dental care, sometimes needs to be anesthetized, often prone to behavioral combativeness and emotional trauma. The service itself is offered at the request of providers who find this population especially in need of dental care that is not limited by timeframe or dollar amount. This is a population who, if offered a survey, would likely have it completed by a proxy if able to complete one at all. Therefore, member satisfaction surveys and outside comparisons for this population are purposely excluded.

Note: At this writing the current Evaluation Design also contains a goal for the Parent and Caretaker Relatives (PCR) population. The state's most recent amendment (submitted to CMS on September 3, 2021) and approved March 30, 2022 removes the PCR population from the WASP. The state requests to extend approval of the demonstration, subject to the same STCs and expenditure authorities that are included/extended in the approval of this amendment. This amendment approval necessitates a revision to the Evaluation Design. That revision will be a relatively simple removal of the goal and measures related to the PCR population. Montana expects to submit a draft revised Evaluation Design to CMS in 2023. This extension/renewal application requests implementation on January 1, 2023, a date expected to follow the implementation of the amendment. Since this amendment effectively removes the PCR population from the WASP, Montana has removed the PCR population goal from this list of future goals of the program.

Appendix B

The WASP waivers using the CMS Schedule C and waiver Member Months for DYs 15-18 are Budget Neutral. The final projected DY of the current approval period is projected to be Budget Neutral.

Expenditure History and Projections Under the Proposed Demonstration Extension/Renewal

(History)

Waiver Name	1/1/2018 DY15	1/1/2019 DY16	1/1/2020 DY17	1/1/2021 DY18	1/1/2022 DY19
WASP ABD- Dental	$618,061	$663,692	$770,471	$1,101,373	$1,167,455
WASP PCR – 12-Month CE	$579,190	$3,353,27	$8,885,098	$6,396,906	$6,765,915
WASP MHSP – Mental Health	$6,576,024	$7,327,712	$7,570,842	$7,318,996	$7,737,704
TOTAL	**$7,773,275**	**$11,344,631**	**$17,226,411**	**$14,817,275**	**$15,671,075**

(Projections)

Waiver Name	1/1/2023 DY20	1/1/2024 DY21	1/1/2025 DY22	1/1/2026 DY23	1/1/2027 DY24
WASP ABD- Dental	$1,313,354	$1,475,324	$1,655,834	$1,860,822	$2,088,754
WASP MHSP – Mental Health	$8,208,744	$8,708,687	$9,239,019	$9,801,396	$10,398,241
TOTAL	**$95,22,098**	**$101,84,011**	**$108,94,853**	**$116,62,218**	**$124,86,995**

The WASP PCR population is not included in the projections as that population is expected to be removed from WASP on or before the implementation of the requested extension/renewal period, January 1, 2023. The pending removal is authorized by the approval of an amendment approved March 30, 2022.

Enrollment and Expenditure Projections
Under the Proposed Demonstration Extension/Renewal and
Annual Aggregate Expenditure History and Projection Estimate Charts

Enrollment History & Projections Under the Proposed Demonstration Extension/Renewal

Waiver Name	1/1/2018 DY15	1/1/2019 DY16	1/1/2020 DY17	1/1/2021 DY18	1/1/2022 DY19	1/1/2023 DY20	1/1/2024 DY21	1/1/2025 DY22	1/1/2026 DY23	1/1/2027 DY24
WASP ABD-Dental	38,574	38,420	35,233	32,914	34,889	36,982	39,201	41,553	44,046	46,689
WASP PCR – 12-Month CE	381	5,269	6,206	4,684	4,825	N/A	N/A	N/A	N/A	N/A
WASP MHSP – Mental Health	1,422	1,400	1,218	1,160	1,195	1,231	1,268	1,306	1,345	1,385
TOTAL	**40,377**	**45,089**	**42,657**	**38,758**	**40,909**	**38,213**	**40,469**	**42,859**	**45,391**	**48,074**

Expenditure History & Projections Under the Proposed Demonstration Extension/Renewal

Waiver Name	1/1/2018 DY15	1/1/2019 DY16	1/1/2020 DY17	1/1/2021 DY18	1/1/2022 DY19
WASP ABD-Dental	$618,061	$663,692	$770,471	$1,101,373	$1,167,455
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WASP MHSP – Mental Health	$6,576,024	$7,327,712	$7,570,842	$7,318,996	$7,737,704
TOTAL	**$7,773,275**	**$11,344,631**	**$17,226,411**	**$14,817,275**	**$15,671,075**

