Health and Economic Livelihood Partnership (HELP) Demonstration Waiver

Montana Health Coalition

August 1, 2025

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Agenda

- History of the HELP Waiver
- HELP Demonstration Waiver Program Description
  - Community Engagement
  - Cost Sharing
- 1115 Waiver Formal Public Comment Process

History of the HELP Waiver

History/Context

- Initial HELP Waiver was **implemented in 2015 as Medicaid expansion** with Montana specific program features including voluntary workforce program, 12-month continuous eligibility, premiums, and copayments.
- In 2019, the state passed a Medicaid reform bill that **required community engagement for Medicaid expansion population**. It was not implemented due to changing policies at the federal level.
- The initial HELP waiver evolved over time as federal authorities and allowable program features changed. Eventually, the waiver expired in December 2022.
- The new HELP Waiver is designed to **align with Montana state law** to the greatest extent possible **while also meeting new federal statutory requirements (H.R. 1)**.

HELP Demonstration Waiver Program Design

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

HELP Waiver

Waiver Population

- Only impacts individuals who are eligible for Medicaid under Medicaid expansion
  - Adults, ages 19 – 64
  - Income 0 – 138% federal poverty level (FPL)

Waiver Benefits/Covered Services

- No changes to existing benefit package

The HELP waiver <u>does not</u> apply to:

- **Pregnant women**
- **Children**
- **Adults over age 64**
- **Individuals eligible for Medicaid due to disability**

HELP Waiver

Two Major Program Components

Both components required by state and federal law

Community Engagement

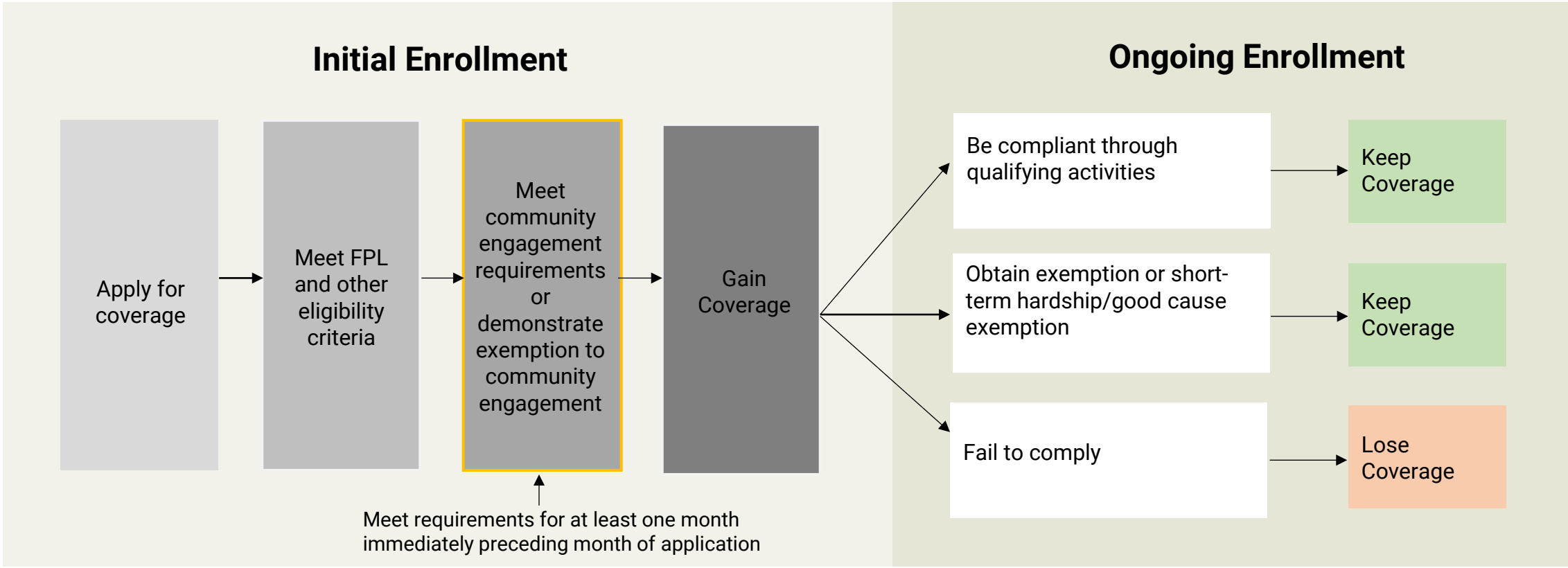
- Community engagement requirements as condition of eligibility:
  - Participate in qualifying community engagement activities for 80 hours per month; or
  - Meet a standard or short-term hardship/good cause exemption

