



# Department of Public Health and Human Services

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Steve Bullock, Governor

Richard H. Opper,  
Director

Date: March 16, 2016  
To: Montana Health Coalition  
From: Mary E. Dalton, State Medicaid Director *Mary*  
Subject: Montana Medicaid Waiver Renewal

We are pleased to invite comment from the Montana Health Coalition members regarding the renewal of the Montana Medicaid Section 1115 Waiver for Additional Services and Populations (formerly known as the Basic Waiver).

On or before April 29, 2016, the Department of Public Health and Human Services (DPHHS) will submit a renewal request for the current Section 1115 Waiver for Additional Services and Populations to the Centers for Medicare and Medicaid Services for approval. This waiver will be effective January 1, 2017, through December 31, 2019. The waiver renewal includes: 1) up to 3,000 individuals below 150% of the Federal Poverty Level with Severe Disabling Mental Illness who are not otherwise eligible for Medicaid; 2) individuals who are categorically eligible for Medicaid as Aged, Blind, or Disabled who are eligible for an enhanced Dental Treatment Services package; and 3) all non-expansion Medicaid-covered individuals whose eligibility is based on modified adjusted gross income who will receive a 12 month continuous eligibility period. Two separate public meetings to solicit comment on this renewal will be held.

The first public meeting will be on March 31, 2016, 9 a.m., at 1400 Broadway, Room C205, Helena, Montana 59601. To join the audio portion of the WebEx, call 1-877-668-4490 (806 032 202 access code); and access the internet presentation at <http://dphhs.mt.gov/MontanaHealthCarePrograms/BasicMedicaid/BasicMedicaid1115Waiver>.

The second meeting will be held April 5, 2016, 11 a.m. at 2121B Rosebud Drive, Billings, Montana 59102. To join the audio portion of the WebEx call 1-877-668-4490 (805 214 313 access code); access the internet presentation at the above website and view waiver renewal materials. Public comments on the Section 1115 Waiver for Additional Services and Populations renewal may be submitted until midnight **April 15, 2016**.

You may direct your 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.

Thank you for your continued commitment to the Medicaid program.

## Section 1115 Montana Waiver for Additional Services and Populations Renewal

### Public Input Notice Schedule

**\*Waiver Renewal Submittal: May 31, 2016 or after**

The 1115 Waiver for Additional Services and Population renewal submission requests a 5-year renewal to the currently approved demonstration waiver, effective January 1, 2017, through December 31, 2021.

Task	Days Prior to Waiver Submittal	Due Date	Comments
Newspaper Public Notice	30 days	3/16/2016	Published in three major newspapers.
Post Pre-Submission Materials to the DPHHS Website	30 days	3/16/2016	Post redline application, public notice, public notice meetings and WebEx information, tribal letter, and MT Health Coalition Memo.
Post Public Meeting to DPHHS Meeting Calendar	30 days	3/16/2016	Post public meeting call/WebEx information, agendas and handouts.
Montana Health Coalition Letter	30 days	3/16/2016	Sent and posted on the DPHHS website on 3/16/2016.
Tribal Consultation Letter	28 days	3/16/2016	Sent and posted on the DPHHS website on 3/16/2016.
Electronic Mailing List	30 days	3/31/2016	Sent on 3/31/2016.
Conduct 2 Public Meetings	20 days	3/31 - Helena 4/5 - Billings	WebEx hosted on March 31, 2016, 9 a.m., at 1400 Broadway, Room C205, Helena, MT 59601. To join the audio portion of the WebEx call 1-877-668-4490, (805 163 895 access code) and access the internet presentation at <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/Medicaid/Medicaid1115Waiver">http://dphhs.mt.gov/MontanaHealthcarePrograms/Medicaid/Medicaid1115Waiver</a> . The second meeting will be held April 5, 2016, 11 a.m. at 2121B Rosebud Dr., Billings, MT 59102. To join the audio portion of the WebEx call 1-877-668-4490, (805 214 313 access code); access the internet presentation at the above website and view waiver renewal materials.
Post Public Notice Meeting Minutes to DPHHS Website	After meetings are held	4/8/2016	Posted meeting minutes, handouts, attendees, and meeting recordings 4/8/2016.
Public Comments Due	30 days from public	5/14/2016	Summarize and evaluate comments.

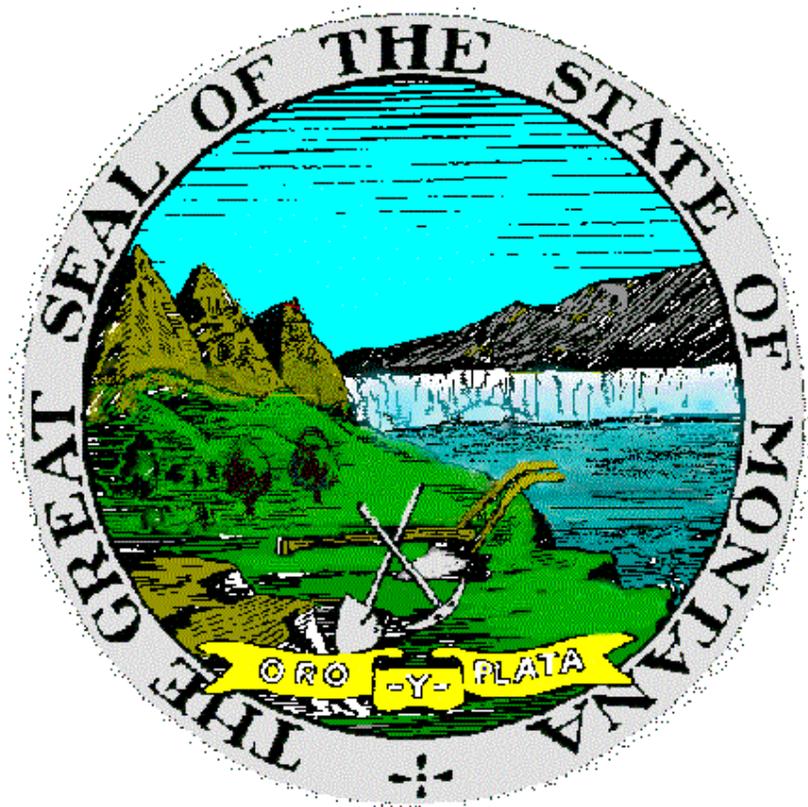
	notice/ 60 days for MCA		
CMS Waiver Submission	Date submission is to be sent	5/31/2016 or after	<p>Must be mailed and submitted electronically, must contain:</p> <ul style="list-style-type: none"> <li>• cover letter, waiver application,</li> <li>• 508 ADA compliant 1115 waiver application,</li> <li>• budget neutrality spreadsheets,</li> <li>• public notice schedule,</li> <li>• tribal and public comment summaries,</li> <li>• public meeting information: handouts, agendas, minutes, list of attendees,</li> <li>• Montana Children, Families, Health, and Human Services Interim Committee,</li> <li>• tribal consultation,</li> <li>• full public notice,</li> <li>• newspaper affidavits,</li> <li>• proof of electronic mailing, and</li> <li>• draft evaluation plan.</li> </ul>
Post Submission Materials to the DPHHS Website	After submitted to CMS	5/31/2016 or after	Post all submission materials on the DPHHS Website.
CMS Sends Written Receipt Confirmation	Within 15 days receipt of completed package	6/14/2016 or after	Receipt starts CMS 30 day public notice process.

***MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES***

***Section 1115 Waiver for Additional Services and Populations (formerly Basic Medicaid)***

***Evaluation Report  
February 2014 – January 2016***

***July 15, 2016***



## **Executive Summary**

The Basic Medicaid Program has remained a positive source of Medicaid coverage since the program's inception in 1996. The Basic Program was comprised of mandatory Medicaid benefits and a collection of optional services available for emergencies and when necessary, for seeking and maintaining employment. These services were available to Able-Bodied Adults (neither pregnant nor disabled) who were parents and/or caretaker relatives of dependent children.

## **Basic Medicaid Demonstration History**

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. The Basic Medicaid Program was comprised of the medical services provided for Able-Bodied Adults (neither pregnant nor disabled) and who were parents and/or caretaker relatives of dependent children, eligible for Medicaid under Sections 1925 or 1931 of the Social Security Act. The Basic Program was operated under a Section 1115 Waiver, offered all mandatory services and a reduced package of Medicaid optional services through a fee-for-service delivery. Amount, duration, and scope of services, under Section 1902(a)(10)(B) of the Act were waived enabling Montana to carry out the 1115 demonstration.

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. On October 23, 2003, DPHHS submitted an 1115 Waiver application to Centers for Medicare and Medicaid Services (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. Terms of the request and the approval were consolidated into an Operational Protocol document as of February 2005. The Waiver structure has remained constant throughout the life of the Basic Program. The State submits quarterly and annual Basic Medicaid reports as one of the Operational Protocol conditions.

A Health Insurance Flexibility and Accountability (HIFA) proposal was submitted on June 27, 2006. Amendments to the 1115 Basic Medicaid Waiver 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. On July 30, 2009 and August 6, 2010, submittals requested only one population, Waiver Mental Health Services Plan (WMHSP) individuals, in addition to Able-Bodied Adults. CMS approved the Waiver extension and the request to insure the additional WMHSP population, effective December 1, 2010. The WMHSP population included those individuals age 18 through 64, with incomes at or below 150 percent of the Federal Poverty Level (FPL), who have been diagnosed with severe disabling mental illness (SDMI) of schizophrenia or bipolar disorder. Priority enrollment was based on a current diagnosis of schizophrenia and a secondary population of individuals with bipolar disorder.

The Basic Medicaid Waiver renewal was submitted in June, 2013, and approved by CMS effective January 1, 2014. The renewal included raising the enrollment cap from "up to 800" to "up to 2,000"; added a random drawing to include the SDMI diagnosis of Major Depressive disorder as the third priority population; and home infusion as a covered service.

In June 2014, Montana submitted an amendment to the Section 1115 Basic Medicaid Waiver, which was approved by CMS with an August 1, 2014 effective date. This amendment increased the enrollment cap for individuals who qualify for the State only Mental Health Service Plan (MHSP) Program from “up to 2,000” to “up to 6,000”. It also updated the eligible diagnosis codes to allow all MHSP Program individuals with SDMI; updated the diagnosis codes for Schizophrenia spectrum, Bipolar Related disorders, Major Depressive disorders, and then all remaining SDMI diagnosis codes. It also updated the per member per month costs of all Waiver populations; updated the amount of money (Maintenance of Effort) the State needed to continue to spend on benefits for the WMSHP population; updated the budget neutrality; revised the CMS approved evaluation design; updated the Federal Poverty Level from 33% FPL to approximately 47% FPL for Able-Bodied Adults; and lastly, updated general Waiver language.

