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

Approval Period: January 1, 2023, through December 31, 2027

Section 1115 Annual Report

Demonstration Reporting Period: Demonstration Year 21
January 1, 2023 — December 31, 2024
Submitted March 27, 2025

MONTANA DPHHS

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Annual Monitoring Report

Purpose and Scope of Annual Monitoring Report:

The state must submit annual progress reports in accordance with the Special Terms and Conditions (STC) and 42 CFR 431.420. This report will be outlined in accordance with 42 CFR 431.428. The following annual monitoring report for Demonstration Year (DY) 21 will include:

1. Introduction
2. History
3. Policy and Administrative Difficulties
4. Health Care Delivery Systems
5. Impacts of the Demonstration
6. Outcomes
7. Satisfaction, Grievances, and Appeals
8. Audits, Investigations, and Lawsuits
9. Financial Report with Budget Neutrality
10. Evaluation
11. Legislative Impacts
12. Outreach and Innovative Activities
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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 of dependent children (PCR). 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 populations 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 aged, blind or disabled (ABD) individuals, as a pass-through cost.

An additional amendment, effective March 30, 2022, removed expenditure authority for the twelve-month continuous eligibility for the PCR population and removed historical references to cost-sharing and copayments for all demonstration enrollees. However, due to the public health emergency (PHE) provisions of the continuous enrollment requirement under section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA), the PCR population continued to receive twelve-month continuous eligibility until the PHE ended in 2023. An application to extend this waiver for five years, with no changes to the prior approved authorities, was approved December 15, 2022.

Montana Senate Bill 516 "Provide for the preserving Fertility Act" was passed during the 2023 Legislative Session and was signed into law by Governor Gianforte. This legislation requires the Montana Department of Public Health and Human Services (DPHHS) to add fertility preservation services for aged-eligible individuals diagnosed with cancer to Medicaid and Children's Health Insurance Program (CHIP), also known as Health Montana Kids (HMK) coverage. An amendment to WASP requesting the addition of fertility preservation services was sent to the Centers for Medicare and Medicaid (CMS) on October 20, 2023. The waiver amendment submission was accepted by CMS and entered the 30-day Federal Comment Period starting October 26, 2023, and ended on November 25, 2023. Montana and CMS started the negotiations phase for the fertility preservation amendment until CMS informed Montana negotiations would be placed on hold due to the backlog of CMS work in 2024. CMS informed Montana negotiations and discussions of this amendment would commence again at the start of 2025. If approved, the fertility preservation services would be available to eligible individuals between the ages of 12 and 35 who have been diagnosed by a physician as having an active cancer diagnosis requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (infertility caused by cancer treatment).

History

The Montana Medicaid Program is authorized under 53-6-101, Montana Code Annotated, and Article XII, Section 3 of the Montana Constitution. The Department of Public Health and Human Services (DPHHS) administers the Medicaid Program.

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 this Section 1115 waiver, approved in February 1996. On October 23, 2003, 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.

Originally, the Basic Medicaid Program included 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.

A HIFA proposal was submitted on June 27, 2006. Amendments to the 1115 Basic Medicaid Waiver were submitted on March 23, 2007, and January 28, 2008, requesting seven new optional and expansion populations. Tribal Consultation was completed on December 14, 2007. As a result of discussions with CMS, Montana submitted a revised 1115 Basic Medicaid Waiver amendment on June 6, 2008, requesting four new populations. Submittals on July 30, 2009, and August 6, 2010, requested only one population, Mental Health Service Plan (MHSP) individuals (individuals with schizophrenia and/or bipolar disorders). 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 with a January 1, 2014, effective date. The renewal included changes for the MHSP population of raising the enrollment cap from “up to 800” to “up to 2,000”; included the primary Severe Disabling Mental Illness (SDMI) clinical diagnosis of major depressive disorder as a covered diagnosis; and added home infusion as a covered service.

