



# Department of Public Health and Human Services

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Steve Bullock, Governor

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March 7, 2016

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Children and Adults Health Programs Group  
Center for Medicaid and CHIP Services  
Centers for Medicare & Medicaid Services  
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Woodlawn, MD 21244


Subject: Request for Amendment  
Section 1115 11-W-001818 Montana Waiver for Additional Services and Populations

Dear Ms. Ryan:

Montana formally requests CMS approval of our Section 1115 Montana Waiver for Additional Services and Populations Amendment. We request to change the name of the Basic Medicaid Waiver to the Section 1115 Montana Waiver for Additional Services and Populations. Also we request to cover individuals determined categorically eligible for the Aged, Blind, and Disabled (ABD) for additional dental treatment services (excluding diagnostic, preventive, denture and anesthesia services) for adults age 21 and over, over the State Plan annual cap of \$1,125 per benefit year. The effective date of this amendment is March 1, 2016.

The amendment also updates the waiver budget neutrality and general waiver language. The estimated total annual state and federal impact for Demonstration Year (DY) 2016 is \$2,028,889; and \$2,028,889 for DY 2017. Providing additional dental treatment services for the ABD population will maintain and/or enhance the quality of life for this vulnerable population. Please contact Mary Eve Kulawik, Medicaid and CHIP State Plan Amendment and Waiver Coordinator at (406) 444-2584 or mkulawik@mt.gov or Holly Mook, Medicaid Waiver Program Officer at (406) 444-6868 or hmook@mt.gov with questions. We look forward to your approval of the Section 1115 Montana Waiver for Additional Services and Populations Amendment.

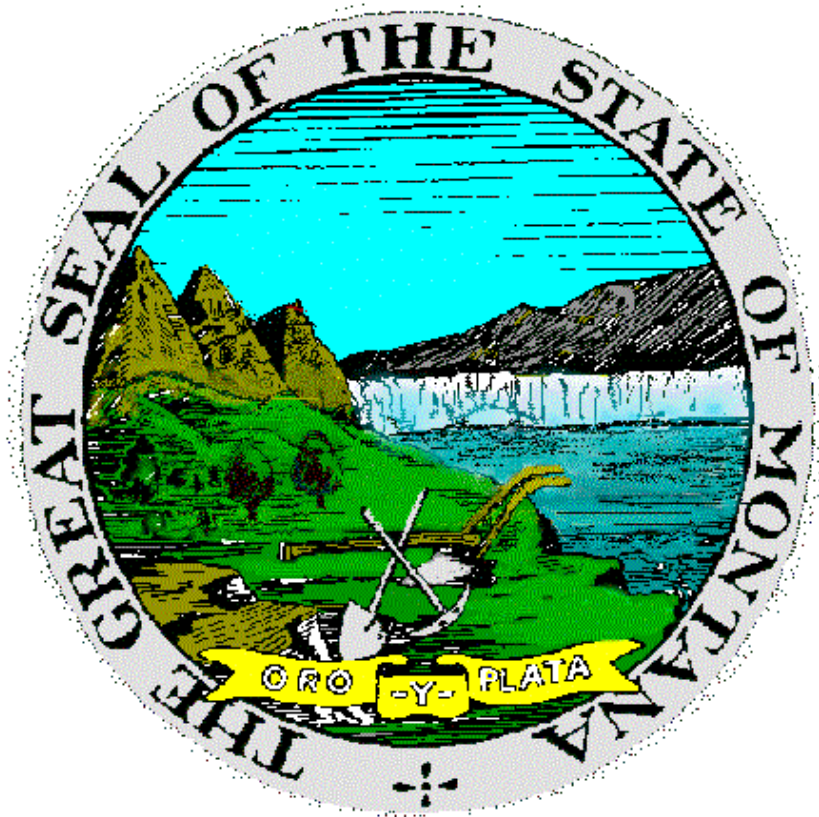
Sincerely,

  
Mary E. Dalton  
Montana State Medicaid Director

cc:

Andrea Casart, CMS  
Meghan Lepore, CMS  
Valisha Andrus, CMS  
Sophia Hinojosa, CMS  
Mary Eve Kulawik, DPHHS  
Jo Thompson, DPHHS

Enclosures: Section 1115 Montana Waiver for Additional Services and Populations Application (final), Budget Neutrality, Tribal Consultation, Public Notice, and Montana Health Coalition Memo



*MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES*

*Mary E. Dalton, State Medicaid Director*

*Section 1115 Montana Waiver for Additional Services and Populations Amendment*

*March 7, 2016 Submittal*

*Effective March 1, 2016*

**MONTANA**  
**SECTION 1115 MONTANA WAIVER FOR ADDITIONAL SERVICES AND POPULATIONS AMENDMENT**  
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## **SECTION 1115 MONTANA WAIVER FOR ADDITIONAL SERVICES AND POPULATIONS DEMONSTRATION AMENDMENT EXECUTIVE SUMMARY**

*The State of Montana, Department of Public Health and Human Services (DPHHS) requests to amend the existing section 1115 Basic Medicaid Waiver effective March 1, 2016, to change the name of the waiver to Section 1115 Montana Waiver for Additional Services and Populations, and to cover individuals determined categorically eligible as Aged, Blind, and Disabled (ABD) for dental treatment services above the State Plan annual cap of \$1,125.*

*The amendment also updates the waiver budget neutrality projections to include a new Medicaid Eligibility Group (MEG) for the ABD population dental treatment expenditures above the \$1,125 annual limit.*

### **Public Notice:**

*A Tribal Consultation letter was sent on December 30, 2015. A memo to the Montana Health Coalition was mailed electronically on December 29, 2015. A public notice was published in newspapers on December 31, 2015. These public notice items may be found at: <http://dphhs.mt.gov/MontanaHealthcarePrograms/BasicMedicaid/BasicMedicaid1115Waiver>.*

### **Waiver Populations:**

*This Demonstration will:*

- *Cover individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for or are enrolled in the State-financed Mental Health Services Plan (MHSP) or the Section 1115 Montana Medicaid Waiver, but 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).**
- *Provide a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on modified adjusted gross income (MAGI).*
- *Cover individuals determined categorically eligible for ABD for dental treatment services above the \$1,125 State Plan dental treatment cap.*

### **Waiver for Additional Services and Populations Benefit:**

*Coverage for the Waiver for Additional Services and Populations is the Standard Medicaid benefits package.*

*The ABD population will receive additional dental treatment services above the dental treatment services annual cap outlined in the Medicaid State Plan. (Covered dental treatment services, excluding diagnostic, preventive, denture and anesthesia services for adults age 21 and over, are subject to an annual cap of \$1,125 in the State Plan.)*

### **Employer Sponsored Insurance or Private Health Insurance:**

*If a Medicaid eligible individual becomes covered by an employer sponsored plan, or is able to obtain an individual health care benefit, Medicaid analyzes the cost effectiveness of paying the individual's costs*

versus the cost of Medicaid. If Medicaid is considered cost effective, Medicaid pays the member's premium, cost share, deductibles, and wrap around services. The Medicaid member is only responsible for the Medicaid cost share.

**Waiver for Additional Services and Populations Cost Share:**

All waiver individuals age 21 and older pay Standard Medicaid cost share for Medicaid benefits; individuals younger than age 21 do not pay cost share.

**Figure I. Montana's Waiver for Additional Services and Populations Amendment Population Summary**

Population			Funding Source		Benefit Package		Cost Sharing	
Demonstration Population	Number of Members	Financial Eligibility	Current	Proposed	Current	Proposed	Current	Proposed
1) MHSP Waiver Population Expansion See previous description of waiver population for further detail.	3,000 Capped	Less than or equal to 150% FPL	State Only Funds	<p><b>State Spending:</b> State Maintenance of Effort. Funding from the current State only MHSP Program will be used to fund MEG 1) MHSP Waiver.</p> <p><b>Federal Spending:</b> Budget Neutrality Surplus from the existing Section 1115 Medicaid Waiver will be used to cover MEG 1) MHSP Waiver.</p>	Limited Mental Health Benefits, up to \$425 Mental Health Prescription Drugs, PACT, and 72 Hour Services.	Standard Medicaid Services or pay premium for Employer Sponsored Plan or Private Health Insurance.	MHSP State Only Program: \$3 Dialectical Behavior Treatment services, \$12 generic and \$17 non generic, up to \$425 mental health prescription drug.	Standard Medicaid State Plan Cost Share.

<i>Population</i>		<i>Funding Source</i>		<i>Benefit Package</i>		<i>Cost Sharing</i>		
<i>Demonstration Population</i>	<i>Number of Members</i>	<i>Financial Eligibility</i>	<i>Current</i>	<i>Proposed</i>	<i>Current</i>	<i>Proposed</i>	<i>Current</i>	<i>Proposed</i>
<i>2) ABD Waiver Population See previous description of waiver population for further detail.</i>	<i>Unlimited</i>	<i>Below the SSI Payment Standard or exceeds the SSI Payment Standard and is medically needy.</i>	<i>State and Federal Funds</i>	<i>State Spending: State General Fund.  Federal Spending: Budget Neutrality Surplus from the existing Section 1115 Medicaid Waiver will be used to cover MEG 2) ABD Waiver Treatment Cap.</i>	<i>Limited to annual dental treatment cap of \$1,125.</i>	<i>Remove the annual dental treatment cap to allow for unlimited dental treatment services.</i>	<i>Standard Medicaid State Plan Cost Share.</i>	<i>Standard Medicaid State Plan Cost Share.</i>

***Federal and State Waiver for Additional Services and Populations Benefit Cost and Sustainability:***  
*CMS confirmed that states have previously been allowed to carry Waiver savings from an extension year to a new Waiver period. The projected total State and Federal expenditures for Demonstration Year 13 is \$25,428,889; and \$25,428,889 for Demonstration Year 14.*

**Figure II. State and Federal Waiver Benefit Costs:**

	2/2016 -1/2017	2/2017 -1/2018	Amendment Total
	DY13	DY14	
<i>Cumulative Federal Variance</i>	\$111,435,926	\$95,003,778	\$95,003,778
<i>Federal Variance</i>	<i>-\$16,432,148</i>	<i>-\$16,432,148</i>	<i>-\$32,864,296</i>
<i>Total Federal and State MHSP Waiver Benefit Costs</i>	\$23,400,000	\$23,400,000	\$46,800,000
<i>Total Federal MHSP Waiver Benefit Costs</i>	\$15,121,080	\$15,121,080	\$30,242,160
<i>Total State MHSP Waiver Benefit Costs</i>	\$8,278,920	\$8,278,920	\$16,557,840
<i>Total Federal and State ABD Waiver Benefit Costs</i>	\$2,028,889	\$2,028,889	\$4,057,778
<i>Total Federal ABD Waiver Benefit Costs</i>	\$1,311,068	\$1,311,068	\$2,622,136
<i>Total State ABD Waiver Benefit Costs</i>	\$717,821	\$717,821	\$1,435,642
<i>Total Federal and State Expenditure(2 Year Total)</i>	\$25,428,889	\$25,428,889	\$50,857,778

**Reporting:**

The Waiver for Additional Services and Population’s goal is to continue to provide healthcare coverage to up to 3,000 adults with SDMI and provide dental treatment to ABD members above the \$1,125 Medicaid State Plan cap. Montana will use the generated Federal waiver savings from the previously approved Section 1115 Montana Medicaid Waiver for this coverage. We will study the effectiveness of our objectives through the described data measurements and reports to CMS. See Figure VII. Waiver Reporting Deliverables.

**Conclusion:**

By providing the ABD population additional dental treatment services, this vulnerable population will have fewer adverse effects to their overall health from unmet dental needs.