Cost Sharing

- Monthly premiums at 2% of income, with gradually increasing amounts up to 4% for some individuals
- Payment of premiums required to maintain eligibility for some individuals
- Copayments for certain services as required by federal law by 2028

Community Engagement

Community Engagement as a Condition of Eligibility



Qualifying Activities

- Work
- Community service
- Work programs, including work readiness, workforce training activities, internships, or registered apprenticeship
- Educational programs (half-time or more), including secondary education, post-secondary education, vocational education, or registered apprenticeship
- Any other activity required by the Centers for Medicare & Medicaid Services (CMS) for the purpose of obtaining necessary waivers

Individuals will be compliant with community engagement by participating in any qualifying activity (or combination of activities) for 80 hours or more per month

Standard Exemptions

- Enrolled in (or eligible for) Medicare
- A former foster youth under age 26
- A Native American or Alaska Native
- The parent, guardian, caretaker relative, or family caregiver of:
  - a dependent child 13 years of age and under;
  - a disabled individual; or
  - a foster child under the age of 19
- A veteran with a disability (100% disabled)
- Medically frail, including an individual:
  - Who is blind or disabled;
  - With a substance use disorder;
  - With a disabling mental disorder;
  - With a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or
  - With a serious or complex medical condition
- Pregnant or postpartum
- Participating in a drug addiction or alcoholic treatment and rehabilitation program
- In compliance with Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) work requirements
- Recently released from Department of Corrections, specifically:
  - An inmate or recently released within the last 90 days; or
  - Under the supervision of the Department of Corrections, a county jail, or another entity.

Individuals who meet the criteria for a standard exemption are not subject to the community engagement requirements

Short-Term Hardship/Good Cause Exemptions

- Individual receiving (or caring for an immediate family member receiving) one of the following:
  - Inpatient hospital services;
  - Nursing facility services;
  - Services in an intermediate care facility for individuals with intellectual disabilities (ICF/IID);
  - Inpatient psychiatric hospital services; or
  - Other services of similar acuity (including outpatient care relating to these services)
- Individual that resides in a county
  - In which an emergency or disaster is declared; or
  - That has an unemployment rate that is at or above 8% or 1.5 times the national unemployment rate
- Individual experiencing homelessness
- A victim of domestic violence
- Individual (or their dependent) who must travel outside of their community for an extended period to receive medical services that are not available within their community

Individuals who meet the criteria for a short-term hardship/good cause exemption are not required to meet community engagement criteria for a specified number of months

Compliance Monitoring

Enrollees will be reviewed for compliance with community engagement or verification of exemption at least every six months.

Mid-Year Check (6 Months Post Enrollment)	**Annual Redetermination** (12 Months Post Enrollment)	**Non-Compliance**
DPHHS will conduct a redetermination process (as required by H.R. 1) and verify that the enrollee either **met community engagement requirements** or qualified for an exemption **for the past 30 days**.	At annual redetermination, enrollee is required to **demonstrate current and past compliance** with community engagement of at least 5 months within the 12-month period plus the 30 days prior to annual redetermination (for a total of 6 months).	Enrollees will have **30 days to come into compliance** or be disenrolled. Disenrolled individuals must reapply and demonstrate compliance or exemption to regain coverage.

Cost Sharing

Graduated Premiums

Premium Amount

- Monthly premiums equal to **2% of income** for the first two years of participation
- Premium will **increase by 0.5% in each subsequent year** of Medicaid enrollment, up to a maximum of 4% of aggregate household income

Unpaid Premiums

- Individuals with income **below 100% FPL will retain coverage** and will have unpaid premiums assessed against their annual income tax
- Individuals with income at or **above 100% FPL may be disenrolled** for failure to pay premiums