On November 16, 2015, effective January 1, 2016, Montana submitted an amendment, to remove the Able-Bodied Adult population, remove Medicaid Expansion SDMI population eligible for State Plan, which gives MHSP Waiver population Standard Medicaid benefits, and close the Basic Medicaid benefit. This amendment proposed to cover individuals age 18 or older, with SDMI who qualify for or are enrolled in the state-financed MHSP, but are otherwise ineligible for Medicaid benefits and either: 1) have income 0-138% of the Federal Poverty Level (FPL) and are eligible for or enrolled in Medicare; or 2) have income 139-150% of the FPL regardless of Medicare status. The MHSP Waiver enrollment cap was reduced from 6,000 to 3,000. The amendment provides a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on modified adjusted gross income (MAGI). Overall, this amendment will re-finance state funds by utilizing federal funds.

On March 7, 2016, effective March 1, 2016, an Amendment was submitted that proposed 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, as a pass through cost.

### **Department of Public Health and Human Services**

Richard Opper is the Director of DPHHS and Mary E. Dalton is the State Medicaid Director. The Montana Medicaid Program consists of the following Divisions: Health Resources Division, Disability Services Division, Addictive and Mental Disorders Division, Child and Family Services Division, Senior and Long Term Care Division, Quality Assurance Division, Human and Community Services Division, and the Public Health and Safety Division. Medicaid eligibility is determined in the Human and Community Services Division.

### **Montana Medicaid Program Goal**

To assure that medically necessary medical care is available to all eligible Montanans within available funding resources.

### **Section 1115 Basic Medicaid Waiver Goal**

Montana’s goal is to provide Basic Medicaid coverage, originally designed to replicate a basic health plan benefit as a Welfare Reform Waiver, for Able-Bodied Adults while using the generated Federal Waiver savings to provide Basic coverage for the previously uninsured WMHSP.

### **Basic Medicaid Policies**

All requirements of the Medicaid Program expressed in law not expressly waived or identified as not applicable in the award letter of which the terms and conditions are part, shall apply to Montana's demonstration. Montana Medicaid Program administrative rules, policies, processes, eligibility, cost sharing, and reimbursement apply to individuals on Basic Medicaid unless specified in the Waiver.

### **Basic Medicaid Benefit Excluded Services (February 1, 1996 - January 1, 2016)**

The Basic package was the Full Medicaid benefit, with the following medical services generally excluded under Basic Medicaid: audiology, dental and denturist, durable medical equipment, eyeglasses, optometry and ophthalmology for routine eye exams, personal care services, home infusion and hearing aids. Under the FAIM Waiver, these services were excluded to align with the basic medical coverage of a work-related insurance program. That is, an employed individual who is insured under a work-related insurance policy would not have coverage for the list of excluded services.

### **Emergencies and Essentials for Employment Program**

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 was 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. In these situations, the State provided approval to the provider, and made associated records available upon CMS request. Medicaid manuals contained Basic information, which could be found on the DPHHS site at <http://medicaidprovider.mt.gov/providertype>.

The *General Information for Providers, Medicaid and Other Medical Assistance Programs*, is found at <http://medicaidprovider.mt.gov>.

Medicaid provider training was offered several times a year and Basic Medicaid billing, policies, and procedures were included. Providers, when inquiring about members eligibility, receive eligibility information including whether a person was receiving Full or Basic Medicaid regardless of the various eligibility methods of Faxback, Voice Response, Web Portal or when contacting the Office of Public Assistance, DPHHS, or Montana Medicaid's Provider Relations.

Medicaid members received a post card informing them the Montana Medicaid and Healthy Montana Kids Plus Member Guide was available online or they could request a hard copy by contacting the member Help Line; the Montana Medicaid and Healthy Montana Kids Plus Member Guide can be found at: <http://dphhs.mt.gov/MontanaHealthcarePrograms/Welcome/MembersServices>. A chart of Medicaid covered benefits was published with additional service details. Members received education and information regarding Full and Basic Medicaid services through the Montana Medicaid Help Line. The provider community and individuals who were affected by the 1115 Waiver were accustomed to the provisions of the Waiver.

### **Standard Medicaid Benefit (January 1, 2016 – present)**

All Medicaid members are eligible for Standard Medicaid services if medically necessary. Covered services include, but are not limited to, audiology services, clinic services, community health centers

services, dental services, doctor visits, hospital services, immunizations, Indian Health Services, laboratory services, mental health services, Nurse First services, nursing facility, occupational therapy, pharmacy, public health clinic services, substance dependency services, tobacco cessation, transportation, vision services, well-child checkups, and x-rays.

**Basic Medicaid Population**

Individuals on Basic Medicaid included Able Bodied Adults who were not pregnant, not blind, under age 65, and not disabled or receiving SSI. These were individuals eligible for Basic Medicaid under the designation of Family Medicaid and Transitional Medicaid.

<b>Basic Medicaid Population DY11 Average - DY12 Average</b>		
	<b>February 2014 – January 2015 DY11 Average</b>	<b>February 2015 - January 2016 DY12 Average</b>
<b>Family Medicaid</b>	78%	64%
<b>Transitional Medicaid</b>	11%	14%
<b>WMHSP Schizophrenia</b>	3%	3%
<b>WMHSP Bipolar Disorder</b>	5%	5%
<b>WHMSP Major Depressive Disorder</b>	4%	6%
<b>WMHSP Post- Traumatic Stress Disorder</b>	N/A	0%
<b>WHMSP Anxiety Disorder</b>	N/A	1%
<b>WMHSP Borderline Personality Disorder</b>	N/A	0%
<b>*WHMSP Other</b>	0%	0%

\*The WMHSP Other category covers diagnoses for personality disorders, mood disorders, and other psychotic disorders that do not fall under Schizophrenia spectrum, Bipolar spectrum, Major Depressive disorders, Anxiety disorders, Post-Traumatic Stress disorder, and Borderline Personality disorder.

**Basic and Full Medicaid Enrollment DY11 Average – DY12 Average**

In DY11, a quarterly average of 13,751 members were enrolled in Basic Medicaid; compared to 37,264 members were enrolled in Full Medicaid. In DY12, Basic Medicaid members increased 11% and Full Medicaid enrollment increased 13%.

<b>Basic and Full Medicaid Enrollment DY11 Average – DY12 Average</b>		
	<b>February 2014 – January 2015 DY11 Average</b>	<b>February 2015 – January 2016 DY12 Average</b>
<b>Basic Medicaid Enrollment</b>	13,751	15,406
<b>Full Medicaid Enrollment (Age 21-64)</b>	37,264	43,000

**Full (Age 21-64) and Basic Medicaid Gender, Ethnic and Race DY11 Average – DY12 Average**

In DY11, Basic Medicaid was 68% predominately female; compared to 67% females for Full Medicaid in the 21-64 age group. In DY12, Basic Medicaid was 69% predominately female; compared to 67% females for Full Medicaid in the 21-64 age group. In DY11, Basic Medicaid was 31% males; compared to 33% males in Full Medicaid. In DY12, Basic Medicaid was 31% males; compared to 33% males in Full Medicaid. In DY11, the American Indian average for Basic Medicaid was 24% and 21% for DY12, which is averaged at 5% more than the Full Medicaid for both demonstration years.

<b>Basic Medicaid Gender, Ethnic and Race DY11 Average – DY12 Average</b>		
	<b>February 2014 – January 2015 DY11 Average</b>	<b>February 2015 – January 2016 DY12 Average</b>
<b>Gender</b>		
<b>Female</b>	68%	69%
<b>Male</b>	32%	31%
<b>Ethnic and Race (Plus Any Other)</b>		
<b>Hispanic of Any Race</b>	3%	3%
<b>White</b>	72%	75%
<b>American Indian/AK</b>	24%	21%
<b>Other: African American, Asian, Pacific Islander</b>	1%	1%

<b>Full Medicaid Gender, Ethnic and Race (Age 21-64)</b>		
<b>DY11 Average – DY12 Average</b>		
	<b>February 2014 – January 2015 DY11 Average</b>	<b>February 2015 – January 2016 DY12 Average</b>
<b>Gender</b>		
<b>Female</b>	67%	67%
<b>Male</b>	38%	33%
<b>Ethnic and Race (Plus Any Other)</b>		
<b>Hispanic of Any Race</b>	3%	3%
<b>White</b>	78%	79%
<b>American Indian/AK</b>	17%	18%
<b>Other: African American, Asian, Pacific Islander</b>	1%	1%

<b>DY11 and DY12 Expenditures by Provider Type for the Top Ten Providers</b>				
<b>PROV PAY TO TYPE</b>	<b>DY11 2/1/2014 to 1/31/2015 Total</b>	<b>DY11 Percent of Total</b>	<b>DY12 2/2/2015 to 1/31/2016 Total</b>	<b>DY12 Percent of Total</b>
PHARMACY	\$15,577,346	22.97%	\$18,200,068	21.45%
HOSPITAL - OUTPATIENT	\$8,781,209	12.95%	\$10,938,572	12.89%
HOSPITAL - INPATIENT	\$8,395,117	12.38%	\$10,652,854	12.56%
CRITICAL ACCESS HOSPITAL	\$7,621,233	11.24%	\$9,894,454	11.66%
GROUP/CLINIC	\$6,133,363	9.04%	\$8,920,625	10.51%
INDIAN HEALTH SERVICES	\$3,397,037	5.01%	\$3,832,689	4.52%
CASE MANAGEMENT - MENTAL HEALTH	\$2,749,773	4.05%	\$3,367,153	3.97%
MENTAL HEALTH CENTER	\$2,732,549	4.03%	\$3,324,322	3.92%
PHYSICIAN	\$2,194,593	3.24%	\$2,375,586	2.80%
FEDERALLY QUALIFIED HEALTH CENTER	\$1,568,458	2.31%	\$1,938,614	2.29%
<b>Grand Total</b>	<b>\$67,824,110</b>	<b>88.77%</b>	<b>\$84,839,915</b>	<b>86.57%</b>

Top ten provider types averages 87.67% of total costs.