Waiver Name	1/1/2023 DY20	1/1/2024 DY21	1/1/2025 DY22	1/1/2026 DY23	1/1/2027 DY24
WASP ABD-Dental	$1,313,354	$1,475,324	$1,655,834	$1,860,822	$2,088,754
WASP PCR – 12-Month CE	N/A	N/A	N/A	N/A	N/A
WASP MHSP – Mental Health	$8,208,744	$8,708,687	$9,239,019	$9,801,396	$10,398,241
TOTAL	**$95,22,098**	**$10,184,011**	**$10,894,853**	**$11,662,218**	**$12,486,995**

The WASP PCR population is not included in the projections as that population is expected to be removed from WASP on or before the implementation of the requested extension/renewal period, January 1, 2023. The removal is authorized by the approval of an amendment submitted September 3, 2022, and approved March 30, 2022.

Appendix C

Interim evaluation of the overall impact of the demonstration that includes evaluation activities and findings to date, in addition to plans for evaluation activities over the requested extension period. The interim evaluation should provide CMS with a clear analysis of the state's achievement in obtaining the outcomes expected as a direct effect of the demonstration program. The state's interim evaluation must meet all the requirements outlined in the STCs.

INTERIM EVALUATION THAT INCLUDES EVALUATION ACTIVITIES AND FINDINGS TO DATE

Montana Section 1115 Waiver for Additional Services and Populations (WASP) Demonstration Waiver

June 2022 Extension/Renewal Submission

Effective Date: January 1, 2023

INTERIM EVALUATION REPORT

Montana submitted the Evaluation Design for this report on January 13, 2021 and it was approved by the Center for Medicare & Medicaid Services (CMS) on April 5, 2021. This Interim Evaluation Report is the first implementation of that design. The brevity of the evaluation period for the Mental Health Services Plan (MHSP) population combined with the overall chaotic healthcare period of the COVID-19 federal PHE makes it difficult to draw many clear conclusions from the information obtained for this report. The evaluation design specific to the Parent and Caretaker Relatives (PCR) and Aged, Blind, and Disabled (ABD) covered populations reflects on five years of data providing information for interpretation. Montana's complete findings and analysis of those findings are included in this report.

A Revised Evaluation Design will be submitted based on the changes required due to the approval of the September 3, 2021 amendment request to remove 12-month continuing eligibility for the PCR population which will remove that population from the WASP. A draft of the Revised Evaluation Design is included with the June 2022 Extension/Renewal Submission as Attachment C of both the Early and Final Comprehensive Description of the Demonstration documents.

Montana plans to update the evaluation measures that have data available, annually, for the full prior year. Providers are given 365-days for claims submission making complete data obtained from processed claims, subject to a one-year lag time. The state will report that update on the WASP annual monitoring report. Updates to analysis will be included if statistically significant changes are noted. Full Evaluation Reports, with measures analysis, will be completed and submitted according to the Special Terms and Conditions requirements.

Demonstration Objectives/Goals

The goal of the Waiver for Additional Services and Populations (WASP) Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

The three populations covered under WASP differ significantly from each other and the benefit each population derives from inclusion in WASP also differ. The MHSP population receives the broadest service package and is therefore the principal focus of this evaluation design.

MHSP Population Goal

The goal of WASP for the MHSP population is threefold. The goals include improving (1) access to mental health care, (2) utilization of mental health care, and (3) mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services. The evaluation plan utilizes three research questions that seek to understand how the provision of Standard Medicaid benefits coverage for the MHSP population of WASP impacts their (1) access to mental health care, (2) utilization of mental health care, and their (3) mental health outcomes. The evaluation design and research questions enable an understanding of the impact of WASP on the MHSP population by hypothesizing that the provision of Standard Medicaid benefits will enable the MHSP population to receive timely and appropriate mental health care, including community-based mental health care services and psychotropic prescription drug services, that improves their mental health outcomes by reducing the MHSP population's utilization of emergency rooms, crisis facilities, inpatient behavioral health units and the Montana State Hospital for mental health care.

The State will conduct the evaluation for the MHSP population using survey responses and claims data specific to the MHSP population over a defined time period. The distinct measurements evaluate access to and utilization of services covered by Standard Medicaid benefits, which would be unavailable to the MHSP population without WASP. The defined data sources ensure that the evaluation design utilizes measurements primarily effected by the provision of Standard Medicaid benefits to ensure the evaluation is isolated from other initiatives within the State.

