

Department of Public Health and Human Services
Montana Medicaid
June 2013 Basic Medicaid Waiver Renewal, Effective February 1, 2014
May 24, 2013 WebEx Public Meeting Minutes

10:00 Welcome and Introductions – In attendance were: Julie Fleck/Sunburst Mental Health Center; Jed Barton/Living Independently; Tom Osborn/North Central Independent Living; Barb Mettler/South Central Mental Health Center; Ellen Goodnature/Department of Public Health and Human Services (DPHHS); Marcia Armstrong/DPHHS; Jo Thompson/DPHHS. Jo thanked individuals for attending and explained that DPHHS will be submitting the Basic Medicaid Waiver renewal request to Centers for Medicare and Medicaid Services (CMS) by June 30 2013, to be effective February 1, 2014. This public meeting fulfills one of the new federal Section 1115 Waiver public notice requirements.

10:05 Review Posted Materials – Jo reviewed the agenda items and informed individuals that public comments were welcome.

10:10 Basic Medicaid Waiver Summary, Waiver Renewal Changes – Jo discussed all of the handouts (Agenda, The Montana Medicaid Program Report to the 2013 Legislature, Pages 12-13, Public Notice, and the Basic Medicaid 1115 DPHHS Web Page, which are posted to the meeting notice and attached to these minutes) and highlighted the following areas. The Basic Medicaid Waiver has been in existence since 1996, for the Able Bodied Adult population, approximately 8,800 individuals per month, and covered by the Basic Medicaid benefit. We discussed that the Basic Medicaid benefit is the Full Medicaid benefit minus the list of excluded benefits. The waiver was unchanged until the approval of the “up to 800 group” for individuals with schizophrenia and bipolar disorder, referred to as “MHSP Waiver,” on December 1, 2010 by CMS.

We reviewed the public notice that outlined the following changes: include home infusion as a covered service; add major depression as an eligible group; increase the enrollment cap for individuals with schizophrenia, bipolar disorder or major depression from “up to 800” to “up to 2000”; update the eligible diagnosis codes for these groups; update the per member per month costs of all the waiver populations; update the amount of money (maintenance of effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total annual federal/state fiscal benefit impact is about \$70,000,000. The waiver renewal must be budget neutral, which means savings from the Basic Medicaid waiver from excluded Basic Medicaid benefits, are used to fund the federal portion of the MHSP Waiver population, and cannot exceed the savings amount. One of the tools for waiver measurements is a baseline survey, of the new MHSP Waiver group, that was taken in the spring of 2011, when the 800 enrollment threshold was reached. Jo said the same survey will be sent again in the winter of 2013, to collect qualify of health information from waiver individuals.

In the Basic Medicaid 1115 Web Page Handout, Jo explained the mid-section discussed the current waiver population, benefit, Client Handbook and contact information. The left side of the page, inside the box, contains the postings for the information regarding the waiver renewal. The group walked through each of those items.

10:20 Public Comment - One participant was pleased with the waiver and indicated physical health benefits were very important to the MHSP Waiver group. An individual wanted to know if the survey results could be published and DPHHS agreed to publish those when tabulated.

10:25 Meeting Adjourned – Jo thanked people for taking the time to attend. DPHHS stayed on the line until 11:00 when the meeting was formally adjourned.

*Audio Minutes are available at <http://medicaidprovider.hhs.mt.gov/waiver/index.shtml>.

*The following notice and access to the meeting was posted on the Department of Public Health and Human Services website at <https://app.mt.gov/cal/html/event?eventCollectionCode=dphhs> and provided in the 6 largest Montana newspapers.

Department of Public Health and Human Services

Montana Medicaid

June 2013 Basic Medicaid Waiver Renewal, Effective February 1, 2014

WebEx Public Meeting

Friday, May 24, 2013, 10:00 a.m. – 11:00 a.m.

Hosted at 2121 Rosebud Drive, Suite G, Billings, MT 59102

Join Audio - Call 1-877-668-4490, Access Code: 579 858 870

Access Internet Presentation

<https://hhsmt.webex.com/hhsmt/j.php?ED=230937727&UID=0&PW=NMGMxNWViMmNi&RT=MiM2>.