In June 2014, Montana submitted an amendment to the Section 1115 Basic Medicaid Waiver which was approved by CMS with an August 1, 2014, effective date. This amendment increased the enrollment cap for individuals who qualify for the 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 (PMPM) costs of all waiver populations; updated the amount of money (Maintenance of Effort) the State needed to continue to spend on benefits for the MHSP 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 to remove the Able-Bodied Adult population and 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 aged 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 for all non-expansion Medicaid-covered individuals whose eligibility is based on modified adjusted gross income (MAGI).

On March 7, 2016, an amendment was submitted 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 and this new reporting is still followed today.

The Montana WASP 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 became effective January 1, 2018, through December 31, 2022.

In response to the 2020 COVID-19 state of emergency, effective April 1, 2020, Montana implemented several temporary changes to member eligibility and services:

- A moratorium on non-voluntary dis-enrollments to Montana Healthcare Programs, including no dis-enrollment in WASP for failure to renew eligibility;
- Expeditated enrollment process;
- More services became available through telephone conversations and electronic visits;
- Removal of most referral requirements; and
- Suspension of face-to-face requirements for some programs

The Montana Healthcare Programs Pharmacy Program also made temporary adjustments in response to the 2020 COVID-19 emergency:

- Allowed early refills for members on a case-by-case basis;

- Authorized non-preferred medications due to shortages;
- Extended existing prior authorizations;
- Extended day supply for MAT therapy if provider deemed appropriate; and
- Allowed flexibility so members limited by the application of 42 CFR 431.54(e) can obtain medications at a pharmacy other than their lock-in, if necessary and appropriate

In April, May and June of 2020, these additional temporary COVID-19 related adjustments were made:

- Amendment to provider enrollment instructions;
- Dental telemedicine coding guidance;
- Suspension of prior authorizations or continued stay reviews and clinical requirements for some Medicaid programs;
- Changes to Youth Community-Based psychiatric rehabilitation and support services (retroactive to March 16, 2020);
- Non-covered services agreement policy change;
- Suspension of the PCP referral requirement;
- National correct coding initiative announcement;
- Revision to Case Management General Provisions; and
- Allowing a 90-day supply for all drugs except C II drugs, (retroactive to March 1, 2020)

As of DY21, the above temporary COVID-19 related adjustments remained in place.
The new evaluation design for the WASP demonstration period January 1, 2018, through December 31, 2022, was approved by CMS.
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 Caretaker Relatives (PCR). This would remove this population from any coverage under WASP as this is the only benefit they received under the waiver. The coverage WASP provides for the MHSP population (including 12-month continuous eligibility) and for the (ABD) population (for dental treatment services above the State Plan annual cap of $1,125) 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 would apply to MHSP enrollees as well as the categorically eligible ABD individuals who receive expanded dental treatment services through WASP.

The 1115 waiver authorities for the WASP were due to expire on December 31, 2022, and the necessary extension application, with accompanying evaluation report, would

have been due by December 31, 2021. Due to the pending CMS decision on the above proposed amendment's effect on the future shape of the waiver authorities, and also the future shape of the evaluation design, Montana requested and received a delay in this due date until June 30, 2022.

The amendment approval arrived March 30, 2022. The approval sunsets expenditure authority for the twelve-month continuous eligibility for the PCR population, initially determined eligible under the State Plan in the eligibility groups described in either section 1931 of the Act or section 1925 of the Act. This authority was set to end at the earlier of the end of the continuous enrollment requirement under section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) or the date that the state no longer claims the increased Federal Medical Assistance Percentage (FMAP) under section 6008(a) of the FFCRA.

An application to extend this waiver for five more years (January 1, 2023, through December 31, 2027) with no changes to the prior approved authorities, was submitted on June 30, 2022.