**I. SECTION 1115 MONTANA MEDICAID WAIVER HISTORY**

*The Section 1115 Montana Medicaid Waiver 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.*

***Previous 1115 Amendments:***

*A HIFA proposal was submitted on June 27, 2006. 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, MHSP Waiver 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 MHSP group to cover all severe disabling mental illnesses 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, had 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 qualify for or are enrolled in the state-financed MHSP or the Basic Medicaid Waiver, but are otherwise ineligible for Medicaid benefits and either:*
  - *Have income 0-138% of the 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).*
- *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.*

*This amendment, effective March 1, 2016, proposes to: change the name of the waiver to Section 1115 Montana Waiver for Additional Services and Populations and cover individuals determined categorically eligible for ABD for dental treatment services above the Medicaid State Plan cap of \$1,125.*

## **II. GENERAL DESCRIPTION OF PROGRAM**

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*The Waiver for Additional Services and Population's goal is to continue to provide healthcare coverage up to 3,000 adults with SDMI and provide dental treatment to ABD members above the \$1,125 State Plan cap. Montana will use the generated Federal waiver savings from the previously approved Section 1115 Montana Medicaid Waiver for this coverage.*

*The following is a description of the Waiver for Additional Services and Population MHSP Waiver population.*

### **MEG 1) MHSP Waiver – Expansion Population**

*Individuals age 18 or older, with SDMI who qualify for or are enrolled in the State-financed MHSP or the Waiver for Additional Services and Population, but are otherwise ineligible for Medicaid benefits and either:*

- o Have income 0-138% of the FPL and are eligible for or enrolled in Medicare; or*
- o Have income 139-150% of the FPL regardless of Medicare status (they can be covered or not covered by Medicare and be eligible).*

### **MHSP Waiver Population Funding:**

*State Funds: The State's Maintenance of Effort of current State funding levels for a portion of the Mental Health Services Plan State only program.*

*Federal Funds: Federal matching Medicaid funds for the expanded population will be from Montana's existing Section 1115 Montana Medicaid Waiver surplus budget neutrality savings.*

### **MEG 2) ABD Waiver – Optional Population**

*Individuals determined categorically eligible for ABD and who have reached the State Plan annual dental treatment services cap of \$1,125. (The State Plan cap excludes diagnostic, preventive, denture and anesthesia services for adults age 21 and over.)*

### **ABD Waiver Population Funding:**

*State Funds: The State's General Funds.*

*Federal Funds: Federal matching Medicaid funds for the expanded population will be from Montana's existing Section 1115 Montana Medicaid Waiver surplus budget neutrality savings.*

### **Continuous Eligibility Population:**

*Funding consistent with CMS guidance provided in a State Medicaid Director Letter of February 21, 2014, which describes costs as a pass through.*

## **III. DEFINITIONS**

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**Income:** In the context of the HIFA demonstration, income limits for coverage expansions are expressed in terms of gross income, excluding sources of income that cannot be counted pursuant to other statutes (such as Agent Orange payments).

**Mandatory Populations:** Refers to those eligibility groups that a State must cover in its Medicaid State Plan, as specified in Section 1902(a)(10) and described at 42 CFR Part 435, Subpart B. For example, States currently must cover children under age 6 and pregnant women up to 133 percent of poverty.

**Optional Populations:** Refers to eligibility groups that can be covered under a Medicaid or SCHIP State Plan, i.e., those that do not require a section 1115 demonstration to receive coverage and who have incomes above the mandatory population poverty levels.

Groups are considered optional if they can be included in the State Plan, regardless of whether they are included. The Medicaid optional groups are described at 42 CFR Part 435, Subpart C. Examples include children covered in Medicaid above the mandatory levels, children covered under SCHIP, and parents covered under Medicaid. For purposes of the HIFA demonstrations, Section 1902(r)(2) and Section 1931 expansions constitute optional populations.

**Expansion Populations:** Refers to any individuals who cannot be covered in an eligibility group under Title XIX or Title XXI and who can only be covered under Medicaid or SCHIP through the section 1115 waiver authority.

**Private health insurance coverage:** This term refers to both group health plan coverage and health insurance coverage as defined in section 2791 of the Public Health Service Act.

#### IV. HIFA DEMONSTRATION STANDARD FEATURES

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Please place a check mark beside each feature to acknowledge agreement with the standard features.

- The HIFA demonstration will be subject to Special Terms and Conditions (STCs). The core set of STCs is *not* included in the application package. Depending upon the design of its demonstration, additional STCs may apply.
- Federal financial participation (FFP) will not be claimed for any existing State-funded program. If the State is seeking to expand participation or benefits in a State-funded program, maintenance of effort will apply.
- Any eligibility expansion will be statewide, even if other features of the demonstration are being phased-in.
- HIFA demonstrations will not result in changes to the rate for Federal matching payments for program expenditures. If individuals are enrolled in both Medicaid and SCHIP programs under a HIFA demonstration, the Medicaid match rate will apply to FFP for Medicaid eligibles, and the SCHIP enhanced match rate will apply to SCHIP eligibles.
- HIFA demonstrations covering childless adults can only receive the Medicaid match rate. As a result of the passage of the Deficit Reduction Act (DRA), states can no longer receive the SCHIP enhanced match rate for childless adults for HIFA applications submitted on, or after, October 1, 2005.

- Premium collections and other offsets will be used to reduce overall program expenditures before the State claims Federal match. Federal financial payments will not be provided for expenditures financed by collections in the form of pharmacy rebates, third party liability, or premium and cost sharing contributions made by or on behalf of program participants.
- The State has utilized a public process to allow beneficiaries and other interested stakeholders to comment on its proposed HIFA demonstration.

**V. STATE SPECIFIC ELEMENTS**

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**A. Upper Income Limit:**

The upper income limit for the eligibility expansion under the demonstration is **150** percent FPL.

*150 percent of the FPL will be the upper limit for individuals in:*

- **MEG 1) MHSP Waiver Population**

If the upper income limit is above 200 percent of the FPL, the State will demonstrate that focusing resources on populations below 200 percent of the FPL is unnecessary because the State already has high coverage rates in this income range, and covering individuals above 200 percent of the FPL under the demonstration will not induce individuals with private health insurance coverage to drop their current coverage. (Please include a detailed description of your approach as Attachment A to the proposal.)

**B. Eligibility:**

Please indicate with check marks which populations you are proposing to include in your HIFA demonstration.

***Mandatory Populations** (as specified in Title XIX)*

Blind and Disabled

Aged

***MEG 2) ABD Waiver Population additional benefits** - individuals receive Standard Medicaid benefits package through the State Plan. Waiver covers dental treatment services above the \$1,125 State Plan dental treatment cap.*

Poverty-related Children and Pregnant Women

***Optional Populations** (included in the existing Medicaid State Plan)*

Categorical

Children and pregnant women covered in Medicaid above the mandatory level

Parents or caretaker relatives covered under Medicaid

Children covered under SCHIP

Parents or caretaker relatives covered under SCHIP

Other (please specify)

Medically Needy

TANF Related

Blind and Disabled

Aged

**MEG 2) ABD Waiver Population additional benefits** - individuals receive Standard Medicaid benefits package through the State Plan. Waiver covers dental treatment services above the \$1,125 State Plan dental treatment cap.

- Title XXI children (Separate SCHIP Program)
- Title XXI parents or caretaker relatives (Separate SCHIP Program)

**Additional Optional Populations**

(Not included in the existing Medicaid or SCHIP State Plan.) If the demonstration includes optional populations not previously included in the State Plan, the optional eligibility expansion must be statewide in order for the State to include the cost of the expansion in determining the annual budget limit for the demonstration. Populations that can be covered under a Medicaid or SCHIP State Plan.

- Children above the income level specified in the State Plan. This category will include children from \_\_\_ percent FPL through \_\_\_ percent FPL.
- Pregnant women above the income level specified in the State Plan. This category will include individuals from \_\_\_ percent FPL through \_\_\_ percent FPL.
- Parents above the current level specified in the State Plan. This category will include individuals from \_\_\_percent FPL through \_\_\_ percent FPL.
- Other:

**Existing Expansion Populations**

Populations that are not defined as an eligibility group under Title XIX or Title XXI, but are already receiving coverage in the State by virtue of an existing section 1115 demonstration.

- Pregnant Women in SCHIP (This category will include individuals from \_\_\_ percent FPL through \_\_\_ percent FPL.)
- Other. Please specify:  
(If additional space is needed, please include a detailed discussion as Attachment B to your proposal and specify the upper income limits.)

**New Expansion Populations**

Populations that are not defined as eligibility group under Title XIX or Title XXI, and will be covered only as a result of the HIFA demonstration.

- Pregnant Women in SCHIP (This category will include individuals from \_\_\_ percent FPL through \_\_\_ percent FPL.)
- Other. Please specify:

**MEG 1) MHSP Waiver Population**

*Individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for or are enrolled in the State-financed Mental Health Services Plan (MHSP) or the Waiver for Additional Services and Population, but are otherwise ineligible for Medicaid benefits and either:*

- Have income 0-138% of the 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).*

**C. Enrollment/Expenditure Cap:**

- No  Yes If Yes, Number of participants or dollar limit of demonstration (express dollar limit in terms of total computable program costs).
- **Enrollment Cap:**

- *MEG 1) MHSP Waiver Population will be capped at 3,000 individuals served.*

**D. Phase-In:**

Please indicate below whether the demonstration will be implemented at once or phased in.

- The HIFA demonstration will be implemented at once. *Montana will enroll MHSP Waiver individuals each month until we reach the goal of 3,000. Since our PMPM for the MHSP Waiver group is estimated, we will study the sustainability of 3,000 individuals.*
- The HIFA demonstration will be phased-in.  
If applicable, please provide a brief description of the State’s phase-in approach (including a timeline): *N/A*

**E. Benefit Package:**

Please use check marks to indicate which benefit packages you are proposing to provide to the various populations included in your HIFA demonstration.

**1. Mandatory Populations**

- The benefit package specified in the Medicaid State Plan as of the date of the HIFA application.
- Other: *ABD Waiver Population*  
*MEG 2) ABD Waiver Population additional benefits - individuals receive Standard Medicaid benefits package through the State Plan. Waiver covers dental treatment services above the \$1,125 State Plan dental treatment cap.*

**2. Optional populations included in the existing Medicaid State Plan**

- The same coverage provided under the State’s approved Medicaid State Plan.  
*MEG 2) ABD Waiver Population additional benefits – individuals receive Standard Medicaid benefits package through the State Plan. Waiver covers dental treatment services above the \$1,125 State Plan dental treatment cap.*
- The benefit package for the health insurance plan that is offered by an HMO and has the largest commercial, non-Medicaid enrollment in the State.
- The standard Blue Cross Blue Shield preferred provider option service benefit pan that is described in, and offered to Federal employees under 5 U.S.C. 8903(1). (Federal Employees Health Benefit Plan (FEHBP))
- A health benefits coverage plan that is offered and generally available to State employees.
- A benefit package that is actuarially equivalent to one of those listed above.
- Secretary approved coverage. (The proposed benefit package is described in Attachment D.)  
Note: For Secretary approved coverage, benefit packages must include these basic services: inpatient and outpatient hospital services, physicians surgical and medical services, laboratory and x-ray services, well-baby and well-child care, including age appropriate immunizations.

**3. SCHIP populations, if they are to be included in the HIFA demonstration**

States with approved SCHIP plans may provide the benefit package specified in Medicaid State Plan, or may choose another option specified in Title XXI. (If the State is proposing to change its existing SCHIP State Plan as part of implementing a HIFA demonstration, a corresponding plan amendment must be submitted.) SCHIP coverage will consist of:

- The same coverage provided under the State’s approved Medicaid State Plan.

- The benefit package for the health insurance plan that is offered by an HMO and has the largest commercial, non-Medicaid enrollment in the State.
- The standard Blue Cross Blue Shield preferred provider option service benefit plan that is described in, and offered to Federal employees under 5 U.S.C. 8903(1). (Federal Employees Health Benefit Plan (FEHBP))
- A health benefits coverage plan that is offered and generally available to State employees
- A benefit package that is actuarially equivalent to one of those listed above
- Secretary approved coverage.

Note: For Secretary approved coverage, benefit packages must include these basic services: inpatient and outpatient hospital services, physicians surgical and medical services, laboratory and x-ray services, well-baby and well-child care, including age appropriate immunizations.

#### 4. New optional populations to be covered as a result of the HIFA demonstration

- The same coverage provided under the State’s approved Medicaid State Plan.

**MEG 2) ABD Waiver Population** – individuals receive Standard Medicaid benefits package through the State Plan. Waiver covers dental treatment services above the \$1,125 State Plan dental treatment cap.

