

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

June 2022 Extension/Renewal Submission

Effective Date: January 1, 2023

FINAL COMPREHENSIVE DESCRIPTION OF THE DEMONSTRATION

Section I. Historical Narrative Summary of the Demonstration

A. Introduction

The Section 1115 Montana Waiver for Additional Services and Populations (WASP) was previously titled the Basic Medicaid Waiver.

Basic Medicaid Waiver History:

In 1996, under the authority of an 1115 Welfare Reform Waiver referred to as Families Achieving Independence in Montana (FAIM), Montana implemented a limited Medicaid benefit package of optional services to the same group of adults eligible for Medicaid under Sections 1925 or 1931 of the Social Security Act. The limited Medicaid benefit package was referred to as "Basic Medicaid." The FAIM Welfare Reform Waiver expired on January 31, 2004, (confirmed by correspondence dated October 7, 2003, from Mr. Mike Fiore, Director, Family and Children's Health Program Group, Centers for Medicare & Medicaid Services).

Basic Medicaid Waiver 2004:

On October 23, 2003, the State of Montana, Department of Public Health and Human Services (Department) submitted a request for an 1115 Basic Medicaid Waiver of amount, duration and scope of services, Section 1902(a)(10)(B) of the Social Security Act, to provide a limited Medicaid benefit package of optional services for those adults age 21 to 64 who are not pregnant or disabled. The Waiver was approved to operate beginning February 1, 2004, and end January 31, 2009 for those Able-Bodied Adults who are eligible for Medicaid under Sections 1925 or 1931 of the Social Security Act.

Amendments and Extension/Renewals:

A Health Insurance Flexibility and Accountability (HIFA) waiver proposal was submitted on June 27, 2006. The 1115 Basic Medicaid Waiver amendments 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 the Centers for Medicare & Medicaid Services (CMS), Montana submitted a revised 1115 Basic Medicaid Waiver amendment on June 6, 2008, requesting four new populations. Further discussion resulted in a July 30, 2009, submittal requesting only one population, Waiver Mental Health Service Plan (WMHSP) individuals (individuals previously covered under a State-funded program who had schizophrenia, severe depression, or bipolar disease), in addition to Able Bodied Adults. Small changes were made to the July 30, 2009, application as a result of continuing conversations with CMS and the Basic Medicaid Waiver was approved December 2010. The Basic Medicaid Waiver Renewal was approved December 24, 2013, effective

January 1, 2014. A Waiver amendment to increase coverage for the WMHSP group to cover all individuals with Severe Disabling Mental Illness (SDMI) was submitted on June 30, 2014 and became effective August 1, 2014.

The amendment submitted on November 15, 2015, with an effective date of January 1, 2016, made the following changes:

- Removed able-bodied adults from the Waiver;
- Removed individuals under age 65 with SDMI who are not covered by or eligible for Medicare and who are between 0-138% of the modified adjusted gross income (MAGI) income level;
- Covered individuals age 18 or older with SDMI who are otherwise ineligible for Medicaid benefits and either:
 - Have income 0-138% of the Federal Poverty Level (FPL) and are eligible for or enrolled in Medicare; or
 - Have income 139-150% of the FPL regardless of Medicare status (they can be covered or not covered by Medicare and be eligible).
- Aligned the Basic Medicaid benefit package with the Standard Medicaid benefit package. Basic Medicaid previously did not cover or had very limited coverage of audiology, dental and denturist, durable medical equipment (DME), eyeglasses, optometry and ophthalmology for routine eye exams, personal care services, and hearing aids; and
- Adopted a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI.

The amendment submitted on March 7, 2016, effective March 1, 2016, changed the name of the Waiver to Section 1115 Montana Waiver for Additional Services and Populations (WASP) and covered individuals determined categorically eligible for Aged, Blind, and/or Disabled (ABD) for dental treatment services above the Medicaid State Plan cap of \$1,125.

The extension/renewal submitted by DPHHS on July 15, 2016 for the Section 1115 WASP was approved December 15, 2017 and effective January 1, 2018, through December 31, 2022. This extension/renewal made no changes to the waiver.

An amendment was submitted September 3, 2021, to remove the expenditure authority for 12-month continuous eligibility for all non-expansion Medicaid-covered individuals whose eligibility was based on MAGI, also known as Parents and Other Caretaker Relatives (PCR). This amendment was approved March 30, 2022, with an implementation date at the conclusion of the federal Public Health Emergency (PHE). The date of implementation is unknown at this time but is expected to begin before the end of 2022. The state requests to extend approval of the demonstration, subject to the same Special Terms and Conditions (STCs), and expenditure authorities in effect with this approval. The removal of the 12-month continuous eligibility for all non-expansion Medicaid covered individuals whose eligibility is based on MAGI removed this population from any coverage under WASP, as this was the only benefit they received under the waiver.

The coverage WASP provides for the MHSP SDMI population, including 12-month continuous eligibility, and for the ABD population, for dental treatment services above the State Plan annual cap of \$1,125, remains the same.

This amendment also granted the removal of cost sharing and copayments for demonstration enrollees, to align with the removal of cost sharing from the Montana Medicaid plan effective January 1, 2020. This applies to WMHSP enrollees as well as the categorically eligible ABD individuals who receive expanded dental treatment services through WASP.

The submission of this amendment introduced a barrier to Montana meeting the December 31, 2021 extension/renewal deadline as it was unknown if/when the amendment would be approved and thus created content ambiguity of what the extension/renewal application should ask to extend/renew. Additionally, the state needed to make adjustments to the WASP fiscal reporting prior to submission of the extension/renewal. The needed onset of the 60-day public comment period was approaching with these issues still pending. Montana requested a temporary extension of the application deadline (and accompanying interim evaluation report) to give more time to resolve these issues. On November 3, 2021, via email confirmation, CMS granted a temporary extension of both the extension/renewal application and the interim evaluation report with a new deadline of June 30, 2022.

Public Forums:

Each year, to encourage continued public input, Montana holds a public forum to solicit comments on the progress of the WASP demonstration. On July 29, 2021, Montana held this forum during the Montana Health Coalition meeting, seeking input on three 1115 Demonstration Waivers, including the WASP. Twenty-five people were in attendance and no comments were received regarding the WASP. The 2022 public forum is not yet scheduled but is tentatively planned for autumn.

B. Summary of the Current WASP Demonstration Program

The information above summarizes the many changes this waiver program has undergone in over 25 years. Montana's other 1115(a) waivers offer a relatively bracketed group of benefits to single population types who meet the eligibility requirements. While awaiting the implementation of the September 3, 2021 amendment request removing 12-month continuous eligibility for the PCR population; the Montana WASP continues to cover three different populations with three different eligibility criteria with three different benefit packages. This is a unique way to construct a three-in-one waiver benefit program. The flexibility of the 1115 Demonstrations enables Montana to provide needed services to three different populations with three different needs.

This flexibility also allows amendment changes made as member needs and state's ability to meet needs fluctuate. The WASP demonstration, following amendment approval and at the end of the federal PHE, provides coverage to two populations with two different eligibility criteria and benefit packages. The WASP has been and remains a unique design in the collection of Montana Healthcare Programs.

The WASP allows Montana to continue benefits for up to 3,000 WMHSP individuals. Secondly, the Waiver continues to cover individuals determined categorically eligible for ABD for dental treatment services above the Medicaid State Plan cap of \$1,125.

Montana's goal is to continue to provide Standard Medicaid coverage to individuals with SDMI utilizing previously generated Federal Waiver savings from the previously titled Basic Medicaid Waiver. Montanans served under this Waiver greatly reduced their out-of-pocket costs and gained access to significant health care benefits. Continuing to cover ABD Dental Treatment Services above the \$1,125 State Plan dental treatment cap allows this population to receive unlimited dental care.

C. Medicaid Delivery System and Covered Benefits

The State does not propose any changes to the Medicaid health care delivery system; WMHSP demonstration enrollees will continue to receive services through the State's fee-for-service delivery system as approved through this 1115 WASP Demonstration. Additionally, the coverage

WASP provides for the ABD population, for dental treatment services above the State Plan annual cap of \$1,125, would remain the same.

D. Summary of Current Demonstration Features to be Extended/Renewed Under the 1115 Demonstration Amendment

1. Coverage of the Standard Medicaid benefits package for WMHSP.
 - Covered individuals age 18 or older with SDMI who are otherwise ineligible for Medicaid benefits and either:
 - Have income 0-138% of the FPL and are eligible for or enrolled in Medicare; or
 - Have income 139-150% of the FPL regardless of Medicare status (they can be covered or not covered by Medicare and be eligible).
 - 12 Month continuous eligibility for WMHSP.
2. The ABD population receives additional dental treatment services above the dental treatment services annual cap outlined in the Medicaid State Plan. (Covered dental treatment services, excluding diagnostic, preventive, denture and anesthesia services for adults age 21 and over, are subject to the annual cap of \$1,125 in the State Plan.)

E. Future Additional Goals of the WASP Demonstration Program

This extension/renewal request does not propose any future additional goals of the WASP Demonstration Program beyond what was in the Section 1115 WASP extension/renewal approved on December 15, 2017 and the pending amendment approval.

Section II. Financial Data

A. Historical Enrollment and Expenditures

Historical enrollment figures of the program and corresponding program year expenditures for full coverage years are summarized below.

Figure 1. **WASP PCR Demonstration Program Historical Enrollment**

Program Month and Year	Point in Time Enrollment
December 2016	20,969
December 2017	17,412
December 2018	16,410
December 2019	18,294
December 2020	22,517
December 2021	22,104

Figure 2. **WASP PCR Demonstration Program Historical Total Expenditures**

Total Expenditures	
Program Year (Calendar Year)	Expenditures (for full year)
2016	86,689,888
2017	109,824,044
2018	76,420,824
2019	77,713,387
2020	95,837,993
2021	120,239,398
Total (2016 – 2021)	566,725,534

Figure 3. **WASP PCR Historical Information – PMPM Based by Program Year**

Program Year (Calendar Year)	Count of Enrollees	Member Months	PMPM
2016	32,579	230,993	375.29
2017	27,208	214,896	511.06
2018	23,365	196,698	388.52
2019	23,169	182,615	425.56
2020	21,552	186,212	514.67
2021	22,104	271,756	442.45

Figure 4. **WASP MHSP Demonstration Program Historical Enrollment**

Program Month and Year	Point in Time Enrollment
December 2016	1,129
December 2017	1,188
December 2018	1,176
December 2019	1,128
December 2020	1,072
December 2021	1,038

Figure 5. **WASP MHSP Demonstration Program Historical Total Expenditures**

Total Expenditures	
Program Year (Calendar Year)	Expenditures (for full year)
2016	7,861,412
2017	5,466,976
2018	6,521,168
2019	7,306,370
2020	7,545,768
2021	7,299,721
Total (2016 – 2021)	42,001,415

Figure 6. **WASP MHSP Historical Information – PMPM Based by Program Year**

Program Year (Calendar Year)	Count of Enrollees	Member Months	PMPM
2016	1,700	13,550	580.18
2017	1,436	13,885	393.73
2018	1,422	14,295	456.19
2019	1,400	13,782	530.14
2020	1,218	13,168	560.27
2021	1,160	12,628	578.06

Figure 7. **WASP ABD Demonstration Program Historical Enrollment**

Program Month and Year	Point in Time Enrollment
December 2016	27,066
December 2017	26,720
December 2018	26,252
December 2019	26,129
December 2020	27,384
December 2021	27,297

Figure 8. **WASP ABD Demonstration Program Historical Total Expenditures**

Total Expenditures	
Program Year (Calendar Year)	Expenditures (for full year)
2016	211,679
2017	875,599
2018	618,061
2019	663,692
2020	770,471
2021	1,101,373
Total (2016 – 2021)	4,240,875

Figure 9. **WASP ABD Historical Information – PMPM Based by Program Year**

Program Year (Calendar Year)	Count of Enrollees	Member Months	PMPM
2016	42,259	332,105	0.64
2017	39,599	323,266	2.71
2018	38,574	319,282	1.94
2019	38,420	316,506	2.10
2020	35,233	327,131	2.36
2021	32,914	329,233	3.35

B. Projected Enrollment and Expenditures for the Demonstration Extension/Renewal

Enrollment and expenditure projections under the proposed Demonstration Extension/Renewal are found in Attachment A.

Section III. Evaluation & Demonstration Hypotheses

A. Goals and Objectives

Montana's current and future goals and objectives for the WASP are included in the Evaluation & Demonstration Hypotheses sections below.

B. Evaluation

Montana evaluated the effectiveness of the WASP with a CMS approved evaluation design from December 2010, through December 2017. A baseline survey of the 800 WMHSP individuals was completed in the summer of 2012, and then a follow-up survey was conducted in October 2015. The 2015 return rate was 25.5% compared to the 2012 return rate of 26.5%. In 2015, approximately 3.5 times the number of surveys were sent out compared to 2012, with about 3.5 times the numbers of surveys returned. In 2015, 704 were returned and in 2012, 209 surveys were returned. The survey helped DPHHS learn about participants' health status, access to health care, and quality of care. A new survey and analysis were completed in late 2017 and findings were included in the 2017 Annual Report.

A new, less extensive survey of the WASP WMHSP population was completed in September of 2019. The results show a positive increase in member experience in SFY 2019 compared to the prior year. Additionally, the results show an overall higher level of satisfaction with services compared to the non-WASP Montana Medicaid population.

Domain	SFY18	SFY19
General Satisfaction	84%	90%
Access to Services	76%	87%
Quality & Appropriateness of Services	81%	86%
Participation in Treatment	79%	86%
Outcomes	62%	68%
Improved Functioning	60%	66%
Improved Social Connectedness	54%	69%
Average of all 7 Domains	71%	79%

Domain	SFY19 WASP	SFY19 NON-WASP
General Satisfaction	90%	85%
Access to Services	87%	83%
Quality & Appropriateness of Services	86%	87%
Participation in Treatment	86%	86%
Outcomes	68%	64%
Improved Functioning	66%	65%
Improved Social Connectedness	69%	66%
Average of all 7 Domains	79%	77%

In the summer of 2020, over three months into the federal PHE, CMS informed Montana the WASP Medicaid Demonstration evaluation design draft was overdue. This design draft, due 120 days after approval of the extension, had been due on May 1, 2018. It is believed that change in staffing at both CMS and the State of Montana contributed to this oversight. On August 19, 2020 CMS provided Montana with recommendations for developing an evaluation design draft.

In prior years, the approved WASP evaluation designs have been limited to the WMHSP population only. For this new demonstration period, CMS requested the other two populations: ABD and PCR be included in the evaluation design draft.

Due to the impact of the PHE in 2020, CMS and Montana agreed upon a due date for the draft evaluation design. Montana submitted the draft evaluation design on January 13, 2021. The evaluation design was approved April 5, 2021.

An interim evaluation report is submitted (as Attachment B) with this Comprehensive Description of the Demonstration, and with the full Extension/Renewal application documents. For the MHSP population, the report contains the baseline data from dates of service January 1, 2019 through December 31, 2019 (DY16). Comparison data was derived from dates of service from January 1, 2020 through December 31, 2020. For the PCR and ABD populations, baseline data was pulled from January 1, 2016 through December 31, 2016 (DY13). Comparison data was derived from the following three calendar years (DY14-DY17). Montana allows providers a full 365-days to submit claims so complete annual data is available 365-days demonstration year end.

Occasioned by the amendment approval mentioned earlier removing the PCR population and removing cost sharing and copayments for all demonstration enrollees. Montana expects to submit a revised Draft Evaluation Design in 2023. The preliminary revised Draft Evaluation Design is submitted (as Attachment C) with this Comprehensive Description of the Demonstration.