On December 15, 2022, the waiver extension request was approved. The demonstration continued to provide expenditure authority for: 1) 12-month continuous eligibility and full state plan benefits, except retroactive eligibility, for the Waiver Mental Health Services Plan (WMHSP) population up to a limit of 3,000 beneficiaries, who have been diagnosed with an SDMI of schizophrenia, bipolar disorder, major depression or another SDMI; and 2) dental treatment services above the $1,125 State Plan dental treatment cap to individuals determined categorically eligible for the ABD eligibility group, to which retroactive eligibility requirements will continue to apply. The state would maintain the authority not to provide retroactive eligibility for the MHSP demonstration population and be required to evaluate the effects of this policy on beneficiary receipt of services.

The above-mentioned amendment approval of March 30, 2022, was due to sunset expenditure authority for the twelve-month continuous eligibility for the PCR population, initially determined eligible under the State Plan in the eligibility groups described in either section 1931 of the Act or section 1925 of the Act. This authority was set to end at the earlier of the end of the continuous enrollment requirement under section 6008(b)(3) of the FFCRA or the date that the state no longer claims the increased Federal medical assistance percentage (FMAP) under section 6008(a) of the FFCRA. However, the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA,2023) allows for the unwinding of the PHE requirement of twelve-month continuous eligibility to begin prior to the ending of the PHE. Since twelve-month continuous eligibility is the only benefit the PCR population receives under WASP, the PCR members' cessation of the twelve-month continuous eligibility removed this population from the WASP.

In 2023, Montana provided continued coverage for WASP members in accordance with the increased FMAP conditions in section 6008(b)(3) of the Families First Coronavirus

Relief Act. Montana did not disenroll members from the WASP waiver during the PHE. With the authority of the Consolidated Appropriations Act, 2023 (P.L. 1117-328) (CAA, 2023) and the PHE ending on May 11, 2023, some programs changes began. With the ending of the PHE and CAA, the unwinding of the PHE flexibilities commenced. Montana began moving toward reinstatement of scheduled qualification redetermination activities. The State of Montana began the unwinding of the 12-month continuous coverage in April 2023. The goal was to have every case begin the redetermination process within 10 months of the start date. Members who could not be automatically renewed received a letter with a renewal packet at least 30 days prior to their renewal deadline. If there was no response from the member within approximately three weeks, a reminder letter and/or text message was sent. Montana also implemented numerous outreach campaigns before and during this process to encourage members to update their information.

During the 2023 Legislative session, Senate Bill 516 "Provide for the preserving Fertility Act" was passed and signed into law by Governor Gianforte. This legislation requires the Montana Department of Public Health and Human Services (DPHHS) to add Medicaid and the Children's Health Insurance Program (CHIP), also known as Healthy Montana Kids (HMK), coverage for fertility preservation services for aged-eligible individuals diagnosed with cancer and the standard of care involves medical treatment that may directly or indirectly cause iatrogenic infertility. Considering the statutory directive, Montana DPHHS sought approval from CMS to amend the Section 1115 WASP Waiver to add fertility preservation services for age-eligible Medicaid or CHIP/HMK enrolled members diagnosed with cancer. If approved, this amendment would cover eligible individuals between the ages of 12 and 35 who have been diagnosed by a physician as having an active cancer diagnosis requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (infertility caused by cancer treatment).

CMS approved the WASP Evaluation Design for the 2023-2027 waiver period on November 11, 2024, as well as approved the Summative Evaluation Report for the 2018-2022 reporting period on November 7, 2024.

Policy and Administrative Difficulties

Any policy or administrative difficulties in the operation of the demonstration.

Other than the pending Fertility Preservation Amendment, no policy or administrative difficulties were encountered for this period, DY21. The current Montana Legislative session could have impacts on this waiver and will end in May of 2025. Section 11 will further discuss Legislative impacts and changes.

A contract is currently being worked on to secure a vendor to meet the current STCs (STC 42) requiring an independent evaluator to complete the Interim and Summative Evaluations for the current approval period, 2023-2027. We expect this contract to be executed in 2025.

Health Care Delivery Systems

The status of the health care delivery system under the demonstration with respect to issues and/or complaints identified by beneficiaries.