Evaluation Questions and Hypotheses

Research Questions:

1. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?
2. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?
3. How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?

Hypotheses:

1. Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services.
2. Utilization of community-based mental health services and psychotropic prescription drug services will increase.
3. Utilization of emergency department services for mental health services and admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.

Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

Mental Health Services Plan (MHSP) Population

Demonstration Goal 1: Improve access to mental health care, improve utilization of mental health care and improve mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illness (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services.

Table 1. Illustrative Demonstration Goal with Examples of Related Research Questions, Hypotheses, and Measures

Demonstration Goal	Improve access to mental health care, improve utilization of mental health care and improve mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services.
Research Questions	1. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services? 2. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services? 3. How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?
Hypotheses	1. Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services. 2. Utilization of community-based mental health services and psychotropic prescription drug services will increase. 3. Utilization of emergency department services for mental health services and admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.
Measures	1a. Enrollee perception of difficulty getting care. 2a. Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services. 2b. Number of enrollees receiving psychotropic prescription drug services. 3a. Number of enrollees utilizing emergency department services for mental health services. 3b. Number of enrollees admitted to a crisis stabilization facility. 3c. Number of enrollees admitted to an inpatient psychiatric facility. 3d. Number of enrollees admitted to the Montana State Hospital.

Table 2. Design Measure Structure

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process MEASURE #1	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?	Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Enrollee perception of difficulty accessing care.	Mental Health Statistical Improvement Survey (MHSIP); Domain: Access.	Baseline data will be MHSIP survey responses from 1/1/2019-7/30/2019 in the Access Domain of the survey. Will track annual trends to monitor if beneficiaries perceive their ability to access care has improved.
Process MEASURE #2	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Utilization of community-based mental health services and psychotropic prescription drug services will increase.	Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services.	Community-based mental health services claim data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing increased number of community-based mental health services.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process MEASURE #3	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Utilization of community-based mental health services and psychotropic prescription drug services will increase.	Number of enrollees receiving psychotropic prescription drug services.	Psychotropic prescription drug claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing increased number of psychotropic prescription drug services.
Process MEASURE #4	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Utilization of emergency department services for mental health services will decrease.	Number of enrollees utilizing emergency department services for mental health services.	Emergency department claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing emergency department services for mental health services less frequently.
Process MEASURE #5	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the	Number of enrollees admitted to a crisis stabilization facility.	Crisis stabilization facility claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
		WASP population who receive Standard Medicaid benefits for mental health services.			being admitted to crisis stabilization facility less frequently.
Process MEASURE #6	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Number of enrollees admitted to an inpatient psychiatric facility.	Inpatient psychiatric facility claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are being admitted to inpatient psychiatric facilities less frequently.
Process MEASURE #7	How does the provision of Standard Medicaid benefits coverage impact health care quality and outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Number of enrollees admitted to the Montana State Hospital.	Admission and discharge data from the Montana State Hospital.	Baseline data will be admission and discharge data with dates between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are being admitted to the Montana State Hospital less frequently.

MHSP Data and Analysis

MEASURE	Baseline CY2019	CY2020	Analysis
#1	84% of consumers in Montana were satisfied with the ability to access Mental Health Services 2019. In the same year 87% of respondents also reported positively on the quality & appropriateness of care provided.	In 2020, Montana saw an average of 1% increase in positive responses from Mental Health Service Consumers, resulting in an 85% positive rating on Montana's accessibility to care over the 2019 data results. The perceived quality and appropriateness of care provided remained the same at 87%.	Current trend lines show an overall increase in the consumers perception of accessibility to care. In comparison to the National average Montana is only 4% behind consumers perceived ability to access care. Continued efforts are being made in order to increase our sample sizes in order to decrease our standard deviation, so we may continue to conduct process improvements.
#2	774 out of 1143 WASP MHSP members	653 out of 1014 WASP MHSP members	From CY19 to CY20, there was a 3.3% decrease in the percentage of WASP MHSP beneficiaries receiving community-based MH services. For CY19, 67.7% of the total number of member of beneficiaries received these services and for CY20, only 64.4% of members received these services.
#3	106 out of 1143 WASP members	100 out of 1014 WASP members	When comparing CY20 to CY19, there was a 0.6% increase in the percentage of WASP beneficiaries with a prescription for psychotropic medications
#4	301 out of 1143 WASP members	247 out of 1014 WASP members	When comparing CY20 to CY19, there was a 2% decrease in the percentage of WASP beneficiaries accessing the emergency department.
#5	58 out of 1143 WASP members	37 out of 1014 WASP members	When comparing CY20 to CY19, there was an 1.4% decrease in the percentage of WASP beneficiaries admitted to a crisis stabilization facility.
#6	36 out of 1143 WASP members	33 out of 1014 WASP members	When comparing CY20 to CY19, there was a 0.2% increase in the percentage of WASP beneficiaries admitted to an inpatient hospital or inpatient psychiatric facility.
#7	48 out of 1143 WASP members	30 out of 1014 WASP members	When comparing CY20 to CY19, there was an 1.2% decrease in the percentage of WASP beneficiaries admitted to the Montana State Hospital.