C. Demonstration Hypotheses

This extension/renewal request does not propose any future additional goals of the WASP Demonstration Program beyond what is in the Section 1115 WASP extension/renewal approved on December 15, 2017 and the recent amendment approved March 30, 2022.

Section IV. Waivers and Expenditure Authority Requested

A. Waivers

The following waivers are requested pursuant to the authority of section 1115(a)(1) of the Social Security Act.

- Amount, Duration, and Scope (1902(a)(10)(B). To permit the provision of different benefit packages to different populations in the demonstration. Benefits (i.e. amount, duration, and scope) may vary by individual based on eligibility category.
 - ABD Waiver Population additional benefits: individuals receive Standard Medicaid benefits package through the State Plan. Waiver covers dental treatment services above the \$1,125 State Plan dental treatment cap.

B. Expenditure Authority

Expenditure authority is requested under Section 1115(a)(2) of the Social Security Act to allow the following expenditures (which are not otherwise included as expenditures under Section 903 or Section 2105) to be regarded as expenditures under the State's Title XIX or Title XXI plan.

- Allow the MHSP population, who are age 18 or older, with SDMI who are otherwise ineligible for Medicaid to be enrolled in WASP if they:
 - Have income 0-138% of the FPL and are eligible for or enrolled in Medicare; or
 - Have income 139-150% of the FPL regardless of Medicare status (they can be covered

or not covered by Medicare and be eligible).

- And limit this population to 3,000 members at any one time.

- Offer the ABD population a benefit package that includes only dental treatment services above the \$1,125 State Plan dental treatment cap.
- Not provide medical assistance to the MHSP demonstration population for any time prior to when an application for the demonstration is made;
- Not furnish or arrange for EPSDT services to the demonstration populations; and
- Allow utilization of an enrollment limit for the MHSP demonstration population.

Section V. Compliance with Public Notice Process

A. Public Notice Process

Public Comments

Public comments included questions about the timing of the end of 12-month continuous eligibility, the Medicaid agency's tracking of the Parent, Caregiver, Relative group's re-enrollment, and the agency's staffing plans to handle members' re-enrollment,

The department responded that the end of continuous eligibility will be determined by the end of the public health emergency, re-enrollments will be tracked in reports, and contract staff will be hired to augment existing staff handling re-enrollment.

Tribal Consultation

Text of Tribal Consultation letter:

April 19, 2022

The Honorable [First Name] [Last Name]

[Title]

[Organization]

[Address]

[City], [State] [Zip]

**Re: Montana Section 1115 Waiver for Additional Services and Populations (WASP) Extension/
Renewal Application**

Dear [Title] [Last Name]:

The Montana Department of Public Health and Human Services (DPHHS) is pleased to invite comment from all Tribal Governments, Urban Indian Health Centers, and Indian Health Service (IHS) regarding the upcoming Montana Section 1115 Waiver for Additional Services and Populations (WASP) five-year extension/renewal. DPHHS will be submitting the extension/renewal for Centers for Medicare and Medicaid Services (CMS) approval on or before June 30, 2022, with a proposed effective date of January 1, 2023.

Under our agreement, DPHHS provides you notice of all Medicaid State Plan and Waiver changes. To aid your review, we have indicated whether there will be a direct impact on reimbursement or coverage for American Indians/Alaska Natives. **The WASP extension/renewal makes no substantial changes and does not impact** Tribes, Urban Indian Health Centers, and IHS.

Short History of the WASP

The WASP is a statewide section 1115 Medicaid demonstration waiver that was first approved in 1996. This waiver has historically provided: a) an eligibility pathway for low-income individuals living with a severe mental illness (SMI) not otherwise eligible for Medicaid; b) unlimited dental treatment services for Aged/Blind/Disabled Medicaid enrollees; and c) 12 months of continuous health care coverage for individuals enrolled under the Parent/Caretaker Relative and Mental Health Service Plan categories.

On August 24, 2021, DPHHS consulted with Tribes, Urban Indian Health Centers, and IHS on a proposed amendment to the WASP. The proposed change was to discontinue 12-month continuous eligibility for the Parent/Caretaker Relative (PCR) and Mental Health Service Plan eligibility groups. After receiving comments via the August tribal consultation and public comment process, we submitted the waiver amendment requesting discontinuation of continuous eligibility for only the Parent/Caretaker Relative eligibility group. The WASP amendment was approved on March 30, 2022.

Current proposed actions:

DPHHS is proposing to request a five-year extension/renewal of WASP, effective from January 1, 2023, through December 31, 2027. The WASP extension/renewal makes no substantial changes. DPHHS will hold an in-person tribal consultation on May 17 and May 18, 2022, which will include discussion on the WASP amendment approved March 30, 2022, and the WASP extension/renewal.

In addition, a 60-day public comment period will be held regarding the proposed WASP extension/renewal application from April 20 through June 18, 2022. The public comment period will include two virtual public hearings on May 19 and May 20, 2022, both held from Noon to 2:00 p.m. Mountain Time. More information on the WASP extension/renewal and how to register for the public hearings is available in the full public notice that is attached to this letter.

DPHHS is committed to an extensive public process. We want to provide you the opportunity to review the proposed action, understand the concepts, and offer comments. We invite your comments and questions on the WASP extension/renewal emailed or postmarked **through June 18, 2022**. You may direct comments to Mary Eve Kulawik, Medicaid State Plan Amendment and Waiver Coordinator, at (406) 444-2584 or mkulawik@mt.gov; or Director's Office, PO Box 4210, Helena, MT 59604-4210.

Thank you.

Sincerely,

Marie Matthews
State Medicaid Director

c: Tribal Health Director
Misty Kuhl, Director, Governor's Office of Indian Affairs
Lesia Evers, Tribal Relations Manager, DPHHS

Attachment: WASP Extension/Renewal Full Public Notice

No comments were received from the Montana Tribes.

Response to Public Comments

Children, Families, Health and Human Services Interim Committee meeting of May 12 and May 13, 2022:

When will coverage end?

This will depend on the timing of the end of the Public Health Emergency.

How will DPHHS track re-enrollment of the PCR currently in the WASP?

DPHHS will be running reports; Senator Gross requested such reports.

How is DPHHS handling inadequate staffing for re-enrollments?

DPHHS is looking at augmentations, looking to augment with contract staff.

Public Hearings of May 19 and May 20, 2022

Three members of the Medicaid agency and no members of the public attended the May 19 public hearing. Three members of the Medicaid agency and one member of the public attended the May 20 public hearing.

No public comments were given in either hearing.

B. Summary of Changes to Demonstration

This extension/renewal request does not propose changes to the WASP Demonstration Program. Montana is requesting Extension/Renewal of the current program approved on December 15, 2017 and the recent amendment approved March 30, 2022.

No changes to the extension/renewal request were made in response to public comments.

Section VI. Full Public Notice

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

June 2022 Extension/Renewal Submission

Effective Date: January 1, 2023

FULL PUBLIC NOTICE

Pursuant to 42 C.F.R. Section 431.408, public notice is hereby given to the submission of a Medicaid proposed demonstration extension/renewal request of the Montana Waiver for Additional Services and Populations (WASP), effective January 1, 2023 through December 31, 2027.

PUBLIC COMMENT PERIOD

APRIL 20, 2022 – June 18, 2022

Location and Internet Address of

Demonstration Application for Public Comment and Review

- Documents are available for public review at on the [Extension/Renewal webpage](#).

The first virtual public hearing is on Thursday, May 19, 2022 from Noon. to 2:00 p.m. Mountain Time.

Please [REGISTER](#) to attend.

The second public hearing is on Friday, May 20, 2022 from Noon. to 2:00 p.m. Mountain Time.
Please [REGISTER](#) to attend.

After registering, you will receive a confirmation email containing information about joining the meeting. If special accommodations are needed, contact Mary Eve Kulawik at (406) 444-2584 or mkulawik@mt.gov.

- Public Input and Comments are welcome from April 20, 2022 through June 18, 2022. Comments and questions may be directed to the following:
 - By US Mail:
Medicaid WASP Waiver Extension/Renewal
Department of Public Health and Human Services, Director's
Office
111 North Sanders Street
PO Box 4210
Helena, MT 59604-4210
c/o Mary Eve Kulawik
 - By telephone: (406) 444-2584

- By electronic mail: dphhscomments@mt.gov ; and
 - You will also have opportunity to officially comment during the federal public comment period after CMS finds the application and public notice requirements met. The location to make these comments can be found on-line at the [CMS website](#).

Public Notice and Public Input Process

On or before April 19, 2022, Montana will publish, in the state's three largest newspapers, the Billings Gazette, the Helena Independent Record, and the Missoulian, an announcement of the Montana Department of Public Health Human Services (DPHHS) planned submission of a 5-year Section 1115 WASP Medicaid Waiver Extension/Renewal application for approval, to the Centers for Medicare & Medicaid Services (CMS). This announcement summarizes the current waiver and extends an invitation for the public to review pertinent information posted on the Department [website](#). The announcement further invites public comment, between April 20, 2022 and June 18, 2022 via the contact information listed. Also on or before April 19, 2022, Montana will post, to the Montana Department of Health and Human Services [State Plan Amendment and Waiver Public Notices page](#), an announcement of the Montana Section 1115 Waiver for Additional Services and Populations (WASP) June 2022 Extension/Renewal Submission. This announcement will link directly to the [specific WASP webpage](#) where copies of the public notice documents will be available for review. Also, on April 19, 2022, Montana's Tribes, Urban Indian Health Centers and Billings Montana Area Indian Health Service were mailed a letter inviting their input. In addition to these public notifications, Montana will also notify the public of the planned submission, and location to find more information, by sending memos to the Montana Health Coalition, Mental Health Savings Plan (MHSP) stakeholders, the Children and Families Health and Human Services Interim Committee and posting the information on the state's e-calendar, all on or before the first day of the public notice period. At the end of the Public Input Period, Montana will post a summary of comments received and actions taken because of those comments. If the comments received stimulate a change to the Extension/Renewal Application, Montana will post the Preliminary Extension/Renewal Application, including Budget Neutrality projections, with red-line changes, and then also post the finalized version of the Extension/Renewal Application.

You will also have opportunity to officially comment during the federal public comment period after CMS finds the application and public notice requirements met. The location to make these comments can be found on-line at the [CMS website](#).

A Prologue

Contingency Due to the Public Health Emergency

A WASP amendment was approved March 30, 2022, that removes the expenditure authority for 12-month continuous eligibility for all non-expansion Medicaid-covered individuals whose eligibility was based on MAGI, also known as PCR. This amendment has an implementation date at the conclusion of the federal PHE. The state requests to extend approval of the demonstration, subject to the same Special Terms and Conditions (STCs), and expenditure authorities in affect with this amendment approval. The removal of the 12-month continuous eligibility for the PCR population removes them from any coverage under WASP, as this was the only benefit they received under the waiver. The MHSP population was not affected by this amendment. That population's 12-month continuous eligibility benefit remains.

The STCs that accompanied the amendment approval directed Montana to continue the 12-month continuous eligibility for the PCR population until the end of the federal PHE. At this writing, that end has no definite date. For the purposes of this extension/renewal submission,

with effective date of January 1, 2023, Montana assumes this continued emergency coverage may continue through December 31, 2022. Therefore, the program description, goals and evaluation information below does not include the PCR population.

Program Description, Goals and Objectives

Program Description:

Eligible individuals are those belonging to one or both of two populations:

1. The MHSP population who:
 - a. Are age 18 or older, with Severe or Disabling Mental Illness (SDMI) who qualify for or are enrolled in the State-finance MHSP but are otherwise ineligible for Medicaid benefits and either:
 - Have income 0-138% of the federal poverty level (FPL) and are eligible for or enrolled in Medicare; or
 - Have income 139-150% of the FPL regardless of Medicare status (they can be covered or not covered by Medicare and be eligible).
 - Through WASP, this population receives the Standard Medicaid benefit.
 - This population under the WASP program is limited to 3,000 members at one time.
2. The Aged, Blind and/or Disabled (ABD) population are individuals determined categorically eligible for Medicaid based on their age, blindness and/or disability.
 - a. This population receives a single limited benefit under WASP in addition to their Standard Medicaid benefit. That benefit is dental treatment services above the \$1,125 State Plan dental treatment cap.
 - There is no membership limit for this population.

Medicaid Delivery System

The State does not propose any changes to the Medicaid health care delivery system; MHSP demonstration enrollees will continue to receive services through the State's fee-for-service delivery system as approved through this 1115 WASP Demonstration. Additionally, the coverage WASP provides for the ABD population, for dental treatment services above the State Plan annual cap of \$1,125, would remain the same.

Goals/Objectives:

The goal of the Waiver for Additional Services and Populations (WASP) Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

The two populations covered under WASP differ significantly from each other and the benefit they derive from inclusion in WASP also differ. The MHSP population receives the broadest service package.

➤ **MHSP Population Goal**

The goal of WASP for the MHSP population is threefold. The goals include improving (1) access to mental health care, (2) utilization of mental health care, and (3) mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services. The provision of Standard Medicaid benefits will enable the MHSP population to receive timely and appropriate

mental health care, including community-based mental health care services and psychotropic prescription drug services, that improves their mental health outcomes by reducing the MHSP population's utilization of emergency rooms, crisis facilities, inpatient behavioral health units and the Montana State Hospital for mental health care.

➤ **ABD Dental Population Goal**

The goal of including the ABD Dental population into WASP coverage is to provide individuals determined categorically eligible for ABD with dental treatment services above the \$1,125 State Plan dental treatment cap.

Cost Sharing Requirements:

There are no cost sharing requirements for members under this program.

Annual Enrollment and Expenditures:

WASP's average monthly enrollment in 2021 was approximately 4,800. However, in 2021, WASP served three populations. With the approval of the amendment that removed the PCR population, WASP will serve only two populations after the end of the federal PHE, expected to end before the end of 2022. Of those two populations, the average monthly enrollment in 2021 was approximately 2,540.

The MHSP population's average monthly enrollment was 92 and the ABD Dental's population was 2,449. The implementation of Medicaid Expansion in January of 2016 precipitated a decline in MHSP members as they then realized qualification for more comprehensive coverage. The MHSP annual membership decline continued during 2020 and 2021, even after Montana ceased disenrolling members from the WASP due to the FFCRA Section 6008 continuous coverage provisions.

Full Program Enrollment, including the PCR population, declined each of the first few years following Medicaid Expansion implementation but then increased by around 3,730 members between year-end 2018 and year-end 2019. The full membership then declined by nearly 16,780 members between year-end 2019 and year-end 2020, even with the continuous coverage provisions of FFCRA Section 6008 implemented effective March 18, 2020. However, the full membership increased again between year-end 2020 and year-end 2021, by nearly 14,900. Program Enrollment, excluding the PCR population, also declined each of the first few years following Medicaid Expansion implementation and continued that decrease averaging about 600 fewer members each year.

Full Program Expenditures, including the PCR population, has followed the ups and downs with enrollment. There has been an overall incline in total expenditures starting from 2013, with dips and increases when looked at on a demonstration year basis. The current total cost of all programs is just over \$15,600,000 for 2021. Program expenditures, excluding the PCR population, have gradually increased since 2017 with costs of \$8,341,313 for 2021 compared to \$8,420,369 for 2020. The MHSP program saw a slight decrease from 2020 to 2021 with costs for 2020 at \$7,570,842 and \$7,318,996 for 2021.

