

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

June 2022 Extension/Renewal Submission

Effective Date: January 1, 2023

FULL PUBLIC NOTICE

Pursuant to 42 C.F.R. Section 431.408, public notice is hereby given to the submission of a Medicaid proposed demonstration extension/renewal request of the Montana Waiver for Additional Services and Populations (WASP), effective January 1, 2023 through December 31, 2027.

PUBLIC COMMENT PERIOD
APRIL 20, 2022 – June 18, 2022

Location and Internet Address of Demonstration Application for Public Comment and Review

- Documents are available for public review at on the [Extension/Renewal webpage](#).

Two virtual public hearings will be held regarding the demonstration application:

The first virtual public hearing is on Thursday, May 19, 2022 from Noon to 2:00 p.m. Mountain Time.

Please [REGISTER](#) to attend.

The second public hearing is on Friday, May 20, 2022 from Noon to 2:00 p.m. Mountain Time. Please [REGISTER](#) to attend.

After registering, you will receive a confirmation email containing information about joining the meeting. If special accommodations are needed, contact Mary Eve Kulawik at (406) 444-2584 or mkulawik@mt.gov.

- Public Input and Comments are welcome from April 20, 2022 through June 18, 2022. Comments and questions may be directed to the following:
 - By US Mail:
Medicaid WASP Waiver Extension/Renewal
Department of Public Health and Human Services, Director's Office
111 North Sanders Street
PO Box 4210
Helena, MT 59604-4210
c/o Mary Eve Kulawik
 - By telephone: (406) 444-2584
 - By electronic mail: dphscomments@mt.gov ; and
 - You will also have opportunity to officially comment during the federal public comment period after CMS finds the application and public notice requirements met. The location to make these comments can be found on-line at the [CMS website](#).

Public Notice and Public Input Process

On or before April 19, 2022, Montana will publish, in the state's three largest newspapers, the Billings Gazette, the Helena Independent Record, and the Missoulian, an announcement of the Montana Department of Public Health Human Services (DPHHS) planned submission of a 5-year Section 1115 WASP Medicaid Waiver Extension/Renewal application for approval, to the Centers for Medicare and Medicaid Services (CMS). This announcement summarizes the current waiver and extends an invitation for the public to review pertinent information posted on the Department [website](#). The announcement further invites public comment, between April 20, 2022 and June 18, 2022 via the contact information listed. Also on or before April 19, 2022, Montana will post, to the Montana Department of Health and Human Services [State Plan Amendment and Waiver Public Notices page](#), an announcement of the Montana Section 1115 Waiver for Additional Services and Populations (WASP) June 2022 Extension/Renewal Submission. This announcement will link directly to the [specific WASP webpage](#) where copies of the public notice documents will be available for review. Also, on April 19, 2022, Montana's Tribes, Urban Indian Health Centers and Billings Montana Area Indian Health Service were mailed a letter inviting their input. In addition to these public notifications, Montana will also notify the public of the planned submission, and location to find more information, by sending memos to the Montana Health Coalition, Mental Health Savings Plan (MHSP) stakeholders, the Children and Families Health and Human Services Interim Committee and posting the information on the state's e-calendar, all on or before the first day of the public notice period.

At the end of the Public Input Period, Montana will post a summary of comments received and actions taken because of those comments. If the comments received stimulate a change to the Extension/Renewal Application, Montana will post the Preliminary Extension/Renewal Application, including Budget Neutrality projections, with red-line changes, and then also post the finalized version of the Extension/Renewal Application.

You will also have opportunity to officially comment during the federal public comment period after CMS finds the application and public notice requirements met. The location to make these comments can be found on-line at the [CMS website](#).

A Prologue

Contingency Due to the Public Health Emergency

A WASP amendment was approved March 30, 2022, that removes 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 has an implementation date at the conclusion of the federal Public Health Emergency (PHE). The state requests to extend approval of the demonstration, subject to the same Special Terms and Conditions (STCs), and expenditure authorities in affect with this amendment approval. The removal of the 12-month continuous eligibility for the PCR population removes them from any coverage under WASP, as this was the only benefit they received under the waiver. The MHSP population was not affected by this amendment. That population's 12-month continuous eligibility benefit remains.

The STCs that accompanied the amendment approval directed Montana to continue the 12-month continuous eligibility for the PCR population until the end of the federal public health emergency. At this writing, that end has no definite date. For the purposes of this extension/renewal submission, with effective date of January 1, 2023, Montana assumes this continued emergency coverage may continue through December 31, 2022. Therefore, the program description, goals and evaluation information below does not include the PCR population.