## **Section 1115 Montana Basic Medicaid Waiver Primary Survey Findings**

In October, 2015, DPHHS mailed 2,760 surveys to all currently enrolled WMHSP individuals. As in the previous survey, completed in 2012, a drawing for \$50 gift certificate to a grocery store of their choice was provided as an incentive to complete and return the survey in the pre-paid envelope by November 15. In all, 26% of the surveys were returned (705), which was comparable to the 2012 return rate (26.5%).

The survey addressed six different components, which are: General Coverage, Demographics, Health Status, Access to Health Care, Quality of Health Care, and Travel to Healthcare. The 2012 survey data was intended as a baseline. Five percent of the 2015 surveys were second-time respondents; the remaining 672 surveys (95% of the returned 2015 surveys) were first-time respondents. Comparison of results showed; members reported a greater understanding of their benefits, reported a greater percentage had seen their physician for their physical health in the past month, reported a smaller percentage where there were zero days in which poor physical or mental health kept them from doing their usual activities, and reported a greater percentage of members receiving Medicaid travel reimbursement to see specialists outside of their community. Additionally, all the 2015 responses are compared with the 2012 responses, which are included in the findings under the Baseline Comparison heading.

Primary findings from the 2015 survey data are below. Additional details are provided in the attached Detailed Analysis Report.

### General Coverage:

- More than half (55%) said they understood their Basic Medicaid benefits well or very well; 45% said they did not understand their benefits well at all (Q1).
- Two-thirds (66%) did not have additional coverage; 28% had Medicare in addition to Medicaid (Q2).
- 84% currently indicated having a primary physician for physical health while only 58% had a primary physician prior to receiving Basic Medicaid (a 31% increase) (Q3+Q4).
- Half (50%) had seen a physician for physical healthcare within the past month, while an additional 40% (280) last saw their physician within the past 2-12 months. Ten percent had last seen a physician two or more years ago (Q5).

### Demographics:

- Race, ethnicity, gender and age of the respondents reflected that of publically funded adult mental health members in Montana, but with an underrepresentation of American Indians (3% of survey respondents vs. 6.6%); however, five percent of the respondents categorized as having more than one race most often were of American Indian/Alaska Native descent (Q6-Q8).
- 38% had completed high school and an additional 49% of the sample had attended college (Q9); the percent who had attended college was not representative of publically funded adult mental health clients in Montana (which was reported to be 22% in 2015).
- One-fourth (26%) were employed (Q10), 66% owned or rented a home (Q11), and four percent considered themselves homeless (Q11) (including some who lived with others in their home).

### Health Status:

- 44% considered their general health to be good, very good, or excellent; 36% fair; and 19% poor (Q12).
- 38% believed their general health had *improved* since receiving the Basic Medicaid benefits; 30% believed it had stayed the same; 10% felt their health had gotten worse; and 22% were not sure (Q13).
- Members presented themselves as being healthier physically than mentally:
  - 34% said their *physical* health was not good for 14 or more days out of the past 30 days (Q14), while 51% said their *mental* health was not good for 14 or more days out of the past 30 days (Q15).
  - Similarly, 51% said their *physical* health was *not* good for just 0-7 days out of the past 30 days (Q14), while only 29% said their *mental* health was *not* good for just 0-7 days out of the past 30 days (Q15).
- When asked the number of days, in the past 30 days, that poor physical *or* mental health kept them from doing their usual activities, 16% said zero days; 17% said 1-7 days; nine percent said 8-13 days; 20% said 14-20 days; and 20% said 21-30 days (Q16).
- Most (91%) said they had received mental or physical health care in the last three months, and 88% had received care from their physician (Q17-Q18).
- In the last three months, 23% received physical or mental health care at the Emergency Room, and 11% were hospitalized (Q19-Q20).

### Access to Health Care:

- For *physical* care in the last three months, 19% could get an appointment with their physician within one day, 43% within a week, 22% within two weeks, and 16% greater than two weeks. For physical care in general, 83% found their wait-time to be satisfactory. (Q21)
- Members had to wait longer for mental health care than physical care for wait-times that exceeded one day: 19% could get an appointment with their mental health physician within one day, 34% within a week, 24% within two weeks, and 23% greater than two weeks. For mental care in general, 71% found their wait-time to be satisfactory, which was a 12% lower satisfaction rate than that for physical appointment wait-times. (Q21). (Satisfaction rates and comments suggest that some members may have felt they needed to be seen for mental health care more often than the once-a-week appointments they were given.)
- For those who had to wait *over* two weeks for an appointment, 53% found the wait-time to be unsatisfactory for physical care, and 54% found the wait-time to be unsatisfactory for mental care (Q21).
- For those who were able to get an appointment *within* two weeks, 24% found the wait-time unsatisfactory for physical care and 23% found the wait-time unsatisfactory for mental care (Q21).
- When asked if they were unable to see a physician for physical or mental health care in the past three months because of *cost*, 72% said no, and 28% said yes or sometimes (Q22). One member said, “No, I have Medicaid.” Some members commented that \$4-\$5 co-pays for appointments and

medications are not always affordable; others said that medication is cheaper, and that without Medicaid they would not be able to afford physicians, specialists, and needed procedures.

#### Quality of Health Care:

- The majority (81%) felt their physician always or usually spent enough time listening to their concerns, answering their physical and mental health questions, and explaining their medical conditions, treatment options and medications; 16% felt their physician sometimes spent enough time; and three percent said their physician never spent enough time with them (Q23-Q24). Comments suggested that the amount of time spent listening varied from provider to provider, and that specialists tended to spend less time than Primary Care Providers (PCPs), therapists, or case managers.
- The majority (70%) said that in the past three months they were able to get all the physical and mental health care services they thought they needed (Q25). One member said, “Medicaid has helped me a lot. I have been very sick and out of work and seeing a lot of physicians.”
- In the comments, three percent of respondents expressed a desire for dental coverage, some of them with dire needs; and two percent expressed a need for vision care. (Fortunately, both dental and vision will be covered for nearly all these members when they move from Basic Medicaid to Standard Medicaid in January, 2016.)
- 88% were prescribed medication, and 94% of respondents said they take their medication as prescribed every day (Q26).

#### Travel to Health Care:

- Two-thirds (64%) traveled no more than 20 miles roundtrip for healthcare; 17% traveled 22-60 miles; 15% traveled 62-200 miles; and five percent traveled 202 or more roundtrip miles (Q27).
- The most common reason for traveling outside one’s community for healthcare was to see a specialist (45%); 37% said their physician did not live in their community; and 18% traveled outside their community for health care because they did not live in a large enough community (Q28).
- Only 12% received Medicaid travel reimbursement; 88% did not. One member who asked for information on travel reimbursement wrote, “A roundtrip to the physician is over 200 miles—and in a pickup. Have missed many appointments.” Three percent of respondents requested travel reimbursement information or said they were unaware of travel reimbursement coverage; another ten members asked for assistance with transportation (Q29).

#### Baseline Comparison

Although only 33, 2015 surveys were returned by members who had also completed the 2012 baseline survey; we can still compare the responses between the three years. Comparing the averaged responses of the 705 members in 2015 with the averaged responses of the 209 members who returned the 2012 surveys, we find:

- A greater percentage of Waiver members understood their Basic Medicaid benefits well or very well in 2015 than in 2012 (55% vs. 50%).

- A smaller percentage of members had *Medicare* in addition to Medicaid in 2015 compared to 2012 (28% vs. 38%); and a greater percent did *not* have additional coverage in 2015 compared to 2012 (66% vs. 52%).
- A greater percent of 2015 members had seen their physician for *physical* health care within the last month compared to the 2012 respondents (50% vs. 45%).
- A greater percent of 2015 members felt their general health was *poor* compared to the 2012 respondents (19% vs. 12%).
- A greater percent of 2015 members felt their general health had gotten *worse* since being on the Basic Medicaid Waiver compared to the 2012 respondents (10% vs. 4%).
- A greater percent of 2015 members said their *mental* health was not good for *14 days or more days* out of the past 30 compared to the 2012 respondents (51% vs. 40%).
- A smaller percent of 2015 members said there were zero days in which poor physical *or* mental health kept them from doing their usual activities (16% vs. 24% in 2012).
- The *same* percent of 2015 members were hospitalized overnight in the last three months for physical or mental health as the 2012 respondents (11% each).
- A smaller percent of 2015 members were able to get a *physical* health care appointment within one day compared to 2012 respondents (19% vs. 27%).\*
- A smaller percent of 2015 members were able to get a *mental* health care appointment within one day compared to 2012 respondents (19% vs. 25%).\*
- A greater percent of 2015 members had to wait over two weeks to get a *mental* health care appointment compared to 2012 respondents (23% vs. 16%).\*
- A greater percent of 2015 members were *dissatisfied with the wait-time for mental health* services compared to 2012 respondents (29% vs. 24%); likewise, fewer 2015 members were *satisfied with the mental health wait-time* (71% vs. 76% in 2012).\*
- A smaller percent of 2015 members said their physician never spends enough time explaining their medical condition, treatment options and medications compared to 2012 respondents (3% vs. 6%).
- *12% fewer* 2015 members felt they were able to get all of the physical or mental health care services they needed compared to 2012 respondents (70% vs. 82%). Likewise, a greater percent of 2015 members said they were *not* able to get all the health care services they needed (30% vs. 18%).\*
- A greater percent of 2015 members said the reason they needed to travel was to see a specialist outside their community (45% vs. 36% in 2012).\*
- A greater percent of 2015 members received Medicaid travel reimbursement compared to 2012 respondents (12% vs. 4%).\*

Comments of Appreciation:

- Fifty-four members (8%) took the initiative to express appreciation for their Medicaid services in the Comments section. One member summed up the comments of many others when stating,

“Since I have had Medicaid, I have finally been able to get the medical and mental help so desperately needed. Thank you.”

\*2012 percent adjusted to exclude those not needing an appointment in the past three months to allow for equitable comparison with 2015.

