

## ATTACHMENT A

### Montana Section 1115 Basic Medicaid Waiver Section 1115 Quarterly Report 4th Quarter DY12 November 2015 – January 2016

#### 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 18 to 64 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 severe disabling mental illness (SDMI) clinical diagnosis of major depressive disorder as a covered diagnosis; and home infusion as a covered service. On December 16, 2014, a waiver amendment was approved by CMS which includes raising the enrollment cap from “up to 2000” to “up to 6000” and updating the eligible diagnosis codes to allow all MHSP Program individuals with SDMI. Through a computer cased random drawing, individuals with schizophrenia will be enrolled first, then individuals with bipolar, then individuals with major depressive disorder, and lastly, all remaining SDMI diagnoses. Montana will continually analyze waiver sustainability.

Basic Medicaid services were 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 recognized there may be situations where the excluded services were necessary as in an emergency or when essential for employment. Coverage for the excluded services were provided at the State’s discretion in cases of emergency or when essential to obtain or maintain employment.

Examples of emergency circumstances included, but were not limited to, coverage for emergency dental situations, medical conditions of the eye, which included but were 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.

On November 20, 2015, the Department submitted an 1115 waiver amendment application to coincide with Montana’s Medicaid Expansion State Plan, with an effective date of January 1, 2016. The amendment requested to remove able-bodied adults from the waiver as they would now qualify for the Medicaid State Plan. To remove individuals under age 65 with SDMI who are not covered by or eligible for Medicare and who are between 0-138% of the modified adjusted gross income (MAGI) income level. Then to cover 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). To reduce the MHSP waiver enrollment cap from 6,000 to 3,000. To align 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 dentist, durable medical equipment (DME), eyeglasses, optometry and ophthalmology for routine eye exams, personal care services, and hearing aids, as stated above. Lastly, to adopt a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI.

### **Enrollment**

<b>Demonstration Populations DY12 4th Quarter Nov 2015 – Jan 2016</b>	<b>Month 1 Nov 2015</b>	<b>Month 2 Dec 2015</b>	<b>Month 3 Jan 2016</b>	<b>Total Average for Quarter Ending Jan 2016</b>
<b>Total Waiver</b>	20,181	21,079	1,088	14,116
<b>Able-Bodied Adults</b>	16,981	17,818	0	11,599
<b>WMHSP Adults</b>	3,200	3,261	1,088	2,516
• <b>Schizophrenia</b>	545	549	310	468
• <b>Bipolar Disorder</b>	1,014	1,018	359	797
• <b>Major Depression</b>	1,292	1,320	351	987
• <b>Other SDMI Diagnoses</b>	80	85	20	61
• <b>Post-Traumatic Stress Disorder</b>	232	249	38	173
• <b>Borderline Personality Disorder</b>	16	18	6	13
• <b>Anxiety</b>	21	22	4	15

\* The Other SDMI Diagnoses category covers diagnoses for personality disorders, mood disorders, and other psychotic disorders that do not fit under Schizophrenia spectrum, Bipolar spectrum, major depressive, anxiety disorders, post-traumatic stress disorder, and borderline personality disorder.

**Member Month Reporting**

<b>Eligibility Group</b> DY12 4th Quarter Nov 2015 –Jan 2016	<b>Month 1</b> Nov 2015	<b>Month 2</b> Dec 2015	<b>Month 3</b> Jan 2016	<b>Total for Quarter</b> Ending Jan 2016
<b>Total Waiver</b>	20,181	41,260	42,348	42,348
<b>Able-Bodied Adults</b>	16,981	34,799	34,799	34,799
<b>WMHSP Adults</b>	3,200	6,461	7,549	7,549
• <b>Schizophrenia</b>	545	1,094	1,404	1,404
• <b>Bipolar Disorder</b>	1,014	2,032	2,391	2,391
• <b>Major Depression</b>	1,292	2,612	2,963	2,963
• <b>Other SDMI Diagnoses</b>	80	165	185	185
• <b>Post-Traumatic Stress Disorder</b>	232	481	519	519
• <b>Borderline Personality Disorder</b>	16	34	40	40
• <b>Anxiety</b>	21	43	47	47

\*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.