Summary of MHSP Findings

Based on the measures currently established within the Waiver for Additional Services and Populations (WASP); access to mental health care, utilization of mental health care, and the mental health outcomes, Montana has experienced a decrease of 3% in individuals utilizing/seeking outpatient mental health care services, an additional 2% decrease in individuals having to utilize an Emergency Department; although, our population has expressed a minor positive increase of 1% regarding the aggregate perception of accessibility. Montana has also identified a decrease of the individuals admitting to Crisis Stabilization Facilities as well as the Montana State Hospital by over 1% and identified a 0.2% decrease to those needing to be admitted into to Psychiatric Facilities.
Though no correlation can yet be established to determine final outcomes when the observation timeline is only 1 year, as well as having multiple variables able to influence results (to include the PHE Pandemic), Montana will continue to observe trendlines of the collected data better determine trends within our population.

Table 3. Quantitative Methods

Evaluation Question	Method of Evaluation
How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?	Measure trend over the demonstration life cycle.
How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Measure trend over the demonstration life cycle.
How does the provision of Standard Medicaid benefits coverage impact healthcare outcomes in the WASP population?	Measure trend over the demonstration life cycle.

Table 4. Data Collection Process

Measure	Source
Enrollee perception of difficulty getting care.	Mental Health Statistical Improvement Survey (MHSIP); Domain: Access.
Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services.	Community-based mental health services claim data from the MT claims reporting system.
Number of enrollees receiving psychotropic prescription drug services.	Psychotropic prescription drug claims data from the MT claims reporting system.
Number of enrollees utilizing emergency department services for mental health services.	Emergency department claims data from the MT claims reporting system.
Number of enrollees admitted to a crisis stabilization facility.	Crisis stabilization facility claims data from the MT claims reporting system.
Number of enrollees admitted to an inpatient psychiatric facility.	Inpatient psychiatric facility claims data from the MT claims reporting system.
Number of enrollees admitted to the Montana State Hospital.	Admission and discharge data from the Montana State Hospital.

PCR Population Goal

The goal of including the PCR population into the WASP coverage is to provide a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI. The PCR population receives the standard Medicaid benefit already, without the aid of WASP eligibility. Including this population into the WASP coverage eliminates the redetermination burden on the member and the state while aligning these members with an annual redetermination schedule that mirrors most other Montana Healthcare Program members.

The PCR population began receiving this singular benefit under WASP on January 1, 2016. There are no similar groups for which to compare the PCR population or any additional services covered for them under WASP, only the absence of an extra eligibility requirement. Likely, most PCR WASP members do not realize they are participants in the WASP as its action is invisible to them. Therefore, member satisfaction surveys and outside comparisons for this population are purposely excluded.

PCR Goal: provide a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process MEASURE 1	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize PCR services during the transitional period.	Number of beneficiaries who had at least one service encounter in each year of the demonstration/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system. Both the numerator and the denominator will be a distinct count of PCR transitional beneficiaries, counting the beneficiary only once regardless of the number of services covered by their PCR transitional Enrollment.	Base line data will be claims with Dates of Service between 01/01/2016-12/31/2016. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services.
Process MEASURE 2	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize PCR services during the transitional period.	Number of services utilized/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total count of services to get an average annual per beneficiary count of services utilized.	Base line data will be claims with Dates of Service between 01/01/2016-12/31/2016. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat.
Process MEASURE 3	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize PCR services during the transitional period.	Top ten utilized services in each year of the demonstration/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total services each year by total count of claims and report the top ten most highly utilized services/ total PCR count to get the Top 10 service per beneficiary.	Base line data will be claims with Dates of Service between 01/01/2016-12/31/2016. Will compare the top services from one year to the next to see how the services change or remain the same over time. Compare the trend of like services to see if service utilization per beneficiary increases, decreases, or remains flat.