**Contact Information**

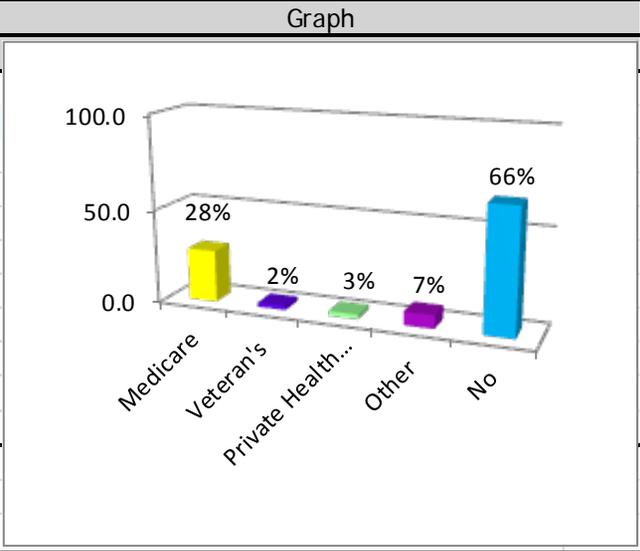
Holly Mook, Medicaid Program Officer  
Mary E. Dalton, State Medicaid Director

(406) 444-6868  
(406) 444-4084



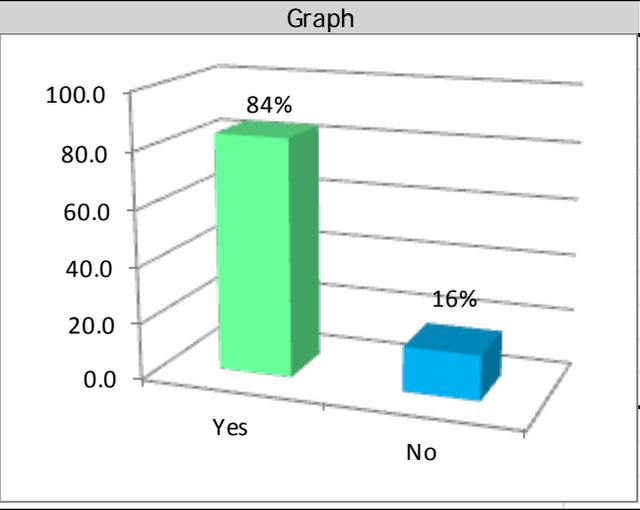
Q2. In addition to Basic Medicaid, do you have other kinds of health care coverage?

Response	Frequency	Percent
Medicare	192	27.7
Veteran's	15	2.2
Private Health Insurance	17	2.5
Other	49	7.1
No	454	65.5
Total Valid	693	98.3
No Response	12	1.7
Multiple Responses	-34	-4.8
Total	705	100.0



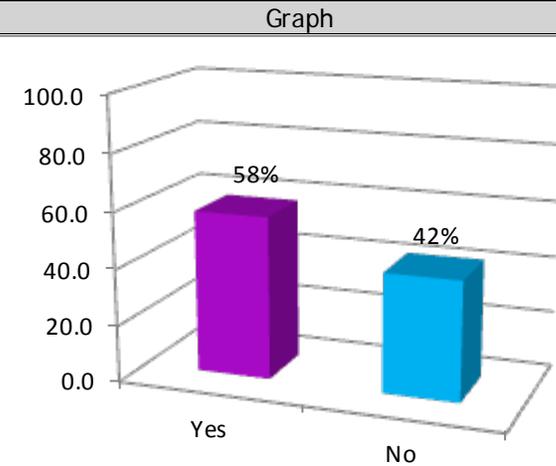
Q3. Do you have a main doctor who provides physical health care?

Response	Frequency	Percent
Yes	590	84.0
No	112	16.0
Total Valid	702	99.6
No Response	3	0.4
Total	705	100.0



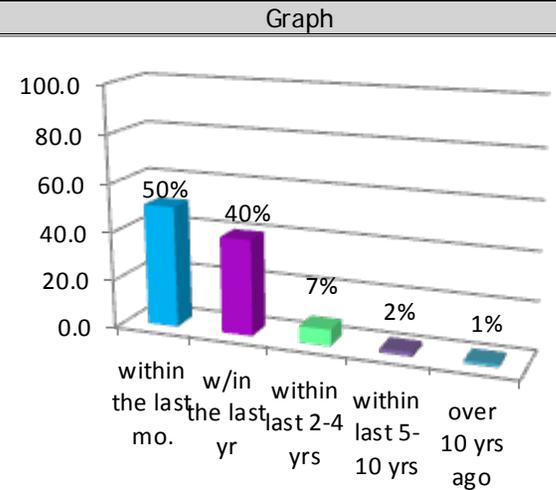
Q4. Did you have a main doctor for physical health care before you received Basic Medicaid?

Response	Frequency	Percent
Yes	400	57.7
No	293	42.3
Total Valid	693	98.3
No Response	12	1.7
Total	705	100.0



Q5. When did you last see a doctor for physical healthcare?

Response	Frequency	Percent
within the last mo.	353	50.4
w/in the last yr	280	39.9
within last 2-4 yrs	47	6.7
within last 5-10 yrs	12	1.7
over 10 yrs ago	9	1.3
Total Valid	701	99.4
No Response	4	0.6
Total	705	100.0

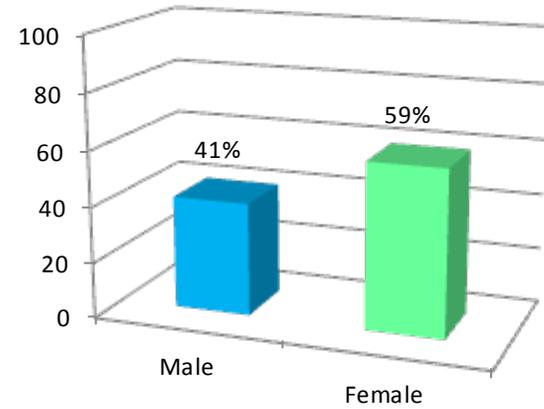


**DEMOGRAPHICS:**

**Q6. Gender**

Response	Frequency	Percent
Male	285	40.5983
Female	417	59.4017
Total Valid	702	99.6
No Response	3	0.4
Total	705	100.0

Graph

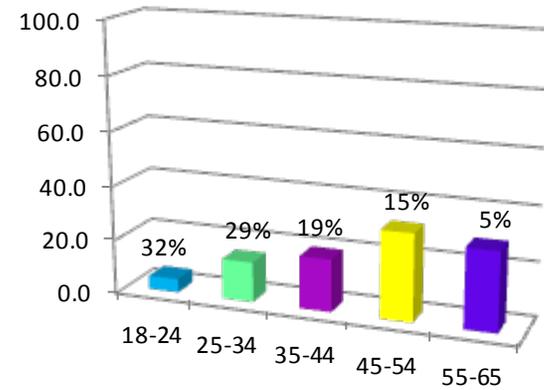


**Q7. Age**

Average Age: 46

Response	Frequency	Percent
18-24	34	5.0
25-34	101	14.7
35-44	132	19.3
45-54	219	32.0
55-65	199	29.1
Total Valid	685	97.2
No Response	20	2.8
Total	705	100.0

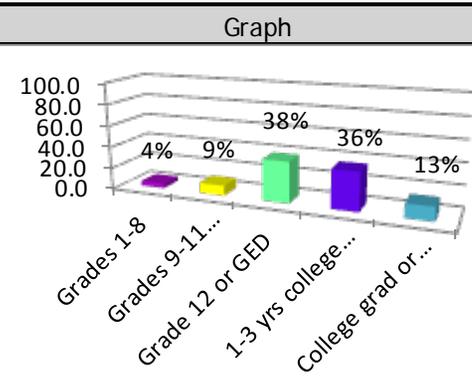
Graph





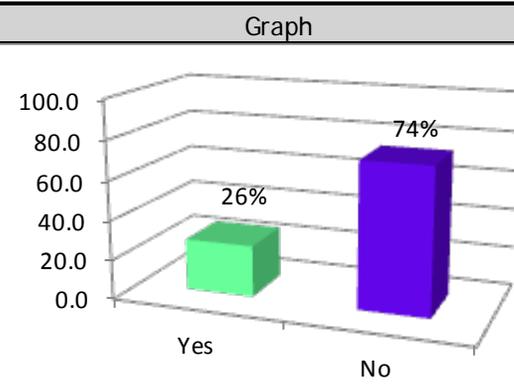
Q9. What is the highest year of school you completed?

Response	Frequency	Percent
Grades 1-8	29	4.1
Grades 9-11 some highschool	65	9.3
Grade 12 or GED	266	38.1
1-3 yrs college or technical school	249	35.6
College grad or tech school graduate	90	12.9
Total Valid	699	99.15
No Response	6	0.85
Total	705	100.0



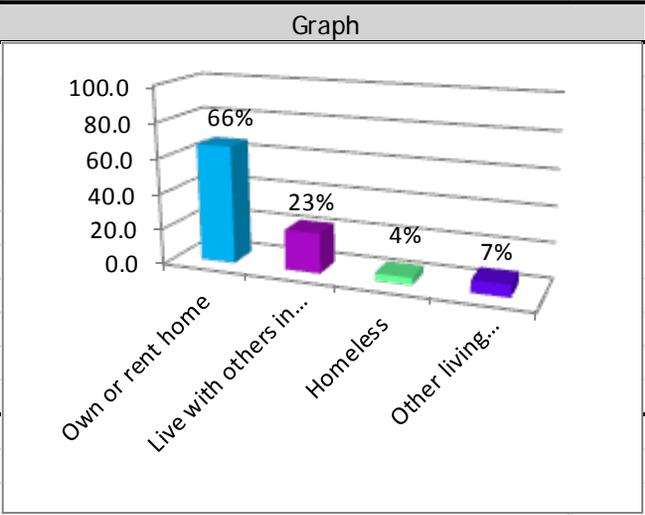
Q10. Are you employed?