Enrollment and Expenditure Projections
Under the Proposed Demonstration Extension/Renewal and
Annual Aggregate Expenditure History and Projection Estimate Charts

Enrollment History & Projections Under the Proposed Demonstration Extension/Renewal

Waiver Name	1/1/2018 DY15	1/1/2019 DY16	1/1/2020 DY17	1/1/2021 DY18	1/1/2022 DY19	1/1/2023 DY20	1/1/2024 DY21	1/1/2025 DY22	1/1/2026 DY23	1/1/2027 DY24
WASP ABD-Dental	38,574	38,420	35,233	32,914	34,889	36,982	39,201	41,553	44,046	46,689
WASP PCR – 12-Month CE	381	5,269	6,206	4,684	4,825	N/A	N/A	N/A	N/A	N/A
WASP MHSP – Mental Health	1,422	1,400	1,218	1,160	1,195	1,231	1,268	1,306	1,345	1,385
TOTAL	40,377	45,089	42,657	38,758	40,909	38,213	40,469	42,859	45,391	48,074

Expenditure History & Projections Under the Proposed Demonstration Extension/Renewal

Waiver Name	1/1/2018 DY15	1/1/2019 DY16	1/1/2020 DY17	1/1/2021 DY18	1/1/2022 DY19
WASP ABD-Dental	\$618,061	\$663,692	\$770,471	\$1,101,373	\$1,167,455
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WASP MHSP – Mental Health	\$8,208,744	\$8,708,687	\$9,239,019	\$9,801,396	\$10,398,241
TOTAL	\$95,22,098	\$10,184,011	\$10,894,853	\$11,662,218	\$12,486,995

The WASP PCR population is not included in the projections as that population is expected to be removed from WASP on or before the implementation of the requested extension/renewal period, January 1, 2023. The removal is authorized by the approval of an amendment submitted September 3, 2022, and approved March 30, 2022.

Ways this program differs from Montana's other program features:

WASP includes crucial healthcare related services for three, and now two different populations with differing needs into one service package that helps meet the needs of both populations. The eligibility parameters are different from other programs as are the service packages. The MHSP population has access to the Standard Medicaid Benefit identical to that of Medicaid Expansion for which they would otherwise not qualify due to Medicare eligibility or income between 139 to 150% FPL. This provides an avenue to enhance both physical and mental health service availability to this vulnerable segment of Montana's citizenry. The ABD population is also already covered under the Standard Medicaid Benefit. Input from Montana citizens and dental care providers spotlighted a need for this population to have latitude on the Standard Medicaid Benefit's annual dental service cap of \$1,125. This population is prone to medical and/or behavioral challenges during dental treatment. Allowing for an occasional higher annual cost for more comprehensive and sometimes anesthetized treatment plans reduces stress on patients and has potential to reduce total service cost over repeated less costly annual treatments.

Waiver and expenditure authorities the State believes to be necessary to authorize this demonstration:

The State is requesting waiver of some Medicaid requirements, thus asking for authority to:

- Allow the MHSP population, who are age 18 or older, with Severe or Disabling Mental Illness (SDMI) who are otherwise ineligible for Medicaid to be enrolled in WASP if they:
 - Have income 0-138% of the Federal Poverty Level (FPL) and are eligible for or enrolled in Medicare; or
 - Have income 139-150% of the FPL regardless of Medicare status (they can be covered or not covered by Medicare and be eligible).
 - And limit this population to 3,000 members at any one time.
- Offer the ABD population a benefit package that includes only dental treatment services above the \$1,125 State Plan dental treatment cap.
- Not provide medical assistance to the MHSP demonstration population for any time prior to when an application for the demonstration is made;
- Not furnish or arrange for EPSDT services to the demonstration populations; and
- Allow utilization of an enrollment limit for the MHSP demonstration population.

Montana is requesting waiver of selected Medicaid requirements to enable the operation of the Montana WASP as a Demonstration that will effectively meet the objectives as well as budget neutrality expectations. All Medicaid requirements apply except for the following:

Medicaid Requirement	Expenditure Authority	Waiver Request
Non-eligibility for Expansion based on eligibility for Medicare	Section 1115(a)(2) of the Social Security Act	To the extent necessary to allow the State to offer the MHSP Demonstration population, who would otherwise qualify for Expansion, but do not because of Medicare eligibility, the Standard Medicaid Benefit
Non-eligibility for Expansion based on income	Section 1115(a)(2) of the Social Security Act	To the extent necessary to allow the State to offer the MHSP Demonstration population, who would otherwise qualify for Expansion, but do not because of income between 139 and 150% FPL, the Standard Medicaid Benefit

Medicaid Requirement	Expenditure Authority	Waiver Request
Eligibility Procedures	Section 1902(a)(17)	To the extent necessary to allow the state to not require reporting of changes for income or household size for 12 months, for a person found income-eligible upon application or annual redetermination when determining eligibility for WASP if that person's eligibility is due to inclusion in the MHSP population.
Comparability: Amount, Duration and Scope of Services	Section 1902(a)(10)(B)	To the extent necessary to allow the State to offer the ABD population a benefit consisting only of dental treatment services above the \$1,125 State Plan dental treatment cap.
Retroactive Coverage	Section 1902(a)(34)	To the extent necessary to enable the state to not provide: medical assistance or 12-month continuing eligibility to the MHSP WASP demonstration population; or Dental treatment services above the \$1,125 State Plan dental treatment cap to the ABD population for any time prior to when an application for the demonstration is made.
EPSDT Early and Periodic Screening, Diagnostic, and Treatment	Section 1902(a)(43)(A)	To the extent necessary to enable the state to not furnish or arrange for EPSDT services to the demonstration populations.
Reasonable Promptness	Section 1902(a)(8)	To enable the state to utilize an enrollment limit for the MHSP demonstration population.

Hypotheses and Evaluation parameters of the demonstration:

Research Questions:

1. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?
2. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?
3. How does the provision of Standard Medicaid benefits coverage impact health care outcomes in WASP population?

Hypotheses:

1. Access to care will improve for members of WASP population who receive Standard Medicaid benefits for mental health services.
2. Utilization of community-based mental health services and psychotropic prescription drug services will increase.
3. Utilization of emergency department services for mental health services and admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of WASP population who receive Standard Medicaid benefits for mental health services.

Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

Mental Health Services Plan (MHSP) Population

Demonstration Goal 1: Improve access to mental health care, improve utilization of mental health care and improve mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illness (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services.

Table 1. Illustrative Demonstration Goal with Examples of Related Research Questions, Hypotheses, and Measures

Demonstration Goal	Improve access to mental health care, improve utilization of mental health care and improve mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services.
Research Questions	1. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services? 2. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services? 3. How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?
Hypotheses	1. Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services. 2. Utilization of community-based mental health services and psychotropic prescription drug services will increase. 3. Utilization of emergency department services for mental health services and admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.
Measures	1a. Enrollee perception of difficulty getting care. 2a. Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services. 2b. Number of enrollees receiving psychotropic prescription drug services. 3a. Number of enrollees utilizing emergency department services for mental health services. 3b. Number of enrollees admitted to a crisis stabilization facility. 3c. Number of enrollees admitted to an inpatient psychiatric facility. 3d. Number of enrollees admitted to the Montana State Hospital.

Table 2. Design Measure Structure

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?	Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Enrollee perception of difficulty accessing care.	Mental Health Statistical Improvement Survey (MHSIP); Domain: Access.	Baseline data will be MHSIP survey responses from 1/1/2019-7/30/2019 in the Access Domain of the survey. Will track annual trends to monitor if beneficiaries perceive their ability to access care has improved.
Process	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Utilization of community-based mental health services and psychotropic prescription drug services will increase.	Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services.	Community-based mental health services claim data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing increased number of community-based mental health services.
Process	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of	Utilization of community-based mental health services and psychotropic prescription drug services will increase.	Number of enrollees receiving psychotropic prescription drug services.	Psychotropic prescription drug claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing increased number of psychotropic prescription drug services.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
	covered services?				
Process	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Utilization of emergency department services for mental health services will decrease.	Number of enrollees utilizing emergency department services for mental health services.	Emergency department claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing emergency department services for mental health services less frequently.
Process	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Number of enrollees admitted to a crisis stabilization facility.	Crisis stabilization facility claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are being admitted to crisis stabilization facility less frequently.
Process	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Number of enrollees admitted to an inpatient psychiatric facility.	Inpatient psychiatric facility claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are being admitted to inpatient psychiatric facilities less frequently.
Process	How does the provision of Standard Medicaid	Admission to crisis stabilization facilities,	Number of enrollees admitted to the	Admission and discharge data from the Montana State Hospital.	Baseline data will be admission and discharge data with dates between 1/01/2019-12/31/2019.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
	benefits coverage impact health care quality and outcomes in the WASP population?	inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Montana State Hospital.		Will track annual trends to monitor if beneficiaries are being admitted to the Montana State Hospital less frequently.

Table 3. Quantitative Methods

Evaluation Question	Method of Evaluation
How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?	Measure trend over the demonstration life cycle.
How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Measure trend over the demonstration life cycle.
How does the provision of Standard Medicaid benefits coverage impact healthcare outcomes in the WASP population?	Measure trend over the demonstration life cycle.

Table 4. Data Collection Process

Measure	Source
Enrollee perception of difficulty getting care.	Mental Health Statistical Improvement Survey (MHSIP); Domain: Access.
Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services.	Community-based mental health services claims data from the MT claims reporting system.
Number of enrollees receiving psychotropic prescription drug services.	Psychotropic prescription drug claims data from the MT claims reporting system.
Number of enrollees utilizing emergency department services for mental health services.	Emergency department claims data from the MT claims reporting system.

Measure	Source
Number of enrollees admitted to a crisis stabilization facility.	Crisis stabilization facility claims data from the MT claims reporting system.
Number of enrollees admitted to an inpatient psychiatric facility.	Inpatient psychiatric facility claims data from the MT claims reporting system.
Number of enrollees admitted to the Montana State Hospital.	Admission and discharge data from the Montana State Hospital.

(1a) Simplified Evaluation Budget (MHSP Portion):

MHSP Evaluation Budget

The state will conduct the MHSP evaluation utilizing state staff only. Outside evaluation contractors will not be employed for this project.

Activity	Cost
Computer programming (cost per hour x hours)	No additional programming costs will be incurred for this evaluation.
Analysis of the data (cost per hour x hours)	\$30.00/hour x 40 hours = \$1,200.00
Preparation of the report (cost per hour x hours)	\$30.00/hour x 10 hours = \$300.00
Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.	Survey task will be completed by a non-cost-allocated employee so no additional charge will be incurred for this data collection task. The cost of including this data in the report is covered under the "Preparation of the report" category.

ABD Dental Population Goal

The goal of including the ABD Dental population into the WASP coverage is to provide individuals determined categorically eligible for ABD with dental treatment services above the \$1,125 State Plan dental treatment cap.

The ABD population began receiving this singular benefit under WASP on March 1, 2016. There are no similar groups to compare with this ABD population or any additional services covered for them under WASP, only the absence of the dental treatment cap. Likely, most ABD WASP members do not realize they are participants in the WASP as its action is invisible to them. The ABD population is aged, blind and disabled. They are offered this additional annual coverage because of the hardship inherent in providing dental services incrementally. This population is especially difficult to serve with dental care, sometimes needs to be anesthetized, often prone to behavioral combativeness and emotional trauma. The service itself is offered at the request of providers who find this population especially in need of dental care that is not limited by timeframe or dollar amount. This is a population who, if offered a survey, would likely have it completed by a proxy if able to complete one at all. Therefore, member satisfaction surveys and outside comparisons for this population are purposely excluded.

ABD Dental Goal: provide individuals determined categorically eligible for ABD with dental treatment services above the \$1,125 State Plan dental treatment cap.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Number of beneficiaries who had at least one dental service encounter above the cap in each year of the demonstration/total number of beneficiaries above the dental cap.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Both the numerator and the denominator will be a distinct count of ABD beneficiaries above the dental limit, counting the beneficiary only once regardless of the number of services covered by their ABD transitional Enrollment.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services.
Process	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Number of services utilized/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total count of services to get an average annual per beneficiary count of services utilized.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat.
Process	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Top ten utilized dental services in each year of the demonstration/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total services each year by total count of claims and report the top ten most highly utilized services/ total ABD count to get the Top 10 service per beneficiary.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will compare the top services from one year to the next to see how the services change or remain the same over time. Compare the trend of like services to see if service utilization per beneficiary increases, decreases, or remains flat.

ABD Dental Goal: Data Collection Process

Measure	Source
Number of beneficiaries who had at least one dental service encounter above the cap in each year of the demonstration/total number of beneficiaries above the dental cap.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.
Number of services utilized/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.
Top ten utilized dental services in each year of the demonstration/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.

ABD Quantitative Methods

Evaluation Question	Method of Evaluation
How did beneficiaries utilize covered health services?	Measure trend over the demonstration life cycle.
Does the demonstration improve health outcomes?	Measure trend over the demonstration life cycle.
Are beneficiaries satisfied with services?	n/a

(1c) Simplified Evaluation Budget (ABD Portion):

ABD Evaluation Budget

The state will conduct the evaluation utilizing state staff only. Outside evaluation contractors will not be employed for this project

Activity	Cost
Computer programming (cost per hour x hours)	No additional programming costs will be incurred for this evaluation.
Analysis of the data (cost per hour x hours)	\$52.60/hour x 20 hours = \$1,052.00
Preparation of the report (cost per hour x hours)	\$30.00/hour x 6 = \$180.00
Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.	n/a

1. Simplified Evaluation Budget (Full Evaluation):

Full Evaluation Budget

The state will conduct the evaluation utilizing state staff only. Outside evaluation contractors will not be employed for this project.

Activity	Cost
Computer programming (cost per hour x hours)	No additional programming costs will be incurred for this evaluation.
Analysis of the data (cost per hour x hours)	MHSP section: \$30.00/hour x 40 hours = \$1,200.00 ABD section: \$52.60/hour x 20 hours = \$1,052.00 Full Evaluation: \$ 2,252.00
Preparation of the report (cost per hour x hours)	MHSP section: \$30.00/hour x 10 hours = \$300.00 ABD section \$30.00/hour x 6 = \$180 Full Evaluation: \$ 480.00
Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.	n/a

The goals of Montana's WASP demonstration project remain the same for our extension/renewal request period of January 1, 2023 through December 31, 2027.

Interim Evaluation Findings

Summary of MHSP Findings:

Based on the measures currently established within the WASP; access to mental health care, utilization of mental health care, and the mental health outcomes, Montana has experienced a decrease of 3% in individuals utilizing/seeking outpatient mental health care services, an additional 2% decrease in individuals having to utilize an Emergency Department; although, our population has expressed a minor positive increase of 1% regarding the aggregate perception of accessibility. Montana has also identified a decrease of the individuals admitting to Crisis Stabilization Facilities as well as the Montana State Hospital by over 1% and identified a 0.2% decrease to those needing to be admitted into to Psychiatric Facilities.

Though no correlation can yet be established to determine final outcomes when the observation timeline is only 1 year, as well as having multiple variables able to influence results (to include the PHE), Montana will continue to observe trendlines of the collected data better determine trends within our population.

Summary of PCR Findings:

All three evaluation measures are within reason to what was expected. PCR recipients are using the benefits and utilizing the benefits as we would expect. Measure one showed a slight decrease, however the percent of recipients using benefits is above 90% for every year. The top services rendered as shown in measure three are in line with the top physician services we are seeing in other areas of Medicaid.

Summary of ABD Findings:

All three evaluation measures are within reason to what was expected. ABD recipients are utilizing the benefits as we would expect. The waiver waives the adult dental limit for all Aged, Blind, and Disabled recipients. Measure one shows that approximately 3% of the ABD population is going above the max and utilizing the benefit. Measure one and two both showed slight increases. The top services rendered as shown in measure three are as expected and consistent across demonstration years.

