



11/28/16 Section 1115 Demonstration Waiver for Additional Services and Populations (WASP) (formerly known as the Basic Medicaid Waiver) amendments and renewal

Effective January 1, 2016

On July 19, 2016, the Centers for Medicare and Medicaid Services (CMS) approved the Section 1115 Basic Medicaid Demonstration Waiver amendment to:

1. Remove individuals under age 65 with severe disabling mental illness (SDMI) who are not covered by or eligible for Medicare and who have income up to and including 133 percent of the federal poverty level;
2. Include previously excluded services to offer a benefit package, aligning with the standard package offered through the state plan for parents and caretaker relative adults and the Waiver Mental Health State Plan (WMHSP) population; and
3. Provide twelve months of continuous eligibility at the regular federal medical assistance percentage (FMAP) rate for parents and caretaker relatives and the WMHSP population. In budget neutrality, expenditures within the agreed upon per member per month limit for parents and caretaker relatives receiving continuous eligibility in the demonstration will not count against the state's accumulated savings.
4. This amendment will also allow the state to lower the enrollment limit to reflect the amount of individuals covered in the demonstration.

Effective March 1, 2016

Pending CMS approval, this amendment:

1. Changes the name of the demonstration to "Montana Section 1115 Waiver for Additional Services and Populations;" and
2. Provides dental treatment services above the state plan dental services annual limit of \$1,125 for individuals determined categorically eligible as aged, blind, and disabled (ABD).

Effective January 1, 2017

Pending CMS approval, the WASP 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.