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- 10:00 Welcome and Introductions**
- 10:10 Review Posted Materials**
- 10:20 Basic Medicaid Waiver Summary**
- 10:20 Review Basic Medicaid Waiver Renewal Changes**
- 10:40 Public Comment - Discussion**
- 11:00 Adjourn**

For questions, please contact: Jo Thompson, Medicaid Analyst, at PO Box 4210 Helena, MT 59601, at jthompson@mt.gov or (406) 444-2584. Please call if you need an accommodation.

The Montana Medicaid Program

Report to the 2013 Legislature

MEDICAID WAIVERS

State Medicaid programs may request from the Centers for Medicare and Medicaid Services (CMS) a waiver(s) of certain federal Medicaid requirements that are found in the Social Security Act. A common public misconception is that any portion of the Medicaid program can be waived by CMS. In reality, only certain requirements such as statewideness, freedom of choice, and comparability of eligibility and/or benefits can be waived. Waivers are also limited in that they must always be cost neutral to the federal government.

The following is a brief description of the three types of waivers that Montana operates:

- **Section 1115 waivers** authorize experimental, pilot, or demonstration project(s). The Secretary of Health and Human Services has complete discretion as to whether an 1115 waiver is granted. This kind of waiver is granted only when the Secretary feels that a state will demonstrate something that is of interest in promoting the objectives of the Medicaid program. Our experience has been that CMS approval of these waivers takes several years. An 1115 waiver can be used to expand eligibility for Medicaid. The number and type of services can either be limited or expanded under this type of waiver.
- **Section 1915(b) waivers** allow States to waive statewideness, comparability of services, and freedom of choice. 1915(b) waivers cannot be used for eligibility expansions. There are four 1915(b) Freedom of Choice Waivers available:
 - (b)(1) mandates Medicaid enrollment into managed care
 - (b)(2) utilize a “central broker”
 - (b)(3) uses cost savings to provide additional services
 - (b)(4) limits the number of providers for services
- **Section 1915(c) waivers** are referred to as Medicaid Home and Community-Based Services (HCBS) waivers. They are alternatives to providing long-term care in an institutional setting (Medicaid defines an institution as a nursing facility, hospital, or Intermediate Care Facility for the Mentally Retarded.) A 1915(c) waiver enables a state to pay for an expanded array of medical care and support services that assist people to continue to live in their homes and/or communities. These waivers also allow a state, if it wishes, to count only the income of the affected individual rather than that of the whole family when determining eligibility.
- States also have the discretion to provide a combination 1915(b) and 1915(c) waiver.

Montana operates a number of different waivers in order to better customize services for key populations. A brief description of our current waivers is found on the next several pages:

The Montana Medicaid Program

Report to the 2013 Legislature

1115 Basic Medicaid Waiver – Health Resources and Addictive and Mental Disorders Division – Approved in 1996, this waiver offers a limited benefit package of services to Medicaid eligible adults, age 21 to 64. Participants cannot be pregnant or disabled, with the exception that is noted below. Participants receive a basic package of Medicaid benefits that excludes: audiology, dental and dentist, durable medical equipment, eyeglasses, optometry and ophthalmology for routine eye exams, personal care services, home infusion and hearing aids. DPHHS recognizes there may be situations where these excluded services are necessary in an emergency situation, when they prevent more costly care, or when they are essential to obtain or maintain employment. In these instances, excluded services may be provided at the State's discretion. Examples of discretionary circumstances include coverage for emergency dental situations, medical conditions of the eye, which include but are 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.

Effective December 2010, the state received approval for the long-awaited "HIFA" waiver. CMS approved the addition of up to 800 individuals who previously qualified for the state funded Mental Health Services Plan. Eligible participants must be at least 18 years of age and have schizophrenia or bipolar disorder. Under the "MHSP" portion of the Basic Waiver, individuals are eligible to receive medical care as well as psychiatric services. Federal savings generated from the Basic Medicaid Waiver Able Bodied population described above are used to maintain federal cost neutrality.

In SFY 2011 the waiver served a total of 17,848 individuals. 17,512 were Able Bodied Adults and 336 were individuals with schizophrenia or bipolar disorder. SFY 2011 total state and federal waiver expenditures were \$26,427,915; \$950,396 of this amount was for individuals with schizophrenia or bipolar disorder. In SFY 2012, 898 individuals with schizophrenia or bipolar disease were served.