Response	Frequency	Percent
Yes	182	26.19
No	513	73.81
Total Valid	695	98.58
No Response	9	1.28
Invalid Response	1	0.14
Total	705	100.0



Q11. Housing status

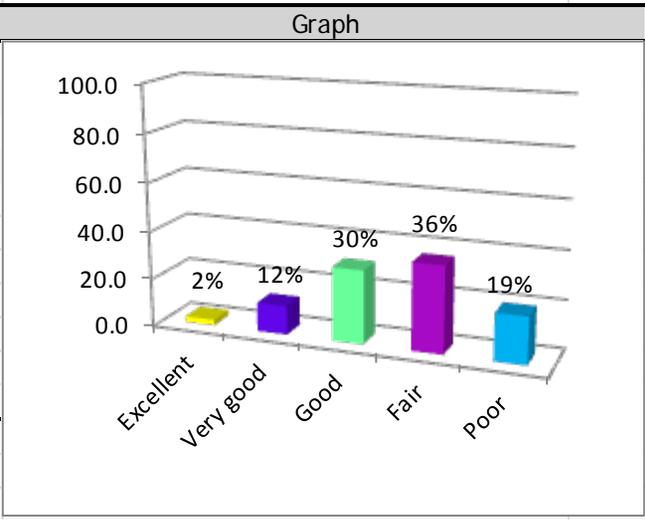
Response	Frequency	Percent
Own or rent home	461	66.3
Live with others in their home	157	22.6
Homeless	28	4.0
Other living arrangements	49	7.1
Total Valid	695	98.6
No Response	10	1.4
Total	705	100.0



**HEALTH STATUS:**

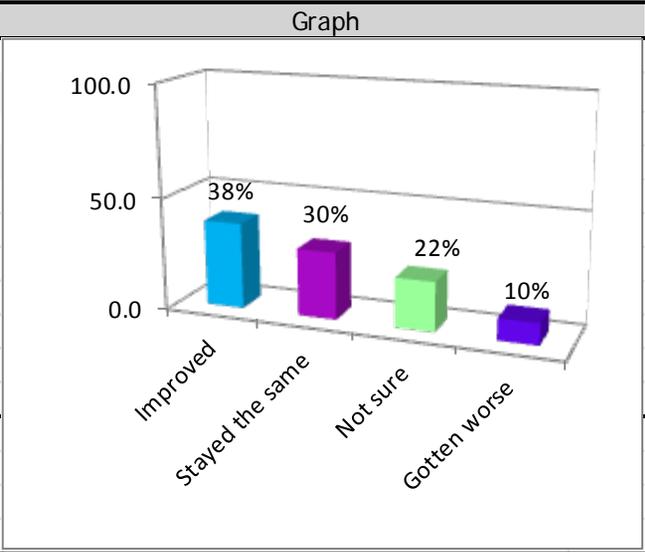
Q12. Would you say your general health status now is:

Response	Frequency	Percent
Excellent	16	2.3
Very good	84	12.0
Good	213	30.4
Fair	251	35.9
Poor	136	19.4
Total Valid	700	99.3
No Response	5	0.7
Total	705	100.0



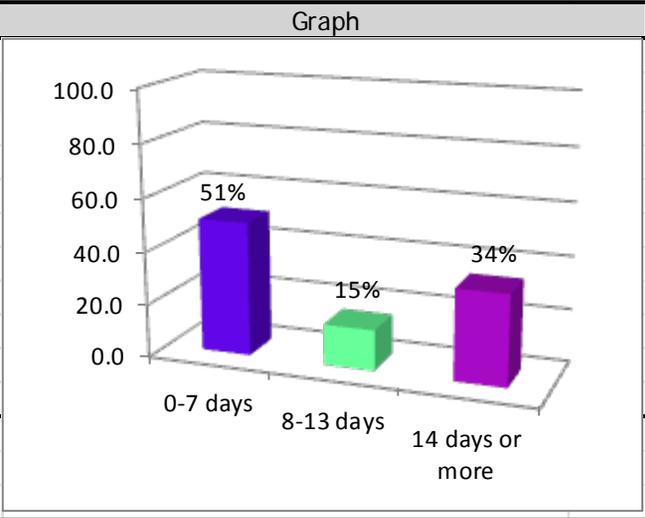
Q13. Do you think your general health has improved since you have been on the Basic Medicaid Waiver?

Response	Frequency	Percent
Improved	267	38.4
Stayed the same	208	29.9
Not sure	153	22.0
Gotten worse	67	9.6
Total Valid	695	98.6
No Response	5	0.7
Invalid Response	5	0.7
Total	705	100.0



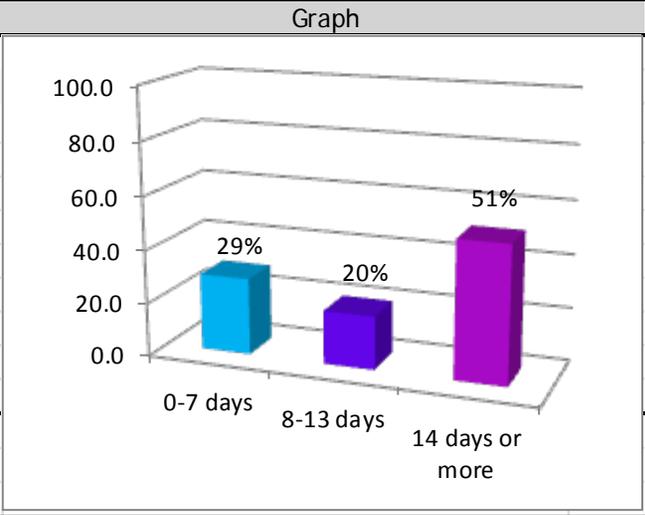
Q14. For how many days during the past 30 days was your physical health not good?

Response	Frequency	Percent
0-7 days	346	50.5
8-13 days	105	15.3
14 days or more	234	34.2
Total Valid	685	97.2
No Response	20	2.8
Total	705	100.0



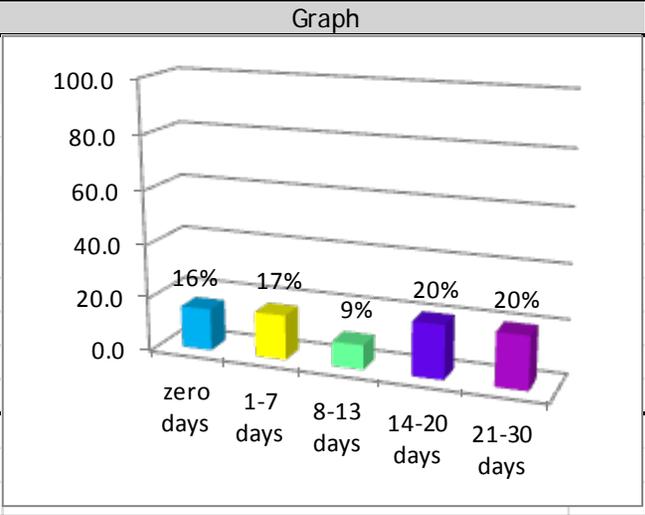
Q15. For how many days during the past 30 days was your mental health not good?

Response	Frequency	Percent
0-7 days	200	28.8
8-13 days	139	20.0
14 days or more	356	51.2
Total Valid	695	98.6
No Response	10	1.4
Total	705	100.0



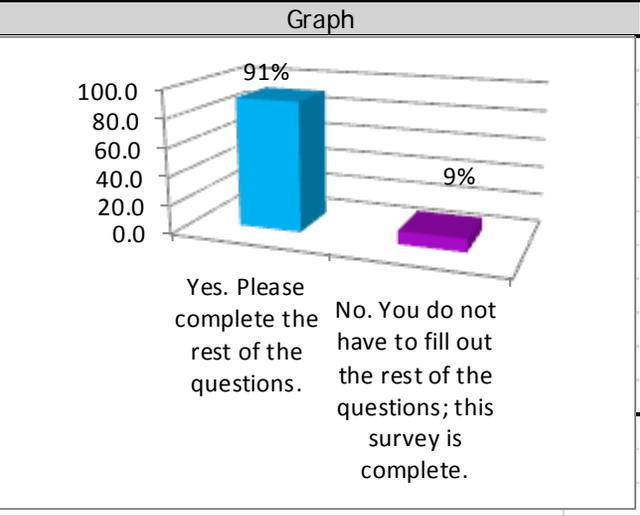
Q16. During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities?

Response	Frequency	Percent
zero days	108	15.6
1-7 days	115	16.6
8-13 days	63	9.1
14-20 days	139	20.0
21-30 days	137	19.7
Not Sure	132	19.0
Total Valid	694	98.4
No Response	11	1.6
Total	705	100.0



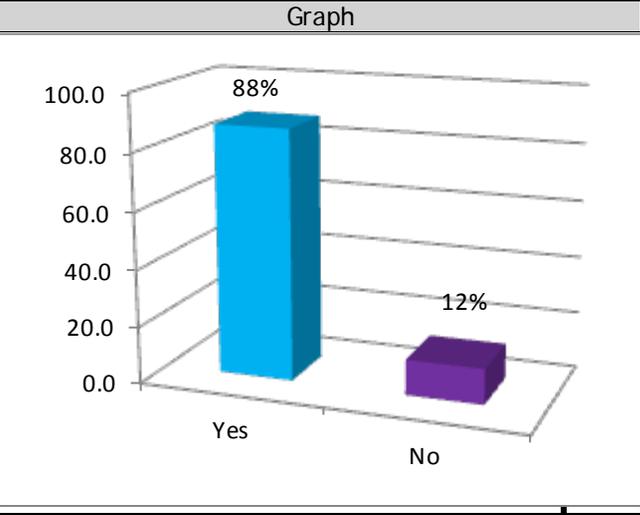
Q17. Have you had mental or physical healthcare in the last 3 months?

Response	Frequency	Percent
Yes. Please complete the rest of the questions.	635	90.8
No. You do not have to fill out the rest of the questions; this survey is complete.	64	9.2
Total Valid	699	99.1
No Response	6	0.9
Total	705	100.0



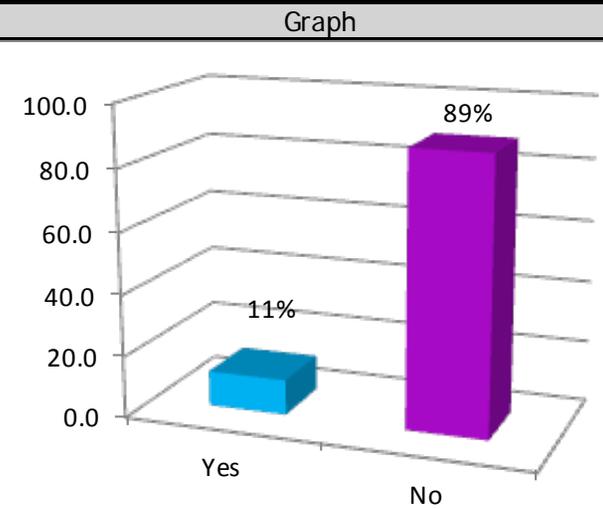
Q18. During the last 3 months, did you receive physical or mental health care from your doctor?