Program Description, Goals and Objectives

Program Description:

Eligible individuals are those belonging to one or both of two populations:

- 1) The MHSP population who:
 - a. Are age 18 or older, with Severe or Disabling Mental Illness (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 or not covered by Medicare and be eligible).
 - Through WASP, this population receives the Standard Medicaid benefit.
 - This population under the WASP program is limited to 3,000 members at one time.
- 2) The Aged, Blind or Disabled (ABD) population are individuals determined categorically eligible for Medicaid based on their age, blindness and/or disability.
 - a. This population receives a single limited benefit under WASP in addition to their Standard Medicaid benefit. That benefit is dental treatment services above the \$1,125 State Plan dental treatment cap.
 - There is no membership limit for this population.

Medicaid Delivery System

The State does not propose any changes to the Medicaid health care delivery system; MHSP demonstration enrollees will continue to receive services through the State's fee-for-service delivery system as approved through this 1115 WASP Demonstration. Additionally, the coverage WASP provides for the ABD population, for dental treatment services above the State Plan annual cap of \$1,125, would remain the same.

Goals/Objectives:

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 two populations covered under WASP differ significantly from each other and the benefit they derive from inclusion in WASP also differ. The MHSP population receives the broadest service package.

➤ **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 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.

➤ **ABD Dental Population Goal**

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

Cost Sharing Requirements:

There are no cost sharing requirements for members under this program.

Annual Enrollment and Expenditures:

WASP's average monthly enrollment in 2021 was approximately 4,800. However, in 2021, WASP served three populations. With the approval of the amendment that removed the PCR population, WASP will serve only two populations after the end of the federal public health emergency, expected to end before the end of 2022. Of those two populations, the average monthly enrollment in 2021 was approximately 2,540.

The MHSP population's average monthly enrollment was 92 and the ABD Dental's population was 2,449. The implementation of Medicaid Expansion in January of 2016 precipitated a decline in MHSP members as they then realized qualification for more comprehensive coverage. The MHSP annual membership decline continued during 2020 and 2021, even after Montana implemented a moratorium on involuntary disenrollments as a protection-of-coverage response to the PHE.

Full Program Enrollment, including the PCR population, declined each of the first few years following Medicaid Expansion implementation but then increased by around 3,730 members between year-end 2018 and year-end 2019. The full membership then declined by nearly 16,780 members between year-end 2019 and year-end 2020, even with the moratorium on involuntary disenrollments implemented on April 1, of 2020. However, the full membership increased again between year-end 2020 and year-end 2021, by nearly 14,900. Program Enrollment, excluding the PCR population, also declined each of the first few years following Medicaid Expansion implementation and continued that decrease averaging about 600 fewer members each year.

Full Program Expenditures, including the PCR population, has followed the ups and downs with enrollment. There has been an overall incline in total expenditures starting from 2013, with dips and increases when looked at on a demonstration year basis. The current total cost of all programs is just over \$15,600,000 for 2021. Program expenditures, excluding the PCR population, have gradually increased since 2017 with costs of \$8,341,313 for 2021 compared to \$8,420,369 for 2020. The MHSP program saw a slight decrease from 2020 to 2021 with costs for 2020 at \$7,570,842 and \$7,318,996 for 2021.

**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
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

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.

Ways this program differs from Montana's other program features:

WASP includes crucial healthcare related services for three, and now two different populations with differing needs into one service package that helps meet the needs of both populations. The eligibility parameters are different from other programs as are the service packages. The MHSP population has access to the Standard Medicaid Benefit identical to that of Medicaid Expansion for which they would otherwise not qualify due to Medicare eligibility or income between 139 to 150% FPL. This provides an avenue to enhance both physical and mental health service availability to this vulnerable segment of Montana's citizenry. The ABD population is also already covered under the Standard Medicaid Benefit. Input from Montana citizens and dental care providers spotlighted a need for this population to have latitude on the Standard Medicaid Benefit's annual dental service cap of \$1,125. This population is prone to medical and/or behavioral challenges during dental treatment. Allowing for an occasional higher annual cost for more comprehensive and sometimes anesthetized treatment plans reduces stress on patients and has potential to reduce total service cost over repeated less costly annual treatments.

Waiver and expenditure authorities the State believes to be necessary to authorize this demonstration:

The State is requesting waiver of some Medicaid requirements, thus asking for authority to:

- Allow the MHSP population, who are age 18 or older, with Severe or Disabling Mental Illness (SDMI) who qualify for or are enrolled in the State-finance MHSP but are otherwise ineligible for Medicaid to be enrolled in WASP if they:
 - 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 or not covered by Medicare and be eligible).
 - And limit this population to 3,000 members at any one time.
- Offer the ABD population a benefit package that includes only dental treatment services above the \$1,125 State Plan dental treatment cap.
- Not provide medical assistance to the MHSP demonstration population for any time prior to when an application for the demonstration is made;
- Not furnish or arrange for EPSDT services to the demonstration populations; and
- Allow utilization of an enrollment limit for the MHSP demonstration population.