1115 Plan First Waiver – Health Resources Division - This waiver covers family planning services for eligible women. Some of the services covered include office visits, contraceptive supplies, laboratory services, and testing and treatment of STDs. Eligible women must be:

- Age 19 through 44
- Able to bear children and not presently pregnant
- Have annual household income up to 200% Federal Poverty Level
- Have no other family planning health coverage (i.e. through insurance)

This program is limited to 4,000 women at any given time. CMS notified the department of the approval of this waiver on May 30, 2012 and this waiver is approved through December 31, 2013. 888 women were enrolled as of October 2012.

1915(b) Waiver Passport to Health - Health Resources Division – Passport to Health is the primary care case management program in which most Medicaid and HMK *Plus* eligible individuals are enrolled. A client chooses a primary care provider who delivers all medical services or furnishes referrals for other medically-necessary care.

5-13-2013 Basic Medicaid Waiver Public Notice

On or before 6/30/13, the Department of Public Health and Human services will submit the Basic Medicaid Waiver Renewal for approval to the Centers for Medicare and Medicaid Services, effective 2/1/14. The current waiver includes about 8,500 able bodied adults under section 1931 and 1925 of the Social Security Act, with incomes at or below 33% of FPL to receive the Basic Medicaid benefit (both a physical and mental health Medicaid benefit), which are full Medicaid benefits except some excluded services. The waiver enables persons with schizophrenia or bipolar disorder to receive Basic Medicaid benefits. The request for the three year renewal submission includes the following changes effective January 1, 2014: include home infusion as a covered service; add major depression as an eligible group; increase the enrollment cap for individuals with schizophrenia, bipolar disorder or major depression from “up to 800” to “up to 2000”; update the eligible diagnosis codes for these groups; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total annual federal/state fiscal benefit impact is \$182,720,766. The current waiver, waiver benefit description, eligibility and program description, cost sharing requirements, waiver evaluation design with goals/objectives, healthcare delivery system, amended application, public notice details, and DPHHS report to the 2013 legislature with historic waiver information are located on the Department website at <http://medicaidprovider.hhs.mt.gov/waiver/index.shtml>. Two public meetings will be held regarding the amendment: 1) May 23, 2013, 12:45 – 1:15 p.m., Mental Health Oversight Advisory Council, Our Redeemer Lutheran Church, 3580 N. Benton, Helena, MT 59601 and 2) WebEx hosted on May 24, 2013, 10:00 – 11:00 a.m., at 2121 Rosebud Drive, Suite G, Billings, MT 59102. To join the audio portion of the WebEx call 1-877-668-4490, (579858870 access code) and access the internet presentation at <https://hhsmt.webex.com/hhsmt/j.php?ED=230937727&UID=0&PW=NMGMxNWViMmNi&RT=MIM2>. Contact Jo Thompson, PO Box 4210, Helena, MT 59101, 406-444-2584 or at jothompson@mt.gov for more information by June 20, 2013.



Medicaid 1115 Waiver

**June 2013 Basic
Medicaid Waiver
Renewal Submission
Effective
February 1, 2014**

**For Public Comments
By June 20, 2013**

Contact: Jo Thompson
PO Box 4320
Helena, MT 59604
(406) 444-2584
jothompson@mt.gov

- May 17, 2013
Basic Medicaid Waiver
Renewal Tribal
Consultation Letter
- May 2013
Basic Medicaid Waiver
Renewal Public Notice
- May 23, 2013
Basic Medicaid Waiver
Renewal Public Meeting
- MHOAC Meeting
12:45pm
- May 24, 2013
Basic Medicaid Waiver
Renewal Public Meeting
- 10:00am - 11:00am
- 1115 Basic Medicaid
Renewal Public Notice
Input Process
- Section 1115 Basic
Medicaid Waiver
Renewal June 2013
Submittal (5-22-13)
Effective February 1,
2014
- CMS Website Link for
Section 1115 Waivers
and Public Notice
- Current Basic Medicaid
Waiver Evaluation
Design

December 1, 2010 CMS
Basic Medicaid Waiver
Approval

Basic Medicaid 1115 Waiver

State Medicaid programs may request from the Centers for Medicare and Medicaid Services (CMS) a waiver(s) of certain federal Medicaid requirements that are found in the Social Security Act. A common public misconception is that any portion of the Medicaid program can be waived by CMS. In reality, only certain requirements can be waived. The Basic Medicaid Waiver renewal extension was approved by CMS and effective December 1, 2010 through December 31, 2013. CMS has approved the Basic Waiver to offer a smaller package of Medicaid benefits called Basic Medicaid. This waiver also allows Montana to offer Basic benefits only to Able Bodied Adults and up to 800 qualified individuals with schizophrenia or bipolar disorder.