Response	Frequency	Percent
Yes	584	87.6
No	83	12.4
Total Valid	667	94.6
No Response	38	5.4
Total	705	100.0



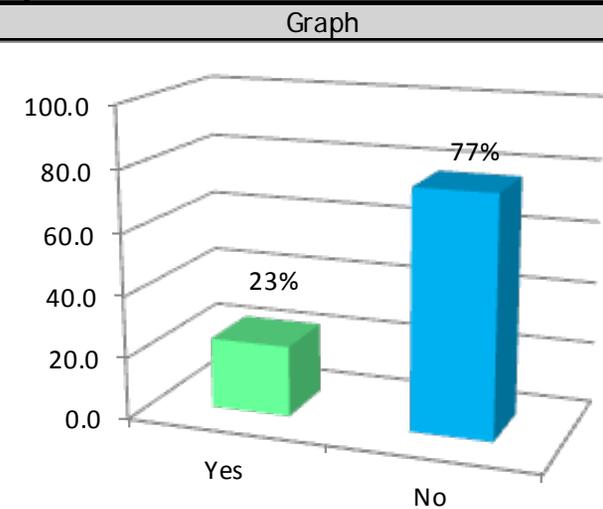
Q19. During the last 3 months, were you hospitalized for physical or mental health?

Response	Frequency	Percent
Yes	76	11.4
No	589	88.6
Total Valid	665	94.33
No Response	40	5.67
Total	705	100.0



Q20. During the last 3 months, did you receive physical or mental healthcare at the emergency room?

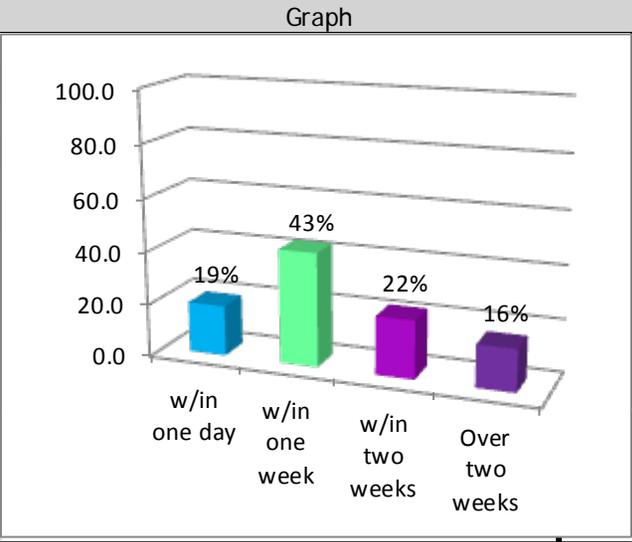
Response	Frequency	Percent
Yes	152	22.9
No	511	77.1
Total Valid	663	94.0
No Response	42	6.0
Total	705	100.0



**ACCESS TO HEALTH CARE:**

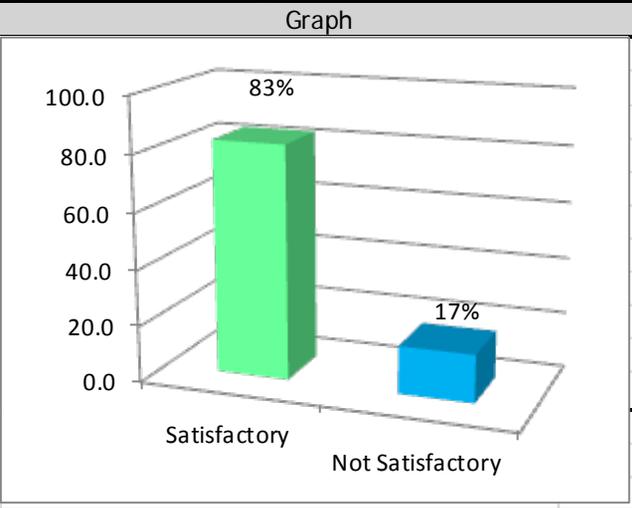
Q21-P. In the last 3 months, how quickly did or could you usually get an appointment with your doctor for PHYSICAL healthcare?

Response	Frequency	Percent
w/in one day	112	19.1
w/in one week	252	42.9
w/in two weeks	129	22.0
Over two weeks	94	16.0
Total Valid	587	83.26
No Response	66	9.36
No appt needed	52	7.38
Total	705	100.0



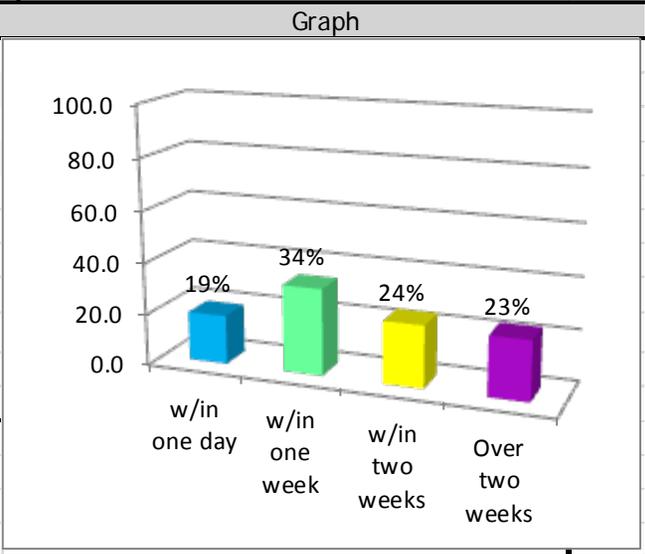
Q21-P2. Was the timeframe (above) for which you waited to receive an appointment for physical care satisfactory?

Response	Frequency	Percent
Satisfactory	229	83.0
Not Satisfactory	59	17.0
Total Valid	288	94.0
No Response	417	6.0
Total	705	100.0



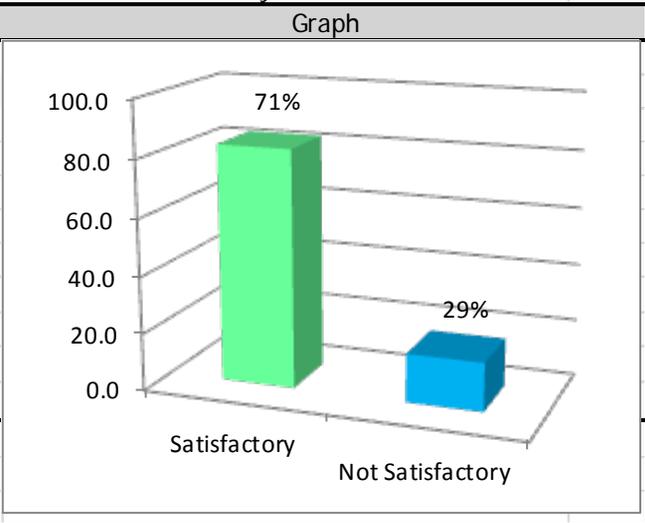
Q21-M. In the last 3 months, how quickly did or could you usually get an appointment with your doctor for MENTAL healthcare?

Response	Frequency	Percent
w/in one day	96	19.01
w/in one week	170	33.66
w/in two weeks	122	24.16
Over two weeks	117	23.17
Total Valid	505	71.63
No Response	159	22.55
No appt needed	41	5.82
Total	705	100.0



Q21-M2. Was the timeframe (above) for which you waited to receive an appointment for mental care satisfactory?

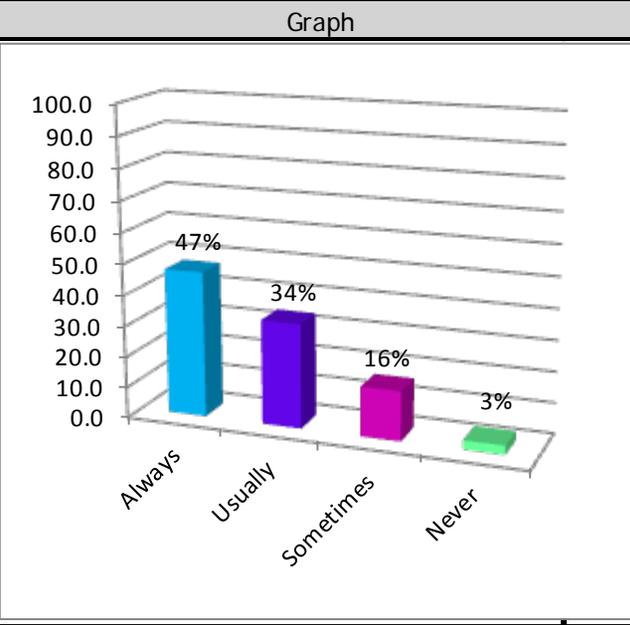
Response	Frequency	Percent
Satisfactory	221	71.3
Not Satisfactory	89	28.7
Total Valid	310	43.97
No Response	395	56.03
Total	705	100.0





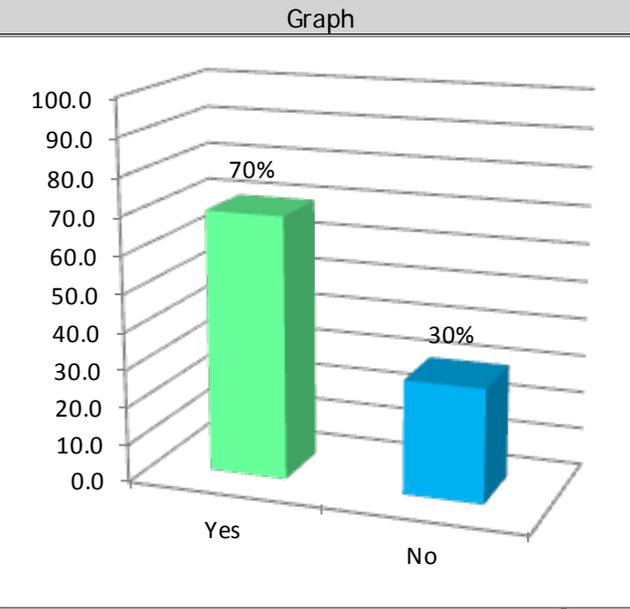
Q24. In the last 3 months, has your doctor spent enough time explaining your medical condition, treatment options and medications with you for physical or mental health?

