DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850

State Demonstrations Group

November 18, 2024

Rebecca de Camara
111 North Sanders, PO Box 4210
Helena, MT 59604

Dear Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Waiver for Additional Services and Populations Evaluation Design, which is required by the Special Terms and Conditions (STCs), specifically, STC #43 " Draft Evaluation Design" of the Montana's section 1115 demonstration, "Waiver for Additional Services and Populations" (Project No: 11-W-00181/8). CMS determined that the Evaluation Design, which was submitted on June 29, 2023 and revised on July 17, 2024, meets the requirements set forth in the STCs and our evaluation design guidance, and therefore approves the state's Waiver for Additional Services and Populations Evaluation Design.

CMS has added the approved Evaluation Design to the demonstration's STCs as Attachment C. A copy of the STCs, which includes the new attachment, is enclosed with this letter. In accordance with 42 CFR 431.424, the approved Evaluation Design may now be posted to the state's Medicaid website within 30 days. CMS will also post the approved Evaluation Design as a standalone document, separate from the STCs, on Medicaid.gov.

Please note that an Interim Evaluation Report, consistent with the approved Evaluation Design, is due to CMS one year prior to the expiration of the demonstration, or at the time of the extension application, if the state chooses to extend the demonstration. Likewise, a Summative Evaluation Report, consistent with this approved design, is due to CMS within 18 months of the end of the demonstration period. In accordance with 42 CFR 431.428 and the STCs, we look forward to receiving updates on evaluation activities in the demonstration monitoring reports.

We appreciate our continued partnership with Montana on the Waiver for Additional Services and Populations section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly -S

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Date: 2024.11.18 05:39:12 -05'00'

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Tobias Griffin, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

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

Submitted 6/29/2023

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 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 though a fee for service model to individuals who qualify.

WASP Populations Covered

1. The WASP Mental Health Services Plan (MHSP) provides Medicaid coverage for individuals aged 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).
2. Provide a 12-month continuous eligibility period for all non-expansion Medicaid-covered individuals whose eligibility is based on MAGI.
3. 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 was 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 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 period 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 (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.

After Montana's 2021 Legislative Session, Montana requested an amendment to the Montana WASP Medicaid Demonstration to discontinue the PCR population with a retroactive approval effective July 1, 2021, as directed by the Legislature. Montana received the approval letter 3/30/2022. The state was required to maintain continuous enrollment of Medicaid beneficiaries during the COVID-19 PHE as a condition of receiving a temporary 6.2 percentage point FMAP increase under the FFCRA. With the PHE ending effective May 11, 2023, the WASP PCR population will be phased out and discontinued effective

December 31, 2023.

The Montana WASP Medicaid Demonstration was granted another extension on November 21, 2022. The extension, including new Special Terms and Conditions, was accepted by Montana DPHHS December 15, 2022, and is effective January 1, 2023 through December 31, 2027. 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 removed from the evaluation results. Montana DPHHS added a metric to the previous evaluation report to analyze the expanded list of available telehealth services which resulted from the need for access during the COVID-19 PHE. The metric will examine the increase or decrease of telehealth utilization before, during and after the COVID-19 PHE.

Enrollment Counts from DY15 through DY19

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

Demonstration Populations (as hard coded in the CMS 64)	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	Newly Enrolled (annual count) DY17	Disenrolled (annual count) DY17	Enrollment Annual Total* DY17	% Change in Total Enrollment from Prior DY
Parent and Caretaker Relatives	6,078	10,482	23,578	N/A	10,880	7,127	27,486	16.6%	10,824	5,389	27,287	-0.7%
Dental	3,932	4,736	30,856	N/A	4,136	4,401	30,724	-0.4%	8,363	5,355	30,238	-1.6%
MHSP Adults	132	144	1,325	N/A	116	158	1,283	-3.2%	59	101	1,156	-9.9%

