Attachment A

Evaluation Report

February 2016 – July 2017

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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

Evaluation Report
February 2016 – July 2017

December 29, 2017

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 WMHSP 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 (WASP) 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.

We are pleased to announce that CMS approved the WASP extension effective January 1, 2018 with new Special Terms and Conditions. The Extension is good until December 31, 2021.

Department of Public Health and Human Services

As of September 2017, Sheila Hogan is the Director of DPHHS and Marie Matthews 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 accustom 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.

Basic Medicaid Population
DY11 Average - DY12 Average

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

Basic and Full Medicaid Enrollment
DY11 Average – DY12 Average

Medicaid Enrollment	February 2014 – January 2015 DY11 Average	February 2015 – January 2016 DY12 Average
Basic Medicaid Enrollment	13,751	15,406
Full Medicaid Enrollment (Age 21-64)	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.

Basic Medicaid Gender
DY11 Average – DY12 Average

Gender	February 2014 – January 2015 DY11 Average	February 2015 – January 2016 DY12 Average
Female	68%	69%
Male	32%	31%

Basic Medicaid Ethnic and Race
DY11 Average – DY12 Average

Ethnic and Race	February 2014 – January 2015 DY11 Average	February 2015 – January 2016 DY12 Average
Hispanic of Any Race	3%	3%
White	72%	75%
American Indian/AK	24%	21%
Other: African American, Asian, Pacific Islander	1%	1%

Full Medicaid Gender (Age 21-64)
DY11 Average – DY12 Average

Gender	February 2014 – January 2015 DY11 Average	February 2015 – January 2016 DY12 Average
Female	67%	67%
Male	38%	33%

Full Medicaid Ethnic and Race (Age 21-64)
DY11 Average – DY12 Average

Ethnic and Race	February 2014 – January 2015 DY11 Average	February 2015 – January 2016 DY12 Average
Hispanic of Any Race	3%	3%
White	78%	79%
American Indian/AK	17%	18%
Other: African American, Asian, Pacific Islander	1%	1%

DY11 and DY12 Expenditures by Provider Type for the Top Ten Provider

PROV PAY TO TYPE	DY11 2/1/2014 to 1/31/2015 Total	DY11 Percent of Total	DY12 2/2/2015 To 1/31/2016 Total	DY12 Percent of Total
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%**	**$3,367,153**	**3.97%**
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%**
Grand Total	**$67,824,110**	**88.77%**	**$84,839,915**	**86.57%**

Top ten provider types averages 87.67% of total costs.

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

Primary 2017 Survey Findings

In April, 2017, DPHHS mailed and hand-delivered a consumer satisfaction survey to 350 individuals who had been enrolled in the WASP between February, 2016 and July, 2017. Thirty percent (n=104) completed and returned the surveys.

The surveys were comprised of the 36 standard questions from the Mental Health Statistical Improvement Program (MHSIP) survey that measure member satisfaction with services and service outcomes over the past six months. The survey also included an additional five questions on general health, length of time in services, and open-ended responses on what has been most helpful, and what would make their mental health services better. Entry into a drawing for a $100 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 July 31, 2017.

The primary findings from the survey are provided below, along with comparisons of survey responses from the 2015 Basic Medicaid Waiver, and comparisons with the responses of members on Standard Medicaid receiving mental health services.

DOMAIN	LEGEND	FY17 WASP	FY17 NON WASP
General Satisfaction	% Positive	89.3%	86.5%
	Mean Score (1=strongly agree; 5=strongly disagree)	1.6	1.7
	# of Responses	103	903
Access	% Positive	81.7%	81.2%
	Mean Score (1=strongly agree; 5=strongly disagree)	1.7	1.8
	# of Responses	104	897
Quality and Appropriateness	% Positive	83.2%	85.5%
	Mean Score (1=strongly agree; 5=strongly disagree)	1.7	1.8
	# of Responses	101	860
Participation in Treatment	% Positive	89.9%	83.1%
	Mean Score (1=strongly agree; 5=strongly disagree)	1.5	1.6
	# of Responses	99	850
Treatment Outcomes	% Positive	58.2%	65.7%
	Mean Score (1=strongly agree; 5=strongly disagree)	2.3	2.2
	# of Responses	98	870
Improved Functioning	% Positive	63.7%	65.3%
	Mean Score (1=strongly agree; 5=strongly disagree)	2.3	2.2
	# of Responses	102	890
Social Connectedness	% Positive	53%	64%
	Mean Score (1=strongly agree; 5=strongly disagree)	2.5	2.2
	# of Responses	104	902
Average of all 7 domains:		**FY17 WASP RESPONDENTS**	**FY17 NON-WASP RESPONDENTS**
Average Percent Responding Positively		**74%**	**76%**

<u>General Satisfaction with Services</u>:
Nine out of 10 respondents (89%) responded positively to being generally satisfied with their mental health services. This domain of "General Satisfaction" was measured through three questions:

- I like the services that I received at my agency (90% positive);
- If I had other choices, I would still get services from this agency (83% positive); and
- I would recommend this agency to a friend or family member (88% positive).