Response	Frequency	Percent
Always	303	47.2
Usually	217	33.8
Sometimes	103	16.0
Never	19	3.0
Total Valid	642	91.06
No Response	41	5.82
Invalid Response	4	0.57
Haven't had healthcare in the last 3 months	18.0	2.55
Total	705	100.0



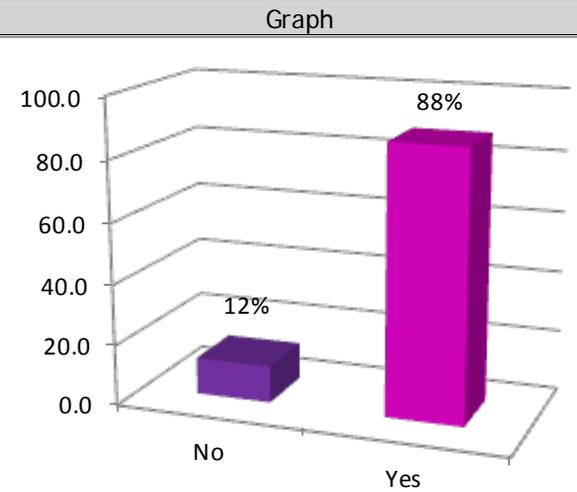
Q25. In the last 3 months, have you been able to get all of the physical or mental health care services that you thought you needed?

Response	Frequency	Percent
Yes	453	69.7
No	197	30.3
Total Valid	650	92.2
No Response	41	5.8
No healthcare in past 3 mo.	14	2.0
Total	705	100.0



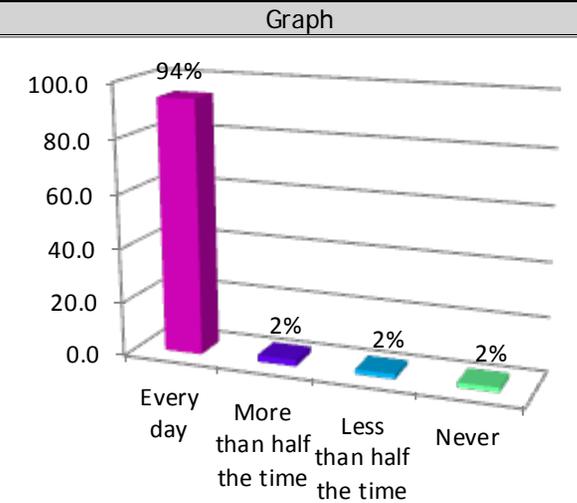
Q26. In the last 3 months, have you been prescribed physical or mental health medication by your doctor?

Response	Frequency	Percent
No	80	12.2
Yes	578	87.8
Total Valid	658	93.3
No Response	47	6.7
Total	705	100.0



Q26b. If yes, how often do you take your medication as prescribed?

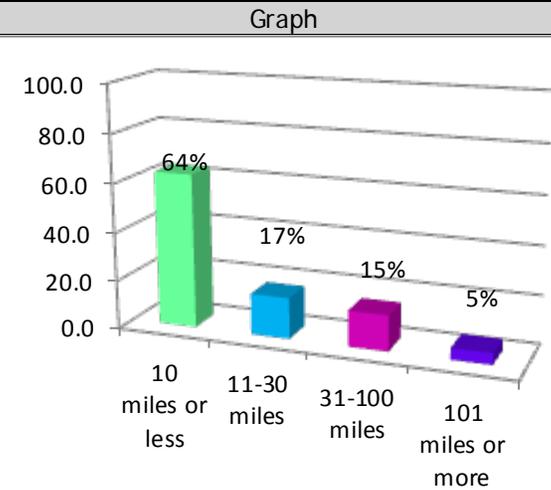
Response	Frequency	Percent
Every day	566	93.9
More than half the time	15	2.5
Less than half the time	11	1.8
Never	11	1.8
Total Valid	603	85.5
No Response	101	14.3
Multiple Responses	1	0.1
Total	705	100.0



**TRAVEL TO HEALTH CARE:**

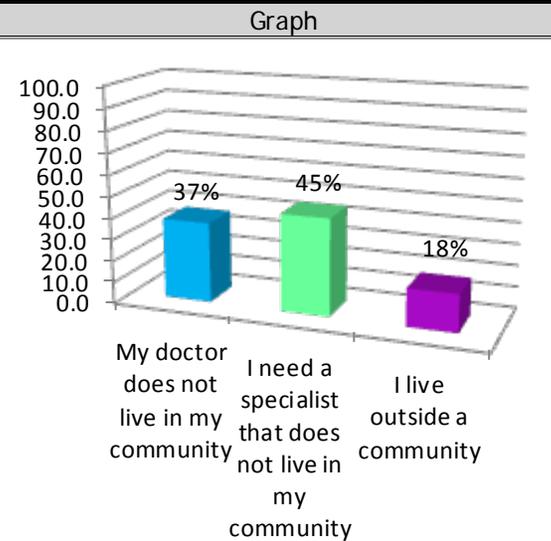
Q27. In the last 3 months, generally how far have you usually traveled each direction for your health care?

Response	Frequency	Percent
10 miles or less	401	63.5
11-30 miles	107	17.0
31-100 miles	93	14.7
101 miles or more	30	4.8
Total Valid	631	89.5
No Response	48	6.8
Multiple Responses	8	1.1
Haven't had health care in the last 3 months	18	2.6
Total	705	100.0



Q28. In the last 3 months, if you had to travel outside of your community, the reason you had to travel included (check all that apply):

Response	Frequency	Percent
My doctor does not live in my community	130	37.4
I need a specialist that does not live in my community	157	45.1
I live outside a community	61	17.5
Total Valid	348	45.0
No Response	350	45.3
Invalid Response	1	0.1
Haven't had health care in the last 3 months	74	9.6
Total	773	100.0





## COMMENTS

Desperately need dental care
Didn't know I could get travel reimbursement, how does that work?
Can I get dental? They need to pull teeth and I need dentures on top.
Can I get travel reimbursement?
DENTAL ????
Dental?
Do not understand why I am not on full Medicaid. Cannot get OPA to give me help.
Does Medicaid expect to cover chiropractic services in the near future? Such coverage would help me financially, as Medicare doesn't pay 100%. Please mail me a booklet enumerating covered basic Medicaid services. Thank you.
Does my basic Medicaid cover eyes?
Don't know what this for. Have filled 3 of them out.
Had open heart aortic valve replacement on Oct 7th in Missoula. Was very satisfied with travel reimbursement.
How do I get assistance with transportation? Difficulty walking to get city bus. If I could solve this problem, I could be more independent and get to all my appointments
How do I get travel reimbursements for cost of travel to doctors?
I am in the process of changing doctors. My mental health care seems to be up in the air.
I am SICK of not being provided pain meds when it's a proven FACT that I need pain pills that work like Narco/Percocet/Oxycodone,
I am UPSET that no gastroenterologist could give me a colonoscopy for 5 WEEKS after my initial request. Nobody in Billings would do so. Either there's a severe lack of qualified enterologists, or almost no one takes Medicaid patients. UNACCEPTABLE!!
I appreciate the Medicaid. Would be great to have eye exams in the Basic.
I could use the groceries, I don't get help with food. Thanks. John B.
I didn't know I still had Medicaid
I do not have a Medicaid card
I do not have a Medicaid card! Also no Medicare cards.
I don't have vision or dental on my Medicaid not quite sure why. I need vision and dental but can't afford these services.
I don't know what Medicaid pays and not pays. And neither do my grandparents.
I don't see my MEDICAL doctor as often as needed because I can't pay the \$4 co-pay which is required at the time of each visit. I have no income and they won't bill me.
I don't understand why chiropractic services are not covered. If I don't go every 1-2 weeks, I can't hardly handle the pain. I'm in constant pain anyway, but it helps enough for me to survive. I do "tens" therapy there, plus massage, too.
I got on Medicaid waiver 1st of February (THANK YOU)!! It's been difficult to get a colonoscopy. I'm 53 and I've asked my MD every month for 6 months now and still no appointment or procedure done. What's up with that?
I live in a small town and I want to know if the receptionists, nurses, billing staff, doctors, or any other employees in the doctors offices, clinics, hospitals, dentists, specialists, etc. can look into my records or Medicaid history and see any procedures, medications, or medical/mental issues I've had? Also; what do I do if I think my private information is being shared/leaked? Thank you.
I have absolutely no way transportation to get to a doctor/dentist or the mentality to make an appointment. I'm literally screwed mentally!
I just wish I could get more help in regards to my rotten teeth that need to be pulled and prepare for dentures. I don't have the money as 1/2 is given when dentures in Conrad are ordered. Balance is due upon completion.
I like and need the Medicaid badly but I can't travel outside of Montana to get further treatment.
I live in small town Montana, our quality of health care is limited, most I do not choose to use. I believe many health specialists have gotten lax and lazy. We can do better, we must.
I need a doctor close . My provider is in Boulder, MT. I have no way to get there.
I need dentures. I have NO top teeth and don't understand why that isn't covered by my Medicaid plan :(

I need glasses. My eyes have gotten worse to where I can't see. I get double vision when I drive and read.

I need medical work on my gums for periodontal disease & I can't get help because of cost - co-pay

I needed special equipment for a health condition and dental coverage for a tooth that right now is half missing. I can't get either one. I hope someday Medicaid and Medicare would cover these items. My quality of life would improve dramatically.

I pay \$8.00 2 times a month for travel to mental health Glasgow, MT. May I please be reimbursed?

I really need some assistance for some dental work--don't have any fully intact molars left--Is becoming difficult to chew many foods and causes earaches and head aches--am worried about a low-grade infection entering my sinuses and brain area and can also lead to poor heart health and poor nutrition. Please contact me.

I should not have to be referred by a doctor to see another doctor and as far as Medicare, you should not turn down certain brands and say we need to try other but what doctor gives you.

I want to know if I can receive travel reimbursements to Mental Health. I drive 86 miles round trip.

I want to know why I haven't received travel monies to travel to my mental health/physical doctors

I wanted to see a specialist for my depression at Billings Clinic but was denied due to Medicaid.

I was told I was approved for Full Medicaid. I just want to know when my full Medicaid takes into effect. I want to be on the program where I can hire someone to clean my house and take care of me. I'm waiting for disability

I wish dental coverage were included to some extent, i.e., extractions, dentures if medically necessary.

I wish someone would help me fix my teeth!

I work and am a client at WMMH. I don't have a car and rely on public transport and agents from work.