Demonstration Populations (as hard coded in the CMS 64)	Newly Enrolled (annual count) DY18	Disenrolled (annual count) DY18	Enrollment Annual Total* DY18	% Change in Total Enrollment from Prior DY	Newly Enrolled (annual count) DY19	Disenrolled (annual count) DY19	Enrollment Annual Total* DY19	% Change in Total Enrollment from Prior DY
Parent and Caretaker Relatives	5,268	5,592	27,458	0.6%	4,299	1,438	26,245	-4.4%
Dental	4,314	4,545	29,664	-1.9%	3,059	2,787	29,457	-0.7%
MHSP Adults	49	90	1,100	-4.8%	18	50	1,044	-5.1%

*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

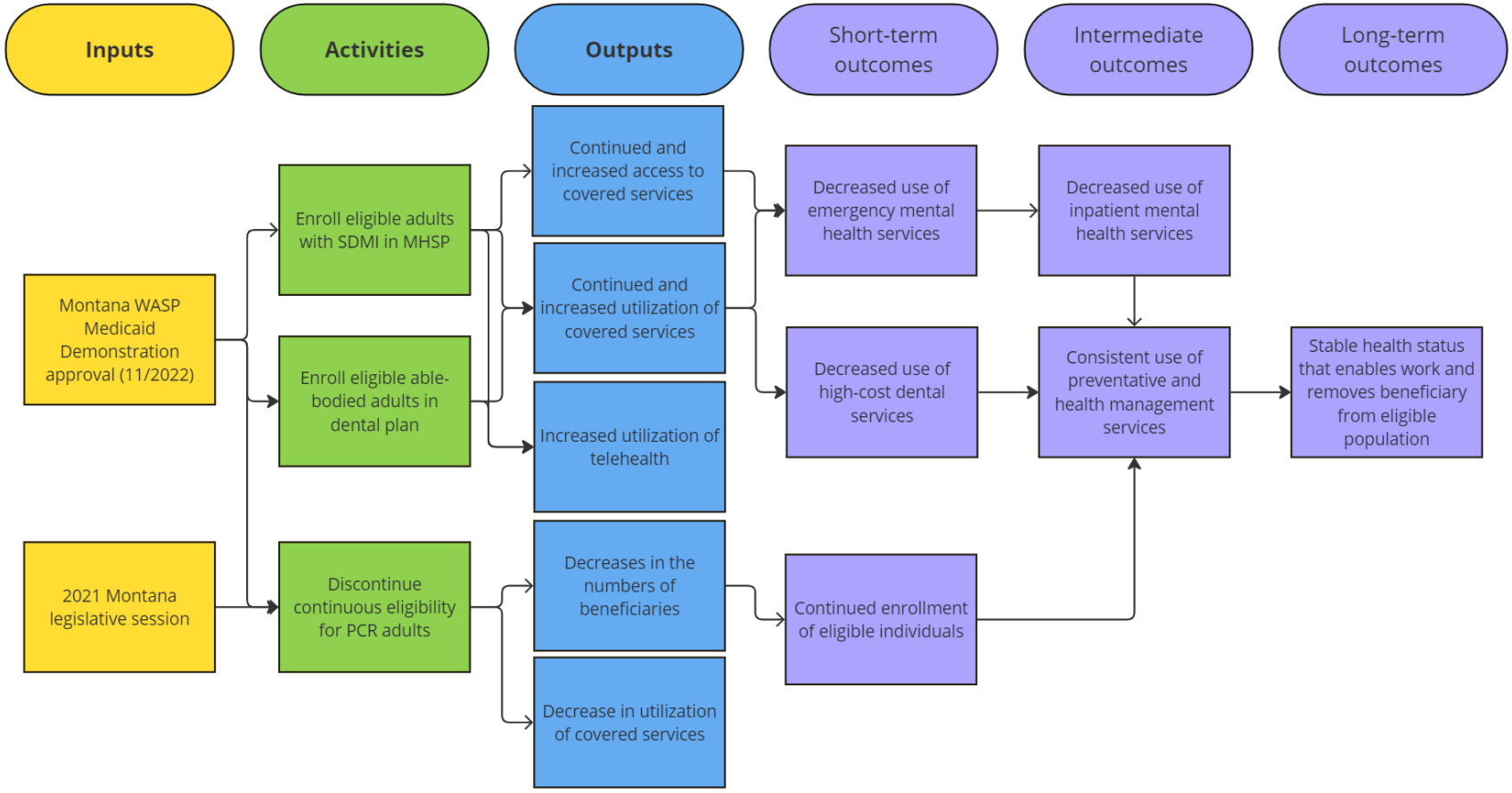
The goal of the Waiver for Additional Services and Populations (WASP) Demonstration mirrors the state's Medicaid goal, that is to assure medically necessary medical care is available to all eligible Montanans within available funding resources.