- The benefit package for the health insurance plan that is offered by an HMO and has the largest commercial, non-Medicaid enrollment in the State.
- The standard Blue Cross Blue Shield preferred provider option service benefit plan that is described in, and offered to Federal employees under 5 U.S.C. 8903(1). (Federal Employees Health Benefit Plan (FEHBP)).
- A health benefits coverage plan that is offered and generally available to State employees
- A benefit package that is actuarially equivalent to one of those listed above.
- Secretary approved coverage. (The proposed benefit packages are described in Attachment D.)

Note: For Secretary approved coverage, benefit packages must include these basic services: inpatient and outpatient hospital services, physicians surgical and medical services, laboratory and x-ray services, well-baby and well-child care, including age appropriate immunizations.

#### 5. Expansion Populations

States have flexibility in designing the benefit package, however, the benefit package must be comprehensive enough to be consistent with the goal of increasing the number of insured persons in the State. The benefit package for this population must include a basic primary care package, which means health care services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, or pediatrician.

With this definition states have flexibility to tailor the individual definition to adapt to the demonstration intervention and may establish limits on the types of providers and the types of services. Please check the services to be included:

- Inpatient
- Outpatient
- Physician’s surgical and medical services
- Laboratory and x-ray services
- Pharmacy
- A benefit package that is actuarially equivalent to one of those listed above—

Other (please specify). Please include a description of any Secretary approved coverage or flexible expansion benefit package as Attachment C to your proposal. Please include a discussion of whether different benefit packages will be available to different expansion populations.

**MEG 1) MHSP Waiver Population– Standard Medicaid Benefit**

*Through this amendment, coverage will be the Standard Medicaid benefits package. See Attachment C Benefit Package Descriptions.*

**MEG 2) ABD Waiver Population additional benefits - individuals receive Standard Medicaid benefits package through the State Plan. Waiver covers dental treatment services above the \$1,125 State Plan dental treatment cap.**

**F. Coverage Vehicle**

Please check the coverage vehicle(s) for all applicable eligibility categories in the chart below (check multiple boxes if more than one coverage vehicle will be used within a category):

**Figure III. Coverage Vehicle**

<b>Eligibility Category</b>	<b>Fee-For-Service</b>	<b>Medicaid or SCHIP Managed Care</b>	<b>Private Health Insurance Coverage</b>	<b>Group Health Plan Coverage</b>	<b>Other (specify)</b>	<b><u>Comments</u></b>
<b>MEG 1) MHSP Waiver Population</b>	√	<i>Standard Medicaid Benefit</i>	√*	√*		<i>√*Individuals have the Standard Medicaid benefit unless the individual is able to obtain Employer Sponsored Health Care or Private Health Insurance through the Montana Medicaid HIPP Program.</i>
<b>MEG 2) ABD Waiver Population</b>	√	<i>Standard Medicaid Benefit  Dental Treatment Services above \$1,125</i>	√*	√*		

Please include a detailed description of any private health insurance coverage options as Attachment D in your proposal. Detailed descriptions of private health insurance coverage options are included in Attachment D.

**G. Private Health Insurance Coverage Options**

Coordination with private health insurance coverage is an important feature of a HIFA demonstration. One way to achieve this goal is by providing premium assistance or “buying into” employer-sponsored insurance policies. Description of additional activities may be provided in Attachment D to the State’s application for a HIFA demonstration. If the State is employing premium assistance, please use the section below to provide details.



As part of the demonstration, the State will be providing premium assistance for private health insurance coverage under the demonstration. Provide the information below for the relevant demonstration population(s):

- *If individuals from the Waiver for Additional Services and Population have the opportunity to obtain employer sponsored insurance or private insurance, if cost effective, the waiver will pay the full premium payment. See Attachment D Private and Public Health Insurance Coverage Options Including Premium Assistance.*

The State elects to provide the following coverage in its premium assistance program: (Check all applicable and describe benefits and wraparound arrangements, if applicable, in Attachment D to the proposal if necessary. If the State is offering different arrangements to different populations, please explain in Attachment D.)

- The same coverage provided under the State’s approved Medicaid plan.
- The same coverage provided under the State’s approved SCHIP plan.
- The benefit package for the health insurance plan that is offered by an HMO, and has the largest commercial, non-Medicaid enrollment in the State.
- The standard Blue Cross Blue Shield preferred provider option service benefit plan that is described in, and offered to Federal employees under 5 U.S.C. 8903(1). (Federal Employees Health Benefit Plan (FEHBP)).
- A health benefits coverage plan that is offered and generally available to State employees.
- A benefit package that is actuarially equivalent to one of those listed above (please specify).
- Secretary-Approved coverage.
- Other coverage defined by the State. (A copy of the benefits description must be included in Attachment D.)
- The State assures that it will monitor aggregate costs for enrollees in the premium assistance program for private health insurance coverage to ensure that costs are not significantly higher than costs would be for coverage in the direct coverage program. (A description of the Monitoring Plan will be included in Attachment D.)
- The State assures that it will monitor changes in employer contribution levels or the degree of substitution of coverage and be prepared to make modifications in its premium assistance program. (Description will be included as part of the Monitoring Plan.)  
*The State will monitor employer contributions levels. See Attachment F Additional Detail Regarding Measuring Progress Toward Reducing The Rate Of Insurance.*

## H. Cost Sharing

Please check the cost sharing rules for all applicable eligibility categories in the chart below:

**Figure IV. MEG Cost Sharing**

Eligibility Category	Nominal Amounts Per Regulation	Up to 5 Percent of Family Income	State Defined
<i>MEG 1) MHSP Waiver Population</i>	√ <i>Existing 1115 Waiver, Standard Medicaid Benefit</i>		√* <i>If cost effective, Medicaid will pay premium assistance, cost share, coinsurance for Employer Sponsored Health Care or Private Health Insurance (and provides wrap around coverage). Individual is responsible for Medicaid cost share only.</i>
<i>MEG 2) ABD Waiver Population</i>			

Any State defined cost sharing must be described in Attachment E. In addition, if cost sharing limits will differ for participants in a premium assistance program or other private health insurance coverage option, the limits must be specified in detail in Attachment E to your proposal. *See Attachment E Cost Sharing Limits.*

## VI. ACCOUNTABILITY AND MONITORING

Please provide information on the following areas:

### 1. Insurance Coverage

*The rate of uninsurance in Montana as of 2015 for all individuals of the total population was 13 percent.*

<i>Insured</i>	<i>87%</i>
• <i>Military/VA</i>	<i>3%</i>
• <i>Medicare (Excludes Part A only)</i>	<i>15%</i>
• <i>Means tested insurance</i>	<i>9%</i>
○ <i>Medicaid/CHIP</i>	<i>13%</i>
• <i>Employer-based</i>	<i>47%</i>
• <i>Non group</i>	<i>9%</i>
• <i>Unable to determine type</i>	<i>3%</i>
<i>Uninsured</i>	<i>13%</i>

*Note: Respondents can have more than one type of health insurance.*

Indicate the data source used to collect the insurance information presented above (the State may use different data sources for different categories of coverage, as appropriate):

- The Current Population Survey
- Other National Survey (please specify)
- State Survey (please specify)
- Administrative records (please specify)
- Other (please specify)

Adjustments were made to the Current Population Survey or another national survey.

- Yes                       No

If yes, a description of the adjustments must be included in Attachment F.

A State Survey was used.

- Yes                       No

If yes, provide further details regarding the sample size of the survey and other important design features in Attachment F. If a State Survey is used, it must continue to be administered through the life of the demonstration so that the State will be able to evaluate the impact of the demonstration on coverage using comparable data

### 2. State Coverage Goals and State Progress Reports

The goal of the HIFA demonstration is to reduce the uninsured rate. For example, if a State was providing Medicaid coverage to families, a coverage goal could be that the State expects the uninsured rate for families to decrease by 5 percent. Please specify the State’s goal for reducing the uninsured rate:

*The U.S. Census Bureau data indicates Montana’s overall uninsured rate is 13 percent. The Waiver for Additional Services and Population would allow Montana to continue benefits for up to 3,000 MHSP Waiver individuals and furnish health care benefits for Montanans who are currently uninsured or*

*underinsured. Secondly, the waiver will cover individuals determined categorically eligible for ABD for dental treatment services above the Medicaid State Plan cap of \$1,125.*

Attachment F must include the State's Plan to track changes in the uninsured rate and trends in sources of insurance as listed above. States should monitor whether there are unintended consequences of the demonstration such as high levels of substitution of private coverage and major decreases in employer contribution levels. (See the attached Special Terms and Conditions.)

- Annual progress reports will be submitted to CMS six months after the end of each demonstration year which provide the information described in this plan for monitoring the uninsured rate and trends in sources of insurance coverage. States are encouraged to develop performance measures related to issues such as access to care, quality of services provided, preventative care, and enrollee satisfaction. The performance plan must be provided in Attachment F.

*See Attachment F for Montana's Evaluation Design.*

## **VII. PROGRAM COSTS**

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A requirement of HIFA demonstrations is that they not result in an increase in Federal costs compared to costs in the absence of the demonstration. Please submit expenditure data as Attachment G to your proposal. For your convenience, a sample worksheet for submission of base year data is included as part of the application packet.

The base year will be trended forward according to one of the growth rates specified below. Please designate the preferred option:

- Medical Care Consumer Price Index, published by the Bureau of Labor Statistics. (Available at <http://stats.bls.gov>.) The Medical Care Consumer Price Index will only be offered to States proposing statewide demonstrations under the HIFA initiative. If the State chooses this option, it will not be used to submit detailed historical data.
- Medicaid-specific growth rate. States choosing this option should submit five years of historical data for the eligibility groups included in the demonstration proposal for assessment by CMS staff, with quantified explanations of trend anomalies. A sample worksheet for submission of this information is included with this application package. The policy for trend rates in HIFA demonstrations is that trend rates are the lower of State specific history or the President's Budget Medicaid baseline for the eligibility groups covered by a State's proposal. This option will lengthen the review time for a State's HIFA proposal because of the data generation and assessment required to establish a State specific trend factor.

*See trend rate information in Attachment G Budget Worksheets.*

## **VIII. WAIVERS AND EXPENDITURE AUTHORITY REQUESTED**

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### **A. Waivers**

The following waivers are requested pursuant to the authority of section 1115(a)(1) of the Social Security Act (Please check all applicable.)

Title XIX:

Statewide 1902(a)(1)

To enable the State to phase in the operation of the demonstration.

***The waiver will be available to qualified participants statewide from the date of implementation.***

Amount, Duration, and Scope (1902(a)(10)(B))

To permit the provision of different benefit packages to different populations in the demonstration.

Benefits (i.e. amount, duration, and scope) may vary by individual based on eligibility category.

***MEG 2) ABD Waiver Population additional benefits – individuals receive Standard Medicaid benefits package through the State Plan. Waiver covers dental treatment services above the \$1,125 State Plan dental treatment cap.***

Freedom of Choice 1902(1)(23)

To enable the State to restrict the choice of provider.

Title XXI:

Benefit Package Requirements 2103

To permit the State to offer a benefit package that does not meet the requirements of section 2103.

Cost Sharing Requirements 2103(e)

To permit the State to impose cost sharing in excess of statutory limits.

**B. Expenditure Authority**

Expenditure authority is requested under Section 1115(a)(2) of the Social Security Act to allow the following expenditures (which are not otherwise included as expenditures under Section 903 or Section 2105) to be regarded as expenditures under the State’s Title XIX or Title XXI plan.

Note: Checking the appropriate box(es) will allow the State to claim Federal Financial Participation for expenditures that otherwise would not be eligible for Federal match.

Expenditures to provide services to populations not otherwise eligible to be covered under the Medicaid State Plan.

***MEG 1) MHSP Waiver Population.***

***MEG 2) ABD Waiver Population additional benefits – individuals receive Standard Medicaid benefits package through the State Plan. Waiver covers dental treatment services above the \$1,125 State Plan dental treatment cap.***

Expenditures related to providing \_\_\_ months of guaranteed eligibility to demonstration participants.

Expenditures related to coverage of individuals for whom cost-sharing rules not otherwise allowable in the Medicaid program apply.

