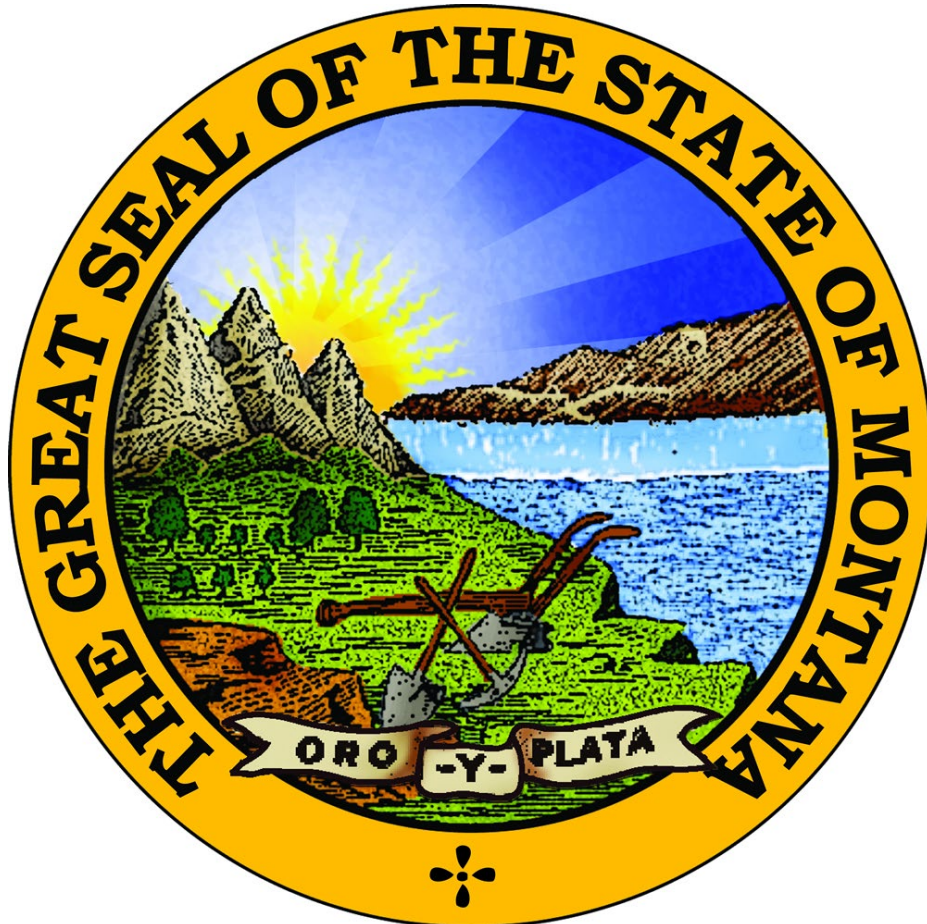


**Montana Section 1115 Waiver for Additional Services and
Populations (WASP) Demonstration**

Section 1115 Annual Report

Demonstration Reporting Period:
Demonstration Year 20
January 1, 2023 – December 31, 2023

Submitted March 29, 2024



Annual Monitoring Report

Purpose and Scope of Annual Monitoring Report:

The state must submit annual progress reports in accordance with the Special Terms and Conditions (STC) and 42 CFR 431.420. This report will be outlined in accordance with 42 CFR 431.428. The following annual monitoring report for Demonstration Year (DY)20 will include:

1. Introduction
2. History
3. Policy and Administrative Difficulties
4. Health Care Delivery Systems
5. Impacts of the Demonstration
6. Outcomes
7. Satisfaction, Grievances, and Appeals
8. Audits, Investigations, and Lawsuits
9. Financial Report with Budget Neutrality
10. Evaluation
11. Legislative Impacts
12. Outreach and Innovative Activities
13. Annual Post-Award Public Forum Summary
14. State Contacts

1. Introduction

Montana's Waiver for Additional Services and Populations (WASP), formally known as the Basic Medicaid Waiver, 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 (PCR). This waiver has undergone multiple changes over the years.

