

ATTACHMENT A

Montana Section 1115 Basic Medicaid Waiver Section 1115 Quarterly Report 1st Quarter DY 11 February 2014 – April 2014

Introduction

The Montana Medicaid Program is authorized under 53-6-101, Montana Codes Annotated, and Article XII, Section 3 of the Montana Constitution. The Department of Public Health and Human Services (DPHHS) administers the Medicaid Program.

In February 1996, Montana implemented its state-specific welfare reform program known as Families Achieving Independence in Montana (FAIM). This sweeping change involved the cash assistance, food stamp, and Medicaid programs that were administered on the federal side by several agencies under multiple statutes. As part of welfare reform, Montana obtained a Section 1115 waiver, approved in February 1996, known as the Basic Medicaid Waiver. Services are provided for Able Bodied Adults (neither pregnant nor disabled) and who are parents and/or caretaker relatives of dependent children, eligible for Medicaid under Sections 1925 or 1931 of the Social Security Act, at or below 33% of the Federal Poverty Level (FPL). The waiver offers all mandatory services and a reduced package of Medicaid optional services through a fee-for-service delivery.

On October 23, 2003, the Department submitted an 1115 waiver application to CMS requesting approval to continue the Basic Medicaid Program. CMS approved the waiver application on January 29, 2004 for a five-year period from February 1, 2004 through January 31, 2009. CMS approved the waiver amendment extension and the request to insure the additional “MHSP Waiver” population, effective December 1, 2010. The waiver goal is to increase the number of individuals in Montana with health insurance coverage.

The additional population includes up to 800 individuals who are qualified for the State only Mental Health Services Plan Program, who have schizophrenia or bipolar disorder, who are at least 18 years of age, and who are a resident of Montana with incomes at or below 150% FPL. A waiver renewal was approved with an effective date of January 1, 2014. Included in the renewal is an enrollment cap of 2000 individuals; the primary SDMI clinical diagnosis of major depressive disorder as a covered diagnosis; and home infusion as a covered service. Through a computer cased random drawing, individuals with schizophrenia will be enrolled first, then individuals with bipolar and last, individuals with major depressive disorder. Montana will continually analyze waiver sustainability.

Basic Medicaid services are full Medicaid benefits with the following medical services generally excluded: audiology, dental and denturist, durable medical equipment, eyeglasses, optometry and ophthalmology for routine eye exams, personal care services and hearing aids. DPHHS recognizes there may be situations where the excluded services are necessary as in an emergency or when essential for employment. Coverage for the excluded services may be provided at the State’s discretion in cases of emergency or when essential to obtain or maintain employment.

Examples of emergency circumstances include, but are not limited to, coverage for emergency dental situations, medical conditions of the eye, which include but are not limited to annual dilated eye exams for individuals with diabetes or other medical conditions, and certain medical supplies such as diabetic supplies, prosthetic devices and oxygen.

Enrollment

Demonstration Populations DY 11 1st Quarter February 2014 – April 2014	Month 1 February 2014	Month 2 March 2014	Month 3 April 2014	Total Average for Quarter Ending April 2014
Total Waiver	10,962	11,289	11,105	11,119
Able-Bodied Adults	10,007	10,299	10,124	10,143
WMHSP Adults	955	990	981	975
• Schizophrenia	397	406	397	400
• Bipolar Disorder	558	584	584	575
• Major Depression	315	390	402	369

Member Month Reporting

Eligibility Group DY 11 1st Quarter February 2014 – April 2014	Month 1 February 2014	Month 2 March 2014	Month 3 April 2014	Total for Quarter Ending April 2014
Total Waiver	10,962	22,251	33,356	33,356
Able-Bodied Adults	10,007	20,306	30,430	30,430
WMHSP Adults	955	1,945	2,926	2,926
• Schizophrenia	397	803	1,200	1,200
• Bipolar Disorder	558	1,142	1,726	1,726
• Major Depression	315	705	1,107	1,107

*The demonstration population is reported using deprivation codes and the member months report shows a slightly different count. The member months report is used for the quarterly BN report.

Outreach/Innovative Activities:

Upon eligibility determination the MHSP Waiver individual receives an enrollment notice for Basic Medicaid, as does the Able Bodied population. The determination has a program phone number the person can call with questions. In addition, the Mental Health Center discusses this new health benefit with the individual and the person receives a Medicaid Handbook.

Operational/Policy Developments/Issues:

Eligibility coordination has been an interesting process for this new waiver population. Traditionally, the Office of Public Assistance (OPA) in our Human and Community Services Division conducts Medicaid eligibility determinations. This includes determinations for the Section 1115 Waiver Able Bodied population and all individuals for 1915c waivers. The eligibility determination for this new MHSP Waiver population is determined by staff at our Addictive and Mental Disorders Division (AMDD) where the State only Mental Health State Plan Program is housed. Training for the regular Medicaid eligibility worker is a long term commitment. It takes months to become knowledgeable regarding eligibility for all Medicaid programs. Even though MHSP Waiver financial and clinical eligibility are determined with State only MHSP standards, coordination becomes complex when the individual is involved in an open Medicaid case. AMDD waiver staff make determinations for the MHSP Waiver population and are not fully trained Medicaid eligibility staff so the OPA makes the determination when the individual is within an open case. Montana works hard through division coordination to make the eligibility determination seam less to the MHSP Waiver individual.

The waiver renewal that was submitted in June, 2013 was approved with an effective date of January 1, 2014 through December 31, 2016. The renewal includes raising the enrollment cap from “up to 800” to “up to 2000”; the primary SDMI clinical diagnosis of major depressive disorder as a covered diagnosis; and home infusion as a covered service.

Financial/Budget Neutrality Developments/Issues:

Montana has no financial issues at this time.

Consumer Issues:

We are not hearing reported consumer issues. Consumers, family members, Mental Health Center staff are very happy these individuals are receiving health benefits, and are very pleased the waiver has expanded to 2000 individuals as well as the covered diagnosis of major depressive disorder. We have seen an unexpected issue with compliance with Medicaid citizenship and identification requirements. This population has a very hard time producing the required paperwork timely to be compliant. Some individuals do not have proper citizenship and after four months of inactivity (actively trying to collect proof) we have no choice but to make them ineligible.

Quality Assurance/Monitoring Activity:

No quality assurance/monitoring activity in current quarter.

Status of Benefits and Cost Sharing:

No changes were made to benefits or cost sharing during the quarter.

Demonstration Evaluation:

The draft evaluation was part of the waiver submission.

Enclosures/Attachments:

Please see the following quarterly expenditure and enrollment reports, sent with this quarterly report.

- Quarterly BN Limit
- Quarterly Waiver Costs and Variance from BN
- Quarterly Federal Funds Summary by DY

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