**Title XXI:**

Expenditures to provide services to populations not otherwise eligible under a State child health plan.

Expenditures that would not be payable because of the operation of the limitations at 2105(c)(2) because they are not for targeted low-income children.

If additional waivers or expenditure authority are desired, please include a detailed request and justification and Attachment H to the proposal.

***Figure V. Waivers and Expenditure Authority Requested***

	<i>MEG 1) MHSP Waiver Population</i>	<i>MEG 2) ABD Waiver Population</i>
<i>XIX. Amount, Duration, and Scope (1902(a)(10)(B) – Applied to Services</i>		√
<i>XIX. Retroactive Eligibility 1902(a)(34)</i>	√	

<i>XIX. Expenditures to provide services to populations not otherwise eligible to be covered under the Medicaid State Plan.</i>	√	
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**IX. ATTACHMENTS**

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Place check marks beside the attachments you are including with your application.

- Attachment A: Discussion of how the State will ensure that covering individuals above 200 percent of poverty under the waiver will not induce individuals with private health insurance coverage to drop their current coverage. *There is no income ceiling for ABD populations, as they have medically needy coverage. It is possible for ABD individuals who have standard Medicaid benefits to have income in excess of 150% FPL.*
- Attachment B: Detailed description of expansion populations included in the demonstration.
- Attachment C: Benefit package description.
- Attachment D: Detailed description of private health insurance coverage options, including premium assistance if applicable.
- Attachment E: Detailed discussion of cost sharing limits.
- Attachment F: Additional detail regarding measuring progress toward reducing the rate of insurance.
- Attachment G: Budget worksheets.
- Attachment H: Additional waivers or expenditure authority request and justification. *No additional expenditure authority or waivers are requested at this time, other than those listed in the chart, IV. Waivers and Expenditure Authority Requested.*

**X. SIGNATURE**

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3/7/2016  
Date

Mary E. Dalton, Montana State Medicaid Director  
Name of Authorizing State Official (Typed)

## **ATTACHMENT A - DISCUSSION - HOW THE STATE WILL ENSURE COVERING INDIVIDUALS ABOVE 200% FPL**

*There is no income ceiling for ABP populations, as they have medically needy coverage. It is possible for ABD individuals who have standard Medicaid benefits to have income in excess of 150 percent FPL.*

## **ATTACHMENT B - DETAILED DESCRIPTION OF EXPANSION POPULATIONS**

### ***Mental Health Services Plan (MHSP) - State Only Program***

*The MHSP is a State only program for low-income adults, age 18 and up, who have a SDMI. The program currently provides a limited mental health benefit, a related mental health pharmacy benefit of up to \$425, PACT Services, and 72 Hour Presumptive Eligibility services. Approximately one-third of the MHSP individuals have other insurance coverage. The number of people enrolled in State only MHSP is limited by current legislative appropriations. MHSP beneficiaries are not eligible for Medicaid services because they do not meet the income and resource Medicaid eligibility requirements. The income limit for State only MHSP is less than or equal to 150 percent FPL and there is no asset or resource test. The State only MHSP is a discretionary program that is not required by State or Federal law. As a result, people eligible for the State only MHSP do not have legal entitlement to services. The Addictive and Mental Disorders Division administers the State only MHSP within the funding levels appropriated by the legislature. There is no physical health benefit offered by the State only MHSP.*

### ***State Only Mental Health Services Plan Program Eligibility:***

- 1. The individual must have a SDMI, as determined by a licensed mental health professional through an assessment of diagnosis, functional impairment, and duration of illness.*
- 2. The individual must have a family income equal to or less than 150 percent FPL. All State only MHSP financial eligibility determinations will be made by Department staff. Determinations do not include an asset or resource test.*
- 3. The individual must be ineligible for Medicaid as determined by the Department.*
- 4. The individual must be at least 18 years of age.*

*In some circumstances, an individual with a SDMI does not meet the SSI/Medicaid criteria for being disabled. The functional criteria for the MHSP SDMI are less strict than the SSI/SSDI criteria. Social Security focuses primarily on the ability to work. Also, many individuals with severe mental illness have co-occurring substance abuse or chemical dependency disorders, which make it harder to “prove” that the mental illness is not caused or exacerbated by the co-occurring disorder for SSI/SSDI.*

*For those MHSP individuals not enrolled in the waiver, the State will continue to provide the State only MHSP benefit using State only dollars. The waiver will enroll up to 3,000 of those qualified MHSP Waiver individuals.*

### ***MHSP Waiver Population Participation Criteria:***

*Individuals age 18 or older, with SDMI who qualify for or are enrolled in the State-financed MHSP or the Waiver for Additional Services and Population, but are otherwise ineligible for Medicaid benefits and either:*

- Have income 0-138% of the 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).*

**Waiver Eligibility Determination:**

*MHSP Waiver eligibility determinations and management of the MHSP Waiver waiting list will be completed by Department staff. Eligibility is accomplished through the CHIMES eligibility system.*

**MHSP Waiver Enrollment:**

*Montana will phase-in MHSP Waiver qualified individuals with SDMI each month until we reach 3,000 individuals. We estimate the PMPM is about \$650 for individuals with SDMI.*

**MEG 2) ABD Waiver Population**

*Individuals receive Standard Medicaid benefits package through the State Plan. The Waiver covers dental treatment services above the \$1,125 State Plan dental treatment cap.*

**ATTACHMENTS C - BENEFIT PACKAGE DESCRIPTIONS**

**MEG 1) MHSP Waiver Expansion Population**

*Up to 3,000 MHSP Waiver individuals at one time will be served by the Waiver for Additional Services and Population and will receive the Standard Medicaid benefit. There is no lifetime maximum benefit for MHSP individuals.*

**MEG 2) ABD Waiver Population – Optional Population**

*Individuals receive Standard Medicaid benefits package through the State Plan. Waiver covers dental treatment services above the \$1,125 State Plan dental treatment cap.*

**ATTACHMENT D - PRIVATE AND PUBLIC HEALTH INSURANCE COVERAGE OPTIONS INCLUDING PREMIUM ASSISTANCE**

*Medicaid pays for employer sponsored health insurance or private insurance when it is cost effective. Most individuals are referred to the Medicaid Health Insurance Premium Payments (HIPP) Program when applying for Medicaid. All individuals 18 years of age and older are required to be referred to HIPP. Other referrals come from the Office of Public Assistance. Individuals or case managers also call if an individual has an opportunity for employer sponsored health benefits or private health insurance. We have a cost effectiveness tool, which can assess the medical condition of the patient.*

**Medicaid Health Insurance Premium Payments System (HIPPs):**

*The Health Insurance Premium Payment Program allows Medicaid funds to be used to pay for private health insurance coverage when it is cost effective to do so. The system used to determine and track eligibility is the Health Insurance Premium Payments System (HIPPS). The goals of the program are to:*

- Provide access to health care for Montanans through payment of health insurance premiums with Medicaid funds.*
- Control costs to the Medicaid program by payment of health insurance premiums.*
- Provide prompt and accurate monthly reimbursement of premiums.*

*Referrals for the HIPPS Program, for people with access to health insurance, are generated electronically by the case workers. Anyone who is 18 years or age or older on any Medicaid Program is required to be referred.*

*The HIPPS Program gathers information from the referred individual and the employer to complete a cost effectiveness analysis.*

*The cost effectiveness analysis process reviews the annual premium amount, deductible amount, and administrative cost, all Medicaid eligible members, age, and annual medical cost. This information is compared to the cost under Medicaid for similar individuals.*

*Insurance premium payment is considered cost effective if the total premium costs and Medicaid costs are within \$200 of the calculation. A second method used is to review the potential for a high cost medical need. If the member has an urgent or ongoing medical condition with the probability of high cost, the HIPPS Program can be used.*

*HIPPS reimburses for the following health plans:*

- *Group Plans - available through an employer*
- *COBRA Plans - a continuation of the current health insurance plan*
- *Individual Health Plans*
- *Student Health Plan - through the college*
- *COBRA 75 - employer must have at least 75 employees & member does not have to be on Medicaid.*

#### **ATTACHMENT E - COST SHARING LIMITS**

##### ***Waiver Individuals Subject To Cost Share:***

*All Waiver for Additional Services and Populations individuals age 21 and older pay cost share for the Standard Medicaid benefit.*

##### ***Medicaid Cost Share Amounts and Exempt Services:***

*Cost share amounts and exemptions from cost share are aligned with the Montana Medicaid State Plan.*

#### **ATTACHMENT F: ADDITIONAL DETAIL REGARDING MEASURING PROGRESS TOWARD REDUCING THE RATE OF UNINSURANCE**

*Attachment F is Montana's currently approved Waiver for Additional Services and Populations evaluation design. Upon receiving waiver approval, Special Terms and Conditions from CMS, Montana will revise the evaluation design if necessary.*

##### ***ATTACHMENT F: Evaluation Design***

*Montana will evaluate the effectiveness of the Waiver for Additional Services and Populations with this CMS approved evaluation design from December 2010, through December 2017. We took a baseline survey of the 800 MHSP Waiver individuals in the summer of 2012, and then again in October 2015, to learn about participants' health status, access to health care, and quality of care. We will also identify lessons learned, unintended consequences, policy changes observed, and any recommendations going forward.*



*Waiver for Additional Services and Populations **Goal:***

*Montana's goal is to provide Standard Medicaid coverage to individuals with SDMI utilizing previously, generated Federal waiver savings from the previously titled Basic Medicaid Waiver. By increasing the Basic Medicaid benefit to Standard Medicaid, Montanans served under this waiver will greatly reduce their out-of-pocket costs and gain access to significant health care benefits.*

*Waiver for Additional Services and Populations **Hypotheses for the MHSP Group:***

- 1. The waiver will provide Standard Medicaid coverage.*
- 2. The waiver will improve access to care, utilization of services, and quality of care.*
- 3. The waiver will improve health status.*

**Objectives:**

- ***Objective One: Examine and measure utilization, access and expenditures for the MHSP population.***
  - *Measure One: Compare and contrast medical service utilization and service costs for MHSP waiver members with Medicaid members for the major service components such as inpatient, outpatient, clinic, prescription drugs, physician services, specialty providers, emergency, and dental services.*
  - *Measure Two: Compare annual prescription drugs costs for the MHSP group for the year prior to the waiver while on the State fund MHSP Program with the demonstration waiver years.*
  - *Measure Three: Measure the percentage of the MHSP population who have a primary care provider (PCP).*
  - *Measure Four: Measure the number and percentage of the MHSP population that access specialty care.*
- ***Objective Two: Examine, through participant surveys in 2012 and at waiver end, the new MHSP waiver population perception of their health status, access to and quality of health care.***
  - *Measure One: Determine, through MHSP participant baseline and waiver end surveys, participants' perceptions of their general physical and mental health.*
  - *Measure Two: Determine, through MHSP participant baseline and waiver end surveys, participants' perceptions of access to care.*
  - *Measure Three: Determine, through MHSP participant baseline and waiver end surveys, participants' perceptions of quality of care.*

***National and State Uninsured or Underinsured Data Sources Used For Reporting:***

*The following are National and State organizations that offer information regarding demographics, insured, underinsured, and uninsured information. Montana will use these sites, among other sites, to analyze the above objectives and measures.*

- 1. **BRFSS** - The Behavioral Risk Factor Surveillance System (BRFSS) is the primary source of State-based information on the health risk behaviors among primarily adult populations. BRFSS is administered by the DPHHS Public Health and Safety Division. Phone surveys are conducted*