Populations Covered:

Two populations are currently covered under the Basic Medicaid Waiver:

- 1) Since 1996 the Basic Medicaid Waiver has covered **Able Bodied Adults** age 21 to 64 (neither pregnant nor disabled), who are parents and/or caretaker relatives of dependent children, who are qualified under Section 1925 and 1931 of the Social Security Act, with incomes at or below 33% of the Federal Poverty Level (FPL) (must meet monthly Medicaid reporting criteria); and
- 2) Effective December 1, 2010 the Basic Medicaid Waiver can cover up to 800 **individuals who have a primary clinical diagnosis of a severe disabling mental illness (SDMI) of schizophrenia or bipolar disorder**, who are qualified for the State only Mental Health Services Plan (MHSP) Program, aged 18 through 64, with incomes at or below 150% FPL, who are residents of Montana, and who are not otherwise eligible for Medicaid.

Waiver enrolled individuals with schizophrenia or bipolar disorder receive Basic benefits for 12 months of continuous eligibility without reporting monthly changes of income or resources. Individuals will not be eligible if they are no longer Montana residents or become otherwise eligible for Medicaid. Individuals will remain enrolled if, at the time of redetermination every 12 months, they meet the same eligibility qualifications.

Is this also called HIFA (Health Insurance Flexibility and Accountability Waiver) or MHSP Waiver?

Prior to the addition of the individuals with schizophrenia or bipolar disorder into the Basic Medicaid Waiver in December 2010, the concept of adding the new population was sometimes called HIFA

August 6, 2010 Basic
Medicaid Waiver
Amendment Extension

July 30, 2009 Basic
Medicaid Waiver Extension
Amendment

October 23, 2003 Basic
Medicaid Waiver

and even informally called the MHSP Waiver. Formally, the two populations (Able Bodied Adults and qualified individuals with schizophrenia and bipolar disorder) make up the individuals approved for Basic Medicaid benefits in the Basic Medicaid Waiver.

Basic Medicaid Benefit

The Basic package is the Full Medicaid benefit, with the following medical services generally excluded under Basic Medicaid: audiology, dental and dentist, durable medical equipment, eyeglasses, optometry and ophthalmology for routine eye exams, personal care services, home infusion and hearing aids.

Basic Medicaid Allowances/Special Circumstances

DPHHS recognizes there may be situations where the excluded services are necessary as in an emergency or when essential for employment. Coverage for the excluded services may be provided at the State's discretion in cases of emergency or when essential to obtain or maintain employment.

Examples of emergency circumstances include, but are not limited to, coverage for emergency dental situations, medical conditions of the eye, which include but are 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 will provide approval to the provider, and make associated records available upon CMS request.

Medicaid Client Handbook – Benefit Coverage

The *Medicaid Client Handbook* is a great place to see the general coverage for Basic Medicaid. The chart of benefits in the handbook starts on page 16 showing both Full and Basic benefits. In general and if medically necessary, benefits like doctor, clinic, inpatient/outpatient hospital, prescription drugs, family planning, home health services, hospice, nursing home, lab, mental health services, OB, OT, PT, ST, social worker, substance dependency non hospital outpatient, surgery, and non emergency transportation (to list a few examples), are covered for both Full and Basic Medicaid. See the *Medicaid Client Handbook* at:

<http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>.

Contact Information

Please direct any questions regarding Able Bodied Adult Medicaid eligibility to your local County Office of Public Assistance. Please direct any eligibility or benefit questions regarding individuals with schizophrenia or bipolar disorder to:

Marcia Armstrong, 444-2878
DPHHS, Addictive and Mental Disorders Division
PO Box 202905
Helena, Montana 59620-2905
(406) 444-2878 or at marmstrong@mt.gov

Please direct any questions or comments about the Basic Medicaid Waiver to:

Jo Thompson

DPHHS, Director's Office

PO Box 4210

Helena, Montana 59604

(406) 444-2584 or at jthompson@mt.gov

Page last updated: 10/04/2011