All cost sharing is subject to a 5% of income out of pocket maximum

Year of Participation in HELP Demonstration Program*	Premium Amount
Year 1	2% of an enrollee's household income
Year 2	2% of an enrollee's household income
Year 3	2.5% of an enrollee's household income
Year 4	3% of an enrollee's household income
Year 5	3.5% of an enrollee's household income
Year 6 and beyond	4% of an enrollee's household income

*Individuals exempt from community engagement requirement are also exempt from premium increases

Copayments

Required by Federal Regulations

- Copayments are **required by federal law** starting October 1, 2028

Applicable Individuals

- Required for adult expansion population with income 100-138% FPL

Copayment Limitations and Exclusions

- No copayments for primary care services, mental health care services, substance use disorder services, and services provided by certain safety net providers
- No copayment to exceed $35 for individual service

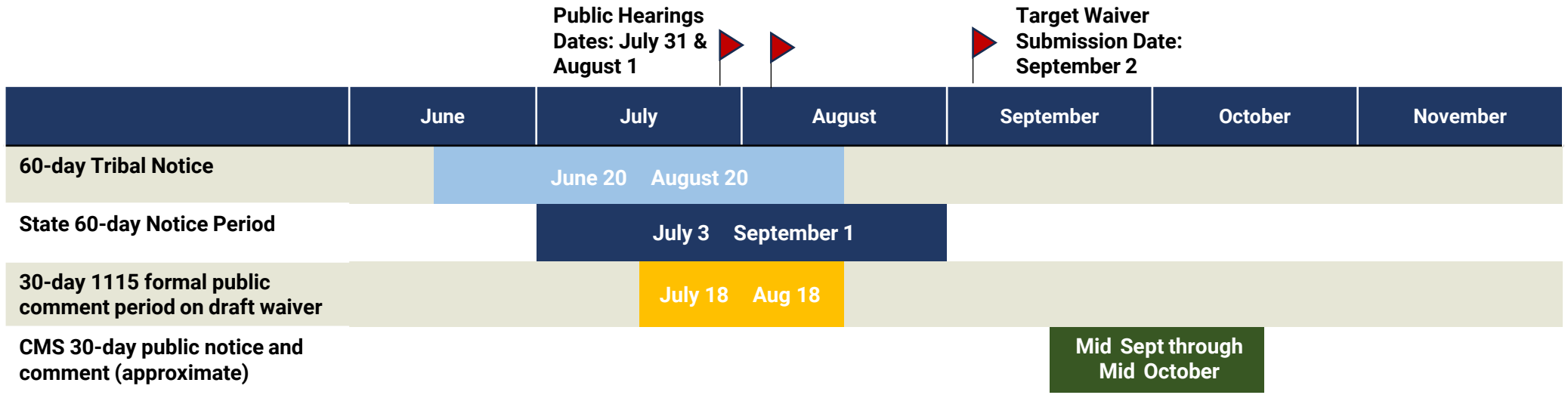
All cost sharing is subject to a 5% of income out of pocket maximum

HELP Waiver Formal Public Comment Process

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

1115 Waiver Public Notice Process Next Steps

- **Public Notice, Draft Waiver, Public Comment, and Public Hearing Registration Information**
  - Posted on the state agency website at help.mt.gov
  - Public comments accepted by the state as part of the formal federally required 30-day public comment period through **August 18th**



Ways to Provide Public Comment

Two Methods for Public Comment

- **Oral Comment:**
  - Provide oral comment during a public hearing

- **Written Comment:**
  - Email to dphhscomments@mt.gov with “HELP Demonstration Waiver” in the subject line
  - Mail to:

    Department of Public Health and Human Services
    Director’s Office
    RE: HELP Waiver
    P.O. Box 4210
    Helena, MT 59604-4210

Public Comment must be submitted by 11:59 pm MT on August 18, 2025

How to Provide Oral Comment Today

Virtual Attendee Comment:

Participants must “raise their hand” for Zoom facilitators to unmute the participant to share their public comment

- **If you logged on via <u>phone-only</u>**

  Press “*9” on your phone to “raise your hand”

  Listen for your <u>phone number</u> to be called by moderator.

  After being selected to share your public comment, please ensure you are “unmuted’ on your phone by pressing “*6”

- **If you logged on via <u>Zoom interface</u>**

  Press “Raise Hand” icon at the bottom of the screen

  After being selected to share your public comment, please ensure you are “unmuted” on your audio

Information and questions received through the chat function will be recorded as public comment