- annually with an intended sample size of 6,000 (with a typical response rate of 50%). The 2007, 2008, and 2009 BRFSS survey's included State-added questions related to health care coverage for adults and children. The 2007 BRFSS results (including responses to the 10 State-added health care coverage questions) should be available in June 2008. (<http://www.brfss.mt.gov/>)
2. **KIDS COUNT** – Montana KIDS COUNT data is located at the Bureau of Business and Economic Research (BBER) at the University of Montana. Montana KIDS COUNT is a statewide effort to identify the status and well-being of Montana children by collecting data about them and publishing an annual data book. ([bber.umt.edu](http://bber.umt.edu))
  3. **Kaiser Foundation** - The Kaiser Family Foundation is a non-profit, private operating foundation focusing on major health care issues. The Foundation serves as non-partisan source of health facts, information and analysis. State health facts include demographics, health status, health coverage and uninsured, health costs and budgets, managed care, providers and service use, Medicaid, SCHIP and Medicare. ([statehealthfacts.org](http://statehealthfacts.org))
  4. **US Census Bureau and Current Population Survey** – US Census Report on income, poverty and health insurance coverage in the United States. This site includes the Current Population Survey (CPS) Report, released annually in August of each year. This is the official source of national health insurance statistics, with State-by-State annual estimates of health insurance coverage. (<http://www.census.gov/>)
  5. **Medical Expenditure Panel Survey** - US Census Bureau and Medical Expenditure Panel Survey. Is a national data source on employer based health insurance conducted via a survey of private business establishments and government employers. This survey is released annually in the summer. ([meps.ahrq.gov](http://meps.ahrq.gov))
  6. **Montana Area Health Education Center** - The Montana Area Health Education Center (AHEC) and Office of Rural Health are located at Montana State University. The mission of AHEC is to improve the supply and distribution of health care professionals, with an emphasis on primary care, through community/academic educational partnership, to increase access to quality health care. The Office of Rural Health has as its mission: collecting and disseminating information within the State; improving recruitment and retention of health professionals into rural health areas; providing technical assistance to attract more Federal, State and foundation funding health and coordinating rural health interests and activities across the State. ([healthinfo.montana.edu](http://healthinfo.montana.edu))
  7. **USDA Economic Research Services** - The USDA Economic Research Services prepares State fact sheets on population, income, education, employment reported separately by rural and urban areas. ([http://www.usda.gov/wps/portal/usda/usdahome?contentid=ERS\\_Agency\\_Splash.xml](http://www.usda.gov/wps/portal/usda/usdahome?contentid=ERS_Agency_Splash.xml))
  8. **Labor Statistics** – Montana Department of Labor and Industry, Research and Analysis Bureau provides information regarding employment, unemployment, wages, prevailing wages, injuries and illnesses, and other labor information. (<http://wsd.dli.mt.gov/service/rad.asp>)

**Figure VI. Waiver Reporting Deliverables:**

	<b>State</b>	<b>CMS</b>	<b>State and/or CMS</b>
<b>Operational Protocol</b>	<i>The State shall prepare one protocol documents a single source for the waiver policy and operating procedures.</i>		
<b>Draft Evaluation Design</b>	<i>The State shall submit a draft evaluation design within 120 days from the demonstration award.</i>	<i>CMS will provide comments within 60 days.</i>	<i>The State shall submit the final report prior to the expiration date of this demonstration.</i>
<b>Protocol Change</b>	<i>Submit protocol change in writing 60 days prior to the date of the change implementation.</i>	<i>CMS will make every effort to respond to the submission in writing within 30 days of the submission receipt.</i>	<i>CMS and the State will make efforts to ensure that each submission is approved within sixty days from the date of CMS's receipt of the original submission.</i>
<b>Quarterly Waiver Reports</b>	<i>Quarterly progress reports due 60 days after the end of each quarter. Due: April 1 for November - January June 29 for February - April September 29 for May - July December 30 for August - October</i>		
<b>Annual Report</b>	<i>Annual progress report drafts due 120 days after the end of each demonstration year, which include uninsured rates, effectiveness of HIFA approach, impact on employer coverage, other contributing factors, other performance measure progress.</i>		
<b>Phase-out Demonstration Plan</b>	<i>The State will submit a phase-out plan six months prior to initiating normal phase-out activities.</i>		
<b>Draft Demonstration Evaluation Report</b>	<i>Submit to CMS 120 days before demonstration ends.</i>	<i>Will provide comments 60 days of receipt of report.</i>	<i>The State shall submit the final report prior to the expiration date of the demonstration.</i>

**ATTACHMENT G - BUDGET WORKSHEETS**

**Budget Summary:**

*The accumulated Federal Section 1115 Montana Medicaid savings February 1, 2004 through January 31, 2015 is estimated at \$91,015,977. (Providers have 365 days from date of service to file claims.) The amendment Federal fiscal impact is estimated at \$32,864,296 from February 1, 2016 through February 1, 2018.*

**Figure VII. State and Federal Waiver Benefit Costs:**

	<i>2/2016 -1/2017</i>	<i>2/2017 -1/2018</i>	<i>2 Year Amendment Total</i>
	<i>DY13</i>	<i>DY14</i>	
<b>MEG 1) 3,000 MHSP Waiver Benefit Expenditures</b>			
<i>Federal</i>	\$15,121,080	\$15,121,080	\$30,242,160
<i>State</i>	\$8,278,920	\$8,278,920	\$16,557,840
<b>Total State &amp; Federal</b>	\$23,400,000	\$23,400,000	\$46,800,000
<b>MEG 2) ABD Waiver Population</b>			
<i>Federal</i>	\$1,311,068	\$1,311,068	\$2,622,136
<i>State</i>	\$717,821	\$717,821	\$1,435,642
<b>Total Federal and State</b>	\$2,028,889	\$2,028,889	\$4,057,778
<b>All Waiver Federal</b>	\$16,432,148	\$16,432,148	\$32,864,296
<b>All Waiver State</b>	\$8,996,741	\$8,996,741	\$17,993,482
<b>All Waiver Total Federal and State</b>	\$25,428,889	\$25,428,889	\$50,857,778

**Trending Rates Used in the BN Calculation Schedules:**

**Expenditures:**

- The two-year total Amendment Federal fiscal impact is estimated at \$32,864,296.

**Member Months:**

- MHSP Waiver population enrollment is phase-in to reach 3,000 individuals.

**MHSP Waiver Population and ABD Waiver Population PMPM Cost Basis Explanation:**

The PMPM for the MHSP Waiver population is figured at \$650 in December 2015.

The PMPM for the ABD Waiver population is figured at \$263 in December 2015.

**MHSP Waiver Population:**

The average monthly cost of individuals, with a primary diagnosis of SDMI is \$650.

**SDMI**

<b>Average PMPM cost for individuals with SDMI:</b>	\$650
<b>Average yearly costs of existing adult Medicaid recipient with SDMI:</b> 3,000 individuals x \$650 x 12	\$23,400,000
<b>Average monthly costs of existing adult Medicaid recipient with SDMI:</b> 3,000 individuals x \$650	\$1,950,000

**Hierarchy of Diagnosis:**

The hierarchy of MHSP Waiver slots will be filled with eligible individuals who have primary diagnosis of Schizophrenia Spectrum, Bipolar Related Disorders, Major Depressive Disorders, and then all MHSP Program individuals with SDMI.

**ABD Waiver Population:**

The average monthly cost of individuals with dental expenditures over the \$1,125 dental treatment services cap is \$263.

**ABD**

<i>Average PMPM costs for individuals with ABD:</i>	\$263
<i>Average yearly costs of existing adult Medicaid recipient with ABD over \$1,125 dental cap: 643 individuals x \$263 x 12</i>	\$2,029,308
<i>Average monthly costs of existing adult Medicaid recipient with ABD over \$1,125 dental cap: 643 x \$263</i>	\$169,109

**Attached Budget Worksheets:**

- 1) **Figure IX. Waiver for Additional Services and Populations Projections**  
Presents variance, expenditures, budget neutrality cap, PMPM, by total Federal and State, Federal only and State only MEG activity for MEG 1) MHSP Waiver and for MEG 2) ABD Waiver for DY1 – DY14.
- 2) **Figure X. Calculation of Budget Neutrality Limit**  
Presents the calculation of budget neutrality limit.
- 3) **Figure XI. State Maintenance of Effort**  
Presents the State only Mental Health Services Plan Program budget for individuals remaining on the State only program and the ABD Service Dental Plan.

**Modifications the Montana Basic Medicaid (Montana Waiver for Additional Services and Population) Evaluation Design**

**Goal:**

Montana's goal is to provide dental treatment to ABD members above the \$1,125 Medicaid state plan cap. By increasing the dental benefit to the ABD population, individuals will greatly reduce their out-of-pocket costs and gain access to significant dental benefits.

Objective: Examine and measure utilization, access, and expenditures for the ABD population.

Hypotheses:

1. Providing unlimited dental services to the ABD population will reduce out-of-pocket costs for the ABD population.
2. Providing unlimited dental services to the ABD population will increase their access to dental services.




# Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

Steve Bullock, Governor

Richard H. Opper,  
Director

Date: December 29, 2015  
To: Montana Health Coalition  
From: Mary E. Dalton, State Medicaid Director   
Subject: Montana Medicaid Waiver and State Plan Amendments

On or before December 31, 2015, the Montana Department of Public Health and Human Services (DPHHS) will submit a Section 1115 Basic Medicaid Waiver amendment for approval to the Centers for Medicare and Medicaid Services (CMS) with a proposed effective date of February 1, 2016. This amendment will add the Aged, Blind, and Disabled (ABD) population in order to waive the dental treatment services annual cap of \$1,125. Covered services, excluding diagnostic, preventive, denture and anesthesia services for adults age 21 and over are subject to an annual cap of \$1,125 per benefit year. The estimated total annual state and federal impact for the ABD population over the \$1,125 cap of this amendment for State Fiscal Year (SFY) 2016 is \$1,014,445; and \$2,028,889 for SFY 2017. Public comments on the Basic Medicaid Waiver Amendment may be submitted until January 27, 2016, by e-mail to [mlemieux2@mt.gov](mailto:mlemieux2@mt.gov) or by mail to: DPHHS, Attn: Mary LeMieux, PO Box 202951, Helena, MT 59620-2951.

On or before January 31, 2016, DPHHS will submit a new Section 1932 Primary and Enhanced Care Case Management Programs State Plan amendment to CMS with a proposed effective date of February 1, 2016. The amendment will add the Health and Economic Livelihood Partnership (HELP) Plan new adult population to the state and federal authority for Passport to Health, Health Improvement, Team Care, and the Nurse Line care management programs. The new adult population receiving coverage through the Medicaid State Plan Standard benefit will be eligible for all DPHHS care management programs. The estimated total annual state and federal impact for the new adult population's care management per member per month fees is \$325,866 for SFY 2016 and \$944,664 for SFY 2017. Public comments on the Primary and Enhanced Care Case Management Programs amendment may be submitted until January 27, 2016, by e-mail to [asark@mt.gov](mailto:asark@mt.gov) or by mail to: DPHHS, Attn: Amber Sark, PO Box 202951, Helena, MT 59620-2951.

On or before January 31, 2016, DPHHS will submit a 1932 Patient Centered Medical Home (PCMH) State Plan amendment to CMS to add the HELP Plan population, effective January 1, 2016. These new adults who are exempt from Third Party Administrator (TPA) enrollment, such as medically frail and those who require continuity of coverage that is not available or could not be effectively delivered through the TPA,

will receive their healthcare from the Aligned Standard State Plan Alternative Benefit Plan (ABP). This includes the option of having a PCMH. The estimated total annual state and federal impact to add the new adults to the Medicaid State Plan PCMH Program is \$14,400 for State Fiscal Year (SFY) 2016 and \$41,736 for SFY 2017. Public comments on the PCMH Program amendment may be submitted until January 27, 2016, by e-mail to [kgobbs@mt.gov](mailto:kgobbs@mt.gov) or by mail to: DPHHS, Attn: Kelley Gobbs, PO Box 202951, Helena, MT 59620-2951.