Changes that directly impacted this waiver's services in 2016 were precipitated by the implementation of Medicaid expansion, called the Health and Economic Livelihood Partnership (HELP) Plan. Due to Medicaid expansion, many Basic Medicaid/WASP Program members became eligible for Montana Medicaid. At the same time, significant changes were made to the Basic Program/WASP Program. An amendment effective January 1, 2016, reduced the number of persons covered, changed the nature of the population eligible and changed the plan of benefits for WASP members. Basic Medicaid previously did not cover or had very limited coverage of some services. This amendment aligned the Basic Medicaid benefit package with the Standard Medicaid benefit package.

An additional amendment, effective March 1, 2016, changed the name of the Basic Waiver to Waiver for Additional Services and Populations. It also added dental treatment coverage, above the Medicaid State Plan cap of \$1,125, for categorically eligible aged, blind or disabled (ABD) individuals, as a pass-through cost.

An additional amendment, effective March 30, 2022, removed expenditure authority for the twelve-month continuous eligibility for the PCR population and also removed historical references to cost sharing and copayments for all demonstration enrollees. However, due to the public health emergency (PHE) provisions of the continuous enrollment requirement under section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA), the PCR population continued to receive twelve-month continuous eligibility into 2023. An application to extend this waiver for five years, with no changes to the prior approved authorities, was approved December 15, 2022.

Montana Senate Bill 516 “Provide for the preserving Fertility Act” was passed during the 2023 Legislative Session and was signed into law by Governor Gianforte. This legislation requires the Montana Department of Public Health and Human Services (DPHHS) to add fertility preservation services for aged-eligible individuals diagnosed with cancer to Medicaid and Children’s Health Insurance Program (CHIP), also known as Health Montana Kids (HMK) coverage. An amendment to WASP requesting the addition of fertility preservation services was sent to the Centers for Medicare and Medicaid (CMS) on October 20, 2023. The waiver amendment submission was accepted by CMS and entered the 30-day Federal Comment Period starting October 26, 2023, and ending on November 25, 2023. Montana and CMS are currently in the negotiations phase for the fertility preservation amendment. If approved, the fertility preservation services would be available to eligible individuals between the ages of 12 and 35 who have been diagnosed by a physician as having an active cancer diagnosis requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (infertility caused by cancer treatment).

2. 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 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, offering 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, the DPHHS 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. Terms of the request and the approval were consolidated into an Operational Protocol document as of February 2005. The waiver structure remained constant

throughout the life of the Basic Program. The State was required to submit a quarterly Basic Medicaid report as one of the Operational Protocol conditions.

A HIFA proposal was submitted on June 27, 2006. 1115 Basic Medicaid Waiver amendments 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. July 30, 2009, and August 6, 2010, submittals requested only one population, Mental Health Service Plan (MHSP) Waiver individuals (individuals with schizophrenia and individuals with bipolar), in addition to Able Bodied Adults. CMS approved the waiver extension and the request to insure the additional population, effective December 1, 2010.

The 1115 Basic Medicaid Waiver renewal was submitted in June of 2013 and approved by CMS effective January 1, 2014. The renewal includes raising the enrollment cap from “up to 800” to “up to 2000”; the primary Severe Disabling Mental Illness (SDMI) clinical diagnosis of major depressive disorder as a covered diagnosis; and home infusion as a covered service.

In June 2014, Montana submitted an amendment to the Section 1115 Basic Medicaid Waiver (Amendment #1) 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 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; added a random drawing with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining 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 mental health waiver 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.

Effective January 1, 2016, Montana submitted an amendment (Amendment #2), to remove the Able-Bodied Adult population, remove the SDMI population eligible for State Plan expansion, give the MHSP Waiver population the Standard Medicaid benefit, and close the Basic benefit. This amendment proposed to cover individuals aged 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 provided for 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on modified adjusted gross income (MAGI).

