



**Montana Department of Public Health and Human Services  
Section 1115 Demonstration Amendment and Extension Application**

***Montana Health and Economic Livelihood Partnership (HELP) Program***

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**Section I. Historical Narrative Summary of the Demonstration**

**A. Introduction**

In November 2015, CMS approved Montana’s Section 1115 Demonstration Waiver, “Montana Health Economic Livelihood Partnership (HELP) Demonstration,” that: expanded Medicaid coverage to newly eligible adults effective January 1, 2016; authorized 12 month continuous eligibility for all new adults; applied enrollee premiums equal to two percent of aggregate household income; and, instituted maximum co-payments allowable under federal law. The approved waiver also authorized the administration of Medicaid through a Third Party Administrator (TPA) for enrollees subject to premiums.

In December 2017, CMS approved an amendment to Montana’s Section 1115 Demonstration Waiver that maintained Medicaid expansion, 12 month continuous eligibility and premiums, but removed authorization of the TPA and co-payments. The amended Demonstration is approved for the period from January 1, 2016 through December 31, 2020.

On May 9, 2019, Governor Steve Bullock signed House Bill 658, the Medicaid Reform and Integrity Act, that directs the Department of Public Health and Human Services (DPHHS or the Department) to request federal waiver approval for new Medicaid expansion program features including those that condition Medicaid eligibility on participation in work/community engagement.

**B. Summary of the Current HELP Demonstration**

The HELP Demonstration was initially designed to meet the following policy objectives:

- Increase the availability of high quality health care to Montanans;
- Provide greater value for the tax dollars spent on the Montana Medicaid program;
- Reduce health care costs;
- Provide incentives that encourage Montanans to take greater responsibility for their personal health;
- Boost Montana’s economy; and
- Reduce the costs of uncompensated care and the resulting cost-shifting to patients with health insurance.

The State has made significant progress in meeting the policy objectives of the HELP Demonstration. As of May 15, 2019, Montana’s Medicaid enrollment under the HELP Demonstration reached 95,246 adults.<sup>1</sup> The rate of uninsurance in Montana has declined to 8.6 percent.<sup>2</sup> Medicaid expansion in Montana has afforded unprecedented access to primary and preventive care, cancer treatment, and mental health and substance use treatment, among other essential health care services. As of May 15, 2019, 97,777 adults who gained coverage under Medicaid expansion received health care services, including:<sup>3</sup>

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<sup>1</sup> For the most up-to-date enrollment numbers, see the Montana Medicaid Expansion Dashboard, available at <https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard>.

<sup>2</sup> Montana Healthcare Foundation, 2019 Report on Health Coverage and Montana’s Uninsured, June 2019, available at <https://mthcf.org/resources/2019-report-on-health-coverage-and-montanas-uninsured/>.

<sup>3</sup> Montana Department of Public Health and Human Services, Montana Medicaid Expansion Dashboard, Services Summary, <https://dphhs.mt.gov/helpplan/medicaidexpansiondashboard>, accessed on May 15, 2019. For additional information on the demonstration see “[Montana HELP Demonstration Section 1115 Waiver Annual Report, Demonstration Year 3](#)” attached to this report.

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- 7,709 adults received a colon cancer screening, resulting in 2,787 possible cases of colon cancer averted;
- 8,690 women received a breast cancer screening, resulting in 123 women diagnosed with breast cancer as a result of screening;
- 2,302 adults were newly diagnosed with and treated for hypertension;
- 1,065 adults were newly diagnosed with and treated for diabetes;
- 33,446 adults received outpatient mental health services and 3,484 adults received inpatient mental health services; and
- 8,553 adults received substance use outpatient services and 2,337 adults received substance use residential services.