WASP has multiple systems working together to provide the best coverage and services to our members. No issues or complaints have been identified by members of either the ABD or MHSP population in DY21 by any of the delivery systems.

Impacts of the Demonstration

The impact of the demonstration in providing insurance coverage to beneficiaries and uninsured populations.

Across the populations under WASP (MHSP and ABD), there has been an overall decrease in enrollment as 2024 progressed. This is thought to be partly caused by the redetermination that began in April 2023 and continued through the beginning of 2024. It was expected that enrollment numbers would drop due to the redeterminations. Members who no longer qualified under WASP (MHSP or ABD) criteria would either be reassigned to a different Medicaid plan or would lose coverage. There were also those who lost coverage due to not responding to the Office of Public Assistance (OPA) to complete their redetermination requirements. When sending out the redetermination packets, some members did not have updated or accurate address information and therefore did not receive the packet despite the outreach and campaigns by DPHHS. Members were encouraged to update their information before the end of the PHE. DPHHS had TV and Radio campaigns to outreach more members. The Montana DPHHS website was updated with information on how to contact OPA or access apply.mt.gov to update information online if the member chose. There were also materials put into our Medicaid Member Newsletter, MESSENGER, continuing reminders and encouragements for members to update their information for the redetermination processes. Prior to the redetermination processes, multiple webinars were held with providers starting in November 2022 and these presentations were posted online for public view. Additionally, letters were sent to providers about how they can support their clients through this, and DPHHS met with multiple associations for the same reason. DPHHS had this information on their Facebook page for public view. DPHHS also reached out to Senior and Long-Term Care facilities and advised them to be proactive and assist their clients with the redetermination processes. Similarly to the outdated addresses, some members did not have updated or accurate contact information and were unable to receive the follow up texts or calls regarding this. For the members who did not or could not complete their redetermination packets whether via paper, online, or over the phone, their coverage was terminated.

There have not been any other significant impacts regarding enrollment since the end of the redetermination. Although the enrolled WASP member counts continued to decrease in both 2023 and 2024, it remained on par with the overall Medicaid

enrollment decreases. Even with the drop in enrollment numbers, we have been able to cover many Montanans under WASP. The ABD population has the most significant number of covered members with an enrollment total of 28,465 in 2024. This population receives the fewest benefits under WASP. Those who qualify for the ABD population are already eligible for Medicaid but by being eligible for WASP, also receive additional dental coverage above the Medicaid $1,125 annual cap.

Outcomes

Outcomes of care, quality of care, cost of care, and access to care for demonstration populations.

It is important to note that due to the COVID-19 PHE and eligibility redetermination process, the data for DY20-DY21 is expected to look abnormal. The Evaluation Design, states "Due to the COVID-19 PHE and eligibility redetermination process beginning May 12, 2023, the baseline data for the demonstration period evaluation for the WMHSP and ABD populations will start with DY 21 (January 1, 2024, through December 31, 2024). With the baseline data of DY 21, the volatility of the redetermination process resulting from the COVID-19 PHE is mostly removed from the evaluation results".

Enrollment Count

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

Demonstration Populations (as hard coded in the CMS 64)	Enrollment (last day of quarter)				Enrollment Annual Total	Newly Enrolled (annual count)	Disenrolled (actual count)
	Q1	Q2	Q3	Q4			
Dental	24,735	24,279	24,070	23,254	28,465	7,242	9,597
WMHSP Adults	834	815	807	776	912	56	142
• **Schizophrenia**	253	243	243	238	275	15	44
• **Bipolar Disorder**	224	220	214	210	244	20	30
• **Major Depression**	258	253	254	237	280	11	47
• **Other Diagnoses**	99	99	96	91	113	10	21

*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.