Summary of Interim Evaluation Findings:

The goal of the Waiver for Additional Services and Populations (WASP) Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

During this evaluation period, WASP extended unique coverage opportunities for medically necessary medical care to three unique populations. The MHSP population utilized needed mental health services as well as other medical care in the single year evaluated. The ABD population were evaluated over a span of four years. During this time utilization of dental services above the standard benefit treatment cap grew slowly but steadily. Three percent of those eligible addressed those needs at the time attention was needed avoiding the hardship of necessary procedure delays. Assessing WASP's role in assuring medically necessary medical care for the PCR population is more difficult. The PCR population's single benefit under WASP is 12-month continuous eligibility for medical care for which they are already eligible. Since the percentage of medical care utilization was over 90% each year, it is clear this population was receiving the needed care. The 12-month continuous eligibility removed the currently unmeasurable barrier of members losing care due to more frequent eligibility determination.

Note an amendment approved March 30, 2022, removed the 12-month continuous eligibility for the PCR population, and thus removes this population from WASP coverage, effective at the end of the federal PHE. A revised Evaluation Design, omitting this population, is expected to be submitted to CMS in 2023.

Attachment A

TO COMPREHENSIVE DESCRIPTION OF THE DEMONSTRATION

Enrollment and Expenditure Projections Under the Proposed Demonstration Extension/Renewal and Annual Aggregate Expenditure History and Projection Estimate Charts

Enrollment History & Projections Under the Proposed Demonstration Extension/Renewal

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Expenditure History & Projections Under the Proposed Demonstration Extension/Renewal

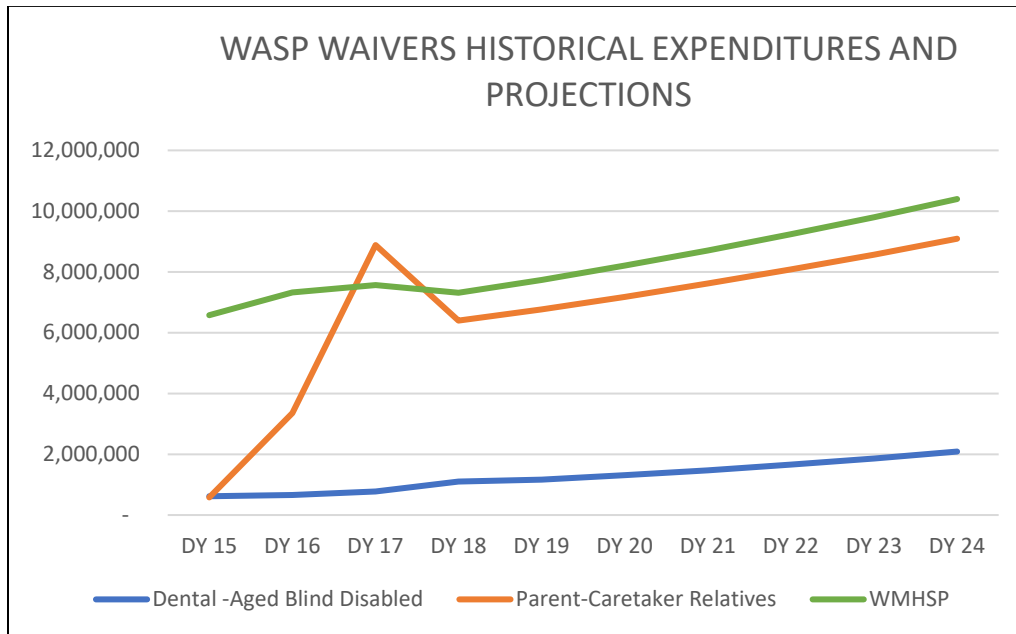
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Waiver Name	1/1/2023 DY20	1/1/2024 DY21	1/1/2025 DY22	1/1/2026 DY23	1/1/2027 DY24
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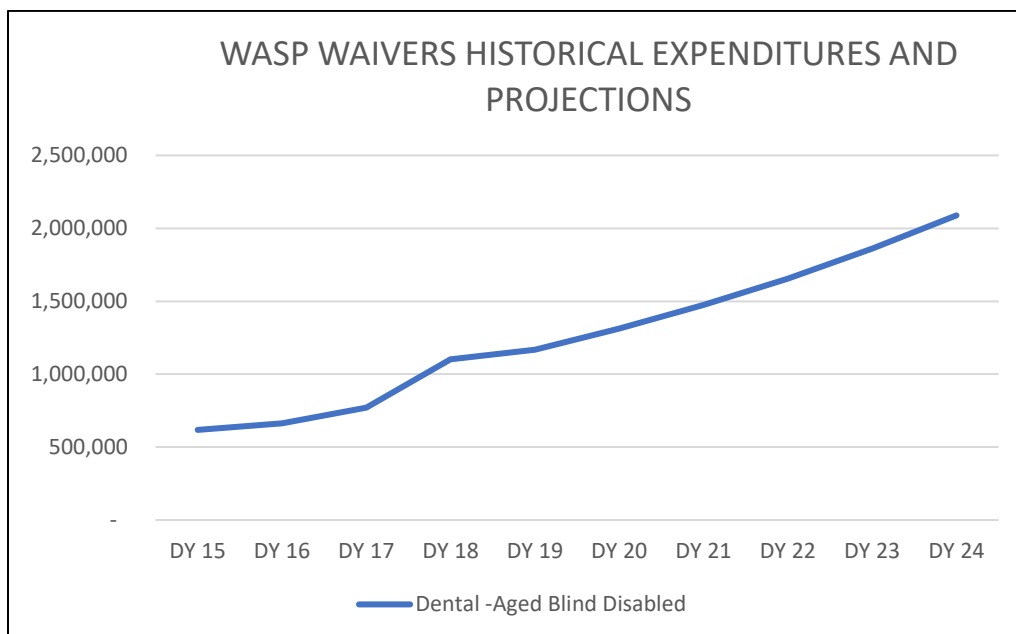
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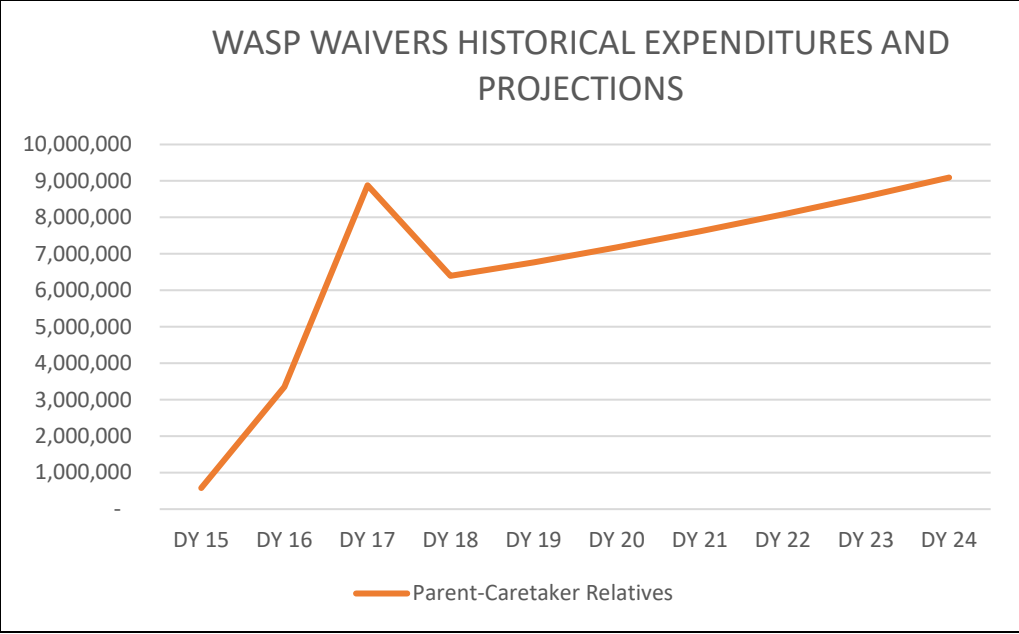
Annual Aggregate Expenditure History and Projection Estimate Charts

Historical Expenditures and Projections

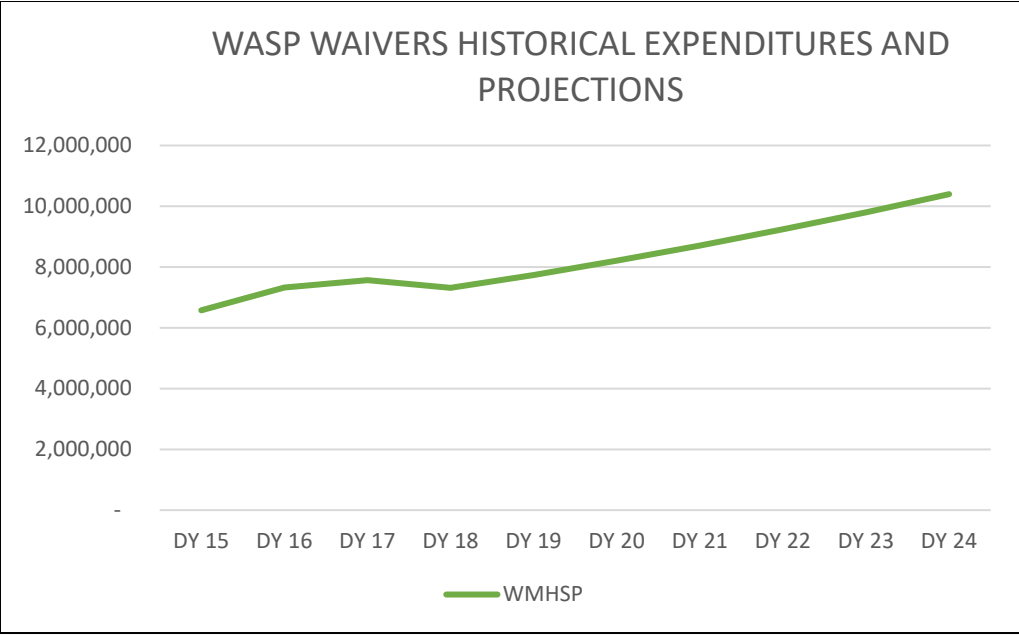


Parent-Caretaker Relatives projections are not relevant as of DY20 and later.

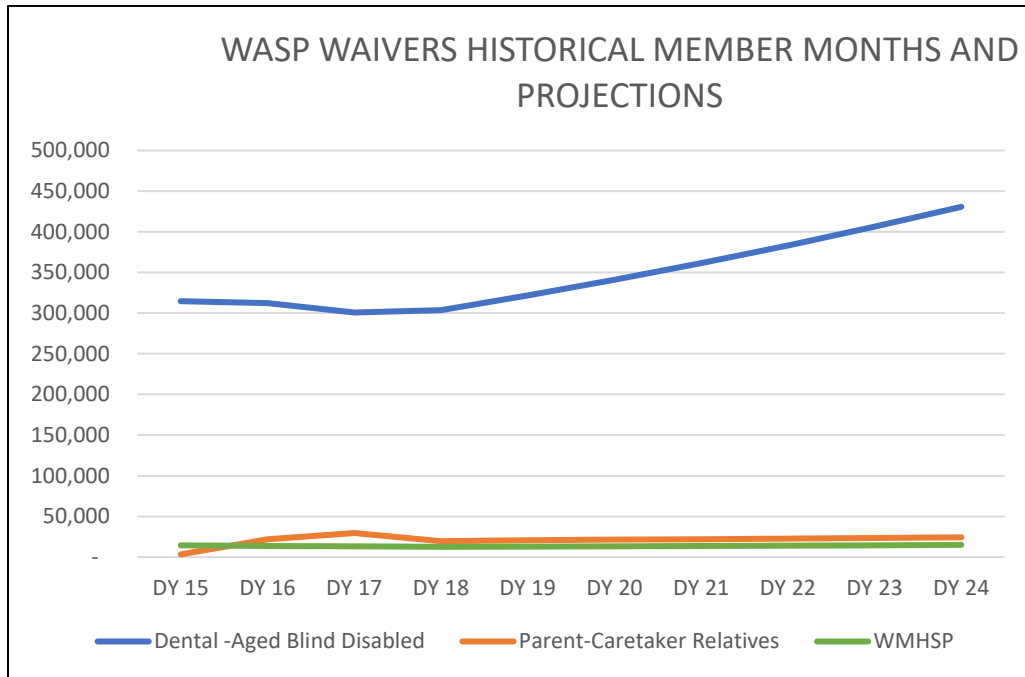




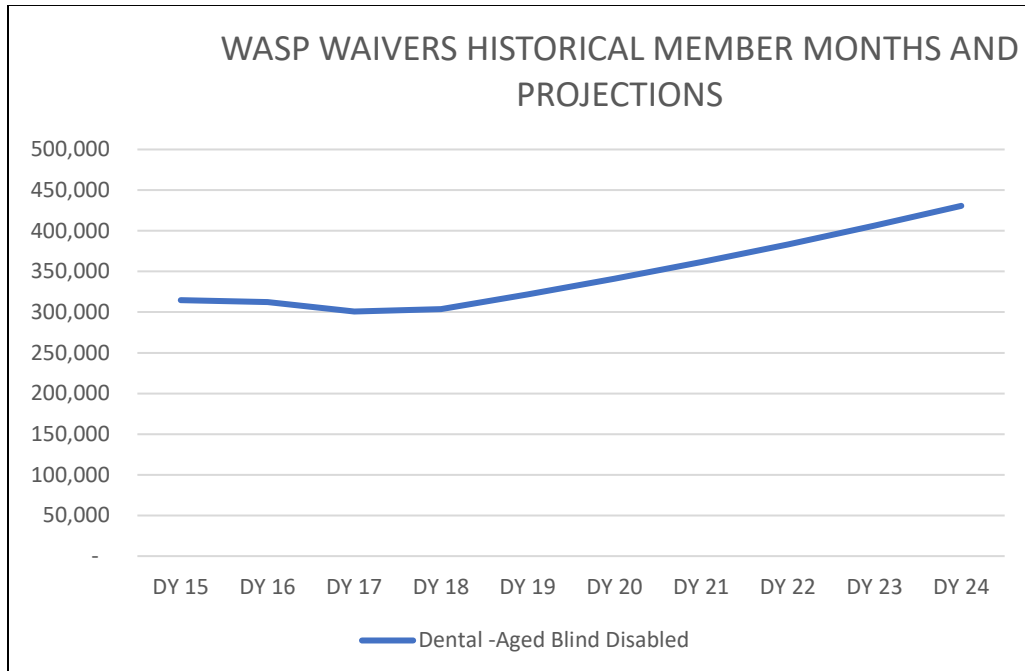
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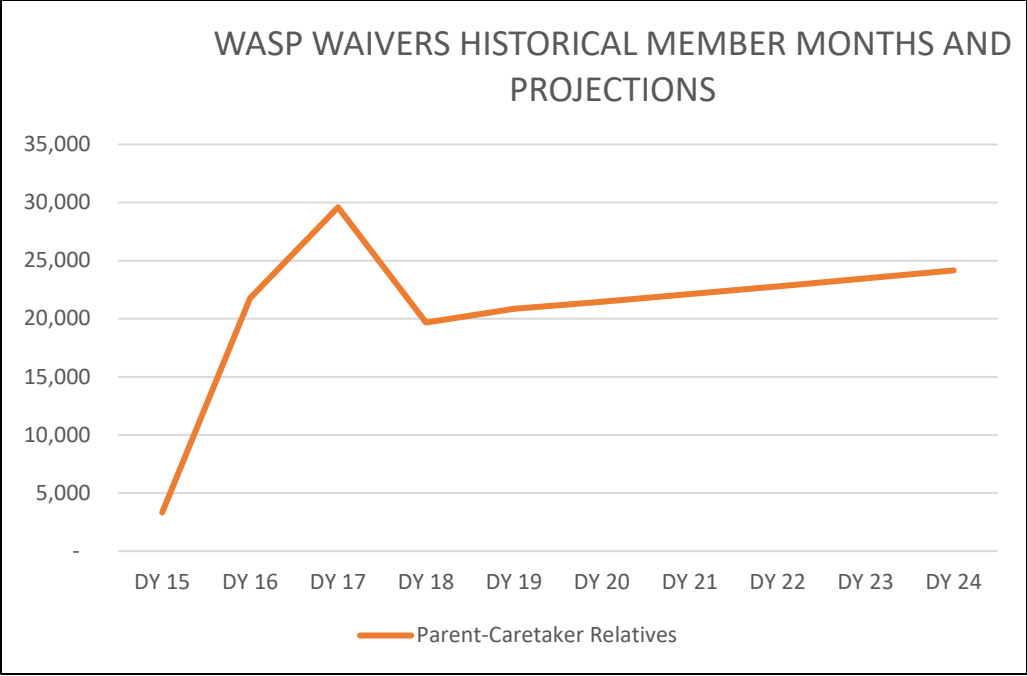