On March 7, 2016, an amendment was submitted (Amendment #3) 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. This amendment was approved with an effective date of March 1, 2016.

Following the third quarter report for DY13, the decision was made to change the reporting for this demonstration to a January through December calendar year as opposed to the prior February through January schedule. Therefore, the DY13 Annual Report covered an abbreviated year, 02/01/2016 through 12/31/2016. The DY14 Annual Report was applicable to the entire calendar year of 2017.

The Montana WASP Medicaid Demonstration was granted an extension on December 15, 2017. This extension, including new Special Terms and Conditions, was accepted by Montana DPHHS, January 12, 2018, and is effective January 1, 2018, through December 31, 2022.

In response to the 2020 COVID-19 state of emergency, effective April 1, 2020, Montana implemented several temporary changes to member eligibility and services:

- A moratorium on non-voluntary dis-enrollments to Montana Healthcare Programs, including no dis-enrollment in WASP for failure to renew eligibility;
- Expedited enrollment process;
- More services became available through telephone conversations and electronic visits;
- Removal of most referral requirements; and
- Suspension of face-to-face requirements for some programs

The Montana Healthcare Programs Pharmacy Program also made temporary adjustments in response to the 2020 COVID-19 emergency:

- Allowed early refills for members on a case-by-case basis;
- Authorized non-preferred medications due to shortages;
- Extended existing prior authorizations;
- Extended day supply for MAT therapy if provider deemed appropriate; and
- Allowed flexibility so members limited by the application of 42 CFR 431.54(e) can obtain medications at a pharmacy other than their lock-in, if necessary and appropriate

In April, May and June of 2020, these additional temporary COVID-19 related adjustments were made:

- Amendment to provider enrollment instructions
- Dental telemedicine coding guidance
- Suspension of prior authorizations or continued stay reviews and clinical requirements for some Medicaid programs
- Changes to Youth Community-Based psychiatric rehabilitation and support services (retroactive to March 16, 2020)
- Non-covered services agreement policy change
- Suspension of the PCP referral requirement
- National correct coding initiative announcement
- Revision to Case Management General Provisions
- Allowing a 90-day supply for all drugs except C II drugs, (retroactive to March 1, 2020)

As of DY20, the above temporary COVID-19 related adjustments remained in place.

At the end of December 2020, an evaluation design draft was in process. The new evaluation design for the WASP demonstration period January 1, 2018, through December 31, 2022, was submitted to CMS and approved by CMS.

On September 3, 2021, Montana submitted an amendment application to CMS, asking for the authority to do two things:

- 1) Remove expenditure authority for 12-month continuous eligibility for the non-expansion Medicaid-covered individuals whose eligibility is based on MAGI, also known as Parents and Caretaker Relatives (PCR). This removal would remove this population from any coverage under WASP as this is the only benefit they receive under the waiver. The coverage WASP provides for the Waiver Mental Health Services Plan (WMHSP) population, including 12-month continuous eligibility, and for the Aged, Blind and Disabled (ABD) population, for dental treatment services above the State Plan annual cap of \$1,125, would remain the same.
- 2) Remove cost sharing and copayments for demonstration enrollees, to align with the removal of cost sharing from the Montana Medicaid plan effective January 1, 2020. This removal would apply to WMHSP enrollees as well as the categorically eligible ABD individuals who receive expanded dental treatment services through WASP.

The 1115 waiver authorities for the WASP were due to expire on December 31, 2022, and the necessary extension application, with accompanying evaluation report, would have been due by December 31, 2021. Due to the pending CMS decision on the above proposed amendment's effect on the future shape of the waiver authorities, and also the future shape of the evaluation design, Montana requested and received a delay in this due date until June 30, 2022.