PCR Data

Process Measure	Baseline CY2016		CY2017		CY2018		CY2019		CY2020	
#1	93.288% Members Treated /Total Members		98.533%		91.339%		93.319%		97.486%	
#2	19.26		0.99		0.91		0.93		0.97	
#3	**Top 10 Services**		**Top 10 Services**		**Top 10 Services**		**Top 10 Services**		**Top 10 Services**	
	Service	**Service Utilization Per Beneficiary**	**Service**	**Service Utilization Per Beneficiary**	**Service**	**Service Utilization Per Beneficiary**	**Service**	**Service Utilization Per Beneficiary**	**Service**	**Service Utilization Per Beneficiary**
	99213- Office/ Outpatient Visit Est	4,308	**99213**- Office/ Outpatient Visit Est	376	**99213**- Office/ Outpatient Visit Est	332	**99213**- Office/ Outpatient Visit Est	2,064	**90837**- PSYTX PT&/Family 60 Minutes	4,871
	T1016- Case Management	3,042	**99214**- Office/ Outpatient Visit Est	207	**99214**- Office/ Outpatient Visit Est	197	**90837**- PSYTX PT&/Family 60 Minutes	1,885	**99213**- Office/Outpatient Visit Est	4,061
	90837- PSYTX PT&/Family 60 Minutes	2,599	**90837**- PSYTX PT&/Family 60 Minutes	176	**97110**- Therapeutic Exercises	165	**S0109-** Methadone Oral 5mg	1,364	**99214**- Office/ Outpatient Visit Est	2,594
	99214- Office/ Outpatient Visit Est	1,991	**T1016**- Case Management	99	**90837**- PSYTX PT&/Family 60 Minutes	142	**99214**- Office/ Outpatient Visit Est	1,312	**S0109-** Methadone Oral 5mg	2,546
	99283- Emergency Dept Visit	1,015	**97140**- Manual Therapy 1/> Regions	97	**97140**- Manual Therapy 1/> Regions	114	**97530-** Therapeutic Activities	562	**97530-** Therapeutic Activities	1,432
	H2020- Ther Behav Svc, Per Diem	823	**99283**- Emergency Dept Visit	78	**97113-** Aquatic Therapy/ Exercises	65	**90471**- Immunization Admin	452	**97110**- Therapeutic Exercises	1,129

Process Measure	Baseline CY2016		CY2017		CY2018		CY2019		CY2020	
	H2019- Ther Behav Svc, Per 15 Min	725	**90471**- Immunization Admin	73	**90471**- Immunization Admin	60	**J0572-** Buprenorphin/ Nalox up to 3mg	433	**J0574 –** Buprenorph/ Nalox 6.1 to 10mg	1,129
	90471- Immunizati on Admin	626	**9507**- Speech/ Hearing Therapy	72	**99283**- Emergency Dept Visit	59	**97140**- Manual Therapy 1/> Regions	427	**97140**- Manual Therapy 1/> Regions	1,023
	92015- Determine Refractive State	615	**92015**- Determine Refractive State	62	**36415-** Routine Venipuncture	46	**97110**- Therapeutic Exercises	401	**9507**- Speech/ Hearing Therapy	915
	V2020- Vision Svcs Frames Purchases	605	**97110**- Therapeutic Exercises	50	**92015**- Determine Refractive State	45	**36415-** Routine Venipuncture	371	**H0016-** Alcohol and/or Drug Services	816

PCR Data Analysis

Process Measure	Analysis
#1	The percent of members receiving services was an overall increase.
#2	The baseline data was significantly higher than all subsequent years. CY 2017 through CY 2020 was consistent with an overall slight decrease from CY 2017 to CY 2020.
#3	The top services for the PCR group did vary from one year to the next, but office visits and therapies were consistently in the top services.

Summary of PCR Findings

All three evaluation measures are within reason to what was expected. PCR recipients are using the benefits and utilizing the benefits as we would expect. Measure one showed a slight decrease, however the percent of recipients using benefits is above 90% for every year. The top services rendered as shown in measure three are in line with the top physician services we are seeing in other areas of Medicaid.