The 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.

Overall evaluation design

The proposed evaluation design and approach is consistent across the three populations covered under WASP, and the outcomes and associated research questions and measures are specific to each program. The logic model presented in Figure 1 provides a high-level depiction of the planned Inputs, Activities, Outputs, and Outcomes of the WASP Demonstration, and operationalizes each stage in the change process for each of the three WASP populations.

Figure 1. Logic model



Consistent across the evaluation approach for all three populations is the baseline period (calendar year 2019) and the evaluation period (January 1, 2023 to December 31, 2027). Because of the long-standing nature of the WASP Demonstration, within-individual change before and after enrollment will only be evaluated for individuals who are were enrolled in 2019 (for the baseline comparison) or later. The two consistent analytical approaches taken are within-individual change in service utilization before and after enrollment in the WASP demonstration and within-population change in access to services and service utilization over time. 2019 was chosen as a baseline period to provide a point of comparison before the current evaluation period that is also before the Covid-19 PHE. Although WASP was in place in 2019, there have been substantial changes throughout the health coverage and care systems between 2019 and 2023, so we consider 2019 a baseline period different enough from the evaluation period starting in 2023 that it is an appropriate benchmark against which to measure stability and improvement in access to and utilization of covered services.

Limitations: There are some anticipated limitations for this evaluation plan, mostly related to data availability for control groups. There are not appropriate control groups within the Montana Medicaid population, and there is not consistent data access for claims from the privately insured population. Data access that can enable comparisons with similar populations in other states that do not have commensurate waiver programs is uncertain at this time. The evaluation contractor anticipates some data availability challenges in terms of time lags and misaligned indicators across locations. We will address this limitation by utilizing CMS data sources (for example, Summary Statistics on Use and Payments from data.cms.gov) whenever possible. We also anticipate challenges associated with small sample sizes for some specific services in the MHSP waiver. In particular, claims for the use of crisis stabilization facilities, crisis intervention teams, and the Montana state hospital are likely to be small numbers at certain times due to limited capacity across the state. We will apply statistical tests of normality and other assumptions when calculating each specific indicator and will report no results if there is an inadequate sample size.

Mental Health Services Plan (MHSP) Population

Demonstration 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 the MHSP individuals aged 18 or older, with Severe Disabling Mental Illnesses (SDMI) 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 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.

Hypotheses:

1. Access to care will be maintained or improved 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.
4. Access to care will improve for members of the WASP population who receive Standard Medicaid benefits for telehealth for mental health services.

Table 1 lists the evaluation questions, measures, analytical plans, and data sources that will be used to test each of the hypotheses listed above. Details on the proposed statistical methods are included in a methodological appendix.

Table 1. Research questions, data sources, and analytical plan for MHSP population

Measure	Data Source	Analytical Approach and Statistical Methods	Baseline	Comparisons
Research question for H1: *Does the provision of Standard Medicaid benefits coverage for MHSP enrollees impact their access to covered services?*				
Enrollee perception of difficulty accessing care	Mental Health Statistical Improvement Survey (MHSIP); Domain: Access	Calculate annual rates and track changes over time in beneficiaries' perceptions of their ability to access care Stratify rates and trends by age, sex, gender, geography Test for strength and significance of change over time using Kendall's tau (Thiel-Sen Line)	MHSP survey responses from 1/1/2023-7/31/2023 in the Access Domain of the survey	Within-population change over time
Research question for H2: *Does the provision of Standard Medicaid benefits coverage for WASP enrollees impact utilization of community-based mental health covered services and psychotropic prescription drug services?*				
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-based mental health services claim data from the MT claims reporting system	Calculate changes in individual utilization of services before and after coverage Calculate annual rates and track changes over time in utilization by all covered individuals Stratify rates and trends by age, sex, gender, geography Test for changes in individual utilization rates using interrupted time series model with autoregression Test for strength and significance of change over time in utilization rates in population using Kendall's tau (Thiel-Sen Line)	Claims with Dates of Service between 1/1/2019-12/31/2019	Within-individual change pre- and post- WASP enrollment Within-population change over time Comparisons to states with similar policy and utilization environment Within-population change over time