Montana is requesting waiver of selected Medicaid requirements to enable the operation of the Montana WASP as a Demonstration that will effectively meet the objectives as well as budget neutrality expectations. All Medicaid requirements apply except for the following:

Medicaid Requirement	Expenditure Authority	Waiver Request
Non-eligibility for Expansion based on eligibility for Medicare	Section 1115(a)(2) of the Social Security Act	To the extent necessary to allow the State to offer the MHSP Demonstration population, who would otherwise qualify for Expansion, but do not because of Medicare eligibility, the Standard Medicaid Benefit
Non-eligibility for Expansion based on income	Section 1115(a)(2) of the Social Security Act	To the extent necessary to allow the State to offer the MHSP Demonstration population, who would otherwise qualify for Expansion, but do not because of income between 139 and 150% FPL, the Standard Medicaid Benefit

Medicaid Requirement	Expenditure Authority	Waiver Request
Eligibility Procedures	Section 1902(a)(17)	To the extent necessary to allow the state to not require reporting of changes for income or household size for 12 months, for a person found income-eligible upon application or annual redetermination when determining eligibility for WASP if that person's eligibility is due to inclusion in the MHSP population.
Comparability: Amount, Duration and Scope of Services	Section 1902(a)(10)(B)	To the extent necessary to allow the State to offer the ABD population a benefit consisting only of dental treatment services above the \$1,125 State Plan dental treatment cap.
Retroactive Coverage	Section 1902(a)(34)	To the extent necessary to enable the state to not provide: medical assistance or 12-month continuing eligibility to the MHSP WASP demonstration population; or Dental treatment services above the \$1,125 State Plan dental treatment cap to the ABD population for any time prior to when an application for the demonstration is made.
EPSDT Early and Periodic Screening, Diagnostic, and Treatment	Section 1902(a)(43)(A)	To the extent necessary to enable the state to not furnish or arrange for EPSDT services to the demonstration populations.
Reasonable Promptness	Section 1902(a)(8)	To enable the state to utilize an enrollment limit for the MHSP demonstration population.

Hypotheses and Evaluation parameters of the demonstration:

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 WASP population?

Hypotheses:

1. Access to care will improve for members of 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 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	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	How does the provision of Standard Medicaid benefits coverage for WASP enrollees	Utilization of community-based mental health services and psychotropic prescription drug services	Number of enrollees receiving community-based mental health services, specifically Outpatient	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-

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
	impact utilization of covered services?	will increase.	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.		based mental health services.
Process	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	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	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	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 being admitted to crisis stabilization facility less frequently.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
		the WASP population who receive Standard Medicaid benefits for mental health services.			
Process	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	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.

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 claims 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.

(1a) Simplified Evaluation Budget (MHSP Portion):

MHSP Evaluation Budget

The state will conduct the MHSP evaluation utilizing state staff only. Outside evaluation contractors will not be employed for this project.

Activity	Cost
Computer programming (cost per hour x hours)	No additional programming costs will be incurred for this evaluation.
Analysis of the data (cost per hour x hours)	\$30.00/hour x 40 hours = \$1,200.00
Preparation of the report (cost per hour x hours)	\$30.00/hour x 10 hours = \$300.00
Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match	Survey task will be completed by a non-cost-allocated employee so no additional charge will be incurred for this data collection task. The cost of including this data in the report is covered under the "Preparation of the report" category.

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	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	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.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process	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 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

(1c) Simplified Evaluation Budget (ABD Portion):

ABD Evaluation Budget

The state will conduct the evaluation utilizing state staff only. Outside evaluation contractors will not be employed for this project.

Activity	Cost
Computer programming (cost per hour x hours)	No additional programming costs will be incurred for this evaluation.
Analysis of the data (cost per hour x hours)	\$52.60/hour x 20 hours = \$1,052.00
Preparation of the report (cost per hour x hours)	\$30.00/hour x 6 = \$180.00
Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.	n/a

1. Simplified Evaluation Budget (Full Evaluation):

Full Evaluation Budget

The state will conduct the evaluation utilizing state staff only. Outside evaluation contractors will not be employed for this project.

Activity	Cost
Computer programming (cost per hour x hours)	No additional programming costs will be incurred for this evaluation.
Analysis of the data (cost per hour x hours)	MHSP section: \$30.00/hour x 40 hours = \$1,200.00 ABD section: \$52.60/hour x 20 hours = \$1,052.00 Full Evaluation: \$ 2,252.00
Preparation of the report (cost per hour x hours)	MHSP section: \$30.00/hour x 10 hours = \$300.00 ABD section \$30.00/hour x 6 = \$180 Full Evaluation: \$ 480.00
Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.	n/a

The goals of Montana's WASP demonstration project remain the same for our extension/renewal request period of January 1, 2023 through December 31, 2027.

Interim Evaluation Findings

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), Montana will continue to observe trendlines of the collected data better determine trends within our population.

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.

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.

Summary of Interim Evaluation Findings:

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 before the end of 2022.