\* The Other SDMI Diagnoses category covers diagnoses for personality disorders, mood disorders, and other psychotic disorders that do not fit under Schizophrenia spectrum, Bipolar spectrum, major depressive, anxiety disorders, post-traumatic stress disorder, and borderline personality disorder.

**Outreach/Innovative Activities:**

Upon eligibility determination, the MHSP Waiver individual received an enrollment notice for Basic Medicaid, as did the Able Bodied population. The Basic Medicaid benefit package aligned with the State Plans Standard Medicaid benefit package on January 1, 2016 for individuals on the waiver. As a result, starting January 1, 2016, individuals receive an enrollment notice for Standard Medicaid. 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 Montana Medicaid Member Guide.

**Operational/Policy Developments/Issues:**

Montana has no operational issues at this time.

**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, and Mental Health Center staff are very happy these individuals are receiving health benefits, and are very pleased the waiver has expanded to align with Standard Medicaid benefit package.

**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, and
- Quarterly Federal Funds Summary by DY.

**State Contact(s):**

Holly Mook, Medicaid Program Officer  
Mary E. Dalton, State Medicaid Director

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X. CALCULATION OF BUDGET NEUTRALITY LIMIT (Without Waiver Ceiling)

DY	PM/PM	Feb-Mar 04	QE 6/04	QE 9/04	QE 12/04	Jan-05	Total
1	\$294.21						
2/1/04 -	Member Months	21,282	31,630	31,156	30,631	10,270	124,969
01/31/2005	BN Limit, Total Funds	\$ 6,261,377	\$ 9,305,862	\$ 9,166,407	\$ 9,011,947	\$ 3,021,537	\$36,767,129
	FMAP	0.7591	0.7591	0.7285	0.7190	0.7190	
	BN Limit, Federal Funds	\$ 4,753,011	\$ 7,064,080	\$ 6,677,727	\$ 6,479,590	\$ 2,172,485	\$27,146,893
2	\$316.87						
2/1/05 -	Member Months	20,668	30,576	29,812	29,027	9,608	119,691
01/31/2006	BN Limit, Total Funds	\$ 6,549,069	\$ 9,688,617	\$ 9,446,528	\$ 9,197,785	\$ 3,044,487	\$37,926,487
	FMAP	0.7190	0.7190	0.7190	0.7054	0.7054	
	BN Limit, Federal Funds	\$ 4,708,781	\$ 6,966,116	\$ 6,792,054	\$ 6,488,118	\$ 2,147,581	\$27,102,649
3	\$341.27						
2/1/06 -	Member Months	19,329	28,021	27,215	25,870	8,399	108,834
01/31/2007	BN Limit, Total Funds	\$ 6,596,408	\$ 9,562,727	\$ 9,287,663	\$ 8,828,655	\$ 2,866,327	\$37,141,779
	FMAP	0.7054	0.7054	0.7054	0.6911	0.6911	
	BN Limit, Federal Funds	\$ 4,653,106	\$ 6,745,547	\$ 6,551,518	\$ 6,101,483	\$ 1,980,918	\$26,032,573
4	\$367.54						
2/1/07 -	Member Months	16,677	24,337	23,338	22,809	7,511	94,672
01/31/2008	BN Limit, Total Funds	\$ 6,129,465	\$ 8,944,821	\$ 8,577,649	\$ 8,383,220	\$ 2,760,593	\$34,795,747
	FMAP	0.6911	0.6911	0.6911	0.6853	0.6853	
	BN Limit, Federal Funds	\$ 4,236,073	\$ 6,181,766	\$ 5,928,013	\$ 5,745,021	\$ 1,891,834	\$23,982,707
5	\$395.84						
2/1/08 -	Member Months	15,134	22,562	21,870	21,599	7,428	88,593
01/31/2009	BN Limit, Total Funds	\$ 5,990,643	\$ 8,930,942	\$ 8,657,021	\$ 8,549,748	\$ 2,940,300	\$35,068,653
	FMAP	0.6853	0.6808	0.6808	0.7629	0.7629	
	BN Limit, Federal Funds	\$ 4,105,387	\$ 6,080,185	\$ 5,893,700	\$ 6,522,603	\$ 2,243,155	\$24,845,030
6	\$426.32						
2/1/09 -	Member Months	15,304	23,676	24,066	25,096	8,721	96,863
01/31/2010	BN Limit, Total Funds	\$ 6,524,401	\$ 10,093,552	\$ 10,259,817	\$ 10,698,927	\$ 3,717,937	\$41,294,634
	FMAP	0.7629	0.7714	0.7714	0.7799	0.7799	
	BN Limit, Federal Funds	\$ 4,977,466	\$ 7,786,166	\$ 7,914,423	\$ 8,344,093	\$ 2,899,619	\$31,921,767
7	\$459.15						
2/1/10 -	Member Months	17,727	27,176	27,728	27,682	9,434	109,747
01/31/2011	BN Limit, Total Funds	\$ 8,139,352	\$ 12,477,860	\$ 12,731,311	\$ 12,710,190	\$ 4,331,621	\$50,390,335
	FMAP	0.7799	0.7799	0.7799	0.7799	0.7519	
	BN Limit, Federal Funds	\$ 6,347,881	\$ 9,731,483	\$ 9,929,150	\$ 9,912,677	\$ 3,256,946	\$39,178,137