Community Treatment services Peer Support services Adult Foster Care services				
Number of enrollees receiving psychotropic prescription drug services	Psychotropic prescription drug claims data from the MT claims reporting system			
Research question for H3: *Does the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?*				
Number of enrollees utilizing emergency department services for mental health emergencies	Emergency department claims data from the MT claims reporting system	Calculate changes in individual utilization of services before and after coverage Calculate annual rates and track changes over time in utilization by all covered individuals Stratify rates and trends by age, sex, gender, geography Test for changes in individual utilization rates using interrupted time series model with autoregression Test for strength and significance of change over time in utilization rates in population using Kendall's tau (Thiel-Sen Line)	Claims with Dates of Service between 1/1/2019-12/31/2019	Within-individual change pre- and post- WASP enrollment Within-population change over time Comparisons to states with similar policy and utilization environment
Number of enrollees admitted to an inpatient psychiatric facility	Inpatient psychiatric facility claims data from the MT claims reporting system			
Research question for H4: *Does the addition of telehealth services to the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?*				
Number of enrollees receiving mental health services in the telehealth setting	Telehealth place of service claims data from the MT claims reporting	Calculate annual rates and track changes over time in utilization by all covered individuals Stratify rates and trends by age, sex, gender,	Claims with Dates of Service between 1/1/2019-12/31/2019	Within-population change over time Comparisons to

Number of mental health services received via the telehealth setting	system.	geography Test for strength and significance of change over time in utilization rates in population using Kendall's tau (Thiel-Sen Line)		states with similar policy and utilization environment

PCR Population

Demonstration 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.

After Montana's 2021 Legislative Session, Montana requested an amendment to the Montana WASP Medicaid Demonstration to discontinue the PCR population with a retroactive approval effective July 1, 2021, as directed by the Legislature. Montana received the approval letter 3/30/2022. The state was required to maintain continuous enrollment of Medicaid beneficiaries during the COVID-19 PHE as a condition of receiving a temporary 6.2 percentage point FMAP increase under the FFCRA. With the PHE ending effective May 11, 2023, the WASP PCR population will be phased out and discontinued effective December 31, 2023. Due to the discontinuance of the PCR population, the baseline data used for the final evaluation report will be January 1, 2019 through December 31, 2019.

Table 2. Research questions, data sources, and analytical plan for PCR population

Evaluation Question	Measure	Data Source	Analytical Approach and Statistical Methods	Baseline	Comparisons
Did phasing out the PCR population change how beneficiaries utilize covered health services?	Number of beneficiaries who had at least one service encounter per year (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) Average number of services utilized per beneficiary	PCR claims data from the MT claims reporting system and the total PCR transitional Enrollment Data from the eligibility system	Calculate annual rates and track changes over time in beneficiaries' utilization of covered services Stratify rates and trends by age, sex, gender, geography Test for strength and significance of change over time using Kendall's tau (Thiel-Sen Line)	Claims with Dates of Service between 1/1/2019-12/31/2019	Within-population change over time

ABD Dental Population

Demonstration 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.

Table 3. Research questions, data sources, and analytical plan for ABD population

Measure	Data Source	Analytical Approach and Statistical Methods	Baseline	Comparisons
Research question: Do beneficiaries utilize covered dental health services?				
Number of beneficiaries who had at least one dental service encounter above the cap in each year of the demonstration (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)	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.	Calculate changes in individual utilization of services before and after coverage Calculate annual rates and track changes over time in utilization by all covered individuals Stratify rates and trends by age, sex, gender, geography Test for changes in individual utilization rates using interrupted time series model with autoregression Test for strength and significance of change over time in utilization rates in population using Kendall's tau (Thiel-Sen Line)	Claims with Dates of Service between 1/1/2019-12/31/2019	Within-individual change pre- and post- WASP enrollment Within-population change over time
Average number of services utilized per beneficiary				
Top ten utilized dental services in each year of the demonstration/total number of beneficiaries				
Research question: Does the addition of telehealth services to the provision of Standard Medicaid benefits coverage impact health care outcomes in the WASP population?				
Number of enrollees receiving dental health services in the telehealth setting.	Dental telehealth procedure code claims data from the MT claims reporting system.	Calculate annual rates and track changes over time in utilization by all covered individuals Stratify rates and trends by age, sex, gender, geography Test for strength and significance of change over time in utilization rates in population using Kendall's tau (Thiel-Sen Line)	Claims with Dates of Service between 1/1/2019-12/31/2019	Within-population change over time
Number of dental health services received via the telehealth setting				