Historical Member Months and Projections

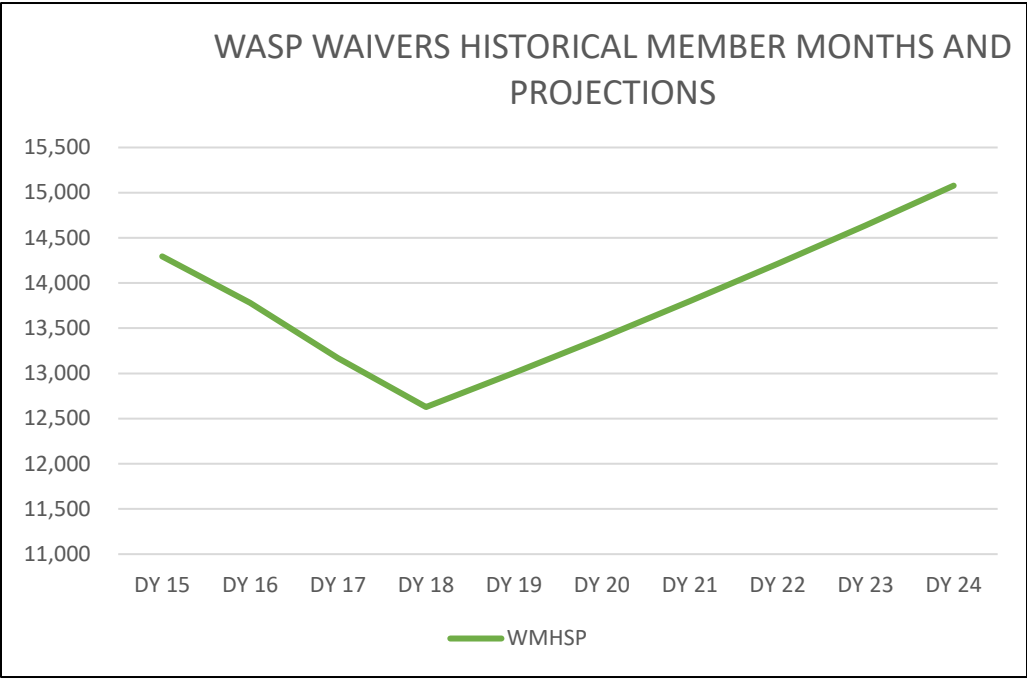


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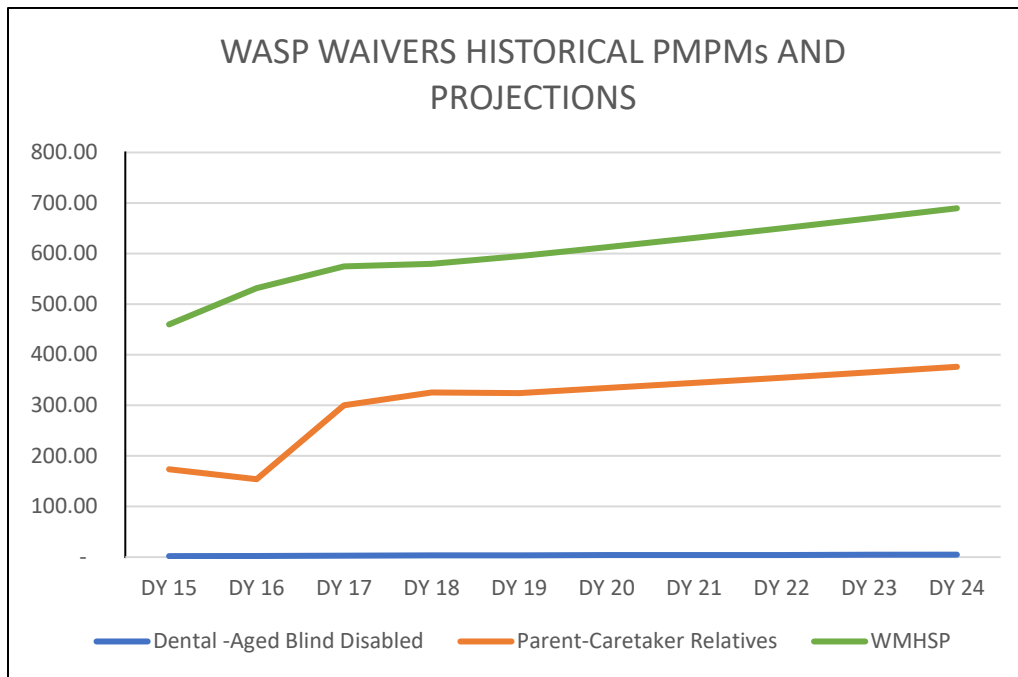




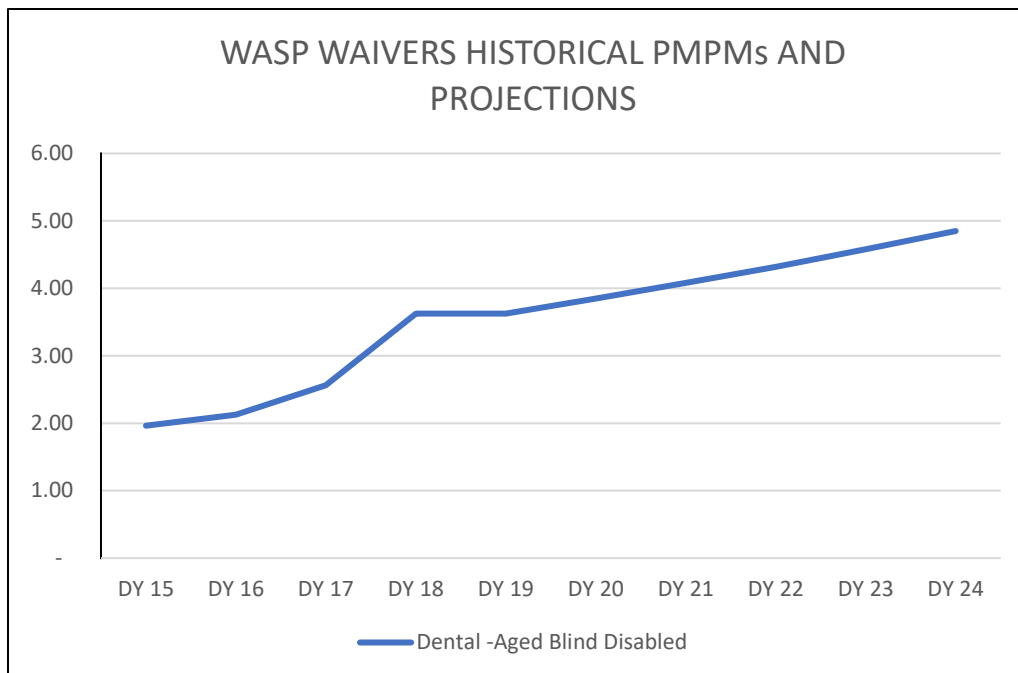
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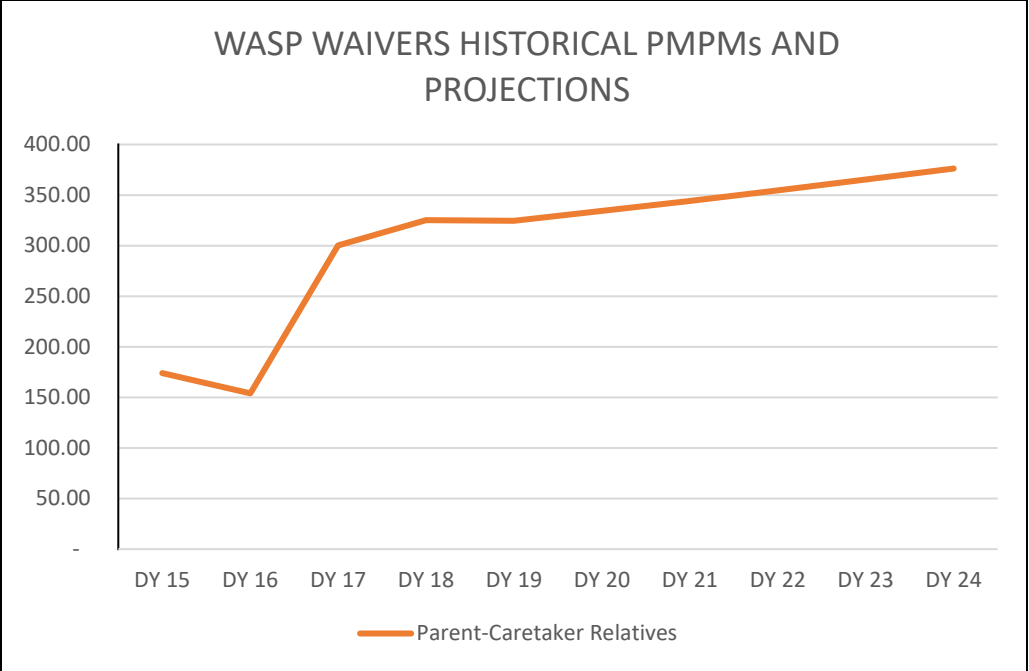


Historical Per Member Per Month (PMPM) and Projections

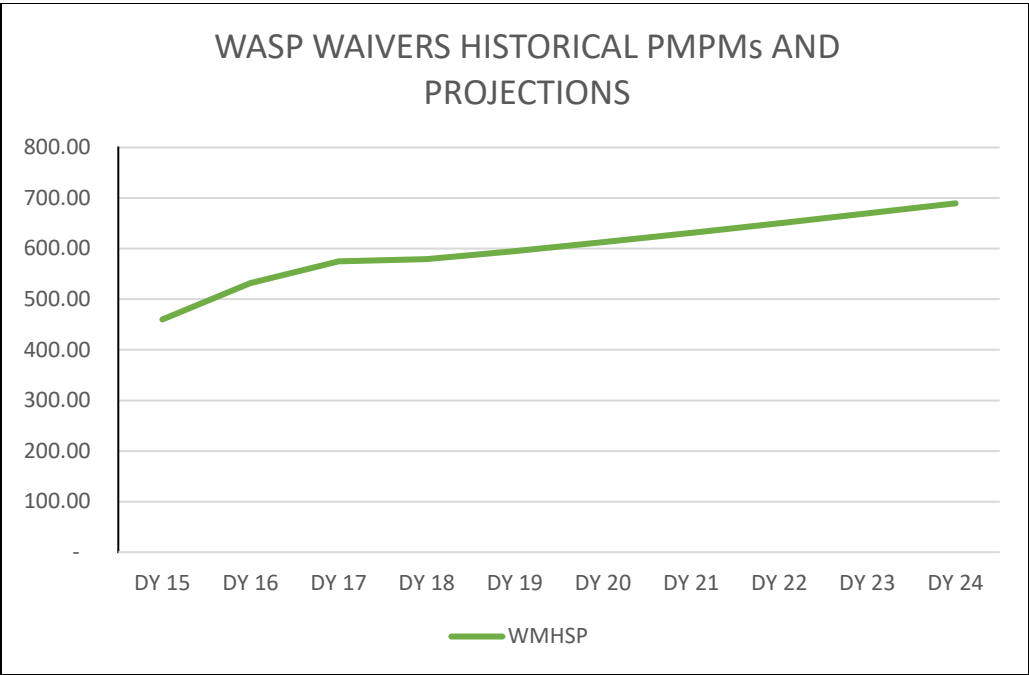


Parent-Caretaker Relatives projections are not relevant as of DY20 and later.





Parent-Caretaker Relatives projections are not relevant as of DY20 and later.



Attachment B

TO COMPREHENSIVE DESCRIPTION OF THE DEMONSTRATION

Interim Evaluation Report

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

June 2022 Extension/Renewal Submission

Effective Date: January 1, 2023

INTERIM EVALUATION REPORT

Montana submitted the Evaluation Design for this report on January 13, 2021 and it was approved by the Center for Medicare & Medicaid Services (CMS) on April 5, 2021. This Interim Evaluation Report is the first implementation of that design. The brevity of the evaluation period for the Mental Health Services Plan (MHSP) population combined with the overall chaotic healthcare period of the federal PHE makes it difficult to draw many clear conclusions from the information obtained for this report. The evaluation design specific to the Parent and Caretaker Relatives (PCR) and Aged, Blind, and Disabled (ABD) covered populations reflects on five years of data providing information for interpretation. Montana's complete findings and analysis of those findings are included in this report.

A Revised Evaluation Design will be submitted based on the changes required due to the approval of the September 3, 2021 amendment request to remove 12-month continuing eligibility for the PCR population which will remove that population from the WASP. A draft of the Revised Evaluation Design is included with the June 2022 Extension/Renewal Submission as Attachment C of both the Early and Final Comprehensive Description of the Demonstration documents.

Montana plans to update the evaluation measures that have data available, annually, for the full prior year. Providers are given 365-days for claims submission making complete data obtained from processed claims, subject to a one-year lag time. The state will report that update on the WASP annual monitoring report. Updates to analysis will be included if statistically significant changes are noted. Full Evaluation Reports, with measures analysis, will be completed and submitted according to the Special Terms and Conditions requirements.

Demonstration Objectives/Goals

The goal of the Waiver for Additional Services and Populations (WASP) Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

The three populations covered under WASP differ significantly from each other and the benefit each population derives from inclusion in WASP also differ. The MHSP population receives the broadest service package and is therefore the principal focus of this evaluation design.

MHSP Population Goal

The goal of WASP for the MHSP population is threefold. The goals include improving (1) access to mental health care, (2) utilization of mental health care, and (3) mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services. The evaluation plan utilizes three research questions that seek to understand how the provision of Standard Medicaid benefits coverage for the MHSP population of WASP impacts their (1) access to mental health care, (2) utilization of mental health care, and their (3) mental health outcomes. The evaluation design and research questions enable an understanding of the impact of WASP on the MHSP population by hypothesizing that the provision of Standard Medicaid benefits will enable the MHSP population to receive timely and appropriate mental health care, including community-based mental health care services and psychotropic prescription drug services, that improves their mental health outcomes by reducing the MHSP population's utilization of emergency rooms, crisis facilities, inpatient behavioral health units and the Montana State Hospital for mental health care.