DY	PM/PM	Feb-Mar 11	QE 6/11	QE 9/11	QE 12/11	Jan-12	Total
8	481.73						
2/1/11 -	Member Months	18,927	27,865	26,960	26,363	8,759	108,874
01/31/2012	BN Limit, Total Funds	\$ 9,117,704	\$ 13,423,406	\$ 12,987,441	\$ 12,699,848	\$ 4,219,473	\$ 52,447,872
	FMAP	0.7519	0.7325	0.6621	0.6621	0.6621	
	BN Limit, Federal Funds	\$ 6,855,601	\$ 9,832,645	\$ 8,598,985	\$ 8,408,569	\$ 2,793,713	\$ 36,489,514
9	\$512.08						
2/1/12 -	Member Months	17,621	26,544	26,443	26,097	9,067	105,772
01/31/2013	BN Limit, Total Funds	\$ 9,023,362	\$ 13,592,652	\$ 13,540,931	\$ 13,363,752	\$ 4,643,029	\$ 54,163,726
	FMAP	0.6604	0.6604	0.6604	0.6604	0.6604	
	BN Limit, Federal Funds	\$ 5,974,368	\$ 8,976,587	\$ 8,942,431	\$ 8,825,422	\$ 3,066,257	\$ 35,785,064
10	\$544.34						
2/1/13 -	Member Months	18,172	27,370	27,176	27,074	11,016	110,808
12/31/2013	BN Limit, Total Funds	\$ 9,891,746	\$ 14,898,586	\$ 14,792,984	\$ 14,737,461	\$ 5,996,449	\$ 60,317,227
	FMAP	0.6627	0.6627	0.6627	0.6627	0.6627	
	BN Limit, Federal Funds	\$ 6,532,509	\$ 9,873,293	\$ 9,794,435	\$ 9,766,516	\$ 3,973,847	\$ 39,940,599
11	\$571.56						
1/1/14 -	Member Months	23,509	38,649	41,497	45,290	16,068	165,013
12/31/2014	BN Limit, Total Funds	\$ 13,436,804	\$ 22,090,222	\$ 23,718,025	\$ 25,885,952	\$ 9,183,826	\$ 94,314,830
	FMAP	0.6604	0.6627	0.6627	0.6627	0.6627	
	BN Limit, Federal Funds	\$ 8,873,665	\$ 14,639,190	\$ 15,703,705	\$ 17,154,621	\$ 6,086,122	\$ 62,457,303
12	\$600.14						
1/1/15 -	Member Months	33,867	40,866	49,308	57,300	3,000	184,341
01/31/2015	BN Limit, Total Funds	\$ 20,324,941	\$ 24,525,321	\$ 29,591,703	\$ 34,388,022	\$ 1,800,420	\$ 110,630,408
	FMAP	0.6604	0.6627	0.6627	0.6627	0.6627	
	BN Limit, Federal Funds	\$ 13,422,591	\$ 16,252,930	\$ 19,610,422	\$ 22,788,942	\$ 1,193,138	\$ 73,268,024
13	\$630.15						
1/1/16 -	Member Months						-
12/31/2016	BN Limit, Total Funds	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!
	FMAP	0.6604	0.6627	0.6621	0.6627	0.6627	
	BN Limit, Federal Funds	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!