PCR Goal: Data Collection Process

Measure	Source
Number of beneficiaries who had at least one service encounter in each year of the demonstration/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system.
Number of services utilized/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system.
Top ten utilized services in each year of the demonstration/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system.

PCR Quantitative Methods

Evaluation Question	Method of Evaluation
How did beneficiaries utilize covered health services?	Measure trend over the demonstration life cycle.
Does the demonstration improve health outcomes?	Measure trend over the demonstration life cycle.
Are beneficiaries satisfied with services?	n/a

ABD Dental Population Goal

The goal of including the ABD Dental population into the WASP coverage is to provide individuals determined categorically eligible for ABD with dental treatment services above the $1,125 State Plan dental treatment cap.

The ABD population began receiving this singular benefit under WASP on March 1, 2016. There are no similar groups to compare with this ABD population or any additional services covered for them under WASP, only the absence of the dental treatment cap. Likely, most ABD WASP members do not realize they are participants in the WASP as its action is invisible to them. The ABD population is aged, blind and disabled. They are offered this additional annual coverage because of the hardship inherent in providing dental services incrementally. This population is especially difficult to serve with dental care, sometimes needs to be anesthetized, often prone to behavioral combativeness and emotional trauma. The service itself is offered at the request of providers who find this population especially in need of dental care that is not limited by timeframe or dollar amount. This is a population who, if offered a survey, would likely have it completed by a proxy if able to complete one at all. Therefore, member satisfaction surveys and outside comparisons for this population are purposely excluded.

ABD Dental Goal: provide individuals determined categorically eligible for ABD with dental treatment services above the $1,125 State Plan dental treatment cap.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process MEASURE 1	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Number of beneficiaries who had at least one dental service encounter above the cap in each year of the demonstration/total number of beneficiaries above the dental cap.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Both the numerator and the denominator will be a distinct count of ABD beneficiaries above the dental limit, counting the beneficiary only once regardless of the number of services covered by their ABD transitional Enrollment.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services.
Process MEASURE 2	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Number of services utilized/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total count of services to get an average annual per beneficiary count of services utilized.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat.
Process MEASURE 3	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Top ten utilized dental services in each year of the demonstration/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total services each year by total count of claims and report the top ten most highly utilized services/ total ABD count to get the Top 10 service per beneficiary.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will compare the top services from one year to the next to see how the services change or remain the same over time. Compare the trend of like services to see if service utilization per beneficiary increases, decreases, or remains flat.

ABD Data and Analysis

Process Measure	Baseline 3/1/2016 through 2/28/2017		3/1/2017 through 2/28/2018		3/1/2018 through 2/28/2019		3/1/2019 through 2/28/2020		3/1/2020 through 2/28/2021	
#1	1.022% Members Treated /Total Members		3.010%		2.377%		2.811%		2.994%	
#2	0.019		0.060		0.057		0.061		0.062	
#3	**Top 10 Services**		**Top 10 Services**		**Top 10 Services**		**Top 10 Services**		**Top 10 Services**	
	Service	**Service Utilization Per Beneficiary**	**Service**	**Service Utilization Per Beneficiary**	**Service**	**Service Utilization Per Beneficiary**	**Service**	**Service Utilization Per Beneficiary**	**Service**	**Service Utilization Per Beneficiary**
	D7210– Rem Imp Tooth w Mucoper Flp	869	**D7210**– Rem Imp Tooth w Mucoper Flp	1,962	**D7210**– Rem Imp Tooth w Mucoper Flp	1,773	**D7210**– Rem Imp Tooth w Mucoper Flp	1,962	**D7210**– Rem Imp Tooth w Mucoper Flp	1,831
	D7140- Extraction Erupted Tooth/Exr	826	**D7140**- Extraction Erupted Tooth/Exr	1,617	**D7140**- Extraction Erupted Tooth/Exr	1,512	**D7140**- Extraction Erupted Tooth/Exr	1,725	**D7140**- Extraction Erupted Tooth/Exr	1,194
	D2751- Crown Porcelain Fused Base M	220	**D2751**- Crown Porcelain Fused Base M	658	**D2392**- Post 2 Srfc Resinbased Cmpst	723	**D2751**- Crown Porcelain Fused Base M	607	**D2950**- Core Build-up Incl any Pins	449
	D7310- Alveoplasty W/ Extraction	182	**D2392**- Post 2 Srfc Resinbased Cmpst	438	**D4341**- Periodontal Scaling & Root	645	**D2392**- Post 2 Srfc Resinbased Cmpst	471	**D2740**- Crown Porcelain/Ceramic Subs	411
	D2950- Core Build-up Incl any Pins	148	**D4341**- Periodontal Scaling & Root	401	**D2393**- Post 3 Srfc Resinbased Cmpst	542	**D7310**- Alveoplasty W/ Extraction	396	**D2392**- Post 2 Srfc Resinbased Cmpst	407