DPHHS is providing the Montana Health Coalition with notice of ABP for: (1) the HELP Plan; and (2) Aligned Standard State Plan. On April 29, 2015, Governor Steve Bullock signed into law Senate Bill 405, an Act establishing the Montana HELP Plan to expand health coverage in Montana to an estimated 70,000 new adults with incomes up to 138 percent of the Federal Poverty Level (FPL). Montana contracted with Blue Cross and Blue Shield of Montana (BCBSMT), a TPA, to administer the delivery of, and payment for, most healthcare services through the TPA ABP for most new adults. Those new adults who are exempt from TPA enrollment, such as medically frail and those who require continuity of coverage that is not available or could not be effectively delivered through the TPA, will receive their healthcare from the Aligned Standard State Plan ABP. Both ABPs include the 10 Essential Health Benefits as required by the Affordable Care Act, which are: ambulatory patient services; emergency services; hospitalization; pregnancy, maternity, and newborn care; mental health and substance use disorder services; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services; and pediatric services. Additional benefits include: vision, dental, hearing aids, transportation, Diabetes Prevention Program, prescription drugs, and services at Indian Health Service, Federally Qualified Health Clinics, and Rural Health Clinics. The estimated total annual state and federal impact for the new adult benefits is \$159,896,353. Public comments on the ABP benefit plans amendment may be submitted until January 27, 2016, by e-mail to [RCorbett@mt.gov](mailto:RCorbett@mt.gov) or by mail to: DPHHS, Attn: Rebecca Corbett, PO Box 202951, Helena, MT 59620-2951.

All of these changes are related to the expansion of Medicaid. The change to the dental benefit package will ensure that people who are aged, blind or disabled will receive the same package of dental benefits that they now receive. Other people on Medicaid (parents or adults covered through expansion) will be subject to an annual cap of \$1,125.

As a coalition member, please copy Mary Eve Kulawik at [mkulawik@mt.gov](mailto:mkulawik@mt.gov) if you have any questions or concerns about any of these amendments.

It has been an extremely productive last few months, and we are looking forward to beginning coverage under Medicaid expansion on January 1, 2016.

Thank you for your continued commitment to the Medicaid program.



Received  
JAN 06 2016  
Director's Office  
DPHHS

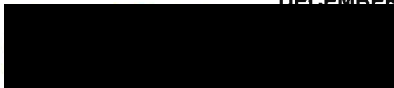
AFFIDAVIT OF PUBLICATION  
THE GREAT FALLS TRIBUNE  
205 RIVER DR S  
GREAT FALLS, MT 59405  
Phone: (406) 791-1444  
Toll Free (800) 438-6600

Angela Greisen, being first duly sworn deposes and says that GREAT FALLS TRIBUNE COMPANY is a corporation duly incorporated under the laws of the State of Delaware, that the said GREAT FALLS TRIBUNE COMPANY is the printer and publisher of the GREAT FALLS TRIBUNE, a daily newspaper of general circulation of the County of Cascade, State of Montana, and that the deponent is the principal clerk of said GREAT FALLS TRIBUNE COMPANY, printer of the GREAT FALLS TRIBUNE, and that the advertisement here to annexed...

**BASIC MEDICAID WAIVER AMENDMENT FOR APPROVAL  
AGED, BLIND AND DISABLED**

Has been correctly published **TWO** times in the regular and entire issue of said paper on the following dates:

DECEMBER 31<sup>ST</sup> 2015, AND JANUARY 1<sup>ST</sup> 2016



STATE OF MONTANA  
County of Cascade

On this 4<sup>TH</sup> day of JANUARY 2016, before me the undersigned, a Notary Public of the State of Montana, personally appeared Angela Greisen, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

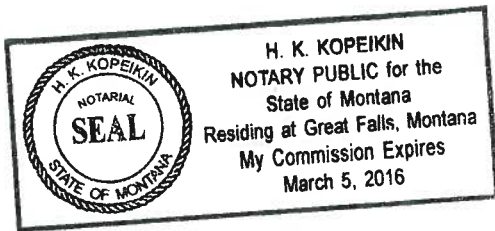
In witness whereof, I have hereunto set my hand and affixed my Notarial Seal the day and year first above written.

H.K. KOPEIKIN

Print Name



Signature



On or before 12/31/2015, the Montana Department of Public Health and Human Services (DPHHS) will submit a Section 1115 Basic Medicaid Waiver amendment for approval to the Centers for Medicare and Medicaid Services (CMS) with a proposed effective date of 2/1/2016. This amendment will add the Aged, Blind, and Disabled (ABD) population in order to waive the dental treatment services annual cap of \$1,125. Covered services, excluding diagnostic, preventive, denture and anesthesia services for adults age 21 and over are subject to an annual cap of \$1,125 per benefit year. The estimated total annual state and federal impact for the ABD population over the \$1,125 cap of this amendment for State Fiscal Year (SFY) 2016 is \$1,014,445; and \$2,028,889 for SFY 2017. Public comments on the Basic Medicaid Waiver Amendment may be submitted until 1/27/2016, by e-mail to [mlemieux2@mt.gov](mailto:mlemieux2@mt.gov) or by mail to: DPHHS, Attn: Mary LeMieux, PO Box 202951, Helena, MT 59620-2951.

On or before 1/31/2016, DPHHS will submit a new Section 1932 Primary and Enhanced Care Case Management Programs State Plan amend-

ment to CMS with a proposed effective date of 2/1/2016. The amendment will add the Health and Economic Livelihood Partnership (HELP) Plan new adult population to the state and federal authority for Passport to Health, Health Improvement, Team Care, and the Nurse Line care management programs. The new adult population receiving coverage through the Medicaid State Plan Standard benefit will be eligible for all DPHHS care management programs. The estimated total annual state and federal impact for the new adult population's care management per member per month fees is \$325,866 for SFY 2016 and \$944,664 for SFY 2017. Public comments on the Primary and Enhanced Care Case Management Programs amendment may be submitted until 1/27/2016, by e-mail to [asark@mt.gov](mailto:asark@mt.gov) or by mail to: DPHHS, Attn: Amber Sark, PO Box 202951, Helena, MT 59620-2951.

On or before 1/31/2016, DPHHS will submit a 1932 Patient Centered Medical Home (PCMH) State Plan amendment to CMS to add the HELP Plan population, effective 1/1/2016. These new adults who are exempt from Third Party

Administrator (TPA) enrollment, such as medically frail and those who require continuity of coverage that is not available or could not be effectively delivered through the TPA, will receive their healthcare from the Aligned Standard State Plan Alternative Benefit Plan (ABP). This includes the option of having a PCMH. The estimated total annual state and federal impact to add the new adults to the Medicaid State Plan PCMH Program is \$14,400 for State Fiscal Year (SFY) 2016 and \$41,736 for SFY 2017. Public comments on the PCMH Program amendment may be submitted until 1/27/2016, by e-mail to [kgobbs@mt.gov](mailto:kgobbs@mt.gov) or by mail to: DPHHS, Attn: Kelley Gobbs, PO Box 202951, Helena, MT 59620-2951.

DPHHS is providing public notice of ABP for (1) the HELP Plan; and (2) Aligned Standard State Plan. On 4/29/2015, Governor Steve Bullock signed into law Senate Bill 405, an Act establishing the Montana HELP Plan to expand health coverage in Montana to an estimated 70,000 new adults with incomes up to 138 percent of the Federal Poverty Level (FPL). Montana contracted with

Blue Cross and Blue Shield of Montana (BCBSMT), a TPA, to administer the delivery of, and payment for, most healthcare services through the TPA ABP for most new adults. Those new adults who are exempt from TPA enrollment, such as medically frail and those who require continuity of coverage that is not available or could not be effectively delivered through the TPA, will receive their healthcare from the Aligned Standard State Plan ABP. Both ABPs include the 10 Essential Health Benefits as required by the Affordable Care Act, which are: ambulatory patient services; emergency services; hospitalization; pregnancy, maternity, and newborn care; mental health and substance use disorder services; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services; and pediatric services. Additional benefits include: vision, dental, hearing aids, transportation, Diabetes Prevention Program, prescription drugs, and services at Indian Health Service, Federally Qualified Health Clinics, and Rural Health Clinics. The estimated total annual state

and federal impact  
for the new adult  
benefits is  
\$159,896,353. Public  
comments on the  
ABP benefit plans  
amendment may be  
submitted until  
1/27/16, by e-mail to  
[RCorbett@mt.gov](mailto:RCorbett@mt.gov) or  
by mail to: DPHHS,  
Attn: Rebecca Cor-  
bett, PO Box 202951,  
Helena, MT 59620-  
2951.

(210902) 12/31, 1/1.

MNAXLP

401 N 28<sup>th</sup> St  
Billings, MT 59101  
Phone: (406) 657-1212 Fax: (406) 657-1345

Ad Number: 20719902

On or before 12/31/2016, the Montana Department of Public Health and Human Services (DPHHS) will submit a Section 1116 Basic Medicaid Waiver amendment for approval to the Center for Medicare and Medicaid Services (CMS) with a proposed effective date of 2/1/2016. This amendment will add the Aged, Blind and Disabled (ABD) population in order to waive the dental treatment services' annual cap of \$1,125. Covered services, including diagnostic, preventive, restorative and orthodontia services for adults age 21 and over are subject to an annual cap of \$1,125 per beneficiary. The estimated total annual state and federal impact for the ABD population over the \$1,125 cap of this amendment for State Fiscal Year (SFY) 2016 is \$1,014,445, and \$2,029,890 for SFY 2017. Public comments on the Basic Medicaid Waiver Amendment may be submitted until 1/27/2016 by e-mail to [kgghbs@mt.gov](mailto:kgghbs@mt.gov) or by mail to: DPHHS, Attn: Mary LeMieux, PO Box 202951, Helena, MT 59620-2951.

continuity of coverage that is not available or could not be effectively delivered through the TPA will receive their healthcare from the Aligned Standard State Plan (ASP). Both ABPs include the 10 Essential Health Benefits as required by the Affordable Care Act, which are: ambulatory patient services; emergency services; hospitalization; pregnancy, maternity, and newborn care; mental health and substance use disorder services; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services; and pediatric services. Additional benefits include: vision; dental; hearing aids; transportation; Diabetes Prevention Program; prescription drugs; and services at Indian Health Service, Federally Qualified Health Centers, and Rural Health Clinics. The estimated total annual state and federal impact for the new adult population is \$160,590,355. Public comments on the ASP benefits plans amendment may be submitted until 1/27/16, by e-mail to [kgghbs@mt.gov](mailto:kgghbs@mt.gov) or by mail to DPHHS, Attn: Rebecca Corbett, PO Box 202951, Helena, MT 59620-2951. Published December 30, 31, 2015

On or before 1/31/2016, DPHHS will submit a new Section 10321 Primary and Enhanced Care Case Management Programs State Plan amendment to CMS with a proposed effective date of 2/1/2016. The amendment will add the Health and Economic Livelihood Partnership (HELP) Plan new adult population to the state and federal authority for Passport to Health, Health Improvement, Team Care, and the Nurse Line care management programs. The new adult population receiving coverage through the Medicaid State Plan Standard benefit will be eligible for all DPHHS care management programs. The estimated total annual state and federal impact for the new adult population's care management per member per month is \$328,660 for SFY 2016 and \$944,964 for SFY 2017. Public comments on the Primary and Enhanced Care Case Management Programs amendment may be submitted until 1/27/2016 by e-mail to [kgghbs@mt.gov](mailto:kgghbs@mt.gov) or by mail to: DPHHS, Attn: Amber Sark, PO Box 202951, Helena, MT 59620-2951.

On or before 1/31/2016, DPHHS will submit a 1032 Patient Centered Medical Home (PCMH) State Plan amendment to CMS to add the HELP Plan population, effective 1/1/2016. These new adults who are exempt from Third Party Administrator (TPA) enrollment, such as medically frail and those who require continuity of coverage that is not available or could not be effectively delivered through the TPA will receive their healthcare from the Aligned Standard State Plan Alternative Benefit Plan (ABP). This includes the option of having a PCMH. The estimated total annual state and federal impact to add the new adults to the Medicaid State Plan PCMH Program is \$14,400 for State Fiscal Year (SFY) 2016 and \$41,736 for SFY 2017. Public comments on the PCMH Program amendment may be submitted until 1/27/2016, by e-mail to [kgghbs@mt.gov](mailto:kgghbs@mt.gov) or by mail to: DPHHS, Attn: Kelley Gobbs, PO Box 202951, Helena, MT 59620-2951.