Access to Services:
Eight out of 10 respondents (82%) responded positively to having adequate access to their mental health services. "Access" was measured through six questions:

- The location of services was convenient (parking, public transportation, distance, etc.) (88% positive);
- Staff were willing to see me as often as I felt it was necessary (86% positive);
- Staff returned my call in 24 hours (82% positive);
- Services were available at times that were good for me (92% positive);
- I was able to get all the services that I thought I needed (84% positive; 9% negative); and
- I was able to see a psychiatrist when I wanted to (66% positive; 23% negative).

Comparison with 2015: The last two questions above reduced the overall percent responding positively on the Access domain. Two similar questions were also asked in the 2015 Basic Medicaid Waiver survey.

- In 2015, the question on getting all the services the member needed pertained to both physical and mental health: "In the last three months, have you been able to get all the physical and mental health care that you needed?" In 2015, 30% said no; in 2017, when asked only about mental health services, only 9% said no. This likely reflects, at least in part, the greater access members now have to all their health needs in 2017, as their covered services now include the following medically necessary services that had not been covered in 2015: audiology, dental and denturist, durable medical equipment, eyeglasses, optometry and ophthalmology for routine eye exams, personal care services, home infusion and hearing aids. As members' coverage increased, their satisfaction with access to services increased.
- In 2015, the question on being able to see a psychiatrist was also worded differently. It stated: "Was the timeframe in which you waited to receive an appointment [with your doctor] for mental care satisfactory?" In 2015, 29% said the wait time was unsatisfactory. In 2017, 23% said they were not able to see a psychiatrist when they wanted. Although the questions were slightly different, the important finding is that Montanans, including those on the Section 1115 Montana Medicaid WASP, continue to struggle with adequate access to psychiatrists. The 6% reduction in complaints regarding access to psychiatrists (from 29% in 2015 down to 23% I 2017) is not a reliable measure of improvement due to sample size and inconsistent wording of the question.

Quality and Appropriateness of Services:
Eight out of 10 respondents (83%) responded positively to the "Quality and Appropriateness" of their mental health services. This domain was comprised of nine questions:

- Staff believe that I can grow, change and recover (76% positive);
- I felt free to complain (77% positive);
- I was given information about my rights and the grievance procedure (83% positive);
- Staff encouraged me to take responsibility for how I live my life (85% positive;)
- Staff told me what side effects to watch out for (70% positive);
- Staff respected my wishes about who is and who is not to be given information about my treatment (89% positive);
- Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.) (82% positive);

- Staff helped me obtain the information I needed so I could take charge of managing my illness (84% positive); and
- I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.) (70% positive).

Participation in Treatment:
Nine out of 10 respondents (90%) responded positively to their participation in their mental health treatment. This domain was measured through two questions:

- I felt comfortable asking questions about my treatment and medication (96% positive); and
- I, along with staff, decided my treatment goals (89% positive).

The three remaining domains pertained to improved outcomes from treatment. Consistent with past surveys from all adult survey respondents, a lower percent of members responded positively to these items, suggesting that different and more effective mental health treatment options are still needed for many.

Treatment Outcomes:
Nearly six out of 10 respondents (58%) responded positively to their perception of treatment outcomes. This domain was measured through eight questions, which all began with "As a direct result of the services I received…":

- I deal more effectively with daily problems (77% positive);
- I am better able to control my life (79% positive);
- I am better able to deal with crisis (72% positive);
- I am getting along better with my family (68% positive);
- I do better in social situations (52% positive; 22% negative);
- I do better in school and/or work (38% positive; 14% negative);
- My housing situation has improved (55% positive); and
- My symptoms are not bothering me as much (53% positive; 23% negative).

Eight percent fewer members on the Section 1115 Montana Medicaid WASP responded positively on the Treatment Outcomes domain compared with those on Standard Medicaid (58% vs. 66%), perhaps because 100% of those on the WASP have a Serious and Disabling Mental Illness (SDMI) whereas only some of those on Standard Medicaid receiving mental health services have an SDMI.

