



Department of Public Health and Human Services

Steve Bullock, Governor

Richard H. Opper, Director

Presentation to the Interim Committee on Children, Families, Health and Human Services – March 14, 2014

Plan First Waiver Renewal

Plan First is an 1115(a) Medicaid Waiver that provides family planning coverage for up to 4,000 Montana women who are:

- Aged 19-44 years,
- Able to bear children,
- Montana residents,
- US Citizens or qualified aliens,
- Less than 211% of the Federal Poverty Level, and
- Not currently enrolled in, or eligible for Medicaid.

2,958 Montana women are currently enrolled in Plan First which covers family planning related services. While most women covered by the waiver are uninsured, Plan First will pay for services not covered by a women's insurance or will pay the remainder of a partially covered service. Plan First is not responsible for copays or deductibles.

This waiver is currently authorized through December 31, 2014. The waiver application is due to CMS June, 30, 2014, to continue this program after January 1, 2015. The amendment will clarify current policy and no notable changes are being requested.

Basic Medicaid Waiver Amendment (also commonly known as the HIFA Waiver or MHSP Waiver)

The Basic Medicaid Waiver is an 1115 waiver that: A) expands Medicaid eligibility to up to 2000 people with a severe disabling mental illness; and B) provides a more limited benefit package than the "regular" Medicaid program to both the expanded population and able bodied adults.

Proposed Amendment/Expansion:

The Department is proposing to add approximately 4000 people currently remaining on the Mental Health Services Plan to the Basic Medicaid Waiver by November 2014. The addition of this population is dependent on budget neutrality negotiations with CMS. Waiver enrolled individuals will receive 12 months of continuous eligibility without reporting monthly changes of income or resources. They

are aged 18 through 64, with incomes at or below 150% FPL; residents of Montana; and not otherwise eligible for Medicaid.

Basic Medicaid Service Package:

The Basic Medicaid Waiver package generally excludes the following Medicaid services: audiology, dental and denturist, durable medical equipment, eyeglasses, optometry and ophthalmology for routine eye exams, personal care services, home infusion and hearing aids. These excluded services may be provided at the State's discretion in cases of emergency or when essential to obtain or maintain employment.

Populations Currently 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 52% of the Federal Poverty Level (FPL); and

2) In December 2010 the Basic Medicaid Waiver expanded to cover up to 800 **individuals with a primary clinical diagnosis of a severe disabling mental illness (SDMI) of schizophrenia or bipolar disorder**. On January 1, 2014 the waiver was expanded to cover an additional 1200 individuals with a primary diagnosis of major depression or schizoaffective disorder. This total of 2000 additional individuals with a severe disabling mental illness previously qualified for the State only Mental Health Services Plan (MHSP) Program. They had a limited mental health and pharmacy package and no physical health coverage under MHSP.

If you have questions or comments on either of these 1115 waivers, please feel free to contact Mary Dalton, Medicaid and Health Services Branch Manager, at 444-4084 or mdalton@mt.gov