CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY

NUMBER: 11-W-00181/8   Title XIX

TITLE: **Montana Basic Medicaid for Able-Bodied Adults**

AWARDEE: **Montana Department of Public Health and Human Services**

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by the State for the items identified below, which are not otherwise included as expenditures under section 1903, shall, for the period of this Demonstration extension, be regarded as expenditures under the State's Medicaid title XIX State plan.

The following expenditure authorities shall enable Montana to implement this section 1115 Demonstration.

1. Expenditures Related to WMHSP Expansion Population

Expenditures for coverage of health care services for no more than 800 individuals aged 18 through 64, with incomes at or below 150 percent of the Federal poverty level (FPL), who have been diagnosed with a severe disabling mental illness (SDMI) of schizophrenia, bipolar disorder, or major depression, and who, at the time of their initial enrollment were receiving a limited mental health services benefit package through enrollment in the State-financed Mental Health Service Plan (SMHSP), but are otherwise ineligible for Medicaid, Medicare, or Veterans benefits.

MEDICAID REQUIREMENTS NOT APPLICABLE TO THE DEMONSTRATION ELIGIBLE POPULATION

Requirements of the Medicaid statute will be applicable to those individuals who are made eligible for services solely by virtue of the demonstration project, for whom, under the expenditure authority listed above, the State will receive Federal financial participation in its expenditures, except those requirements specified below:

1. Reasonable Promptness (enrollment limit)   **Section 1902(a)(8)**
To enable the State to enroll WMHSP-eligible individuals using a lottery system to phase in and maintain enrollment up to the designated enrollment limit.

2. Retroactive Eligibility   **Section 1902(a)(34)**
To permit the State not to offer retroactive eligibility to WMHSP individuals.