This awaited amendment approval arrived March 30, 2022. The approval sunsets expenditure authority for the twelve-month continuous eligibility for the PCR population, initially determined eligible under the state plan in the eligibility groups described in either section 1931 of the Act or section 1925 of the Act. This authority was set to end at the earlier of: the end of the continuous enrollment requirement under section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) or the date that the state no longer claims the increased Federal medical assistance percentage (FMAP) under section 6008(a) of the FFCRA. This amendment also removes cost sharing and copayments for demonstration enrollees, to align with the removal of cost sharing from the Montana Medicaid state plan effective January 1, 2020.

An application to extend this waiver for five more years (January 1, 2023, through December 31, 2027) with no changes to the prior approved authorities, was submitted on June 30, 2022.

The 2022 post award forum was held November 29, 2022, in conjunction with the Montana Health Coalition annual meeting. The forum was held virtually. Twenty-four people attended via Teams link. No WASP related comments were made.

On December 15, 2022, the waiver extension request was approved. The demonstration will continue to provide expenditure authority for: 1) 12-month continuous eligibility and full state plan benefits, except retroactive eligibility, for the Waiver Mental Health Services Plan

(WMHSP) population up to a limit of 3,000 beneficiaries, who have been diagnosed with a severe disabling mental illness (SDMI) of schizophrenia, bipolar disorder, major depression or another SDMI; and 2) dental treatment services above the \$1,125 state plan dental treatment cap to individuals determined categorically eligible for the aged, blind, and disabled (ABD) eligibility group, to which retroactive eligibility requirements will continue to apply. The state will maintain the authority to not provide retroactive eligibility for the WMHSP demonstration population and will be required to evaluate the effects of this policy on beneficiary receipt of services and medical debt.

The above-mentioned amendment approval of March 30, 2022, was due to sunset expenditure authority for the twelve-month continuous eligibility for the PCR population, initially determined eligible under the state plan in the eligibility groups described in either section 1931 of the Act or section 1925 of the Act. This authority was set to end at the earlier of: the end of the continuous enrollment requirement under section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) or the date that the state no longer claims the increased Federal medical assistance percentage (FMAP) under section 6008(a) of the FFCRA. However, the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA,2023) allows for the unwinding of the PHE requirement of twelve-month continuous eligibility to begin prior to the ending of the PHE. Since twelve-month continuous eligibility is the only benefit the PCR population receives under WASP, the PCR members' cessation of the twelve-month continuous eligibility will remove this population from the WASP.

In 2023, Montana provided continued coverage for WASP members in accordance with the increased FMAP conditions in section 6008(b)(3) of the Families First Coronavirus Relief Act. Montana did not disenroll members from the WASP Waiver during the Public Health Emergency (PHE). With the authority of the Consolidated Appropriations Act, 2023 (P.L. 1117-328) (CAA, 2023) and the PHE ending on May 11, 2023, some programs changes began. With the ending of the PHE and the CAA, the unwinding of the PHE flexibilities commenced. Montana began moving toward reinstatement of scheduled qualification redetermination activities. The State of Montana began the unwinding of the 12-month continuous coverage in April 2023. The goal was to have every case begin the redetermination process within 10 months of the start date. Members who could not be automatically renewed received a letter with a renewal packet at least 30 days prior to their renewal deadline. If there was no response from the member within approximately 3 weeks, a reminder letter and/or text message was sent. Montana also implemented numerous outreach campaigns before and during this process to encourage members to update their information.

During the 2023 Legislative session, Senate Bill 516 "Provide for the preserving Fertility Act" was passed and signed into law by Governor Gianforte. This legislation requires the Montana Department of Public Health and Human Services (DPHHS) to add Medicaid and the Children's Health Insurance Program (CHIP), also known as Healthy Montana Kids (HMK), coverage for fertility preservation services for aged-eligible individuals diagnosed with cancer and the standard of care involves medical treatment that may directly or indirectly cause iatrogenic infertility. In light of the statutory directive, Montana DPHHS sought approval from the Centers for Medicare and Medicaid Services (CMS) to amend the Section 1115 Montana Waiver for Additional Services and Populations Demonstration Waiver to add fertility preservation services for age-eligible Medicaid CHIP/HMK enrolled members diagnosed with cancer effective

January 1, 2024. If approved, this amendment would cover eligible individuals between the ages of 12 and 35 who have been diagnosed by a physician as having an active cancer diagnosis requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (infertility caused by cancer treatment).