Medicaid expansion has also enabled rural hospitals and health care providers to keep their doors open, preserving access for rural Montanans of all incomes. Following the HELP Demonstration's implementation, Montana hospitals witnessed a 49 percent decrease in uncompensated care and Montana's community health centers saw an increase of \$11.7 million in Medicaid revenue.<sup>4</sup>

Medicaid expansion led to the creation of 5,000 new jobs each year since 2016.<sup>5</sup> These are healthcare jobs – which are among the highest paying in the State – as well as jobs in retail, trade, construction, services industry, real estate, and technology. In addition, the Demonstration contributed to more low-income adults joining the workforce in Montana; from 2015-2016, Montana witnessed a 9 percent increase in non-disabled adults working and a 6 percent increase in people with disabilities working. The State estimates that Medicaid expansion resulted in more than \$270 million in new income for Montanans each year.<sup>6</sup>

**C. Summary of Montana's New Proposed HELP Demonstration Features**

House Bill 658, the Medicaid Reform and Integrity Act, directs DPHHS to request federal waiver approvals for new Medicaid program features. Montana seeks to extend the State's current Demonstration to maintain current Demonstration features while testing new Medicaid program features which include the following:

- **Work/Community Engagement.** The State seeks waiver authority to condition Medicaid coverage on compliance with work/community engagement requirements for non-exempt expansion adults with incomes up to 138 percent of the FPL.
- **Premium Increase Structure Based on Coverage Duration.** The State seeks to apply a premium structure that gradually increases based on coverage duration. In the first two years of coverage, Demonstration enrollees with income greater than 50 percent of the FPL will pay premiums in the amount equal to two percent of their aggregate household income. The enrollee's premium obligation would gradually increase by 0.5 percent in each subsequent year of coverage with a maximum premium amount not to exceed 4 percent of the enrollee's aggregate household income. Medicaid enrollees will not be subject to co-payments under this premium payment structure.

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<sup>4</sup> HELP Act Oversight Committee. 2018 Report to the Governor and Legislative Finance Committee. August 2018. Accessed at <https://dphhs.mt.gov/Portals/85/Documents/healthcare/HELP-ActOversightCommitteeReport2018.pdf>.

<sup>5</sup> The Economic Impact of Medicaid Expansion in Montana. April 2018. University of Montana Bureau of Business and Economic Research, commissioned by the Montana Healthcare Foundation and the Headwaters Community Foundation. Accessed at [https://mthcf.org/wp-content/uploads/2018/04/BBER-MT-Medicaid-ExpansionReport\\_4.11.18.pdf](https://mthcf.org/wp-content/uploads/2018/04/BBER-MT-Medicaid-ExpansionReport_4.11.18.pdf).

<sup>6</sup> Ibid.

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**D. Summary of Current Demonstration Features to be Continued Under the 1115 Demonstration Extension**

Under this amendment, Montana seeks approval to extend the following current waiver authorities:

- **Twelve-Month Continuous Eligibility Period.** Enrollees will receive continued benefits during any periods within a twelve month eligibility period.
- **Comparability.** To the extent necessary, waive Comparability to enable the State to vary cost sharing requirements for enrollees who would otherwise be subject to the State Plan and to enable the State to charge targeted cost sharing to non-exempt individuals with income greater than 50 percent of the FPL.

Enrollees excluded from the current Demonstration will continue to be excluded in this amendment request. These enrollees include those who:

- Are medically frail;
- The State determines have exceptional health care needs, as identified through the application process or by an individual notifying the State at any time, including but not limited to medical, mental health, or developmental conditions;
- Live in a region (that may include all or part of an Indian reservation), that would not be effectively or efficiently served through the Demonstration, including where the State is unable to contract with sufficient providers;
- The State determines, in accordance with objective standards approved by CMS, require continuity of coverage that is not available or cost-effective through the Demonstration; or
- Individuals exempted by federal law from premium or cost sharing obligations, whose exemption is not waived by CMS, including all individuals with incomes up to 50 percent of the FPL.

These enrollees hereinafter referred to as “Excluded Populations” will be served under the Medicaid State Plan and subject to the terms and conditions therein.

**E. Future Goals of the HELP Program**

Through this Amendment, Montana seeks to further the goals and policy objectives of the underlying HELP Demonstration, as well as:

- Improve the health, well-being, and financial stability of Montanans by implementing a work/community engagement program; and
- Promote personal responsibility.

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**Section II. Changes Requested to the Demonstration**

**A. Work/Community Engagement Requirements**

As directed by State legislation, and consistent with CMS’s State Medicaid Director Letter encouraging Medicaid programs to test the intersection of work/community engagement and health and well-being,<sup>7</sup> Montana seeks to implement work/community engagement requirements as a condition of Medicaid eligibility. Montana has designed a work/community engagement initiative to promote the health, wellness, and financial stability of enrollees.