I work with Voc Rehab & have 8 teeth; 4 that I can chew with. They will not help me with dentures & I want a note saying you won't either. I really need help in this area.

I would like more information on Medicaid travel reimbursement

I would like some information on travel reimbursement as I have missed doctor appts due to travel expense. Round trip to Dr's in Billings is a little over 200 miles--and in a pickup :( Have missed many appts.

I would like to find out if I can receive full insurance on my eyes and teeth. My teeth need to be pulled and to get dentures. Many infections. Cannot afford it.

I would like to talk about my medication

Ask about your help line--average recorded wait time 4 hrs with no ability for your call rep to answer or fix so 4 more hrs of wait.

I would like to try to get a liposuction done to help with my back problems.

I'd like to see a GP about my chronic back pain due to my childhood club foot, and see a counselor about my MDD and anxiety.

Info on BMHCG for medical and mental health all if possible, by mail please and thank you!

Information re: \$ for travel would be helpful to get to and from my appts.

Is there a way I can get dental and vision help?

It is hard to get a second appointment.

It should be made clearer in the Medicaid guide that chiropractic is not covered for adults 21 and over. The language is very ambiguous.

Just information on Q1 Basic Medicaid Benefits. Thank you.

Just need to know what exactly my Medicaid covers (Drs, meds, dentist care)

Married woman don't receive the Medical like simple surgery or anything but basic even for hearing and eyes even for a month or 2, but if single or divorced they get it? Why. As I need surgery on right foot but can't?? Can't afford it?

Medicaid pretty good to me, if eyes, and hearing that would help.

Mental Health stated I should have full coverage Medicaid since I'm receiving SSI.

My doctor has ordered a procedure to be done on my neck over two months ago and we have still not gotten authorization or information as to how to proceed. We went through the diagnostic procedure and it was determined what was needed next and I am still waiting to hear anything.

I'm still confused as to what my Medicaid covers.
My main issue is my scoliosis. It's too expensive to travel so I don't get it taken care of.
My questions stem from confusion over what I understood to be a switch from Medicaid to Medicare (May 1, 2015), while in actuality I now appear to have both. I don't understand why the change was made, which program is responsible for covering what, or when further changes may occur. Once I understand those things, I'm sure I will have some more concrete questions. Thank you in advance.
Need Dental
Need help paying for Latuda mental pills
Need more help
Need more information on Basic Medicaid for physical health
Need psychologist & psychiatrist instead of counselor & nurse practitioner to properly handle my therapy and medicines. N.P. ignores what my neurobiologist and E.N.T. doctor recommend for anxiety and panic attacks. I'm suffering terribly.
Need vision care.
No dental coverage
No offense to the medical community...but I find too much unprofessional conduct.
Once approved for Medicaid, I continued my medical care at Pryor Indian Health Clinic. The 35-mile (one direction) drive has become an expensive hardship. I have been trying to change my healthcare provider to St. Vincent Healthcare in Billings, where I live. It has been very difficult to understand what Medicaid Montana needs me and my doctor to do for this to be accomplished. I called Crow Hospital to ask for help and they discouraged me from changing my provider. I am determined to change me provider to Billings, but it is taking much longer and requires excessive bureaucracy to accomplish.
Only issues I've had with healthcare is Work Comp not authorizing necessary care for injury. And Medicaid is picking up my mental health bill and medical caused by injury
Please contact me about emergency glasses [NOTE: client contacted on 12/21/15 to let her know that she will have Full MCD with eyeglass coverage beginning 1/1/16.]
Please help
Please, please help by talking to our congressmen, senators, legislatures in our state to expand our mental health facilities, staff and funding.
Q28-I did not know I could get travel reimbursement. My doctor is not outside my community but in another town fifteen miles each way. It would help me a lot if I could (get reimbursed) because it would take some stress away. Because I don't always know if I can get back to Kalispell the next week to get my medicine.
Q29? Do they have travel reimbursement? If so, I could use it! Thank you.
Question regarding travel reimbursement
Question, Does Medicaid pay for eye exams and glasses?
Send me a basic Medicaid benefit handbook
Should go to the dentist and eye doctor but these services are not covered
The main thing I need that Medicaid doesn't cover is more mental health therapy. I can only see therapist once per month and I need to see her once per week, often.
This program helps me a lot with dental and doctor visit. Thanks for being there. But Riverstone Health is trying to charge me with stuff they couldn't do.
Treating eating disorders as part of mental health should be recognized
Was unaware of the option for travel reimbursement
What is covered under Basic Medicaid? Is the day program at S.T.E.P. covered? Would transportation to work be covered?
Why don't I qualify for full benefits? I am on disability and Medicare. Please explain to me why I don't qualify.
Why is my Medicaid closing? I have testing to get done. Thank you!
Will need Medicaid. Have to fill out more paperwork, which overwhelms me.

Wish basic Medicaid would cover substance abuse treatment. What is the deal with travel reimbursements?
Without Medicaid I would not have been able to see the doctors I need. I need case management for mental health disability & have been unable to get one! Please help!
Workforce community does not care about one's mental health
Would like a card and Medicaid info.
Would like pamphlet that describes what services are covered by my basic Medicaid
Would like to learn more about my benefits and how to get help with travel costs
Dr's no longer look at you and take notes. They have their back to you, pecking out dictation that are not your words but their propagandized idea of what you mean.
I have had to borrow travel expenses from family to be able to visit with my doctor.
Once I needed a ride to mental health appt and my driving license was expired. Didn't have a job but I could only get a ride once. That's not fair.
If you've been with a doctor for more than 5 years and have to travel to them you should get paid for that trip that is only once a year.
I'm never quite certain what, and how much of my medical care (both physical and mental) is covered by Medicaid
Unable to receive mental health care due to owing \$16.00 to my psychiatrist, she stopped seeing me for therapy. I have no income, and some co-pays are \$5.00 for meds or doctor's visits and I can't pay them all.
I do wish dental care and eyeglasses/vision care were included. I need both.



\*DY 13 is an estimate

**PROJECTIONS**

\*Starting in DY 13 dental expenditures are above the \$1125 cap only

DY9	DY10	DY11	DY12	DY13	DY14	DY15	DY16
\$ 6,136,315	\$ 6,805,740	\$ 7,254,981	\$ 7,418,875	\$ 849,863	\$ 849,863	\$ 849,863	\$ 849,863
98,700	105,120	108,072	112,224	9,852	9,852	9,852	9,852
\$62.17	\$64.74	\$67.13	\$66.11	\$86.26	\$86.26	\$86.26	\$86.26

DY9	DY10	DY11	DY12	DY13	DY14	DY15	DY16
\$ 6,136,315	\$ 6,805,740	\$ 7,254,981	\$ 7,418,875	\$ 849,863	\$ 849,863	\$ 849,863	\$ 849,863
98,700	105,120	108,072	112,224	9,852	9,852	9,852	9,852
\$62.17	\$64.74	\$67.13	\$66.11	\$86.26	\$86.26	\$86.26	\$86.26

DY9	DY10	DY11	DY12	DY13	DY14	DY 15	DY 16
				\$ 73,049,832	\$ 81,697,841	\$ 83,029,516	\$ 84,382,897
				181,716	184,678	187,688	190,748
				\$402	\$442	\$442	\$442

DY9	DY10	DY11	DY12	DY13	DY14	DY 15	DY 16
				\$ 73,049,832	\$ 81,697,841	\$ 83,029,516	\$ 84,382,897
				181,716	184,678	187,688	190,748
				\$402	\$442	\$442	\$442

Notes:

\*PMPM including increase in expenditures for those members who were previous

\*member months trend rate is 1.63% per year

\*expense trend rate is 1% per year

DY17	DY18	Total
\$ 849,863	\$ 849,863	\$ 38,881,782
9,852	9,852	
\$86.26	\$86.26	

DY17	DY18	DY18
\$ 849,863	\$ 849,863	\$ 38,881,782
9,852	9,852	
\$86.26	\$86.26	

DY 17	DY 18	DY18
\$ 85,758,338	\$ 87,156,199	\$ 495,074,621
193,857	197,016.59	
\$442	\$442	

DY 17	DY 18	DY18
\$ 85,758,338	\$ 87,156,199	\$ 495,074,621
193,857	197,017	
\$442	\$442	

only receiving basic services

**FIGURE XI. STATE MAINTENANCE OF EFFORT**

		2/17-1/18	2/18-1/19	2/19-1/20	2/20-1/21	2/21-1/22	Type of Assistance
		DY 14	DY 15	DY 16	DY 17	DY 18	
<b>Without Waiver</b>							
<b>Mental Health Services Plan - State Only Program Budget</b>	Total Recipients	3,000	3,000	3,000	3,000	3,000	MHSP State Only Program Assistance = Limited Mental Health Benefits, \$425 Rx, MHSP State General Fund.
	State Funds	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	
<b>ABD Service Dental Treatment Services Over State Plan Annual Limit</b>	Total Recipients	821	821	821	821	821	No dental treatment beyond the state plan annual limit.
	State Funds	\$300,682	\$300,682	\$300,682	\$300,682	\$300,682	
<b>With Waiver</b>							
	Total Recipients	3,000	3,000	3,000	3,000	3,000	Waiver for Medicaid Additional Services and Populations = Medicaid Benefit
<b>MEG 1) MHSP Waiver</b>	State Funds	\$689,910	\$689,910	\$689,910	\$689,910	\$689,910	
<b>MEG 2) ABD Waiver -with Waiver</b>	Total Recipients	821	821	821	821	821	ABD Dental Treatment Services over the \$1,125 annual limit.
	State Funds	\$300,682	\$300,682	\$300,682	\$300,682	\$300,682	
<b>State Only Funds Total</b>		<b>\$990,592</b>	<b>\$990,592</b>	<b>\$990,592</b>	<b>\$990,592</b>	<b>\$990,592</b>	

\*State Funds-State Only General Funds or State Special Revenue (Tobacco Tax Revenue)

MHSP State Funds to cover MHSP Waiver benefits  
5/23/2016

\*\* The Aged, Blind, and Disabled dental expenses above \$1,125 is considered a pass through and not listed as a cost towards budget neutrality.



# Department of Public Health and Human Services

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**Steve Bullock, Governor**

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**Richard H. Opper, Director**

## Section 1115 Montana Waiver for Additional Services and Populations Renewal Comments and Responses

There were no public comments received for the Section 1115 Montana Waiver for Additional Services and Populations Renewal.