- Notes:
1. Total funds = State and Federal Funds, BN Limit, Federal Funds = Federal Budget Neutrality Limit.
  2. Member Months changed very slightly in prior periods due to retroactive eligibility changes and from the removal of Breast and Cervical recipients.
  3. 9/15 is the most recent month included for member months. 12/15 and 1/16 are estimates. enrollment is subject to significant change from retroactive enrollments.
  4. Claims included are those paid and reported on the CMS 64 reports through the quarter ending 3/31/2015. Subsequent quarters are estimates as the CMS 64 has not yet been updated.
  5. AARA enhanced FMAP used retroactive to October 1, 2008 through June 2011 for Able Bodied.
  6. DY6 & DY7 PMPM changed from past reports (as of the QE 9/30/10 report) based on STC approval effective 12/1/10.
  7. Prospective FMAPs are estimates.
  8. AB FMAP used for limit.





		9/30/2011	\$ 8,789,233		\$ 8,789,233	\$ 8,789,233			
		12/30/2011	\$ 5,123,279		\$ 5,123,279	\$ 5,123,279			
		3/31/2012	\$ 4,437,384		\$ 4,437,384	\$ 4,437,384			
		6/30/2012	\$ 3,123,089		\$ 3,123,089	\$ 3,123,089			
		9/30/2012	\$ 541,181		\$ 541,181	\$ 541,181			
		12/31/2012	\$ 116,315		\$ 116,315	\$ 116,315			
		3/30/2013	\$ 71,430		\$ 71,430	\$ 71,430			
		6/30/2013	\$ 8,247		\$ 8,247	\$ 8,247			
		9/30/2013	\$ 1,987		\$ 1,987	\$ 1,987			
		12/31/2013	\$ 3,730		\$ 3,730	\$ 3,730			
		3/31/2014	\$ 79		\$ 79	\$ 79			
		6/30/2014	\$ 220		\$ 220	\$ 220			
		9/30/2014	\$ 65		\$ 65	\$ 65			
		12/31/2014	\$ (3,687,863)		\$ (3,687,863)	\$ (3,687,863)			
		3/31/2015	\$ 3,687,863		\$ 3,687,863	\$ 3,687,863			
		6/30/2015	\$ -		\$ -	\$ -			
		9/30/2015	\$ -		\$ -	\$ -			
		12/31/2015	\$ -		\$ -	\$ -			
<b>DY 8 Total</b>	\$ 36,489,514		\$ 22,216,239	\$ -	\$ 22,216,239	\$ 24,897,636	\$ 11,591,878	\$ 2,681,397	\$ 0
						\$ 24,897,636		\$ 2,681,397	
		3/31/2012			\$ -	\$ 4,889,065		\$ 4,889,065	
		6/30/2012	\$ 1,740,223		\$ 1,740,223	\$ 1,740,223			
		9/30/2012	\$ 5,200,964		\$ 5,200,964	\$ 5,200,964			
		12/31/2012	\$ 70,791,795	\$ 45,538,274	\$ 25,253,521	\$ 25,253,521			
		3/30/2013	\$ (61,286,963)	\$ (45,538,274)	\$ (15,748,689)	\$ (15,748,689)			
		6/30/2013	\$ 3,083,495		\$ 3,083,495	\$ 3,083,495			