**1. Populations Subject to Work/Community Engagement Requirements**

Montana will make participation in work/community engagement a condition of ongoing eligibility for all Demonstration enrollees between ages 19 and 55 with incomes up to 138 percent FPL who do not otherwise qualify for an exemption, as further defined below. Enrollees will be required to participate in 80 hours of work/community engagement activities each month. As discussed in Section 1 “*Summary of Current Demonstration Features to be Continued Under the 1115 Demonstration Extension,*” Excluded Populations are not subject to work/community engagement requirements under this Amendment.

**2. Qualifying Activities**

Qualifying work/community engagement activities shall include:

- Employment;
- Work readiness and workforce training activities;
- Secondary, postsecondary, or vocational education;
- Substance abuse education or substance use disorder treatment;
- Other work or work/community engagement activities that promote work or work readiness or advance the health purpose of the Medicaid program;
- A community service or volunteer opportunity; and
- Any other activity required by the Centers for Medicare and Medicaid Services (CMS) for the purpose of obtaining necessary waivers.

As of February 1, 2019, 96,182 low-income Montanans are enrolled in Medicaid expansion. Montana estimates that 88,019 individuals (92 percent) will either meet or be exempt from the work/community engagement requirements. The remaining 8,163 individuals (8 percent) would be required to participate in and report on work/community engagement activities to remain eligible for Medicaid; based on the experience of other states requiring work activities to remain eligible for healthcare coverage, the Department estimates 50 percent of these individuals will be unable to meet the community engagement activities, exemptions, or reporting requirements. This will result in the projected disenrollment of 4,081 enrollees from health coverage.<sup>8</sup> The Department will automatically determine compliance with work/community engagement requirements using available administrative data sources and information collection and retention tools.

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<sup>7</sup> Centers for Medicare and Medicaid Services State Medicaid Director Letter, “Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries,” January 11, 2018. Available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>.

<sup>8</sup> Montana Governor’s Office of Budget and Program Planning, HB 658 Fiscal Note, May 10, 2019. Available at: [https://leg.mt.gov/bills/2019/FNPDF/HB0658\\_3.pdf](https://leg.mt.gov/bills/2019/FNPDF/HB0658_3.pdf)

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**3. Exemptions**

Montana will exempt enrollees who meet the standard and hardship/good cause exemptions described in this section. The specific length of time for which an exemption applies will depend on the exemption. Some exemptions may be permanent, including, for example, enrollees who are blind; other exemptions will be time-limited including, for example, women who are pregnant.

- **Standard Exemptions.** Enrollees who qualify for an exemption from work/community engagement requirements include those who are:
  - Medically frail enrollees as defined in 42 CFR 440.315;
  - Blind or disabled;
  - Pregnant;
  - Experiencing an acute medical condition requiring immediate medical treatment;
  - Mentally or physically unable to work;
  - A primary caregiver for a person who is unable to provide self-care;
  - A foster parent;
  - A full-time student in a secondary school;
  - A student enrolled in the equivalent of at least six credits in a postsecondary or vocational institution;
  - Participating in or exempt from the work requirements of the Temporary Assistance for Needy Families (TANF) program or the supplemental nutrition assistance program (SNAP);
  - Under supervision of the Department of Corrections, a county jail, or another entity as directed by a court, the Department of Corrections, or the Board of Pardons and Parole;
  - Experiencing chronic homelessness;
  - A victim of domestic violence as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 U.S.C. 601, et seq.;
  - Living in an area with a high-poverty designation;
  - A member of an entity subject to the fee provided for in 15-30-2660(3);
  - Otherwise exempt under federal law; or
  - In receipt of income that exceeds an amount equal to the average of 80 hours per month multiplied by the minimum wage.
  
- **Hardship/Good Cause Exemptions.** To address life circumstances that affect an enrollee's ability to engage in work/community engagement, Montana will also exempt individuals who:
  - Are hospitalized or caring for an immediate family member who has been hospitalized;
  - Have a documented serious illness or incapacity or are caring for an immediate family member with a documented serious illness or incapacity; or
  - Are impacted by a catastrophic event or hardship, as defined by DPHHS, which prevents enrollees from complying with the work/community engagement requirements.

