CENTERS FOR MEDICARE & MEDICAID SERVICES WAIVER LIST

NUMBER: 11-W-00181/8 Title XIX

TITLE: Montana Basic Medicaid for Able-Bodied Adults

AWARDEE: Montana Department of Public Health and Human Services

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived in the following list or specified as *not applicable* to the expenditure authorities, shall apply to the demonstration project under title XIX of the Social Security Act (the Act) beginning December 1, 2010 through December 31, 2013. In addition, these waivers may only be implemented consistent with the approved Special Terms and Conditions (STCs).

MEDICAID TITLE XIX REQUIREMENTS WAIVED FOR MEDICAID STATE PLAN GROUPS

1. Amount, Duration, and Scope of Services and Comparability

Section 1902(a)(10)(B)

To the extent necessary to enable the State to offer a reduced benefit package, a different benefit package, or cost-effective alternative benefit packages to populations affected by the Demonstration.

2. Home Health Services

Section 1902(a)(10)(D)

To the extent necessary to enable the State not to offer the medical equipment and home infusion component of the home health benefit to populations affected by the Demonstration.

3. Freedom of Choice

Section 1902(a)(23)

To enable the State to restrict freedom of choice of provider for populations affected by the Demonstration, through the use of mandatory enrollment in managed care entities (Primary Care Case Management or Prepaid Ambulatory Health Plans) for the receipt of applicable Demonstration covered services. And to enable the States to mandate managed care enrollment for any individual in the populations affected by the Demonstration who is an Indian as defined in section 4(c) of the Indian Health Care Improvement Act of 1976 (25 U.S.C. 1603(c)).