Process Measure	Baseline 3/1/2016 through 2/28/2017		3/1/2017 through 2/28/2018		3/1/2018 through 2/28/2019		3/1/2019 through 2/28/2020		3/1/2020 through 2/28/2021	
	D2392- Post 2 Srfc Resinbased Cmpst	135	**D2950**- Core Build-up Incl any Pins	393	**D2391**- Post 1 Srfc Resinbased Cmpst	497	**D4341**- Periodontal Scaling & Root	381	**D2751**- Crown Porcelain Fused Base M	370
	D2391- Post 1 Srfc Resinbased Cmpst	123	**D7310**- Alveoplasty W/ Extraction	392	**D2331-** Resin Two Surfaces- Anterior	396	**D2950**- Core Build-up Incl and Pins	355	**D4341**- Periodontal Scaling & Root	307
	D4341- Periodontal Scaling & Root	115	**D2391**- Post 1 Srfc Resinbased Cmpst	345	**D2330-** Resin One Surfaces- Anterior	367	**D2391**- Post 1 Srfc Resinbased Cmpst	352	**D7250**- Tooth Root Removal	307
	D7250- Tooth Root Removal	112	**D7250**- Tooth Root Removal	338	**D2335**- Resin 4/> Surf or W Inscis An	330	**D2393**- Post 3 Srfc Resinbased Cmpst	304	**D2391**- Post 1 Srfc Resinbased Cmpst	300
	D2332- Resin Three Surfaces- Anterio	105	**D2393**- Post 3 Srfc Resinbased Cmpst	319	**D2751**- Crown Porcelain Fused Base	315	**D2330-** Resin One Surfaces- Anterior	291	**D2393**- Post 3 Srfc Resinbased Cmpst	296

ABD Data Analysis

Process Measure	Analysis
#1	The percent of members receiving services was an overall slight increase.
#2	The baseline data was significantly lower than all subsequent years. CY 2017 through CY 2020 was consistent with an overall slight increase from 2017 to 2020.
#3	The top services for the ABD group were very consistent from one year to the next. The top code for each demonstration year was an extraction code.

Summary of ABD Findings

All three evaluation measures are within reason to what was expected. ABD recipients are utilizing the benefits as we would expect. The waiver waives the adult dental limit for all Aged, Blind, and Disabled recipients. Measure one shows that approximately 3% of the ABD population is going above the max and utilizing the benefit. Measure one and two both showed slight increases. The top services rendered as shown in measure three are as expected and consistent across demonstration years.

ABD Dental Goal: Data Collection Process

Measure	Source
Number of beneficiaries who had at least one dental service encounter above the cap in each year of the demonstration/total number of beneficiaries above the dental cap.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.
Number of services utilized/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.
Top ten utilized dental services in each year of the demonstration/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.

ABD Quantitative Methods

Evaluation Question	Method of Evaluation
How did beneficiaries utilize covered health services?	Measure trend over the demonstration life cycle.
Does the demonstration improve health outcomes?	Measure trend over the demonstration life cycle.
Are beneficiaries satisfied with services?	n/a

Summary of Interim Evaluation Findings

As stated at the beginning of this report, the goal of the Waiver for Additional Services and Populations (WASP) Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

During this evaluation period, WASP extended unique coverage opportunities for medically necessary medical care to three unique populations. The MHSP population utilized needed mental health services as well as other medical care in the single year evaluated. The ABD population were evaluated over a span of four years. During this time utilization of dental services above the standard benefit treatment cap grew slowly but steadily. Three percent of those eligible addressed those needs at the time attention was needed avoiding the hardship of necessary procedure delays. Assessing WASP's role in assuring medically necessary medical care for the PCR population is more difficult. The PCR population's single benefit under WASP is 12-month continuous eligibility for medical care for which they are already eligible. Since the percentage of medical care utilization was over 90% each year, it is clear this population was receiving the needed care. The 12-month continuous eligibility removed the currently unmeasurable barrier of members losing care due to more frequent eligibility determination.