The dental population count has seen some change in total enrollment from DY20 to DY21. The enrollment annual total for the dental population went from 30,288 in 2023 to 28,465 in 2024. Although there has been some change in total enrollment, there has been a consistent decline in enrollment for each quarter in 2024. This can be accounted for with the large disenrollment number of 9,597. The MHSP population also had a consistent decline in each quarter. As stated earlier, both population enrollment deceases are consistent with the overall Standard Medicaid enrollment trends for this time period.

Member Month Reporting

Eligibility Group	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Dental	74,760	73,342	72,483	70,793	291,378
WMHSP Adults	2,547	2,466	2,427	2,370	9,810
• **Schizophrenia**	775	740	726	725	2,966
• **Bipolar Disorder**	677	667	648	638	2,630
• **Major Depression**	787	765	762	733	3,047
• **Other Diagnoses**	308	294	291	274	1,167

All the annual totals have decreased from DY20 to DY21. There were steady decreases in all categories as compared quarterly and from the previous year.

WASP MHSP Data

WASP MHSP	Number of Unique Members					Number of Admissions				
Year	**2020**	**2021**	**2022**	**2023**	**2024**	**2020**	**2021**	**2022**	**2023**	**2024**
Members receiving Psychotropic Prescriptions Drugs	100	89	76	76	71	N/A	N/A	N/A	N/A	N/A
Members Using Emergency Department for Mental Health Services	78	63	51	19	51	184	182	115	85	114
Admissions to Crisis Stabilization	37	35	29	13	8	100	99	67	32	26
Admissions to Inpatient Psychiatric Facility	37	24	24	21	22	55	30	31	24	26
Admission to Montana State Hospital	3	2	0	0	0	3	2	0	0	0

In 2024, there were the lowest numbers in all categories compared over the past four years except for ED visits and inpatient visits. This shows the waiver is beneficial to

members as they are not having to utilize crisis services as frequently. Although these numbers show improvements in utilization or crisis services, there has also been a decline in member enrollment for this population. The ED visits for mental health services measure went down significantly in 2023 and then in 2024 went back to almost identical numbers as 2022. It is difficult to determine what this cause of this brief change was without more data and analysis.

In 2024, the average stay for MHSP members at an Inpatient Psychiatric Facility was 12.33 days and the average stay at a Crisis Stabilization Facility was 3.25 days. These are both measures we did not run or include in the 2023 annual report, so we do not have a comparison at this time.

The utilization of members receiving psychotropic prescription drugs has gone from 7.5% in 2023 to 7.8% in 2024. Even though the number of members receiving psychotropic drugs decreased, they overall percentage for the population increased. The unique members using emergency department for mental health services has increased from 1.9% in 2023 to 5.6% in 2024 meaning overall more members utilized the emergency department for mental health services in 2024. The total admissions for emergency department use for mental health services also increased by 114. Unique admissions to crisis stabilization dropped from 1.3% in 2023 to 0.8% in 2024 with the total number of crisis stabilization dropping by 74 over five years. The admissions to inpatient psychiatric facilities had a slight increase from 2.1% in 2023 to 2.4% in 2024. There is also a slight increase in total admissions to inpatient psychiatric facilities with an increase of two admissions from 2023 to 2024. The Montana State Hospital (MSH) has stopped receiving funding from Medicaid and Medicare during this time and currently does not receive Medicaid funding so there has not been any admission to the Montana State Hospital for MHSP members. MSH is currently working on the re-certification process with CMS.

Below shows the unique member enrollment numbers over the past five years for comparison with the information in the WASP MHSP data charts above.

MHSP Distinct Count

MHSP Distinct Count	2020	2021	2022	2023	2024
Members	1,156	1,100	1,045	1,009	912

Satisfaction, Grievances, and Appeals

The results of beneficiary satisfaction surveys, if conducted during the reporting year, grievances and appeals.

There were no grievances or appeals for the ABP or WASP populations in DY21.

Audits, Investigations, and Lawsuits

The existence or results of any audits, investigations, or lawsuits that impact the demonstration.