A new Evaluation Design relevant to the extension period that began January 1, 2023, was submitted on June 29, 2023, and is still currently under review by CMS. A Final/Summative Evaluation Report, relevant to the extension period that ended December 31, 2022, is due to CMS on June 30, 2024.

3. Policy and Administrative Difficulties

Any policy or administrative difficulties in the operation of the demonstration.

Other than the amendment and extensions recently submitted, no policy or administrative difficulties were encountered for this period, DY20. The legislative changes that impacted this waiver in DY20 will be discussed further in section 11. The next Montana legislative session is not scheduled to begin until January 2025.

A Summative Evaluation based off the approval period 2018-2022 is due to CMS by March 30, 2024. A contract is currently being worked on to secure a vendor to meet the current STCs (STC 42) requiring an independent evaluator to complete the Interim and Summative Evaluations for the current approval period, 2023-2027. We expect this contract to be executed in 2024.

4. Health Care Delivery Systems

The status of the health care delivery system under the demonstration with respect to issues and/or complaints identified by beneficiaries.

WASP has multiple systems working together to provide the best coverage and services to our members. No issues or complaints have been identified by members of either the ABD or MHSP population in DY12 by any of the delivery systems.

5. Impacts of the Demonstration

The impact of the demonstration in providing insurance coverage to beneficiaries and uninsured populations.

Across the populations under WASP (MHSP and ABD), there has been an overall decrease in enrollment as 2023 progressed. This is thought to be caused by the redetermination that began in April 2023. It was expected that numbers would drop due to the redeterminations. Members who no longer qualified under WASP (MHSP or ABD) criteria would either be reassigned to a different Medicaid plan or would lose coverage. There were also those who lost coverage due to not responding to the Office of Public Assistance to complete their redetermination. When sending out the redetermination packets, some members did not have updated or accurate address information and therefore did not receive the packet despite the outreach and campaigns by DPHHS encouraging members to update their information before the end of the PHE. DPHHS had TV and Radio campaigns to outreach more members. The Montana DPHHS website was

updated with information on how to contact OPA or access apply.mt.gov to update information online if the member chose. There were also materials put into our Medicaid Member Newsletter, MESSENGER, continuing reminders and encouragements for members to update their information for the redetermination processes. Prior to the redetermination processes, multiple webinars were held with providers starting in November 2022 and these presentations were posted online for public view. Additionally, letters were sent to providers about how they can support their clients through this, and DPHHS met with multiple associations for the same reason. DPHHS has this information on their Facebook page for public view. DPHHS also reached out to Senior and Long-Term Care facilities and advised them to be proactive and assist their clients with the redetermination processes. Similarly to the outdated addresses, some members did not have updated or accurate contact information and were unable to receive the follow up texts or calls regarding this. For the members who did not or could not complete their redetermination packets whether via paper, online, or over the phone, their coverage was terminated. After the redetermination processes are completed, we do not expect any other significant impacts to future enrollments.

Even with the drop in enrollment numbers, we have been able to cover many Montanans under WASP. The ABD population has the most significant number of members covered under it with an enrollment total of 30,288 in 2023. This population receives the fewest benefits under WASP. Those who qualify for the ABD population are already eligible for Medicaid but by being eligible for WASP, also receive additional dental coverage above the Medicaid \$1,125 annual cap.

6. Outcomes

Outcomes of care, quality of care, cost of care, and access to care for demonstration populations.