Improved Functioning:
Greater than six out of 10 respondents (64%) responded positively to their perception that their functioning had improved. This domain was measured through five questions, which all began with "As a direct result of the services I received…":

- My symptoms are not bothering me as much (53% positive; 23% negative);
- I do things that are more meaningful to me (71% positive; 13% negative);
- I am better able to take care of my needs (71% positive; 12% negative);
- I am better able to handle things when they go wrong (60% positive; 18% negative); and
- I am better able to do things I want to do (61% positive; 16% negative).

Members on the Section 1115 Montana Medicaid WASP had similar scores on the Improved Functioning domain compared to respondents on Standard Medicaid (64% positive vs. 65% positive).

Social Connectedness:
Slightly more than half (53%) responded positively to questions on social connectedness in relation to people other than their mental health provider. The four questions in this domain included:

- I am happy with the friendships I have (61% positive; 13% negative);
- I have people with whom I can do enjoyable things (60% positive; 16% negative);
- I feel I belong in my community (41% positive; 21% negative); and
- In a crisis, I would have the support I need from family or friends (66% positive; 12% negative).

Eleven percent fewer members on the Section 1115 Montana Medicaid WASP responded positively in the Social Connectedness domain compared with those on Standard Medicaid (53% vs. 64%). One potential explanation is that the Waiver sample size was much smaller than the sample size for Standard Medicaid (104 vs. 902).

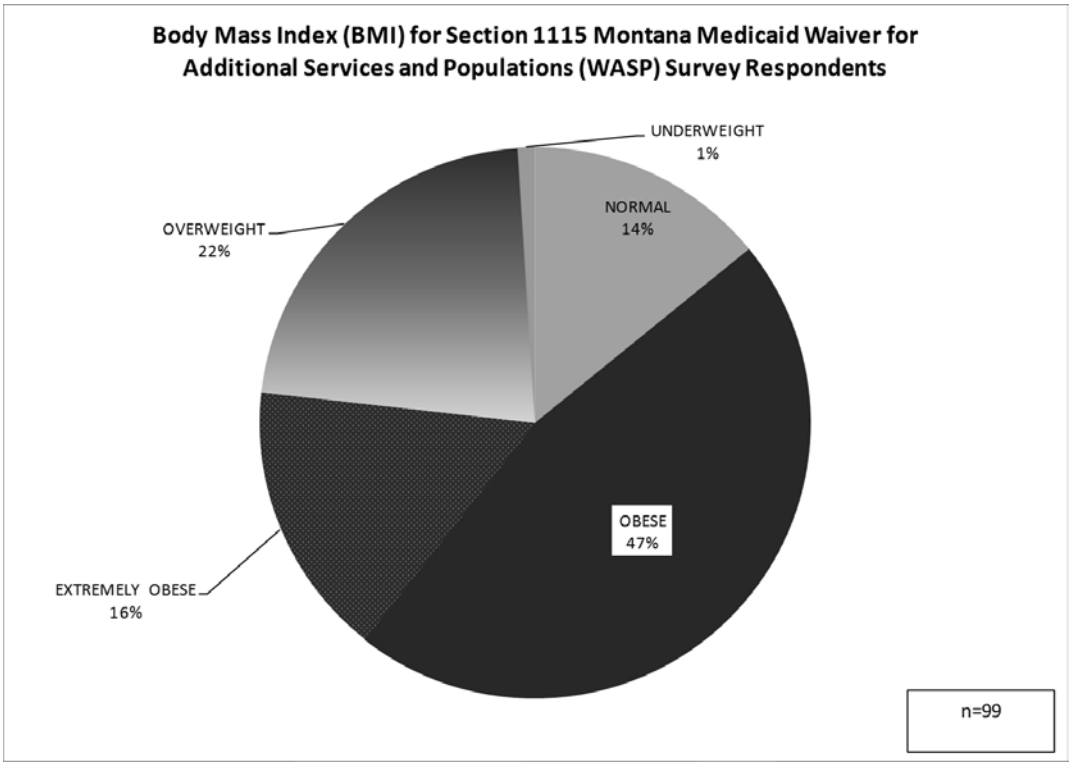
Demographics:
The average age of respondents was 55. Ninety-seven percent were Caucasian; 2% were American Indian; 4% were more than one race; and 1% was "Other" race. One-third of respondents were male (n=34), and two-thirds were female (n=70). Members resided in all parts of the state, and were receiving treatment from Western Montana Mental Health Center (n=39); South Central Montana Mental Health Center (n=25); Center for Mental Health (n=19); Eastern Montana Community Mental Health Center (n=7), and several other mental health centers and private providers. Members had been in mental health services for an average of 20 years. Forty-one percent of the respondents qualified for the Section 1115 Montana Medicaid WASP due to a primary diagnosis of Major Depression disorder; 36% qualified due to Bipolar Disorder; 10% qualified due to a Schizophrenia Spectrum disorder; and the remaining 14% qualified due to Anxiety, Post-Traumatic Stress Disorder, and other primary mental health diagnoses.