There were no audit issues in 2024 associated with WASP. There were no investigations or lawsuits in DY21 regarding WASP.

Financial Reporting with Budget Neutrality

The financial performance of the demonstration.

Montana has generated savings balance by which a portion of the WASP expenses have been covered. It was initially thought this savings balance may be nearing exhaustion. After researching and compiling old files from previous analysts, it has been determined that Montana has not depleted the savings balance as of DY21. Because the MHSP is the only program within WASP currently that impacts the savings depletion, it is taking longer to deplete the savings than what was originally estimated by Montana. This has allowed for other 1115 Waivers within the state of Montana to utilize some of this cost savings to start up additional programs to benefit more members.

Please see attached budget neutrality worksheet.

Evaluation

The status of the evaluation and information regarding progress in achieving demonstration evaluation criteria.

The new Evaluation Design relevant to the extension period beginning January 1, 2023, was submitted on June 29, 2023, with alterations requested by CMS being submitted on July 15, 2024. This Evaluation Design was accepted by CMS on November 18, 2024.

As stated previously, there is difficulty assessing the evaluation criteria in DY20 due to the COVID-19 PHE and eligibility redetermination process. Because of this, the data is expected to show abnormalities as compared to future results. We have also determined the baseline data will be begin in DY21 to attempt to remove most of these projected abnormalities. As seen in the data in Section 6, there were some significant changes in portions of the data in DY20 as compared with the year before and after.

The State is also in the process of addressing the contracted reporting requirements outlined in the Monitoring and Evaluation portion of the STCs. The State is actively working on securing a vendor to complete these requirements.

Legislative Impacts

Any State legislative developments that may impact the demonstration.

During the 2023 Montana Legislative Session, Senate Bill 516 was passed and signed into law. The intent of Bill 516 is to ensure fertility preservation services for cancer patients are covered by insurance plans in the same manner as other medically necessary care. This law assisted in fabricating the recent amendment to WASP that was submitted to CMS requesting the addition of fertility preservation services.

Montana and CMS are currently in the negotiations phase for the fertility preservation amendment. If approved, the fertility preservation services would be available to eligible individuals between the ages of 12 and 35 who have been diagnosed by a physician as having an active cancer diagnosis requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (infertility caused by cancer treatment).

At the time of this Annual Report being drafted and submitted, Montana is in the midst of their bi-annual Legislative Session. Because the 2025 Montana Legislative Session has not come to completion, there are no additional legislative impacts on which to report.

Outreach and Innovative Activities

Annual satisfaction surveys are performed for the MHSP population of the WASP waiver as they receive the most benefits from the waiver. They are based on the State Fiscal Year (SFY) which ran from July 2023 – June 2024. The comparison group for the survey (Non-WASP) includes any Medicaid members that had a mental health claim in SFY2024 (this also includes grant-funded programs). The total number of responses in SFY2024 for WASP and Non-WASP was 1,444 with the WASP respondents being 55 of those. Yearly, there is a substantial amount of mail returned due to incorrect or unforwarded addresses. In the SFY2023 survey, there were only 13 WASP respondents, in SFY2022, there were 59 WASP respondents, and in SFY 2021, there were 89 WASP respondents. It is difficult to say why the number of respondents dropped so low in SFY23 but it seems to be returning back to a more normal number. We have predicted that 2023 will likely have some abnormal data due to the PHE and unwinding processes. There has been discussion about whether the survey is providing adequate feedback for the MHSP population and whether new evaluation criteria need to be implemented. It may be too early to assess if this would be of benefit for DY22 as we expected responses and data to be abnormal for DY20 and possibly DY21 due to the redetermination processes. If the survey were to be altered, it would include questions more specific to its members and allow members to provide greater feedback.