DPHHS is providing public notice of ASP for (1) the HELP Plan; and (2) Aligned Standard State Plan. On 4/20/2015, Governor Steve Bullock signed into law Senate Bill 405, an Act establishing the Montana HELP Plan to expand health coverage in Montana to an estimated 70,000 new adults with incomes up to 150% per cent of the Federal Poverty Level (FPL). Montana contracted with Blue Cross and Blue Shield of Montana (BCBSMT), a TPA, to administer the delivery of, and payment for, most healthcare services through the TPA ABP for most new adults. These new adults who are exempt from TPA enrollment, such as medically frail and those who require

Tasha Garfield, being first duly sworn, deposes and says. That she is the principal clerk of The Billings Gazette, a newspaper of general circulation published daily in the City of Billings, in the County of Yellowstone, State of Montana, and has charge of the Advertisements thereof.

That the: 8 Folio legal regarding: a true copy of which is hereto annexed, was published in said newspaper on the following dates: via:

Dec. 30, 31, 2015

Making all 2 publication(s)

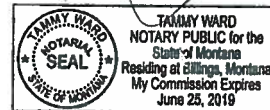
Mark below if certification for the State of Montana. I hereby certify that I have read sec. 18-7-204 and 18-7-205, MCA, and subsequent revisions, and declare that the price or rate charged the State of Montana for the publication for which claim is made in the attached papers in the amount of \$ 176.00 is not in excess of the minimum rate charged any other advertiser for publication of advertisement, set in the same size type and published for the same number of insertions, further certify that this claim is correct and just in all respects, and that payment or credit has not been received.

STATE OF MONTANA  
County of Yellowstone

On this day of December 31, 2015 before me, the undersigned, a Notary Public for the State of Montana, personally appeared Tasha Garfield, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed same. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year first above written.

NOTARY PUBLIC for the State of Montana  
Residing at Billings, MT

My commission expires June 25, 2019



**AFFIDAVIT OF PUBLICATION  
THE MISSOULIAN**

500 S. Higgins Ave.  
Missoula, MT 59801  
Phone: (406) 523-5236 Fax: (406) 523-5221

Ad Number: 20435701

**Received**  
**JAN 07 2016**  
**Director's Office**  
**DPHHS**

Chris Arvish, being first duly sworn, deposes and says. That she is the principal clerk of The Missoulian, a newspaper of general circulation published daily in the City of Missoula, in the County of Missoula, State of Montana, and has charge of the Advertisements thereof.

That the legal regarding:

Section 1115 Basic Medicaid Waiver  
a true copy of which is hereto annexed, was published in said newspaper on the following dates: via:

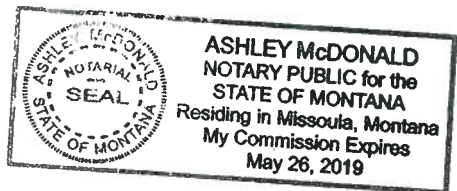
December 30 & 31, 2015  
CA

Making all 2 publication(s)

On this day of Jun 4th, 2016 before me, the undersigned, a Notary Public for the State of Montana, personally appeared Chris Arvish known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed same. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year first above written.

[Redacted Signature]

Venue: Missoula, Montana, County of Missoula





Page : 1 of 3 01/04/2016 08:50:11

Order Number : 20435701  
PO Number :  
Customer : 60025067 DPHHS/MEDICAID ANALYST  
Contact : Directors Office  
Address1 : PO BOX 4210  
Address2 : c/o: Mary Eve Kulawik  
City St Zip : HELENA MT 59604  
Phone : (406) 444-0936  
Fax :  
Printed By : misarvic  
Entered By : misarvic  
Keywords : On or before 12/31/2015, the Montana Department of  
Notes :  
Zones :

Ad Number : 11240447  
Ad Key :  
Salesperson : DF01 - Default Transient Salesperson  
Publication : Online Liners  
Section : Classified  
Sub Section : Legals  
Category : 399 Legals  
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Days : 2  
Size : 1 x 14.60, 156 lines  
Words : 721  
Ad Rate : Legal Govt  
Ad Price : 181.00  
Amount Paid : 0.00  
Amount Due : 181.00

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<b>Order Number</b>	:	20435701	<b>Ad Number</b>	:	11240447
<b>PO Number</b>	:		<b>Ad Key</b>	:	
<b>Customer</b>	:	60025067 DPHHS/MEDICAID ANALYST	<b>Salesperson</b>	:	DF01 - Default Transient Salesperson
<b>Contact</b>	:	Directors Office	<b>Publication</b>	:	Online Liners
<b>Address1</b>	:	PO BOX 4210	<b>Section</b>	:	Classified
<b>Address2</b>	:	c/o: Mary Eve Kulawik	<b>Sub Section</b>	:	Legals
<b>City St Zip</b>	:	HELENA MT 59604	<b>Category</b>	:	399 Legals
<b>Phone</b>	:	(406) 444-0936	<b>Dates Run</b>	:	12/30/2015-12/31/2015
<b>Fax</b>	:		<b>Days</b>	:	2
	:		<b>Size</b>	:	1 x 14.60, 156 lines
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<b>Printed By</b>	:	misarvic	<b>Ad Rate</b>	:	Legal Govt
<b>Entered By</b>	:	misarvic	<b>Ad Price</b>	:	181.00
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	:		<b>Amount Due</b>	:	181.00
<b>Keywords</b>	:	On or before 12/31/2015, the Montana Department of			
<b>Notes</b>	:				
<b>Zones</b>	:				

month fees is \$325,866 for SFY 2016 and \$944,664 for SFY 2017. Public comments on the Primary and Enhanced Care Case Management Programs amendment may be submitted until 1/27/2016, by e-mail to [asark@mt.gov](mailto:asark@mt.gov) or by mail to: DPHHS, Attn: Amber Sark, PO Box 202951, Helena, MT 59620-2951.

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<b>Page</b>	: 3 of 3	01/04/2016 08:50:11	<b>Ad Number</b>	: 11240447
<b>Order Number</b>	: 20435701		<b>Ad Key</b>	:
<b>PO Number</b>	:		<b>Salesperson</b>	: DF01 - Default Transient Salesperson
<b>Customer</b>	: 60025067 DPHHS/MEDICAID ANALYST		<b>Publication</b>	: Online Liners
<b>Contact</b>	: Directors Office		<b>Section</b>	: Classified
<b>Address1</b>	: PO BOX 4210		<b>Sub Section</b>	: Legals
<b>Address2</b>	: c/o: Mary Eve Kulawik		<b>Category</b>	: 399 Legals
<b>City St Zip</b>	: HELENA MT 59604		<b>Dates Run</b>	: 12/30/2015-12/31/2015
<b>Phone</b>	: (406) 444-0936		<b>Days</b>	: 2
<b>Fax</b>	:		<b>Size</b>	: 1 x 14.60, 156 lines
	:		<b>Words</b>	: 721
	:		<b>Ad Rate</b>	: Legal Govt
<b>Printed By</b>	: misarvic		<b>Ad Price</b>	: 181.00
<b>Entered By</b>	: misarvic		<b>Amount Paid</b>	: 0.00
			<b>Amount Due</b>	: 181.00
<b>Keywords</b>	: On or before 12/31/2015, the Montana Department of			
<b>Notes</b>	:			
<b>Zones</b>	:			

payment for, most healthcare services through the TPA ABP for most new adults. Those new adults who are exempt from TPA enrollment, such as medically frail and those who require continuity of coverage that is not available or could not be effectively delivered through the TPA, will receive their healthcare from the Aligned Standard State Plan ABP. Both ABPs include the 10 Essential Health Benefits as required by the Affordable Care Act, which are: ambulatory patient services; emergency services; hospitalization; pregnancy, maternity, and newborn care; mental health and substance use disorder services; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services; and pediatric services. Additional benefits include: vision, dental, hearing aids, transportation, Diabetes Prevention Program, prescription drugs, and services at Indian Health Service, Federally Qualified Health Clinics, and Rural Health Clinics. The estimated total annual state and federal impact for the new adult benefits is \$159,896,353. Public comments on the ABP benefit plans amendment may be submitted until 1/27/16, by e-mail to [RCorbett@mt.gov](mailto:RCorbett@mt.gov) or by mail to: DPHHS, Attn: Rebecca Corbett, PO Box 202951, Helena, MT 59620-2951.

#20435701 December 30 & 31, 2015



# Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

Steve Bullock, Governor

Richard H. Opper, Director

December 30, 2015

The Honorable Ken St. Marks  
Chairman  
Chippewa Cree Business Committee  
RR 1, Box 544  
Box Elder, MT 59521

Dear Chairman St. Marks,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

On or before December 31, 2015, the Department will submit a Section 1115 Basic Medicaid Waiver amendment with a proposed effective date of February 1, 2016. This amendment will add the Aged, Blind, and Disabled (ABD) population in order to waive the dental treatment services annual cap of \$1,125. Covered services, excluding diagnostic, preventive, denture and anesthesia services for adults age 21 and over are subject to an annual cap of \$1,125 per benefit year. The estimated total annual state and federal impact for the ABD population over the \$1,125 cap of this amendment for State Fiscal Year (SFY) 2016 is \$1,014,445; and \$2,028,889 for SFY 2017.

On or before January 31, 2016, the Department will submit a new Section 1932 Primary and Enhanced Care Case Management Programs State Plan amendment with a proposed effective date of February 1, 2016. The amendment will add the Health and Economic Livelihood Partnership (HELP) Plan new adult population to the state and federal authority for Passport to Health, Health Improvement, Team Care, and the Nurse Line care management programs. The new adult population receiving coverage through the Medicaid State Plan Standard benefit will be eligible for all DPHHS care management programs. The estimated total annual state and federal impact for the new adult population's care management per member per month fees is \$325,866 for SFY 2016 and \$944,664 for SFY 2017.

On or before January 31, 2016, the Department will submit a 1932 Patient Centered Medical Home (PCMH) State Plan amendment to add the HELP Plan population, effective January 1, 2016. These new adults who are exempt from Third Party Administrator (TPA) enrollment, such as medically frail and those who require continuity of coverage that is not available or could not be effectively delivered through the TPA, will receive their healthcare from the Aligned Standard State Plan Alternative Benefit Plan (ABP). This includes the option of having a PCMH. The estimated total annual state and federal impact to add the new adults to the Medicaid State Plan PCMH Program is \$14,400 for State Fiscal Year (SFY) 2016 and \$41,736 for SFY 2017.

The Department is also providing tribal notice of ABP for: (1) the HELP Plan; and (2) the Aligned Standard State Plan. On April 29, 2015, Governor Steve Bullock signed into law Senate Bill 405, an Act establishing the Montana HELP Plan to expand health coverage in Montana to an estimated 70,000 new adults with incomes up to 138 percent of the Federal Poverty Level (FPL). Montana contracted with Blue Cross and Blue Shield of Montana (BCBSMT), a TPA, to administer the delivery of, and payment for, most healthcare services through the TPA ABP for most new adults. Those new adults who are exempt from TPA enrollment, such as medically frail and those who require continuity of coverage that is not available or could not be effectively delivered through the TPA, will receive their healthcare from the Aligned Standard State Plan ABP. Both ABPs include the 10 Essential Health Benefits as required by the Affordable Care Act, which are: ambulatory patient services; emergency services; hospitalization; pregnancy, maternity, and newborn care; mental health and substance use disorder services; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services; and pediatric services. Additional benefits include: vision, dental, hearing aids, transportation, Diabetes Prevention Program, prescription drugs, and services at Indian Health Service, Federally Qualified Health Clinics, and Rural Health Clinics. The estimated total annual state and federal impact for the new adult benefits is \$159,896,353.

We invite your comments and questions postmarked **by January 27, 2016**. You may direct comments to Mary Eve Kulawik, Medicaid State Plan Amendment and Waiver Coordinator, at (406) 444-2584 or [mkulawik@mt.gov](mailto:mkulawik@mt.gov); or Director's Office, PO Box 4210, Helena, MT 59604-4210. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments.