It is important to note that due to the COVID-19 PHE and eligibility redetermination process, the data for DY20 is expected to look abnormal. The Evaluation Design that was submitted to CMS on June 29, 2023, stated “Due to the COVID-19 PHE and eligibility redetermination process beginning May 12, 2023, the baseline data for the demonstration period evaluation for the WMHSP and ABD populations will start with DY 21 (January 1, 2024, through December 31, 2024). With the baseline data of DY 21, the volatility of the redetermination process resulting from the COVID-19 PHE is removed from the evaluation results”. As stated above, since the baseline data will begin in DY21, there will be additional data collected for the telehealth utilization at that time to compare with utilization during the PHE in DY19.

Enrollment Count

Note: Enrollment counts are person counts, not member months.

Demonstration Populations (as hard coded in the CMS 64)	Enrollment (last day of quarter)				Enrollment Annual Total	Newly Enrolled (annual count)	Disenrolled (actual count)
	Q1	Q2	Q3	Q4			
Dental	27,539	27,296	26,324	24,511	30,288	4,523	9,509
WMHSP Adults	970	951	925	879	1,009	43	161
• Schizophrenia	302	295	288	269	317	18	60
• Bipolar Disorder	256	248	241	227	265	10	44
• Major Depression	302	299	287	275	312	10	46
• Other Diagnoses	110	109	109	108	115	5	11

*The annual enrollment totals are more than any single quarterly total because the quarterly totals are based on enrollment on the last day of the quarter while the annual total counts members enrolled at any point during the year.

The dental population count has not seen a significant change in total enrollment from DY19 to DY20. The enrollment annual total for the dental population went from 29,457 in 2022 to 30,288 in 2023. Although there has been limited change in total enrollment, there has been a consistent decline in enrollment for each quarter in 2023. This can be accounted for with the large disenrollment number of 9,509. The MHSP population also had a consistent decline in each quarter.

Member Month Reporting

Eligibility Group	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Dental	82,743	82,307	80,420	75,530	321,000
WMHSP Adults	2,919	2,880	2,795	2,685	11,279
• Schizophrenia	906	889	867	826	3,488
• Bipolar Disorder	771	757	730	696	2,954
• Major Depression	910	905	872	835	3,522
• Other Diagnoses	332	329	326	328	1,315

All the Annual Totals are less than the previous year, DY19. There were steady decreases in all categories as compared quarterly and from the following year.

WASP MHSP Data

WASP MHSP	Number of Unique Members				Number of Admissions			
	2020	2021	2022	2023	2020	2021	2022	2023
Year								
Members receiving Psychotropic Prescriptions Drugs	100	89	76	76	N/A	N/A	N/A	N/A
Members Using Emergency Department for Mental Health Services	78	63	51	19	184	182	115	85
Admissions to Crisis Stabilization	37	35	29	13	100	99	67	32
Admissions to Inpatient Psychiatric Facility	37	24	24	21	55	30	31	24
Admission to Montana State Hospital	3	2	0	0	3	2	0	0

In 2023, there were the lowest numbers in all categories compared over the past four years. This shows the waiver is having benefits on members lives as they are not having to utilize crisis services as frequently. Although these numbers show improvements in utilization or crisis services, there has also been a decline in member enrollment for this population. Below shows the unique member enrollment numbers over the past four years for comparison with the information in the WASP MHSP Data chart above.

MHSP Distinct Count

MHSP Distinct Count	2020	2021	2022	2023
Members	1,156	1,100	1,045	1,009

The utilization of members receiving psychotropic prescription drugs has gone from 8.7% in 2020 to 7.5% in 2023. The unique members using emergency department for mental health services has decreased from 6.7% in 2020 to 1.9% in 2023 meaning overall less members utilized the emergency department for mental health services in 2023. The total admissions for emergency department use for mental health services also dropped by 99 when the overall enrollment rate for the MHSP population only dropped by 147 members over the past 4 years. Unique admissions to crisis stabilization dropped from 3.2% in 2020 to 1.3% in 2023 with the total number of crisis stabilization dropping by 68 over 4 years. The admissions to inpatient psychiatric facilities have gone from 3.2% in 2020 to 2.1% in 2023. This is the only area where there is a slight increase in total admissions to inpatient psychiatric facilities with an increase of 3 admissions. The Montana State Hospital has stopped receiving funding from Medicaid and Medicare during this time and currently do not receive Medicaid funding so there has not been any admission to the Montana State Hospital for MHSP members.