Note an amendment approved March 30, 2022 removed the 12-month continuous eligibility for the PCR population, and thus removes this population from WASP coverage, effective at the end of the federal PHE. A revised Evaluation Design, omitting this population, is expected to be submitted to CMS in 2023.

Plans for Evaluation Activities Over the Requested Extension Period

A new Evaluation Design will be submitted based on the changes required due to the approval of the September 3, 2021 amendment request to remove 12-month continuing eligibility for the PCR population which removes that population from the WASP. Montana plans to update the evaluation measures annually, for the full prior year. Providers are given 365-days for claims submission. The state will report that update on the WASP annual monitoring report. Full Evaluation Reports, with measures analysis, will be completed and submitted according to the Special Terms and Conditions requirements.

Appendix D

Summaries of External Quality Review Organization (EQRO) reports, managed care organization and state quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration.

SUMMARY OF EQRO REPORTS

Not applicable.

SUMMARY OF MANAGED CARE ORGANIZATIONS

Not applicable to Montana.

SUMMARY STATE QUALITY ASSURANCE MONITORING

The Montana Department of Public Health and Human Services' Quality Assurance Division, the Program Compliance Bureau, has two units that review Medicaid for accuracy:

1) *The Program Integrity Unit investigates allegations of intentional fraud in the SNAP, Medicaid, and TANF programs.*
    - *No allegations of intentional fraud were identified as applicable to the Montana WASP 1115 Demonstration Waiver.*
    - *The Intentional Program Violation (IPV) Unit does not track types of Medicaid programs reviewed*
2) *The Surveillance Utilization Review Section (SURS) is responsible for protecting the integrity of the Montana Medicaid Program from fraud, waste, and abuse by Medicaid Providers. There are no identified SURS findings directly related to the WASP Section 1115 Demonstration Waiver.*

The Payment Error Rate Measurement (PERM) is a federal audit which monitors for improper payments in Medicaid programs on a three-year cycle. The PERM Reporting Year 2021 audit, for claims paid 07/01/2019 – 06/30/2020, resulted in minimal errors found. Overall errors consisted of the following: incorrect number of units billed, provider records missing documentations, Provider Enrollment errors, redeterminations not conducted timely, a missing application, and verifications not requested per the verification plan.

- *424 Medical Record Reviews, resulting in 10 errors (0 of which were WASP)*
- *476 Data Processing Reviews, resulting in 6 errors (0 of which was WASP)*
- *140 Eligibility reviews, resulting in 16 errors and 2 Technical Deficiencies (1 of which were WASP)*

SUMMARY OTHER DOCUMENTATION OF THE QUALITY OF AND ACCESSS TO CARE PROVIDED UNDER THE DEMONSTRATION

No other documentation available.

Appendix E

Documentation of the state's compliance with the public notice process set forth in 42 CFR 431.408 and 431.420.

Montana's Public Notice Documents are included within this application packet and posted on the June 2022 WASP Extension/Renewal Submission webpage.

*Montana's completed **Compliance with the Public Notice Process** document is included in the submission application and posted on the June 2022 WASP Extension/Renewal Submission webpage by June 30, 2022.*

Attachment 1

Attachment 2

(Summary of Comments Received and Responses Given by the State During the 60-day Public Comment Period)

Public Comments

Public comments included questions about the timing of the end of 12-month continuous eligibility, the Medicaid agency's tracking of the Parent, Caregiver, Relative group's re-enrollment, and the agency's staffing plans to handle members' re-enrollment.

The department responded that the end of continuous eligibility will be determined by the end of the public health emergency, re-enrollments will be tracked in reports, and contract staff will be hired to augment existing staff handling re-enrollment.

Public Hearings of May 19 and May 20, 2022
Three members of the Medicaid agency and no members of the public attended the May 19 public hearing. Three members of the Medicaid agency and one member of the public attended the May 20 public hearing.

No public comments were given in either hearing.

Response to Public Comments

Children, Families, Health and Human Services Interim Committee meeting of May 12 and May 13, 2022:

When will coverage end?
This will depend on the timing of the end of the Public Health Emergency.

How will DPHHS track re-enrollment of the PCR currently in the WASP?
DPHHS will be running reports; Senator Gross requested such reports.

How is DPHHS handling inadequate staffing for re-enrollments?
DPHHS is looking at augmentations, looking to augment with contract staff.

Attachment 3

(Individual Comments Received during the 60-day Public Comment Period)

No individual public comments were received.