The State will conduct the evaluation for the MHSP population using survey responses and claims data specific to the MHSP population over a defined time period. The distinct measurements evaluate access to and utilization of services covered by Standard Medicaid benefits, which would be unavailable to the MHSP population without WASP. The defined data sources ensure that the evaluation design utilizes measurements primarily effected by the provision of Standard Medicaid benefits to ensure the evaluation is isolated from other initiatives within the State.

Evaluation Questions and Hypotheses

Research Questions:

1. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?
2. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?
3. How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?

Hypotheses:

1. Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services.
2. Utilization of community-based mental health services and psychotropic prescription drug services will increase.
3. Utilization of emergency department services for mental health services and admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.

Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

Mental Health Services Plan (MHSP) Population

Demonstration Goal 1: Improve access to mental health care, improve utilization of mental health care and improve mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illness (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services.

Table 1. Illustrative Demonstration Goal with Examples of Related Research Questions, Hypotheses, and Measures

Demonstration Goal	Improve access to mental health care, improve utilization of mental health care and improve mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services.
Research Questions	4. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services? 5. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services? 6. How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?
Hypotheses	4. Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services. 5. Utilization of community-based mental health services and psychotropic prescription drug services will increase. 6. Utilization of emergency department services for mental health services and admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.
Measures	1a. Enrollee perception of difficulty getting care. 2a. Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services. 2b. Number of enrollees receiving psychotropic prescription drug services. 3a. Number of enrollees utilizing emergency department services for mental health services. 3b. Number of enrollees admitted to a crisis stabilization facility. 3c. Number of enrollees admitted to an inpatient psychiatric facility. 3d. Number of enrollees admitted to the Montana State Hospital.

Table 2. Design Measure Structure

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process MEASURE #1	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?	Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Enrollee perception of difficulty accessing care.	Mental Health Statistical Improvement Survey (MHSIP); Domain: Access.	Baseline data will be MHSIP survey responses from 1/1/2019-7/30/2019 in the Access Domain of the survey. Will track annual trends to monitor if beneficiaries perceive their ability to access care has improved.
Process MEASURE #2	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Utilization of community-based mental health services and psychotropic prescription drug services will increase.	Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services.	Community-based mental health services claim data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing increased number of community-based mental health services.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process MEASURE #3	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Utilization of community-based mental health services and psychotropic prescription drug services will increase.	Number of enrollees receiving psychotropic prescription drug services.	Psychotropic prescription drug claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing increased number of psychotropic prescription drug services.
Process MEASURE #4	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Utilization of emergency department services for mental health services will decrease.	Number of enrollees utilizing emergency department services for mental health services.	Emergency department claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing emergency department services for mental health services less frequently.
Process MEASURE #5	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for	Number of enrollees admitted to a crisis stabilization facility.	Crisis stabilization facility claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
		members of the WASP population who receive Standard Medicaid benefits for mental health services.			beneficiaries are being admitted to crisis stabilization facility less frequently.
Process MEASURE #6	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Number of enrollees admitted to an inpatient psychiatric facility.	Inpatient psychiatric facility claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are being admitted to inpatient psychiatric facilities less frequently.
Process MEASURE #7	How does the provision of Standard Medicaid benefits coverage impact health care quality and outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Number of enrollees admitted to the Montana State Hospital.	Admission and discharge data from the Montana State Hospital.	Baseline data will be admission and discharge data with dates between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are being admitted to the Montana State Hospital less frequently.

MHSP Data and Analysis

MEASURE	Baseline CY2019	CY2020	Analysis
#1	84% of consumers in Montana were satisfied with the ability to access Mental Health Services 2019. In the same year 87% of respondents also reported positively on the quality & appropriateness of care provided.	In 2020, Montana saw an average of 1% increase in positive responses from Mental Health Service Consumers, resulting in an 85% positive rating on Montana's accessibility to care over the 2019 data results. The perceived quality and appropriateness of care provided remained the same at 87%.	Current trend lines show an overall increase in the consumers perception of accessibility to care. In comparison to the National average Montana is only 4% behind consumers perceived ability to access care. Continued efforts are being made in order to increase our sample sizes in order to decrease our standard deviation, so we may continue to conduct process improvements.
#2	774 out of 1143 WASP MHSP members	653 out of 1014 WASP MHSP members	From CY19 to CY20, there was a 3.3% decrease in the percentage of WASP MHSP beneficiaries receiving community-based MH services. For CY19, 67.7% of the total number of member of beneficiaries received these services and for CY20, only 64.4% of members received these services.
#3	106 out of 1143 WASP members	100 out of 1014 WASP members	When comparing CY20 to CY19, there was a 0.6% increase in the percentage of WASP beneficiaries with a prescription for psychotropic medications
#4	301 out of 1143 WASP members	247 out of 1014 WASP members	When comparing CY20 to CY19, there was a 2% decrease in the percentage of WASP beneficiaries accessing the emergency department.
#5	58 out of 1143 WASP members	37 out of 1014 WASP members	When comparing CY20 to CY19, there was an 1.4% decrease in the percentage of WASP beneficiaries admitted to a crisis stabilization facility.
#6	36 out of 1143 WASP members	33 out of 1014 WASP members	When comparing CY20 to CY19, there was a 0.2% increase in the percentage of WASP beneficiaries admitted to an inpatient hospital or inpatient psychiatric facility.
#7	48 out of 1143 WASP members	30 out of 1014 WASP members	When comparing CY20 to CY19, there was an 1.2% decrease in the percentage of WASP beneficiaries admitted to the Montana State Hospital.

Summary of MHSP Findings

Based on the measures currently established within the Waiver for Additional Services and Populations (WASP); access to mental health care, utilization of mental health care, and the mental health outcomes, Montana has experienced a decrease of 3% in individuals utilizing/seeking outpatient mental health care services, an additional 2% decrease in individuals having to utilize an Emergency Department; although, our population has expressed a minor positive increase of 1% regarding the aggregate perception of accessibility. Montana has also identified a decrease of the individuals admitting to Crisis Stabilization Facilities as well as the Montana State Hospital by over 1% and identified a 0.2% decrease to those needing to be admitted into to Psychiatric Facilities.

Though no correlation can yet be established to determine final outcomes when the observation timeline is only 1 year, as well as having multiple variables able to influence results (to include the PHE), Montana will continue to observe trendlines of the collected data better determine trends within our population.

Table 3. Quantitative Methods

Evaluation Question	Method of Evaluation
How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?	Measure trend over the demonstration life cycle.
How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Measure trend over the demonstration life cycle.
How does the provision of Standard Medicaid benefits coverage impact healthcare outcomes in the WASP population?	Measure trend over the demonstration life cycle.

Table 4. Data Collection Process

Measure	Source
Enrollee perception of difficulty getting care.	Mental Health Statistical Improvement Survey (MHSIP); Domain: Access.
Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services.	Community-based mental health services claim data from the MT claims reporting system.
Number of enrollees receiving psychotropic prescription drug services.	Psychotropic prescription drug claims data from the MT claims reporting system.
Number of enrollees utilizing emergency department services for mental health services.	Emergency department claims data from the MT claims reporting system.
Number of enrollees admitted to a crisis stabilization facility.	Crisis stabilization facility claims data from the MT claims reporting system.
Number of enrollees admitted to an inpatient psychiatric facility.	Inpatient psychiatric facility claims data from the MT claims reporting system.
Number of enrollees admitted to the Montana State Hospital.	Admission and discharge data from the Montana State Hospital.

PCR Population Goal

The goal of including the PCR population into the WASP coverage is to provide a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI. The PCR population receives the standard Medicaid benefit already, without the aid of WASP eligibility. Including this population into the WASP coverage eliminates the redetermination burden on the member and the state while aligning these members with an annual redetermination schedule that mirrors most other Montana Healthcare Program members.

The PCR population began receiving this singular benefit under WASP on January 1, 2016. There are no similar groups for which to compare the PCR population or any additional services covered for them under WASP, only the absence of an extra eligibility requirement. Likely, most PCR WASP members do not realize

they are participants in the WASP as its action is invisible to them. Therefore, member satisfaction surveys and outside comparisons for this population are purposely excluded.

PCR Goal: provide a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process MEASURE 1	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize PCR services during the transitional period.	Number of beneficiaries who had at least one service encounter in each year of the demonstration/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system. Both the numerator and the denominator will be a distinct count of PCR transitional beneficiaries, counting the beneficiary only once regardless of the number of services covered by their PCR transitional Enrollment.	Base line data will be claims with Dates of Service between 01/01/2016-12/31/2016. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services.
Process MEASURE 2	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize PCR services during the transitional period.	Number of services utilized/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total count of services to get an average annual per beneficiary count of services utilized.	Base line data will be claims with Dates of Service between 01/01/2016-12/31/2016. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat.
Process MEASURE 3	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize PCR services during the transitional period.	Top ten utilized services in each year of the demonstration/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total services each year by total count of claims and report the top ten most highly utilized services/ total PCR count to get the Top 10 service per beneficiary.	Base line data will be claims with Dates of Service between 01/01/2016-12/31/2016. Will compare the top services from one year to the next to see how the services change or remain the same over time. Compare the trend of like services to see if service utilization per beneficiary increases, decreases, or remains flat.

PCR Data

Process Measure	Baseline CY2016		CY2017		CY2018		CY2019		CY2020	
#1	93.288% Members Treated /Total Members		98.533%		91.339%		93.319%		97.486%	
#2	19.26		0.99		0.91		0.93		0.97	
#3	Top 10 Services		Top 10 Services		Top 10 Services		Top 10 Services		Top 10 Services	
	Service	Service Utilization Per Beneficiary	Service	Service Utilization Per Beneficiary	Service	Service Utilization Per Beneficiary	Service	Service Utilization Per Beneficiary	Service	Service Utilization Per Beneficiary
	99213-Office/ Outpatient Visit Est	4,308	99213-Office/ Outpatient Visit Est	376	99213-Office/ Outpatient Visit Est	332	99213-Office/ Outpatient Visit Est	2,064	90837-PSYTX PT&/Family 60 Minutes	4,871
	T1016-Case Management	3,042	99214-Office/ Outpatient Visit Est	207	99214-Office/ Outpatient Visit Est	197	90837-PSYTX PT&/Family 60 Minutes	1,885	99213-Office/Outpatient Visit Est	4,061
	90837-PSYTX PT&/Family 60 Minutes	2,599	90837-PSYTX PT&/Family 60 Minutes	176	97110-Therapeutic Exercises	165	S0109-Methadone Oral 5mg	1,364	99214-Office/ Outpatient Visit Est	2,594
	99214-Office/ Outpatient Visit Est	1,991	T1016-Case Management	99	90837-PSYTX PT&/Family 60 Minutes	142	99214-Office/ Outpatient Visit Est	1,312	S0109-Methadone Oral 5mg	2,546
	99283-Emergency Dept Visit	1,015	97140-Manual Therapy 1/> Regions	97	97140-Manual Therapy 1/> Regions	114	97530-Therapeutic Activities	562	97530-Therapeutic Activities	1,432
	H2020-Ther Behav Svc, Per Diem	823	99283-Emergency Dept Visit	78	97113-Aquatic Therapy/ Exercises	65	90471-Immunization Admin	452	97110-Therapeutic Exercises	1,129

Process Measure	Baseline CY2016		CY2017		CY2018		CY2019		CY2020	
	H2019- Ther Behav Svc, Per 15 Min	725	90471- Immunization Admin	73	90471- Immunization Admin	60	J0572- Buprenorphin/ Nalox up to 3mg	433	J0574 - Buprenorph/ Nalox 6.1 to 10mg	1,129
	90471- Immunization Admin	626	9507- Speech/ Hearing Therapy	72	99283- Emergency Dept Visit	59	97140- Manual Therapy 1/> Regions	427	97140- Manual Therapy 1/> Regions	1,023
	92015- Determine Refractive State	615	92015- Determine Refractive State	62	36415- Routine Venipuncture	46	97110- Therapeutic Exercises	401	9507- Speech/ Hearing Therapy	915
	V2020- Vision Svcs Frames Purchases	605	97110- Therapeutic Exercises	50	92015- Determine Refractive State	45	36415- Routine Venipuncture	371	H0016- Alcohol and/or Drug Services	816

PCR Data Analysis

Process Measure	Analysis
#1	The percent of members receiving services was an overall increase.
#2	The baseline data was significantly higher than all subsequent years. CY 2017 through CY 2020 was consistent with an overall slight decrease from CY 2017 to CY 2020.
#3	The Top services for the PCR group did vary from one year to the next, but office visits and therapies were consistently in the top services.

Summary of PCR Findings

All three evaluation measures are within reason to what was expected. PCR recipients are using the benefits and utilizing the benefits as we would expect. Measure one showed a slight decrease, however the percent of recipients using benefits is above 90% for every year. The top services rendered as shown in measure three are in line with the top physician services we are seeing in other areas of Medicaid.

PCR Goal: Data Collection Process

Measure	Source
Number of beneficiaries who had at least one service encounter in each year of the demonstration/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system.
Number of services utilized/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system.
Top ten utilized services in each year of the demonstration/total number of beneficiaries	PCR claims data from the MT claims reporting system pulled from the database and the total PCR transitional Enrollment Data pulled from the database that receives information from the eligibility system.

PCR Quantitative Methods

Evaluation Question	Method of Evaluation
How did beneficiaries utilize covered health services?	Measure trend over the demonstration life cycle.
Does the demonstration improve health outcomes?	Measure trend over the demonstration life cycle.
Are beneficiaries satisfied with services?	n/a

ABD Dental Population Goal

The goal of including the ABD Dental population into the WASP coverage is to provide individuals determined categorically eligible for ABD with dental treatment services above the \$1,125 State Plan dental treatment cap.

The ABD population began receiving this singular benefit under WASP on March 1, 2016. There are no similar groups to compare with this ABD population or any additional services covered for them under WASP, only the absence of the dental treatment cap. Likely, most ABD WASP members do not realize they are participants in the WASP as its action is invisible to them. The ABD population is aged, blind and disabled. They are offered this additional annual coverage because of the hardship inherent in providing dental services incrementally. This population is especially difficult to serve with dental care, sometimes needs to be anesthetized, often prone to behavioral combativeness and emotional trauma. The service itself is offered at the request of providers who find this population especially in need of dental care that is not limited by timeframe or dollar amount. This is a population who, if offered a survey, would likely have it completed by a proxy if able to complete one at all. Therefore, member satisfaction surveys and outside comparisons for this population are purposely excluded.

ABD Dental Goal: provide individuals determined categorically eligible for ABD with dental treatment services above the \$1,125 State Plan dental treatment cap.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process MEASURE 1	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Number of beneficiaries who had at least one dental service encounter above the cap in each year of the demonstration/total number of beneficiaries above the dental cap.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Both the numerator and the denominator will be a distinct count of ABD beneficiaries above the dental limit, counting the beneficiary only once regardless of the number of services covered by their ABD transitional Enrollment.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services.
Process MEASURE 2	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Number of services utilized/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total count of services to get an average annual per beneficiary count of services utilized.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat.
Process MEASURE 3	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Top ten utilized dental services in each year of the demonstration/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total services each year by total count of claims and report the top ten most highly utilized services/ total ABD count to get the Top 10 service per beneficiary.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will compare the top services from one year to the next to see how the services change or remain the same over time. Compare the trend of like services to see if service utilization per beneficiary increases, decreases, or remains flat.

