

**MONTANA HEALTH ECONOMIC LIVELIHOOD PARTNERSHIP (HELP) SECTION 1115  
MEDICAID DEMONSTRATION  
FACT SHEET**

**Name of Section 1115 Demonstration:** Montana Health Economic Livelihood Partnership (HELP) 1115 Demonstration  
**Waiver Number:** 11-W-00300/8  
**Date Approved:** November 2, 2015  
**Date Amendment Submitted:** September 15, 2017  
**Date Amendment Approved:** December 20, 2017  
**Date Amendment Implemented:** January 1, 2018  
**Date Expires:** December 31, 2020  
**Number of Amendments:** 1

**BACKGROUND**

The state submitted the Montana Health Economic Livelihood Partnership (HELP) 1115 demonstration application on September 15, 2015. This demonstration, along with state plan amendments, supports implementation of the Health Economic Livelihood Partnership (HELP) Act which was signed into law by Governor Bullock on April 29, 2015. The demonstration is authorized through December 31, 2020; contingent upon the state providing CMS notification if it would like to continue the demonstration beyond June 30, 2019 (the state's legislative authority currently goes only through June 30, 2019). The demonstration provides authority for the state to charge premiums and copayments to some members of the new adult group with incomes from 50 up to and including 133 percent of the federal poverty level (FPL).

**AMENDMENTS**

Amendment 1: On December 20, 2017, the demonstration was amended to remove the copay structure that allowed beneficiaries to credit premiums toward cost sharing. Through this amendment, beneficiaries are subject to premiums up to 2 percent of household income, and copayments up to 3 percent of household income, per quarter. This amendment also removed all references to a third party administrator as the delivery system in the section 1115 demonstration STCs.

**DELIVERY SYSTEM AND BENEFITS**

The demonstration does not include any waivers of benefits and does not authorize the delivery system Montana is using to serve the new adult group. The Alternative Benefits Plan (ABP) benefits that all beneficiaries receive are authorized through the Montana state plan.

**ELIGIBILITY**

Eligibility for the new adult group is established under the state plan. In order to promote continuity and access to health care through this demonstration, the state implements twelve month continuous eligibility for the new adult group.

## **PREMIUMS AND COST SHARING**

The state is authorized to impose monthly premiums equal to 2 percent of household income for all members of the new adult group with incomes from 50 up to and including 133 percent of the FPL. Beneficiaries excluded from premiums and cost sharing requirements in the demonstration include beneficiaries who are medically frail, beneficiaries who require continuity of care that is not available through the delivery system, and beneficiaries who reside in areas not adequately served by the delivery system. For beneficiaries at or below 100 percent of the FPL, non-payment will not result in disenrollment. Beneficiaries above 100 percent FPL who do not pay premiums may, after a 90 day grace period, be disenrolled. Beneficiaries may reenroll upon payment of the arrears or at the end of the quarter.

The state also charges copayments to beneficiaries in the demonstration in amounts consistent with Medicaid state plan permissible amounts. Montana may impose copays up to 3 percent of household income, and out of pocket expenditures (premiums and copays together) may not exceed 5 percent of household income on a quarterly basis. The state does not apply copayments for preventive health services, immunizations, and medically necessary health screenings. The state defines preventive services broadly to include not only primary preventive services but also secondary and tertiary preventive services including services and prescription drugs that are needed to prevent health deterioration for individuals with certain chronic conditions.

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