Evaluation budget and scope of work

Montana will need to find an outside evaluation contractor. The costs below are based on an estimate submitted by the proposed evaluator. The State will need to contract with an outside evaluator per the STCs of this approval period. The State intends to award a contract using the Sole Source procurement processes for the Interim and Summative Evaluations. The reporting requirements for the Interim and Summative Evaluations will be completed by an outside contractor but the annual reporting requirements and budget neutrality will continue to be completed in-house.

Activity	Cost	Due dates
Computer programming (cost per hour x hours)	No additional programming costs will be incurred for this evaluation.	
Data Extract (Completed by State Staff) (cost per hour x hours)	$35.00/hour x 40 hours = $1,400.00	By August 1, 2026 and February 1, 2028
Analysis of the data for interim reporting (cost per hour x hours)	$210.00/hour x 100 hours = $21,000.00	By November 30, 2026
Analysis of the data for final reporting (cost per hour x hours)	$210.00/hour x 70 hours = $14,700	By February 28, 2028
Preparation of the report for interim reporting (cost per hour x hours)	$210.00/hour x 60 hours = $12,600	By December 20, 2026
Preparation of the report for final reporting (cost per hour x hours)	$210.00/hour x 60 hours = $12,600	By March 31, 2028
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.	
Total cost of state staff	**$1,400**	
Total cost of external evaluator	**$60,900**	

Deliverable Schedule

Montana Waiver for Additional Services and Populations Demonstration
Approved: November 2022
Approval Period: January 1, 2023 – December 31, 2027 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**	Page 11, STC #10	N/A
Draft of the Evaluation Design	Due no later than one hundred twenty (120) calendar days after the effective date of these STCs	Originally due by 6/30/2023 First Draft submitted 6/29/2023 Adjusted due date 7/15/2024	Page 28- 29, STC# 1	N/A

Deliverable	Timeframe	Due Date	STC	Content Included in the Report
Annual Monitoring Report	Report is due no later than ninety (90) calendar days following the end of the DY	Due by March 31, 2024 (This report covers January 1, 2023-December 31, 2023)	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, 2025 (This report covers January 1, 2024-December 31, 2024)		
		Due by March 31, 2026 (This report covers January 1, 2025-December 31, 2025)		
		Due by March 31, 2027 (This report covers January 1, 2026-December 31, 2026)		
Budget Neutrality Report	Due with every Annual Report	Due by March 31, 2024 (This report covers January 1, 2023-December 31, 2023)	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, 2025 (This report covers January 1, 2024-December 31, 2024)		
		Due by March 31, 2026 (This report covers January 1, 2025-December 31, 2025)		
		Due by March 31, 2027 (This report covers January 1, 2026-December 31, 2026)		

Revised Draft of the Evaluation Design (if needed)	Due within sixty (60) calendar days after receipt of CMS' comments on the Draft Evaluation Design	Due 7/15/2024	Page 28- 29, STC# 1	N/A

Deliverable	Timeframe	Due Date	STC	Content Included in the Report
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.	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**	STC #49	N/A
Application for Extension	Due one year before date of end of demonstration period	**Extension approval received for current reporting period from January 1, 2023 – December 31, 2027**	STC page #8	N/A
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.	**Due 12/31/2026** 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.)	**Due by April 30, 2028**	Page 29 STC# 4	N/A

Final Evaluation Report	Due within sixty (60) calendar days of receiving comments from	This date is determined by the date Draft Final Evaluation Report	Page 29 STC# 4	N/A
	CMS on the draft Summative Evaluation Report	Comments are received from CMS.		