ABD Data and Analysis

Process Measure	Baseline 3/1/2016 through 2/28/2017	3/1/2017 through 2/28/2018	3/1/2018 through 2/28/2019	3/1/2019 through 2/28/2020	3/1/2020 through 2/28/2021					
#1	1.022% Members Treated /Total Members	3.010%	2.377%	2.811%	2.994%					
#2	0.019	0.060	0.057	0.061	0.062					
#3	Top 10 Services		Top 10 Services		Top 10 Services		Top 10 Services		Top 10 Services	
	Service	Service Utilization Per Beneficiary	Service	Service Utilization Per Beneficiary	Service	Service Utilization Per Beneficiary	Service	Service Utilization Per Beneficiary	Service	Service Utilization Per Beneficiary
	D7210- Rem Imp Tooth w Mucoper Flp	869	D7210- Rem Imp Tooth w Mucoper Flp	1,962	D7210- Rem Imp Tooth w Mucoper Flp	1,773	D7210- Rem Imp Tooth w Mucoper Flp	1,962	D7210- Rem Imp Tooth w Mucoper Flp	1,831
	D7140- Extraction Erupted Tooth/Exr	826	D7140- Extraction Erupted Tooth/Exr	1,617	D7140- Extraction Erupted Tooth/Exr	1,512	D7140- Extraction Erupted Tooth/Exr	1,725	D7140- Extraction Erupted Tooth/Exr	1,194
	D2751- Crown Porcelain Fused Base M	220	D2751- Crown Porcelain Fused Base M	658	D2392- Post 2 Srfc Resinbased Cmpst	723	D2751- Crown Porcelain Fused Base M	607	D2950- Core Build- up Incl any Pins	449
	D7310- Alveoplasty W/ Extraction	182	D2392- Post 2 Srfc Resinbased Cmpst	438	D4341- Periodontal Scaling & Root	645	D2392- Post 2 Srfc Resinbased Cmpst	471	D2740- Crown Porcelain/Ce ramic Subs	411
	D2950- Core Build- up Incl any Pins	148	D4341- Periodontal Scaling & Root	401	D2393- Post 3 Srfc Resinbased Cmpst	542	D7310- Alveoplasty W/ Extraction	396	D2392- Post 2 Srfc Resinbased Cmpst	407
	D2392- Post 2 Srfc Resinbased Cmpst	135	D2950- Core Build-up Incl any Pins	393	D2391- Post 1 Srfc Resinbased Cmpst	497	D4341- Periodontal Scaling & Root	381	D2751- Crown Porcelain Fused Base M	370

Process Measure	Baseline 3/1/2016 through 2/28/2017		3/1/2017 through 2/28/2018		3/1/2018 through 2/28/2019		3/1/2019 through 2/28/2020		3/1/2020 through 2/28/2021	
	D2391- Post 1 Srvc Resinbased Cmpst	123	D7310- Alveoplasty W/ Extraction	392	D2331- Resin Two Surfaces- Anterior	396	D2950- Core Build-up Incl and Pins	355	D4341- Periodontal Scaling & Root	307
	D4341- Periodontal Scaling & Root	115	D2391- Post 1 Srvc Resinbased Cmpst	345	D2330- Resin One Surfaces- Anterior	367	D2391- Post 1 Srvc Resinbased Cmpst	352	D7250- Tooth Root Removal	307
	D7250- Tooth Root Removal	112	D7250- Tooth Root Removal	338	D2335- Resin 4/> Surf or W Inscis An	330	D2393- Post 3 Srvc Resinbased Cmpst	304	D2391- Post 1 Srvc Resinbased Cmpst	300
	D2332- Resin Three Surfaces- Anterior	105	D2393- Post 3 Srvc Resinbased Cmpst	319	D2751- Crown Porcelain Fused Base	315	D2330- Resin One Surfaces- Anterior	291	D2393- Post 3 Srvc Resinbased Cmpst	296

ABD Data Analysis

Process Measure	Analysis
#1	The percent of members receiving services was an overall slight increase.
#2	The baseline data was significantly lower than all subsequent years. CY 2017 through CY 2020 was consistent with an overall slight increase from 2017 to 2020.
#3	The top services for the ABD group were very consistent from one year to the next. The top code for each demonstration year was an extraction code.

Summary of ABD Findings

All three evaluation measures are within reason to what was expected. ABD recipients are utilizing the benefits as we would expect. The waiver waives the adult dental limit for all Aged, Blind, and Disabled recipients. Measure one shows that approximately 3% of the ABD population is going above the max and utilizing the benefit. Measure one and two both showed slight increases. The top services rendered as shown in measure three are as expected and consistent across demonstration years.

ABD Dental Goal: Data Collection Process

Measure	Source
Number of beneficiaries who had at least one dental service encounter above the cap in each year of the demonstration/total number of beneficiaries above the dental cap.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.
Number of services utilized/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.
Top ten utilized dental services in each year of the demonstration/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.

ABD Quantitative Methods

Evaluation Question	Method of Evaluation
How did beneficiaries utilize covered health services?	Measure trend over the demonstration life cycle.
Does the demonstration improve health outcomes?	Measure trend over the demonstration life cycle.
Are beneficiaries satisfied with services?	n/a

Summary of Interim Evaluation Findings

As stated at the beginning of this report, the goal of the Waiver for Additional Services and Populations (WASP) Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

During this evaluation period, WASP extended unique coverage opportunities for medically necessary medical care to three unique populations. The MHSP population utilized needed mental health services as well as other medical care in the single year evaluated. The ABD population were evaluated over a span of four years. During this time utilization of dental services above the standard benefit treatment cap grew slowly but steadily. Three percent of those eligible addressed those needs at the time attention was needed avoiding the hardship of necessary procedure delays. Assessing WASP's role in assuring medically necessary medical care for the PCR population is more difficult. The PCR population's single benefit under WASP is 12-month continuous eligibility for medical care for which they are already eligible. Since the percentage of medical care utilization was over 90% each year, it is clear this population was receiving the needed care. The 12-month continuous eligibility removed the currently unmeasurable barrier of members losing care due to more frequent eligibility determination.

Note an amendment approved March 30, 2022, removed the 12-month continuous eligibility for the PCR population, and thus removes this population from WASP coverage, effective at the end of the federal PHE. A revised Evaluation Design, omitting this population, is expected to be submitted to CMS in 2023.

Attachment C

TO COMPREHENSIVE DESCRIPTION OF THE DEMONSTRATION

Draft Revised Evaluation Design

Montana

Section 1115 Waiver for Additional Services and Populations (WASP) Demonstration (formerly Basic Medicaid) Revised Draft Evaluation Design

Submission pending/2023

Introduction

Montana's Waiver for Additional Services and Populations (WASP), formally known as the Basic Medicaid Waiver, 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 (PCR) of dependent children. This waiver has undergone multiple changes over the years.

Changes that directly impacted this waiver's services in 2016 were precipitated by the implementation of Medicaid expansion, called the Health and Economic Livelihood Partnership (HELP) Plan. Due to Medicaid expansion, many Basic Medicaid / WASP Program members became eligible for Montana Medicaid. At the same time, significant changes were made to the Basic Program / WASP Program. An amendment effective January 1, 2016, reduced the number of persons covered, changed the nature of the population eligible and changed the plan of benefits for WASP members. Basic Medicaid previously did not cover or had very limited coverage of some services. This amendment aligned the Basic Medicaid benefit package with the Standard Medicaid benefit package.

An additional amendment, effective March 1, 2016, changed the name of the Basic Waiver to Waiver for Additional Services and Populations. It also added dental treatment coverage, above the Medicaid State Plan cap of \$1,125, for categorically eligible ABD individuals, as a pass-through cost.

The benefits for this demonstration are offered through a fee for service model to individuals who qualify.

WASP Populations Currently Covered

1. Individuals age 18 or older, with Severe Disabling Mental Illness (SDMI) who are otherwise ineligible for Medicaid benefits and either:
 - Have income 0-138% of the FPL and are eligible for or enrolled in Medicare; or
 - Have income 139-150% of the FPL regardless of Medicare status (they can be covered or not covered by Medicare and be eligible).
2. Individuals determined categorically eligible for ABD for dental treatment services above the \$1,125 State Plan dental treatment cap.

Detailed History and Key Dates of Approval/Operation

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 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, offering 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, the DPHHS submitted an 1115 waiver application to 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 remained constant throughout the life of the Basic Program. The State was required to submit a quarterly Basic Medicaid report as one of the Operational Protocol conditions.

A HIFA proposal was submitted on June 27, 2006. 1115 Basic Medicaid Waiver amendments 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. July 30, 2009, and August 6, 2010, submittals requested only one population, Mental Health Service Plan (MHSP) Waiver individuals (individuals with schizophrenia and individuals with bipolar), in addition to Able Bodied Adults. CMS approved the waiver extension and the request to insure the additional population, effective December 1, 2010.

The 1115 Basic Medicaid Waiver renewal was submitted in June of 2013 and approved by CMS effective January 1, 2014. The renewal includes raising the enrollment cap from "up to 800" to "up to 2000"; the primary Severe Disabling Mental Illness (SDMI) clinical diagnosis of major depressive disorder as a covered diagnosis; and home infusion as a covered service.

In June 2014, Montana submitted an amendment to the Section 1115 Basic Medicaid Waiver (Amendment #1) 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 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; added a random drawing with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining 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 mental health waiver 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.

Effective January 1, 2016, Montana submitted an amendment (Amendment #2), to remove the Able-Bodied Adult population, remove the SDMI population eligible for State Plan expansion, give the MHSP Waiver population the Standard Medicaid benefit, and close the Basic 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 provided for 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI.

On March 7, 2016, an amendment was submitted (Amendment #3) that proposed to: change the name of the Waiver to Section 1115 Montana Waiver for Additional Services and Populations 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. This amendment was approved with an effective date of March 1, 2016.

Following the third quarter report for DY13, the decision was made to change the reporting for this demonstration to a January through December calendar year as opposed to the prior February through January schedule. Therefore,

the DY13 Annual Report covered an abbreviated year, 02/01/2016 through 12/31/2016. The DY14 Annual Report was applicable to the entire calendar year of 2017.

The Montana WASP Medicaid Demonstration was granted an extension on December 15, 2017. This extension, including new Special Terms and Conditions, was accepted by Montana DPHHS, January 12, 2018, and is effective January 1, 2018 through December 31, 2022.

In response to the 2020 federal PHE, effective March 18, 2020, Montana implemented several temporary changes to member eligibility and services. One of these changes included Montana continuing coverage for WASP members in accordance with the continuous coverage provisions of section 6008(b)(3) of the Families First Coronavirus Relief Act. This temporary change essentially double-granted 12-month continuous eligibility to the PCR population.

On September 3, 2021, Montana submitted an amendment application to CMS, asking for the authority to do Two things:

1. Remove expenditure authority for 12-month continuous eligibility for the non-expansion Medicaid-covered individuals whose eligibility is based on MAGI, also known as parents and other caretaker relatives (PCR). This was the only benefit that population received under the waiver. The coverage WASP provides for the MHSP would remain the same.
2. Remove cost sharing and copayments for demonstration enrollees, to align with the removal of cost sharing from the Montana Medicaid plan effective January 1, 2020. This removal applies to MHSP enrollees as well as the categorically eligible ABD individuals who receive expanded dental treatment services through WASP.

The pending decision on the amendment request, along with some necessary adjustments to the budget neutrality, created uncertainty about the necessary details needed in the Extension/Renewal application scheduled to be submitted by December 31, 2021. The Interim Evaluation Report due date was scheduled for submission with the Extension/Renewal application. Montana requested an extension of the due dates for both the application and the report. CMS granted the due date extension on November 3, 2021 with the new due date of June 30, 2022.

The amendment was approved March 30, 2022 with an open-ended implementation date to commence at the end of the federal PHE. The April 1, 2020, temporary changes due to the PHE remain in effect, deeming the current PCR population with 12-month continuous eligibility by means of continued inclusion in the WASP until the federal PHE ends. Since this 12-month continuous eligibility is the only benefit the PCR population receives under the WASP, the pending removal of the benefit operationally removes the PCR population from the waiver. The pending change in populations served, necessitates this revision of the Montana WASP 1115 Demonstration's Evaluation Design.

Enrollment Count from DY14 through DY18

Note: Enrollment counts are person counts, not member months.

Demonstration Populations (as hard coded in the CMS 64)	Newly Enrolled (annual count) DY14	Disenrolled (annual count) DY14	Enrollment Annual Total* DY14	% Change in Total Enrollment from Prior DY	Newly Enrolled (annual count) DY15	Disenrolled (annual count) DY15	Enrollment Annual Total* DY15	% Change in Total Enrollment from Prior DY	Newly Enrolled (annual count) DY16	Disenrolled (annual count) DY16	Enrollment Annual Total* DY16	% Change in Total Enrollment from Prior DY
Parent and caretaker relatives (PCR)	5,757	17,778	27,846	n/a	6,078	10,482	23,578	-15.3%	10,880	7,127	27,486	+16.6%
Dental	4,239	4,891	31,555	n/a	3,932	4,736	30,856	-2.2%	4,136	4,401	30,724	-0.4%
MHSP Adults	221	454	1,335	n/a	132	144	1,325	-0.8%	116	158	1,283	-3.2%
• Schizophrenia	56	91	404	n/a	39	45	398	-1.5%	52	39	411	+3.3%
• Bipolar Disorder	52	158	370	n/a	30	42	358	-3.2%	22	44	336	-6.2%
• Major Depression	72	168	432	n/a	40	49	423	-2.1%	24	54	393	-7.1%
• Other Diagnoses	41	37	129	n/a	23	8	146	+13.2%	19	21	144	-1.4%

Demonstration Populations (as hard coded in the CMS 64)	Newly Enrolled (annual count) DY17	Disenrolled (annual count) DY17	Enrollment Annual Total* DY17	% Change in Total Enrollment from Prior DY	Newly Enrolled (annual count) DY18	Disenrolled (annual count) DY18	Enrollment Annual Total* DY18	% Change in Total Enrollment from Prior DY
Parent and caretaker relatives (PCR)	1,2104	6,696	28,970	+5.4%	1,820	693	28,539	-1.5%
Dental	6,830	3,480	35,230	+14.7%	4,156	3,364	32,912	-6.6%
MHSP Adults	112	155	1,218	-5.1%	97	137	1,160	-4.8%
• Schizophrenia	44	62	396	-3.6%	43	56	378	-4.5%
• Bipolar Disorder	22	32	314	-6.5%	19	33	300	-4.5%
• Major Depression	29	40	371	-5.6%	22	33	353	-4.9%
• Other Diagnoses	17	21	137	-4.9%	13	15	129	-5.8%

*The annual enrollment totals are more than any single quarterly total because the quarterly totals are based on enrollment on the last day of the quarter while the annual total counts members enrolled at any point during the year.

Demonstration Objectives/Goals

The goal of the Waiver for Additional Services and Populations (WASP) Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

The two current populations covered under WASP differ significantly from each other and the benefits derived from inclusion in WASP also differ. The MHSP population receives the broadest service package and is therefore the principal focus of this evaluation design.

MHSP Population Goal

The goal of WASP for the MHSP population is threefold. The goals include improving (1) access to mental health care, (2) utilization of mental health care, and (3) mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services. The evaluation plan utilizes three research questions that seek to understand how the provision of Standard Medicaid benefits coverage for the MHSP population of WASP impacts their (1) access to mental health care, (2) utilization of mental health care, and their (3) mental health outcomes. The evaluation design and research questions enable an understanding of the impact of WASP on the MHSP population by hypothesizing that the provision of Standard Medicaid benefits will enable the MHSP population to receive timely and appropriate mental health care, including community-based mental health care services and psychotropic prescription drug services, that improves their mental health outcomes by reducing the MHSP population's utilization of emergency rooms, crisis facilities, inpatient behavioral health units and the Montana State Hospital for mental health care.