7. Satisfaction, Grievances, and Appeals

The results of beneficiary satisfaction surveys, if conducted during the reporting year, grievances and appeals.

There were no grievances or appeals for the ABP population in DY20. One hearing request was filed by a WMHSP member. The members request for hearing stated, “I believe I am still eligible for benefits”. This appeared to be filed during the redetermination period. The Office of Public Assistance (OPA) determined the member did qualify for a new Medicaid plan and was no longer eligible for WASP. The member continued to have Medicaid coverage with no lapses. The request for fair hearing was resolved.

8. Audits, Investigations, and Lawsuits

The existence or results of any audits, investigations, or lawsuits that impact the demonstration.

There were no issues in the audits performed in 2023 associated with WASP. There were no investigations or lawsuits in DY20 regarding WASP.

9. Financial Reporting with Budget Neutrality

The financial performance of the demonstration.

Montana has generated savings balance by which a portion of the WASP expenses have been covered. It was initially thought this savings balance may be nearing exhaustion. After researching and compiling old files from previous analysts, it has been determined that Montana has not depleted the savings balance as of DY20. Because the MHSP is the only program within WASP currently that impacts the savings depletion, it is taking longer to deplete the savings than what was originally estimated by Montana. This has allowed for other 1115 Waivers within the state of Montana to utilize some of this cost savings to start up additional programs that will benefit more members.

Please see attached budget neutrality worksheet.

10. Evaluation

The status of the evaluation and information regarding progress in achieving demonstration evaluation criteria.

The new evaluation design relevant to the extension period that began January 1, 2023, was submitted on June 29, 2023, and is still currently under review by CMS. Considering Montana has not received an approval for the evaluation design or request for alterations yet, Montana is unable to share measures regarding the process in achieving evaluation criteria. Once Montana has received approval of the evaluation design, we will be able to address how the demonstration is progressing in achieving the demonstration evaluation criteria.

There is also difficulty assessing the evaluation criteria in DY20 due to the COVID-19 PHE and eligibility redetermination process. Because of this, the data is expected to show abnormalities as compared with future results.

11. Legislative Impacts

Any State legislative developments that may impact the demonstration.

During the 2023 Montana Legislative Session, Senate Bill 516 was passed and signed into law. The intent of Bill 0516 is to ensure that fertility preservation services for cancer patients are covered by insurance plans in the same manner as other medically necessary care. This law assisted in fabricating the recent amendment to WASP that was submitted to CMS requesting the addition of fertility preservation services.

Montana and CMS are currently in the negotiations phase for the fertility preservation amendment. If approved, the fertility preservation services would be available to eligible individuals between the ages of 12 and 35 who have been diagnosed by a physician as having an active cancer diagnosis requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (infertility caused by cancer treatment).

There have been no additional legislative impacts on the waiver in DY20.

12. Outreach and Innovative Activities

Annual satisfaction surveys are performed for the MHSP population of the WASP waiver as they receive the most benefits from the waiver. They are based on the State Fiscal Year (SFY) which runs from October 2022 – June 2023. The comparison group for the survey (Non-WASP) includes any Medicaid members that had a mental health claim in 2023 (this also includes grant-funded programs). The total number of responses in SFY2023 for WASP and Non-WASP was 1,313 with the WASP respondents only being 13 of those. There was total of 1,009 surveys sent out to the MHSP population and an overall total of 24,287 sent (including MHSP). There was a significantly lower response rate in 2023 than in previous years. Additionally, there was a substantial amount of mail that was returned due to incorrect or unforwarded addresses, about 4 times as many as in previous years. In the SFY2022 survey, there were 59 WASP respondents and in SFY 2021, there were 89 WASP respondents. It is difficult to say why the number of respondents has dropped so low. There will be discussion about whether the survey is providing adequate feedback for the MHSP population and whether new evaluation criteria need to be implemented. It may be too early to assess if this would be of benefit for DY21 as we expected responses and data to be abnormal for DY20 due to the redetermination processes. If the survey were to be altered, it would include questions more specific to its members and allow members to provide greater feedback.