Sincerely,



Mary E. Dalton  
State Medicaid Director

Cc: Mary Lynne Old Coyote, Acting Interim CEO and COO, Rocky Boy Tribal Health Board  
Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*Chairman St. Marks - These changes are all related to Medicaid expansion. None of these changes will have a negative impact on Indian people or Indian Health Service, tribal, or Urban Indian Center providers.*  
*Mary*



# Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

The Honorable Darrin Old Coyote  
Chairman  
Crow Tribal Executive Council  
PO Box 159  
Crow Agency, MT 59022

Dear Chairman Old Coyote,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

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Sincerely,



Mary E. Dalton  
State Medicaid Director

Cc: Todd Wilson, Director, Crow Tribal Health Department  
Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*Chairman Old Coyote - These changes are related to Medicaid expansion. None of these changes should have a negative impact on Indian people or Indian Health Service, tribal or Urban Indian Center providers.*

*Mary*



# Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

The Honorable Harry R. Barnes  
Chairman  
Blackfeet Tribal Business Council  
PO Box 850  
Browning, MT 59417

Dear Chairman Barnes,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

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Sincerely,



Mary E. Dalton  
State Medicaid Director

Cc: Rosemary Cree Medicine, Director, Blackfeet Tribal Health Department  
Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*Chairman Barnes - These changes are related to Medicaid expansion. None of these changes should have a negative impact on Indian people or Indian Health Service, tribal or Urban Indian Center providers.*

*Mary*



# Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

The Honorable A.T. Stafne  
Chairman  
Fort Peck Tribal Executive Board  
PO Box 1027  
Poplar, MT 59255

Dear Chairman Stafne,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

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Sincerely,



Mary E. Dalton  
State Medicaid Director

Cc: Dennis Four Bear, Director, Fort Peck Tribal Health Department  
Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

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*Mary*



# Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

The Honorable Vernon Finley  
Chairman  
Confederated Salish & Kootenai Tribal Council  
PO Box 278  
Pablo, MT 59855

Dear Chairman Finley,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

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Sincerely,



Mary E. Dalton  
State Medicaid Director

Cc: S. Kevin Howlett, Department Head, Confederated Salish & Kootenai Tribal Health & Human Services  
Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*Chairman Finley - These changes are related to Medicaid expansion. None of these changes should have a negative impact on Indian people or Indian Health Service, tribal or Urban Indian Center providers.*

*Mary*



# Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

The Honorable Mark Azure  
President  
Fort Belknap Indian Community Council  
656 Agency Main Street  
Harlem, MT 59526

Dear President Azure,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

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Sincerely,



Mary E. Dalton  
State Medicaid Director

Cc: Velva Doore, Director, Fort Belknap Tribal Health Department  
Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*President Azure - These changes are related to Medicaid expansion. None of these changes should have a negative impact on Indian people or Indian Health Service, tribal or Urban Indian Center providers.*

*Mary*



# Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

The Honorable Llevando Fisher, Sr.  
President  
Northern Cheyenne Tribal Council  
PO Box 128  
Lame Deer, MT 59043

Dear President Fisher,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

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On or before January 31, 2016, the Department will submit a new Section 1932 Primary and Enhanced Care Case Management Programs State Plan amendment with a proposed effective date of February 1, 2016. The amendment will add the Health and Economic Livelihood Partnership (HELP) Plan new adult population to the state and federal authority for Passport to Health, Health Improvement, Team Care, and the Nurse Line care management programs. The new adult population receiving coverage through the Medicaid State Plan Standard benefit will be eligible for all DPHHS care management programs. The estimated total annual state and federal impact for the new adult population's care management per member per month fees is \$325,866 for SFY 2016 and \$944,664 for SFY 2017.

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The Department is also providing tribal notice of ABP for: (1) the HELP Plan; and (2) the Aligned Standard State Plan. On April 29, 2015, Governor Steve Bullock signed into law Senate Bill 405, an Act establishing the Montana HELP Plan to expand health coverage in Montana to an estimated 70,000 new adults with incomes up to 138 percent of the Federal Poverty Level (FPL). Montana contracted with Blue Cross and Blue Shield of Montana (BCBSMT), a TPA, to administer the delivery of, and payment for, most healthcare services through the TPA ABP for most new adults. Those new adults who are exempt from TPA enrollment, such as medically frail and those who require continuity of coverage that is not available or could not be effectively delivered through the TPA, will receive their healthcare from the Aligned Standard State Plan ABP. Both ABPs include the 10 Essential Health Benefits as required by the Affordable Care Act, which are: ambulatory patient services; emergency services; hospitalization; pregnancy, maternity, and newborn care; mental health and substance use disorder services; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services; and pediatric services. Additional benefits include: vision, dental, hearing aids, transportation, Diabetes Prevention Program, prescription drugs, and services at Indian Health Service, Federally Qualified Health Clinics, and Rural Health Clinics. The estimated total annual state and federal impact for the new adult benefits is \$159,896,353.

We invite your comments and questions postmarked **by January 27, 2016**. You may direct comments to Mary Eve Kulawik, Medicaid State Plan Amendment and Waiver Coordinator, at (406) 444-2584 or mkulawik@mt.gov; or Director's Office, PO Box 4210, Helena, MT 59604-4210. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments.

Sincerely,

  
Mary E. Dalton  
State Medicaid Director

Cc: L. Jace Killsback, Administrator, Northern Cheyenne Tribal Health Board  
Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*President Fisher - These changes are related to Medicaid expansion. None of these changes should have a negative impact on Indian people or Indian Health Service, tribal or Urban Indian Center providers.*  
*Mary*



# Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

Bryce Redgrave  
Acting Area Director  
Billings Area Indian Health Service  
PO Box 36600  
Billings, MT 59107

Dear Acting Area Director Redgrave,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

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Sincerely,



Mary E. Dalton  
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*Director Redgrave - These changes are related to Medicaid expansion. None of these changes should have a negative impact on Indian people or Indian Health Service, tribal or Urban Indian Center providers.*

*Mary*



# Department of Public Health and Human Services

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**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

Keith Bailey  
Executive Director  
Helena Indian Alliance  
501 Euclid Avenue  
Helena, MT 59601

Dear Executive Director Bailey,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

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Sincerely,



Mary E. Dalton  
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*Executive Director Bailey - These changes are related to Medicaid expansion. None of these changes should have a negative impact on Indian people or Indian Health Service, tribal or Urban Indian Center providers.*

*Mary*



# Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

Marjorie Bear Don't Walk  
Executive Director  
Indian Health Board of Billings  
1127 Alderson Ave #1  
Billings, MT 59102

Dear Executive Director Bear Don't Walk,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

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Mary E. Dalton  
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*Director Bear Don't Walk - These changes are related to Medicaid expansion. None of these changes should have a negative impact on Indian people or Indian Health Service, tribal or Urban Indian Center providers.*

*Mary*



# Department of Public Health and Human Services

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**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

Ernestine Belcourt  
Executive Director  
Indian Family Health Clinic  
1220 Central Ave Ste. 2 B  
Great Falls, MT 59401

Dear Executive Director Belcourt,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

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Mary E. Dalton  
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*Executive Director Belcourt-These changes are related to Medicaid expansion. None of these changes should have a negative impact on Indian people or Indian Health Service, tribal or Urban Indian Center providers.*

*Mary*  
P.S. Thank you for letting us use your meeting room for our meeting - it saved the tribe and the state a lot of travel. We appreciate it!



# Department of Public Health and Human Services

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**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

Moke Eaglefeathers  
Executive Director  
North American Indian Alliance  
55 E. Galena St  
Butte, MT 59701

Dear Executive Director Eaglefeathers,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

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Sincerely,



Mary E. Dalton  
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*Director Eaglefeathers - These changes are related to Medicaid expansion. None of these changes should have a negative impact on Indian people or Indian Health Service, tribal or Urban Indian Center providers.*

*Mary*



# Department of Public Health and Human Services

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**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

LeeAnn Johnson  
Executive Director  
Missoula Indian Center  
830 W. Central Ave  
Missoula, MT 59801

Dear Executive Director Johnson,

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Cc: Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*Executive Director Johnson - These changes are related to Medicaid expansion. None of these changes should have a negative impact on Indian people or Indian Health Service, tribal or Urban Indian Center providers.*

*Mary*



# Department of Public Health and Human Services

Director's Office ♦ PO Box 4210 ♦ Helena, MT 59620 ♦ (406) 444-5622 ♦ Fax: (406) 444-1970 ♦ www.dphhs.mt.gov

**Steve Bullock, Governor**

**Richard H. Opper, Director**

December 30, 2015

The Honorable Gerald Gray  
Chairman  
Little Shell Tribe of Chippewa Indians of Montana  
625 Central Ave W, Ste 100  
Great Falls, MT 59404

Dear Chairman Gray,

We are pleased to invite comment from all Tribal Chairs, Tribal Presidents, Urban Indian Center Directors and Indian Health Service regarding several Montana Medicaid Waiver and State Plan amendments that the Montana Department of Public Health and Human Services will be submitting for approval to the Centers for Medicare and Medicaid Services on or before January 31, 2016.

On or before December 31, 2015, the Department will submit a Section 1115 Basic Medicaid Waiver amendment with a proposed effective date of February 1, 2016. This amendment will add the Aged, Blind, and Disabled (ABD) population in order to waive the dental treatment services annual cap of \$1,125. Covered services, excluding diagnostic, preventive, denture and anesthesia services for adults age 21 and over are subject to an annual cap of \$1,125 per benefit year. The estimated total annual state and federal impact for the ABD population over the \$1,125 cap of this amendment for State Fiscal Year (SFY) 2016 is \$1,014,445; and \$2,028,889 for SFY 2017.

On or before January 31, 2016, the Department will submit a new Section 1932 Primary and Enhanced Care Case Management Programs State Plan amendment with a proposed effective date of February 1, 2016. The amendment will add the Health and Economic Livelihood Partnership (HELP) Plan new adult population to the state and federal authority for Passport to Health, Health Improvement, Team Care, and the Nurse Line care management programs. The new adult population receiving coverage through the Medicaid State Plan Standard benefit will be eligible for all DPHHS care management programs. The estimated total annual state and federal impact for the new adult population's care management per member per month fees is \$325,866 for SFY 2016 and \$944,664 for SFY 2017.

On or before January 31, 2016, the Department will submit a 1932 Patient Centered Medical Home (PCMH) State Plan amendment to add the HELP Plan population, effective January 1, 2016. These new adults who are exempt from Third Party Administrator (TPA) enrollment, such as medically frail and those who require continuity of coverage that is not available or could not be effectively delivered through the TPA, will receive their healthcare from the Aligned Standard State Plan Alternative Benefit Plan (ABP). This includes the option of having a PCMH. The estimated total annual state and federal impact to add the new adults to the Medicaid State Plan PCMH Program is \$14,400 for State Fiscal Year (SFY) 2016 and \$41,736 for SFY 2017.

The Department is also providing tribal notice of ABP for: (1) the HELP Plan; and (2) the Aligned Standard State Plan. On April 29, 2015, Governor Steve Bullock signed into law Senate Bill 405, an Act establishing the Montana HELP Plan to expand health coverage in Montana to an estimated 70,000 new adults with incomes up to 138 percent of the Federal Poverty Level (FPL). Montana contracted with Blue Cross and Blue Shield of Montana (BCBSMT), a TPA, to administer the delivery of, and payment for, most healthcare services through the TPA ABP for most new adults. Those new adults who are exempt from TPA enrollment, such as medically frail and those who require continuity of coverage that is not available or could not be effectively delivered through the TPA, will receive their healthcare from the Aligned Standard State Plan ABP. Both ABPs include the 10 Essential Health Benefits as required by the Affordable Care Act, which are: ambulatory patient services; emergency services; hospitalization; pregnancy, maternity, and newborn care; mental health and substance use disorder services; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services; and pediatric services. Additional benefits include: vision, dental, hearing aids, transportation, Diabetes Prevention Program, prescription drugs, and services at Indian Health Service, Federally Qualified Health Clinics, and Rural Health Clinics. The estimated total annual state and federal impact for the new adult benefits is \$159,896,353.

We invite your comments and questions postmarked **by January 27, 2016**. You may direct comments to Mary Eve Kulawik, Medicaid State Plan Amendment and Waiver Coordinator, at (406) 444-2584 or mkulawik@mt.gov; or Director's Office, PO Box 4210, Helena, MT 59604-4210. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments.

Sincerely,



Mary E. Dalton  
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs  
Lesa Evers, Tribal Relations Manager, DPHHS

*Chairman Gray - These changes are related to Medicaid expansion. None of these changes should have a negative impact on Indian people or Indian Health Service, tribal or Urban Indian Center providers.*

*Mary*