		9/30/2013	\$ 692,523		\$ 692,523	\$ 692,523			
		12/31/2013	\$ 161,555		\$ 161,555	\$ 161,555			
		3/31/2014	\$ 86,323		\$ 86,323	\$ 86,323			
		6/30/2014	\$ 22,114		\$ 22,114	\$ 22,114			
		9/30/2014	\$ 6,485		\$ 6,485	\$ 6,485			
		12/31/2014	\$ 372		\$ 372	\$ 372			
		3/31/2015	\$ 732		\$ 732	\$ 732			
		6/30/2015	\$ -		\$ -	\$ -			
		9/30/2015	\$ -		\$ -	\$ -			
		12/31/2015	\$ -		\$ -	\$ -			
<b>DY 9 Total</b>	\$ 35,785,064		\$ 20,499,618	\$ -	\$ 20,499,618	\$ 25,388,683	\$ 10,396,381	\$ 4,889,065	\$ 0
						\$ 25,388,683		\$ 4,889,065	
		3/30/2013			\$ -	\$ 4,866,030		\$ 4,866,030	
		6/30/2013	\$ 1,603,183		\$ 1,603,183	\$ 1,603,183			
		9/30/2013	\$ 5,138,947		\$ 5,138,947	\$ 5,138,947			
		12/31/2013	\$ 4,878,541		\$ 4,878,541	\$ 4,878,541			
		3/31/2014	\$ 5,305,938		\$ 5,305,938	\$ 5,305,938			
		6/30/2014	\$ 4,228,316		\$ 4,228,316	\$ 4,228,316			
		9/30/2014	\$ 452,988		\$ 452,988	\$ 452,988			
		12/31/2014	\$ 248,383		\$ 248,383	\$ 248,383			
		3/31/2015	\$ 141,931		\$ 141,931	\$ 141,931			
		6/30/2015	\$ -		\$ -	\$ -			
		9/30/2015	\$ -		\$ -	\$ -			
		12/31/2015	\$ -		\$ -	\$ -			
<b>DY 10 Total</b>	\$ 39,940,599		\$ 21,998,227	\$ -	\$ 21,998,227	\$ 26,864,257	\$ 13,076,342	\$ 4,866,030	\$ 0
						\$ 26,864,257		\$ 4,866,030	
	7179496.272	3/31/2014	\$ 35,897,481		\$ 35,897,481	\$ 45,863,323		\$ 9,965,841	
		6/30/2014	\$ -		\$ -	\$ -			
		9/30/2014	\$ -		\$ -	\$ -			
		12/31/2014	\$ -		\$ -	\$ -			
		3/31/2015	\$ -		\$ -	\$ -			
		6/30/2015	\$ -		\$ -	\$ -			
		9/30/2015	\$ -		\$ -	\$ -			
		12/31/2015	\$ -		\$ -	\$ -			
<b>DY 11 Total</b>	\$ 62,457,303		\$ 35,897,481	\$ -	\$ 35,897,481	\$ 45,863,323	\$ 16,593,980	\$ 9,965,841	\$ -
						\$ 45,863,323		\$ 9,965,841	
		3/31/2015	\$ 40,300,674		\$ 40,300,674	\$ 51,571,252		\$ 11,270,578	
		6/30/2015	\$ -		\$ -	\$ -			
		9/30/2015	\$ -		\$ -	\$ -			
		12/31/2015	\$ -		\$ -	\$ -			
<b>DY 12 Total</b>	\$ 73,268,024		\$ 40,300,674	\$ -	\$ 40,300,674	\$ 51,571,252	\$ 21,696,771	\$ 11,270,578	\$ -
						\$ 51,571,252		\$ 11,270,578	
<b>TOTAL</b>	\$ 448,150,259	Totals	\$ 286,506,730	\$ 1,515,634	\$ 286,506,730	\$ 320,282,186	\$ 127,868,073	\$ 33,775,455	\$ -
		With IHS			\$ 284,991,096	\$ 321,779,321		\$ 33,775,455	



