



WAIVER FOR ADDITIONAL SERVICES AND POPULATIONS (WASP)

WHAT IS IT?

Section 1115 Waiver for Additional Services and Populations (WASP) provides Standard Medicaid Benefits to qualified adults with a Severe Disabling Mental Illness who do not otherwise qualify for another Medicaid program.

WHO IS ELIGIBLE?

Individuals who are assessed by a licensed mental health professional and are subsequently diagnosed with a Severe and Disabling Mental Illness through diagnosis, functional impairment, and duration of illness, may be eligible for the WASP:

Qualifying individuals must:

- have a Severe and Disabling Mental Illness;
- otherwise, ineligible for Medicaid;
- individual must be at least 18 years of age; and
- have a family income 0-138% of FPL and are eligible for or enrolled in Medicare; or 139-150% of FPL regardless of Medicare status.

HOW DOES IT WORK?

Individuals may send in applications or mental health providers may send in applications on an individual's behalf. The following information is required to determine if an individual is eligible for WASP:

- Medicaid Eligibility Form completed and signed by the applicant;
- Clinical Assessment;
 - Must be dated within the last two years;
 - Be signed by a licensed provider; and
 - Include a SDMI diagnosis.
- Income Verification.
 - Must provide two months of proof of income.

If an individual is approved, they are then a recipient of Standard Medicaid and all services under the state plan are available.

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