The State will conduct the evaluation for the MHSP population using survey responses and claims data specific to the MHSP population over a defined time period. The distinct measurements evaluate access to and utilization of services covered by Standard Medicaid benefits, which would be unavailable to the MHSP population without WASP. The defined data sources ensure that the evaluation design utilizes measurements primarily effected by the provision of Standard Medicaid benefits to ensure the evaluation is isolated from other initiatives within the State.

Evaluation Questions and Hypotheses

Research Questions:

1. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?
2. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?
3. How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?

Hypotheses:

1. Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services.
2. Utilization of community-based mental health services and psychotropic prescription drug services will increase.
3. Utilization of emergency department services for mental health services and admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.

Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

Mental Health Services Plan (MHSP) Population

Demonstration Goal 1: Improve access to mental health care, improve utilization of mental health care and improve mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illness (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services.

Table 1. Illustrative Demonstration Goal with Examples of Related Research Questions, Hypotheses, and Measures

Demonstration Goal	Improve access to mental health care, improve utilization of mental health care and improve mental health outcomes for individuals age 18 or older, with Severe Disabling Mental Illnesses (SDMI) who qualify for, or are enrolled in, the Section 1115 Waiver for Additional Services and Populations (WASP) by providing coverage to receive Standard Medicaid benefits for mental health services.
Research Questions	7. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services? 8. How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services? 9. How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?
Hypotheses	7. Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services. 8. Utilization of community-based mental health services and psychotropic prescription drug services will increase. 9. Utilization of emergency department services for mental health services and admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.
Measures	1a. Enrollee perception of difficulty getting care. 2a. Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services. 2b. Number of enrollees receiving psychotropic prescription drug services. 3a. Number of enrollees utilizing emergency department services for mental health services. 3b. Number of enrollees admitted to a crisis stabilization facility. 3c. Number of enrollees admitted to an inpatient psychiatric facility. 3d. Number of enrollees admitted to the Montana State Hospital.

Table 2. Design Measure Structure

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?	Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Enrollee perception of difficulty accessing care.	Mental Health Statistical Improvement Survey (MHSIP); Domain: Access.	Baseline data will be MHSIP survey responses from 1/1/2019-7/30/2019 in the Access Domain of the survey. Will track annual trends to monitor if beneficiaries perceive their ability to access care has improved.
Process	How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Utilization of community-based mental health services and psychotropic prescription drug services will increase.	Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services.	Community-based mental health services claim data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing increased number of community-based mental health services.
Process	How does the provision of Standard Medicaid benefits coverage for WASP enrollees	Utilization of community-based mental health services and psychotropic	Number of enrollees receiving psychotropic prescription drug services.	Psychotropic prescription drug claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
	impact utilization of covered services?	prescription drug services will increase.			track annual trends to monitor if beneficiaries are accessing increased number of psychotropic prescription drug services.
Process	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Utilization of emergency department services for mental health services will decrease.	Number of enrollees utilizing emergency department services for mental health services.	Emergency department claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are accessing emergency department services for mental health services less frequently.
Process	How does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Number of enrollees admitted to a crisis stabilization facility.	Crisis stabilization facility claims data from the MT claims reporting system.	Baseline data will be claims with Dates of Service between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are being admitted to crisis stabilization facility less frequently.
Process	How does the provision of Standard Medicaid	Admission to crisis stabilization facilities, inpatient psychiatric	Number of enrollees admitted to an	Inpatient psychiatric facility claims data	Baseline data will be claims with Dates of Service between

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
	benefits coverage impact health care outcomes in the WASP population?	facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.	inpatient psychiatric facility.	from the MT claims reporting system.	1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are being admitted to inpatient psychiatric facilities less frequently.
Process	How does the provision of Standard Medicaid benefits coverage impact health care quality and outcomes in the WASP population?	Admission to crisis stabilization facilities, inpatient psychiatric facilities, and the Montana State Hospital will decrease for members of the WASP population who receive Standard Medicaid benefits for mental health services.	Number of enrollees admitted to the Montana State Hospital.	Admission and discharge data from the Montana State Hospital.	Baseline data will be admission and discharge data with dates between 1/01/2019-12/31/2019. Will track annual trends to monitor if beneficiaries are being admitted to the Montana State Hospital less frequently.

Table 3. Quantitative Methods

Evaluation Question	Method of Evaluation
How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact their access to covered services?	Measure trend over the demonstration life cycle.
How does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of covered services?	Measure trend over the demonstration life cycle.
How does the provision of Standard Medicaid benefits coverage impact healthcare outcomes in the WASP population?	Measure trend over the demonstration life cycle.

Table 4. Data Collection Process

Measure	Source
Enrollee perception of difficulty getting care.	Mental Health Statistical Improvement Survey (MHSIP); Domain: Access.
Number of enrollees receiving community-based mental health services, specifically Outpatient Therapy services, Targeted Case Management services, Behavioral Health Day Treatment services, Rehabilitation & Support services, Illness Management and Recovery services, Behavioral Health Group Home services, Program of Assertive Community Treatment services, Peer Support services, and Adult Foster Care services.	Community-based mental health services claims data from the MT claims reporting system.
Number of enrollees receiving psychotropic prescription drug services.	Psychotropic prescription drug claims data from the MT claims reporting system.
Number of enrollees utilizing emergency department services for mental health services.	Emergency department claims data from the MT claims reporting system.
Number of enrollees admitted to a crisis stabilization facility.	Crisis stabilization facility claims data from the MT claims reporting system.
Number of enrollees admitted to an inpatient psychiatric facility.	Inpatient psychiatric facility claims data from the MT claims reporting system.
Number of enrollees admitted to the Montana State Hospital.	Admission and discharge data from the Montana State Hospital.

(1a) Simplified Evaluation Budget (MHSP Portion):

MHSP Evaluation Budget

The state will conduct the MHSP evaluation utilizing state staff only. Outside evaluation contractors will not be employed for this project.

Activity	Cost
Computer programming (cost per hour x hours)	No additional programming costs will be incurred for this evaluation.
Analysis of the data (cost per hour x hours)	\$30.00/hour x 40 hours = \$1,200.00
Preparation of the report (cost per hour x hours)	\$30.00/hour x 10 hours = \$300.00
Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.	Survey task will be completed by a non-cost-allocated employee so no additional charge will be incurred for this data collection task. The cost of including this data in the report is covered under the "Preparation of the report" category.

ABD Dental Population Goal

The goal of including the ABD Dental population into the WASP coverage is to provide individuals determined categorically eligible for ABD with dental treatment services above the \$1,125 State Plan dental treatment cap.

The ABD population began receiving this singular benefit under WASP on March 1, 2016. There are no similar groups to compare with this ABD population or any additional services covered for them under WASP, only the absence of the dental treatment cap. Likely, most ABD WASP members do not realize they are participants in the WASP as its action is invisible to them. The ABD population is aged, blind and disabled. They are offered this additional annual coverage because of the hardship inherent in providing dental services incrementally. This population is especially difficult to serve with dental care, sometimes needs to be anesthetized, often prone to behavioral combativeness and emotional trauma. The service itself is offered at the request of providers who find this population especially in need of dental care that is not limited by timeframe or dollar amount. This is a population who, if offered a survey, would likely have it completed by a proxy if able to complete one at all. Therefore, member satisfaction surveys and outside comparisons for this population are purposely excluded.

ABD Dental Goal: provide individuals determined categorically eligible for ABD with dental treatment services above the \$1,125 State Plan dental treatment cap.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Number of beneficiaries who had at least one dental service encounter above the cap in each year of the demonstration/total number of beneficiaries above the dental cap.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Both the numerator and the denominator will be a distinct count of ABD beneficiaries above the dental limit, counting the beneficiary only once regardless of the number of services covered by their ABD transitional Enrollment.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services.
Process	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Number of services utilized/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total count of services to get an average annual per beneficiary count of services utilized.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat.
Process	How did beneficiaries utilize covered health services?	Enrollees will continue to utilize ABD dental services above the dental treatment cap.	Top ten utilized dental services in each year of the demonstration/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total services each year by total count of claims and report the top ten most highly utilized services/ total ABD count to get the Top 10 service per beneficiary.	Base line data will be claims with Dates of Service between 03/01/2016-02/28/2017. Will compare the top services from one year to the next to see how the services change or remain the same over time. Compare the trend of like services to see if service utilization per beneficiary increases, decreases, or remains flat.

ABD Dental Goal: Data Collection Process

Measure	Source
Number of beneficiaries who had at least one dental service encounter above the cap in each year of the demonstration/total number of beneficiaries above the dental cap.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.
Number of services utilized/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.
Top ten utilized dental services in each year of the demonstration/total number of beneficiaries.	ABD dental claims data from the MT claims reporting system pulled from the database and the total counts of ABD eligible above the dental limit Enrollment Data pulled from the database that receives information from the eligibility system.

ABD Quantitative Methods

Evaluation Question	Method of Evaluation
How did beneficiaries utilize covered health services?	Measure trend over the demonstration life cycle.
Does the demonstration improve health outcomes?	Measure trend over the demonstration life cycle.
Are beneficiaries satisfied with services?	n/a

(1c) Simplified Evaluation Budget (ABD Portion):

ABD Evaluation Budget

The state will conduct the evaluation utilizing state staff only. Outside evaluation contractors will not be employed for this project.

Activity	Cost
Computer programming (cost per hour x hours)	No additional programming costs will be incurred for this evaluation.
Analysis of the data (cost per hour x hours)	\$52.60/hour x 20 hours = \$1,052.00
Preparation of the report (cost per hour x hours)	\$30.00/hour x 6 = \$180.00
Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.	n/a

1. Simplified Evaluation Budget (Full Evaluation):

Full Evaluation Budget

The state will conduct the evaluation utilizing state staff only. Outside evaluation contractors will not be employed for this project.

Activity	Cost
Computer programming (cost per hour x hours)	No additional programming costs will be incurred for this evaluation.
Analysis of the data (cost per hour x hours)	MHSP section: \$30.00/hour x 40 hours = \$1,200.00 ABD section: \$52.60/hour x 20 hours = \$1,052.00 Full Evaluation: \$2,252.00
Preparation of the report (cost per hour 69 6969x hours)	MHSP section: \$30.00/hour x 10 hours = \$300.00 ABD section \$30.00/hour x 6 = \$180 Full Evaluation: \$480.00
Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.	n/a

Deliverable Schedule

Montana Waiver for Additional Services and Populations
Demonstration Approved: December 15, 2017
Approval Period: January 1, 2018 – December 31, 2022
Temporarily Extended through June 30, 2022
Demonstration Year: January through December

Proposal				
Deliverable	Timeframe	Due Date	STC	Content Included in the Report
Post Award Forum	Within six months of the demonstration's implementation, and annually thereafter, the state shall afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. At least 30 days prior to the date of the planned public forum, the state must publish the date, time and location of the forum in a prominent location on its website. The state can either use its Medical Care Advisory Committee, or another meeting that is open to the public and where an interested party can learn about the progress of the demonstration to meet the requirements of this STC.	Annually Held 11/17/2020 07/29/2021 (pending 2022)	Page 11, STC #10	n/a

Deliverable	Timeframe	Due Date	STC	Content Included in the Report
Draft of the Evaluation Design	Due no later than one hundred twenty (120) calendar days after the effective date of these STCs Renegotiated with CMS 12/10/2020 and 01/07/2021	Originally due by 05/01/2018 Adjusted due date 01/15/2021 submitted 01/13/2021 Revision submitted (pending)	Page 28-29, STC# 1	n/a
Annual Monitoring Report	Report is due no later than ninety (90) calendar days following the end of the DY	Due by March 31, 2021 (This report covers January 1, 2020-December 31, 2020) - complete	Page 18-19, STC# 6	Must include Operational Updates, Performance Metrics, Budget Neutrality and Financial Reporting Requirements, and Evaluation Activities and Interim Findings. The state must also include a summary of the post award forum. (Page 11, STC #10)
		Due by March 31, 2022 (This report covers January 1, 2021-December 31, 2021)		
		Due by March 31, 2023 (This report covers January 1, 2022-December 31, 2022)		
Budget Neutrality Report	Due with every Annual Report	Due by March 31, 2021 (This report covers January 1, 2020-December 31, 2020) - complete	Page 18-19, STC# 6 (b)(iii)	The state must provide an updated budget neutrality workbook with every Annual Report that meets all the reporting requirements for monitoring budget neutrality set forth in the General Financial Requirements section of these STCs.
		Due by March 31, 2022 (This report covers January 1, 2021-December 31, 2021)		
		Due by March 31, 2023 (This report covers January 1, 2022-December 31, 2022)		

Deliverable	Timeframe	Due Date	STC	Content Included in the Report
Revised Draft of the Evaluation Design (if needed)	Due within sixty (60) calendar days after receipt of CMS' comments on the Draft Evaluation Design	TBD - complete Revised Draft of Revised Evaluation Design TBD	Page 28-29, STC# 1	n/a
Final Evaluation Design	Due within sixty (60) calendar days after receipt of CMS' comments on the Draft Evaluation Design	This date is determined by the date Draft Evaluation Design comments are received from CMS. – approved – April 5, 2021 Revised Final Evaluation Design This date is determined by the date Draft Revised Evaluation Design comments are received from CMS.	Page # 29 STC# 4	n/a
Post the approved Evaluation Design for Current Approval Period to the state's website	Due within thirty (30) calendar days of CMS approval	TBD – complete For Revised approved Evaluation Design TBD	STC #49	n/a
Application for Extension	Due one year before date of end of demonstration period	12/31/2021 Extended to 06/30/2022	STC page 8 #8	n/a

Deliverable	Timeframe	Due Date	STC	Content Included in the Report
Interim Evaluation Report	Due when the application for extension is submitted. If the state is not requesting an extension of the demonstration, an Interim Evaluation Report is due one year prior to the end of the demonstration.	12/31/2021 Extended to 06/30/2022 The state must provide an updated budget neutrality workbook with every Annual Report that meets all the reporting requirements for monitoring budget neutrality set forth in the General Financial Requirements section of these STCs	Page 8-9 STC# 8	n/a
Draft Final Evaluation Report	Due within 120 days after expiration of the demonstration. (This covers the entire demonstration period of performance.)	TBD	Page 29 STC# 4	n/a
Final Evaluation Report	Due within sixty (60) calendar days of receiving comments from CMS on the draft Summative Evaluation Report	This date is determined by the date Draft Final Evaluation Report comments are received from CMS.	Page 29 STC# 4	n/a

Appendix A

TO COMPREHENSIVE DESCRIPTION OF THE DEMONSTRATION

Summary of Public Comments and State's Responses

Public Comments

Public comments included questions about the timing of the end of 12-month continuous eligibility, the Medicaid agency's tracking of the Parent, Caregiver, Relative group's re-enrollment, and the agency's staffing plans to handle members' re-enrollment.

The department responded that the end of continuous eligibility will be determined by the end of the public health emergency, re-enrollments will be tracked in reports, and contract staff will be hired to augment existing staff handling re-enrollment.

Public Hearings of May 19 and May 20, 2022

Three members of the Medicaid agency and no members of the public attended the May 19 public hearing. Three members of the Medicaid agency and one member of the public attended the May 20 public hearing.

No public comments were given in either hearing.

Response to Public Comments

Children, Families, Health and Human Services Interim Committee meeting of May 12 and May 13, 2022:

When will coverage end?

This will depend on the timing of the end of the Public Health Emergency.

How will DPHHS track re-enrollment of the PCR currently in the WASP?

DPHHS will be running reports; Senator Gross requested such reports.

How is DPHHS handling inadequate staffing for re-enrollments?

DPHHS is looking at augmentations, looking to augment with contract staff.