Quarterly Federal Funds Summary by DY QE 12/31/2015 Updated 2/16								
III. SUMMARY BY DEMONSTRATION YEAR AND CUMULATIVELY (Federal Funds)								
		Able Bodied	MHSP	Total		Federal	Federal	
	Federal	Federal	Estimated	Federal		Cumulative	Cumulative	
	Budget	Waiver	Federal	Waiver	Federal	Budget	Waiver	Federal
	Neutrality	Costs on	Waiver	Costs on	Annual	Neutrality	Costs on	Cumulative
	Limit	CMS-64	Costs	CMS-64	Variance	Limit	CMS-64	Variance
DY 1	\$ 27,146,893	\$ 19,872,498		\$ 19,872,498	\$ 7,274,395	\$ 27,146,893	\$ 19,872,498	\$ 7,274,395
DY 2	\$ 27,102,649	\$ 20,584,247		\$ 20,584,247	\$ 6,518,402	\$ 54,249,543	\$ 20,584,247	\$ 13,792,798
DY 3	\$ 26,032,573	\$ 18,428,523		\$ 18,428,523	\$ 7,604,050	\$ 80,282,115	\$ 18,428,523	\$ 21,396,847
DY 4	\$ 23,982,707	\$ 18,014,895		\$ 18,014,895	\$ 5,967,811	\$ 104,264,822	\$ 18,014,895	\$ 27,364,659
DY 5	\$ 24,845,030	\$ 19,120,997		\$ 19,120,997	\$ 5,724,033	\$ 129,109,852	\$ 19,120,997	\$ 33,088,692
DY 6	\$ 31,921,767	\$ 23,812,170		\$ 23,812,170	\$ 8,109,597	\$ 161,031,619	\$ 23,812,170	\$ 41,198,288
DY 7	\$ 39,178,137	\$ 25,761,160	\$102,543	\$ 25,863,703	\$ 13,314,434	\$ 200,209,755	\$ 25,863,703	\$ 54,512,722
DY 8	\$ 36,489,514	\$ 22,216,239	\$2,681,397	\$ 24,897,636	\$ 11,591,878	\$ 236,699,269	\$ 24,897,636	\$ 66,104,600
DY 9	\$ 35,785,064	\$ 20,499,618	\$4,889,065	\$ 25,388,683	\$ 10,396,381	\$ 272,484,333	\$ 25,388,683	\$ 76,500,981
DY10	\$ 39,940,599	\$ 21,998,227	\$4,866,030	\$ 26,864,257	\$ 13,076,342	\$ 312,424,933	\$ 26,864,257	\$ 89,577,322
DY 11	\$ 62,457,303	\$35,897,481	\$9,965,841	\$ 45,863,323	\$ 16,593,980	\$ 374,882,235	\$ 45,863,323	\$ 106,171,302
DY 12	\$ 73,268,024	\$40,300,674	\$11,270,578	\$51,571,252	\$ 21,696,771	\$ 448,150,259	\$ 51,571,252	\$ 127,868,074
<b>totals</b>	\$ 448,150,259	\$ 286,506,730	\$33,775,455	\$ 320,282,185	\$ 127,868,074	\$ 448,150,259	\$ 320,282,185	\$ 127,868,074
Notes:								
	1. Total funds = State and Federal Funds, BN Limit, Federal Funds = Federal Budget Neutrality Limit.							
	2. Member Months changed very slightly in prior periods due to retroactive eligibility changes and from the removal of Breast and Cervical recipients.							
	3. 9/15 is the most recent month included for member months. 12/15 and 1/16 are estimates. enrollment is subject to significant change from retroactive enrollments.							
	4. Cumulative Waiver costs are through the DY12 ending 1/16.							
	5. For Able Bodied - net of drug rebates and payments to IHS facilities.							
	5. For MHSP populations - net of drug rebates, includes payments to IHS facilities.							

Total Federal State Expenditures = Resource is Fiscal Schedule C (minus IHS) **caid Waiver Projections.xlsx**

**FMAP - EXPENDITURE PROJECTIONS:**

Estimates are pulled from DSS

Used .6462 FMAP for renewal side for federal portion.

FMAP Able Bodied - ARRA MT FMAP - Tier I 10/08-3/09 .7629, Tier II 4/09-9/0		(-) IHS expenditures (-) Drug Rebates
Federal Benefit Funds:	AB Benefits =	(+) IHS expenditures (-) Drug Rebates
	MHSP Benefits	
	=	(-) IHS expenditures (-) Drug Rebates
State Benefit Funds:	AB Benefits =	(-) IHS expenditures (-) Drug Rebates
	MHSP Benefits	
	=	



**Figure IX Secion 1115 MT Medicaid Waiver Projections.xlsx**

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