Health Status
Over half (54%) considered their general health to be good, very good, or excellent; 34% fair; and 13% poor. These results are an improvement compared to responses to the same question on the 2015 Basic Medicaid Waiver, in which 44% considered their general health to be good, very good, or excellent; and 19% considered their health to be poor.

The two most common self-reported general health conditions were allergies/environmental sensitivities (38%) and chronic pain (34%). These were followed by lung disease (27%), diabetes (26%), asthma (22%), and obesity (21%). Eleven percent reported heart disease, and 8% reported liver disease. A greater percentage of women compared to men were more likely to have allergies/sensitivities (43% vs. 26%), chronic pain (40% vs. 21%), asthma (29% vs. 9%), and obesity (26% vs. 12%).

Respondents were also asked to provide their height and weight. Using this information, the average Body Mass Index (BMI) was 33 (obese) and differed little by gender. Members in the normal BMI range were younger (average age=50) compared to those who were overweight (average age = 61), obese (53), or extremely obese (58). Asking members to provide height and weight appears to be a more accurate method to determine the percent of respondents who weigh more than their ideal weight, as nearly three

times as many respondents were obese or very obese using height and weight calculations (62%) compared to asking respondents to mark a checkbox labeled "Obese" among a list of health conditions (21%).



Respondents were also asked about their current tobacco use. Nearly one-third used tobacco every day (30%); nearly one-third had quit using (30%); one-third had never used tobacco (32%); and 8% used tobacco only some days.

Improved Quality

Respondents were asked directly if they believed the quality of their mental health services in the past three years had improved, stayed the same, or decreased. Fifty-eight percent of respondents said their mental health services had improved; 27% said they had stayed the same; and only 12% of respondents said the quality of their mental health services had decreased.

What Was Most Helpful:

Members mentioned as being most helpful medication/psychiatrist (34%), case manager (33%), and therapist (28%), with all three often mentioned by the same respondent.

One respondent wrote:

> "My current counselor and med provider have been fantastic and addressing problems and helping me in ways that I have never encountered in all my 20 years of needing mental help. They understand me and my problems and make me feel like a person."

What Would Make Services Better:

The most frequently mentioned suggestions for making services better were more availability/ better care/smaller caseloads (n=12). Less turnover/more consistency were mentioned almost as much (n=11). Comments from members include:

- "I needed help from case worker because it was recommended by my provider, but they kept quitting and I would have to start over, which I did not like. Will now stumble on my own to avoid more frustration."; and
- "[I have not been receiving therapy from the MHC] because my therapist kept leaving (5 in 6 years) so I left to see the last one who opened her own practice."

Seven members also suggested longer sessions (30 minutes is the limit for some), and/or a greater number of sessions. Other suggestions included better psychiatrists and meds (n=4); coverage for art supplies and mental health resources (n=3); substantial transportation assistance (n=2); not having to worry about cuts to case managers and Medicaid (n=2); larger parking lots (n=2). One member each suggested better communication between primary care doctor and psychiatrist; a group home; employment; a psych peer group; a way for staff to work around a member's severe chemical sensitivity; and a cure. Nine people also said that there was nothing that would make services better because "services are excellent," they are "satisfied," and "they do a wonderful job."

Overall, survey responses suggest that members on the Section 1115 Montana Medicaid WASP are generally satisfied with the quality of their mental health services, access to services, and their own participation in treatment. They are less satisfied with their treatment outcomes, functioning, and social connectedness outside of treatment. They appreciate their services and service providers—prescribers, therapists and case managers, alike—but wish they were more available with less turnover. The majority of members are overweight and suffer most often with allergies/environmental sensitivities, chronic pain, lung disease, diabetes, and asthma. Twelve percent of surveyed members believe that the quality of their mental health services have decreased over the past three years; 27% believe they have stayed the same; and 57% believe the quality of their mental health services have improved.

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