2023 WASP Satisfaction Survey

Domain	SFY2024 WASP	SFY2024 NON-WASP
General Satisfaction	76%	82%
Access to Services	85%	83%
Quality & Appropriateness of Services	75%	84%
Participation in Treatment	79%	85%
Outcomes	57%	61%
Improved Functioning	47%	61%

Improved Social Connectedness	47%	65%
Average of all 7 Domains	67%	74%

WASP Satisfaction Survey Average Comparisons

Domain	SFY2020	SFY2021	SFY2022	SFY2023	SFY2024
WASP - Average of all 7 Domains (as listed in the chart above)	75%	74%	74%	74%	67%
NON-WASP – Average of all 7 Domains (as listed in the chart above)	78%	79%	78%	72%	74%

There are multiple statements posed in each of the categories and an average rating is calculated from those answers to get the primary percentage for each domain. The members are asked to rate how they feel they relate to each statement with a 1-5 scale rating where 1 is strongly satisfied and 5 is strongly dissatisfied. The statements for each domain are as follows:

- General Satisfaction
  - I like the services that I received at my provider.
  - If I had other choices, I would still get services from my provider.
  - I would recommend this provider to a friend or family member.
- Access
  - The location of services was convenient (parking, public transportation, distance, etc.)
  - Staff were willing to see me as often as I felt it was necessary.
  - Staff returned my call in 24 hours.
  - Services were available at times that were good for me.
  - I was able to get all the services that I thought I needed.
  - I was able to see a psychiatrist/medication prescriber when I wanted to.
- Quality and Appropriateness of Services
  - Staff believe that I can grow, change, and recover.
  - I felt free to complain.
  - I was given information about my rights.
  - Staff encouraged me to take responsibility for how I live my life.
  - Staff told me what side effects to watch for.
  - Staff respected my wishes about who is and who is not to be given information about my treatment.
  - Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.)
  - Staff helped me obtain the information I needed so I could take charge of managing my illness.

    - I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.)
- Participation in Treatment
    - I felt comfortable asking questions about my treatment and medication.
    - I, along with staff, decided my treatment goals.
- Outcomes
    - I deal more effectively with daily problems.
    - I am better able to control my life.
    - I am better able to deal with crisis.
    - I am getting along better with my family.
    - I do better in social situations.
    - I do better in school and/or work.
    - My housing situation has improved.
    - My symptoms are not bothering me as much.
- Improved Functioning
    - My symptoms are not bothering me as much.
    - I do things that are more meaningful to me.
    - I am better able to take care of my needs.
    - I am better able to handle things when they go wrong.
    - I am better able to do things that I want to do.
- Improved Social Connectedness
    - I am happy with the friendships I have.
    - I have people with whom I can do enjoyable things.
    - I feel I belong in my community.
    - In a crisis, I would have the support I need from family and friends.

The satisfaction scores for WASP members remained steady at or around 74% for four years straight. In SFY24, there was a drop to 67% which strayed from the ongoing trend. It is difficult to say why there was a sudden drop in scores for the WASP population while the overall satisfaction rating remained more consistent. One of the difficulties with determining why the drop in satisfaction occurred is because the survey does not allow for individual feedback outside of the rating scale. This means we are unable to know exactly why members answered the way they did or any specifics about the members experiences. One theory as to why the satisfaction dropped is due the redetermination processes that took place over this survey period. To qualify for WASP under the MHSP population, you have to be determined SDMI. It is common knowledge that people with SDMI tend to encounter more difficulties with daily living activities than those who are not determined SDMI. With this knowledge, one would assume it would be more difficult for a member with SDMI to go through the redetermination processes which could lead to less overall satisfaction with the program.

Annual Post-Award Public Forum Summary

A summary of the post-award public forum, including all public comments received regarding the progress of the demonstration project.

The annual post-award public forum for DY20 was held on December 5, 2023. There were 24 attendees, and the meeting was held via Zoom. During the forum, there were no comments or concerns regarding the WASP waiver.

Due to the 2025 Legislative Session and internal hiring changes, the annual post-award public forum for DY21 is expected to be held in June after the Legislative Session ends. We will include any information from that in the DY22 Annual Report.

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