

Important News

December 2016 - Montana offers a voluntary job training program for newly eligible childless adults enrolling in Medicaid. As of 2016, 3,000 of the 53,000 newly enrolled adults had participated in the job training program.¹



Who is covered in Montana's Medicaid Program?

ELIGIBILITY GROUPS

FFS²⁻⁵

Qualified Non-Citizens**

Current and Former Foster Care Children



Incarcerated**



Undocumented Immigrants**



Parents and Other Caretaker Relatives⁺

Pregnant Women⁺

Aged, Blind, Disabled Adults⁺

Dual Eligibles



Disabled Children⁺

Children (0-18 years)⁺

Newly Eligible Adults⁺

Intellectual and Developmental Disabilities



* Qualified non-citizens are subject to a 5-year waiting requirement, except for children through age 18.

** Emergency Medicaid services only.

+ Covered through Patient-Centered Medical Homes (PCCM).

How has Montana's Medicaid program engaged in Managed Care?

SECTION 1115 WAIVER⁷

The **Montana Health and Economic Livelihood Partnership (HELP) Program** was created to cover the newly eligible adults through an Alternative Benefits Plan (ABP). It also authorizes the state to charge premiums and copayments to members of this group between 50% and 133% of the federal poverty level (FPL).



APPROVAL:
11/2/2015

EFFECTIVE:
1/1/2016

EXPIRATION:
12/31/2020

Montana Plan First was created to cover women 19-44 years of age with an income of up to 211% of the FPL through a limited family planning benefit package. The coverage is intended for women who would lose Medicaid 60 days postpartum, as well as uninsured women 19-44 years of age with incomes of 47% to 211% of the FPL who are otherwise ineligible for Medicaid coverage. An extension request was submitted on 05/11/2018 and as of June 2018, was still pending approval.



APPROVAL:
5/30/2012

EFFECTIVE:
6/1/2012

EXPIRATION:
11/30/2018

Montana Additional Services and Populations (formerly Montana Basic Medicaid for Able Bodied Adults) was created to cover specific Waiver Mental Health State Plan (WMHSP) recipients over 18 years of age through a full benefits package.



APPROVAL:
1/29/2004

EFFECTIVE:
2/1/2004

EXPIRATION:
12/31/2022

Do Medicaid health plans provide coverage?⁶

YES

NO

How is Montana meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives⁸

Senate Bill 84 created Montana's Patient-Centered Medical Home Act, which requires the insurance commissioner to rely on a council of stakeholders to create standards for the program, qualify health care providers and insurers to participate, and promote the program. The council consists of individuals representing primary care providers, health plans, Medicaid, public health, and consumer advocates.



Mental Health and Substance Abuse Disorder

Montana's Mental Health Crisis Stabilization Program offers 72 hours of mental health crisis services for adults age 18 years and older. Presumptive eligibility may be applied.

Montana's Home and Community Based Services (HCBS) waiver is intended to allow Medicaid-eligible individuals with a severe disabling mental illness to receive Medicaid treatment without being institutionalized.

Services include:¹¹

- Case management
- Specially trained attendant
- Adult day health
- Prevocational
- Respite
- Consultative clinical and therapeutic services
- Substance use-related disorders counseling
- Private duty nursing
- Overnight supports
- Personal emergency response system



Montana's Medicaid program includes coverage for children's mental health services with licensed professionals. Mental health services for adults and for substance use disorder treatment require a copay, which may not exceed 5% of the family's income quarterly.¹²

Services include:¹³

- Outpatient/inpatient services
- Day treatment
- Community-based psychiatric and rehabilitation support
- Crisis intervention
- Mental health group home therapeutic home visits
- Targeted case management
- Family therapy
- Drug therapies covered:¹⁴ naloxone, naltrexone, acamprosate, and disulfiram



Women's Health⁴



Targeted case management is available for high-risk pregnant women up to sixty days postpartum and babies of high-risk pregnant women up to one year of age.

Prenatal visits, delivery, and check-ups for the mother after she gives birth are also covered.

Family Planning

Montana's Family Planning Program aims to improve women's and men's sexual and reproductive health and reduce the rate of unintended pregnancies and sexually transmitted infections. Family planning clinics provide:⁹

- Comprehensive reproductive health services for both men and women
- Education and outreach in communities around the state
- Sliding fee scale for individuals with low incomes and those without insurance

Plan First is Montana's family planning benefit available to the new Medicaid eligibility group through a Section 1115(a) Medicaid waiver. Family planning services during routine family planning visits include:¹⁰

- Food and Drug Administration-approved methods of contraception
- Sexually transmitted infection (STI)/sexually transmitted disease (STD) testing, Pap smears and pelvic exams
- Drugs, supplies, or devices related to women's health services
- Contraceptive management, patient education, and counseling

Services performed after diagnosis that occurs in routine family planning visits:¹⁰

- Colposcopy or repeat Pap smear performed as a follow-up to an abnormal Pap smear;
- Drugs for the treatment of STI/STDs, except for HIV or AIDS and hepatitis, after STI/STDs;
- Drugs and treatment for vaginal infections and disorders, other lower genital tract and genital skin infections and disorders, and urinary tract infections;
- Other medical diagnosis, treatment, and preventive services that are routinely provided, such as vaccination to prevent cervical cancer; and
- Treatment of major complications arising from a family planning procedure such as but not limited to:
 - a) Treatment of a perforated uterus caused by an intrauterine device insertion
 - b) Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring dilation and curettage
 - c) Treatment of surgical or anesthesia-related complications during a sterilization procedure



Oral Health¹⁵

Since July 1, 2016, there has been a \$1,125 annual dental treatment cap. Children under age 21 and adults who are eligible for Medicaid as part of the aged, blind, and disabled program are exempt from the cap. Services include:

- Dental exams and cleanings every six months
- Two porcelain crowns per calendar year

Members under age 21 may receive these additional services:

- Cleanings as often as necessary
- Fluoride and varnish, if necessary
- Bridges and tooth-colored crowns
- Dentures

For adults, partial dentures may be replaced every 5 years and full dentures every 10 years. A lost pair of dentures may be replaced once.





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Timeline

Federal

Montana

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



1967



Montana adopts the Medicaid program.¹⁶

Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



1993

Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999



Montana introduces a special program within Passport to Health, called Team Care, which is targeted to enrollees with a history of high use of services. Team Care enrollees cannot change their primary care providers without cause and can only use one pharmacy.¹⁷

2004

Montana creates the Health Improvement Program (HIP), providing enhanced case management services to high-risk, high-cost enrollees or enrollees who have been referred by their primary care provider for intensive care management in the Passport program.¹⁷

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

2009

Montana creates a basic Medicaid waiver for mental health populations, an online application, and a common application for children's Medicaid and CHIP to simplify the application process.¹⁶

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2011

Montana expands the long-term care benefits of its Medicaid program.¹⁸

ACA implementation begins.

2014

2015

31 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2017

Montana expands the state Medicaid program, through a Section 1115 waiver, under the ACA for all adults with incomes up to 138% of the federal poverty level (FPL).¹⁸ The waiver requires enrollees earning 50% of the poverty line to be charged up to 2% of their income as their insurance coverage premium.¹⁹