2023 WASP Satisfaction Survey

Domain	SFY2023 WASP	SFY2023 NON-WASP
General Satisfaction	92%	84%
Access to Services	92%	80%
Quality & Appropriateness of Services	92%	82%
Participation in Treatment	85%	81%
Outcomes	62%	57%
Improved Functioning	46%	60%
Improved Social Connectedness	46%	61%
Average of all 7 Domains	74%	72%

WASP Satisfaction Survey Average Comparisons

Domain	SFY2020	SFY2021	SFY2022	SFY2023
WASP - Average of all 7 Domains (as listed in the chart above)	75%	74%	74%	74%
NON-WASP – Average of all 7 Domains (as listed in the chart above)	78%	79%	78%	72%

There are multiple statements posed in each of the categories and an average rating is calculated from those answers to get the primary percentage for each domain. The members are asked to rate how they feel they relate to each statement with a 1-5 scale rating where 1 is strongly satisfied and 5 is strongly dissatisfied. The statements for each domain are as follows:

- **General Satisfaction**
 - I like the services that I received at my provider.
 - If I had other choices, I would still get services from my provider.
 - I would recommend this provider to a friend or family member.
- **Access**
 - The location of services was convenient (parking, public transportation, distance, etc.)
 - Staff were willing to see me as often as I felt it was necessary.
 - Staff returned my call in 24 hours.
 - Services were available at times that were good for me.
 - I was able to get all the services that I thought I needed.
 - I was able to see a psychiatrist/medication prescriber when I wanted to.
- **Quality and Appropriateness of Services**
 - Staff believe that I can grow, change, and recover.
 - I felt free to complain.
 - I was given information about my rights.
 - Staff encouraged me to take responsibility for how I live my life.
 - Staff told me what side effects to watch for.

- Staff respected my wishes about who is and who is not to be given information about my treatment.
- Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.)
- Staff helped me obtain the information I needed so I could take charge of managing my illness.
- I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.)
- Participation in Treatment
 - I felt comfortable asking questions about my treatment and medication.
 - I, along with staff, decided my treatment goals.
- Outcomes
 - I deal more effectively with daily problems.
 - I am better able to control my life.
 - I am better able to deal with crisis.
 - I am getting along better with my family.
 - I do better in social situations.
 - I do better in school and/or work.
 - My housing situation has improved.
 - My symptoms are not bothering me as much.
- Improved Functioning
 - My symptoms are not bothering me as much.
 - I do things that are more meaningful to me.
 - I am better able to take care of my needs.
 - I am better able to handle things when they go wrong.
 - I am better able to do things that I want to do.
- Improved Social Connectedness
 - I am happy with the friendships I have.
 - I have people with whom I can do enjoyable things.
 - I feel I belong in my community.
 - In a crisis, I would have the support I need from family and friends.

The satisfaction scores have stayed at 74% for the last 3 years. The WASP members satisfaction scores are overall similar so those of Non-WASP members with both scores steadily maintaining in the 72-79% range.

13. Annual Post-Award Public Forum Summary

A summary of the post-award public forum, including all public comments received regarding the progress of the demonstration project.

The annual post-award public forum for DY20 was held on December 5, 2023. There were 24 attendees, and the meeting was held via Zoom. During the forum, there were no comments or concerns regarding the WASP waiver.

14. State Contacts

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