The duration of these exemptions will be dependent on the enrollee's circumstances.

**4. Process for Determining Standard and Good Cause/Hardship Exemptions and Compliance with Work/Community Engagement Hours**

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Montana will use a variety of methods to identify standard and good cause/hardship exemptions as well as compliance with work/community engagement hours for enrollees who are not exempt, using a multi-pronged process that includes but is not limited to using available data (within DPHHS and other State agencies) to identify enrollees who should be exempt from or are already complying with work hours (e.g., exemption from or compliance with SNAP requirements, employment-based income that equates to required work hours assuming Montana minimum wage, and claims experience indicating medical frailty).

For enrollees for whom the Department is unable to use data to determine their exemption or compliance, the Department will provide multiple ways for enrollees to self-report an exemption or their compliance with work/community engagement requirements, including online, through a call center, by mail, and in person.

**5. Notices**

A description of the work/community engagement requirements will be outlined in supplemental information provided to applicants and enrollees in the Medicaid application, redetermination, and change reporting processes. All Medicaid enrollees subject to work/community engagement requirements will receive consumer notices at application and renewal that describe the program, qualifying work/community engagement activities, exemptions, required hours, compliance reporting processes, and who they can contact with questions. This information will also be available at county eligibility offices, online, and through the call center.

**6. Penalties for Non-Compliance**

DPHHS will notify a program enrollee who is not in compliance with the work/community engagement requirements that the enrollee has 180 days to come into compliance, and failure to comply within the 180-day period will result in suspension from the program, unless the enrollee attests and the Department confirms that the enrollee is exempt from the work/community engagement requirements.

**7. Reactivation of Coverage**

An enrollee who is suspended from the program for noncompliance may be reinstated 180 days after the date of suspension or upon a determination by the Department that the program enrollee: (a) is exempt from the work/community engagement requirements; (b) has been in compliance with the requirements for 30 days; or (c) meets an Medicaid eligibility group that is not subject to the Demonstration.

**8. Audit Trigger**

Per State legislation, if suspensions for noncompliance with work/community engagement requirements exceed 5 percent of program enrollees, the Department will notify the Legislative Audit Committee. The Legislative Audit Committee shall select an independent third-party auditor to conduct an audit of the enrollees who were subject to suspension. If the audit finds that more than 10 percent of the enrollees in the audit sample were suspended erroneously, the Department will cease further suspensions until the conclusion of the next general legislative session. The audit must be completed within 90 days or the Department will cease suspensions until the audit is complete and the Legislative Audit Committee has received the audit report.

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**9. Employment Assessment and Supports for Montana HELP Program Enrollees**

The Department will provide enrollees the option to participate in an employment assessment to identify barriers to employment. The Department of Labor and Industry will contact each interested program enrollee subject to the work/community engagement requirements and assist them with completion of an employment or reemployment assessment. Based on the results of the assessment, the Department of Labor and Industry shall identify services to help the enrollee address barriers to employment.

Enrollees will also have the option of participating in HELP-Link, the workforce development program operated by the Department of Labor and Industry. Services offered through HELP-Link include:

- Assistance with resume and cover letters, job applications and interview skills;
- Resource center for job seekers including the Montana Career Information System;
- Labor market information and skills testing;
- Assistance for veterans of the military and eligible spouses;
- Workforce and educational training; and
- Referrals to other service providers (e.g., childcare, housing supports, and financial counseling).

To date, more than 25,244 HELP enrollees have received workforce services through HELP-Link.<sup>9</sup> The Montana Bureau of Business and Economic Research (BBER) found that since the implementation of the HELP Program, including HELP-Link, more low-income adults are joining the workforce, including a 9 percent increase in employment among non-disabled adults.<sup>10</sup>

Additionally, pursuant to legislation, the Department of Labor and Industry will award grants to employers to hire or train enrollees in skills to help them obtain new or improved employment, obtain employment with healthcare benefits, earn a wage that allows them to purchase their own health insurance, and improve their long-term financial security.

**B. Premiums**

Montana will require enrollees with income greater than 50 percent of the FPL who are not otherwise exempt to pay monthly premiums. Per State legislation, a program enrollee shall pay monthly premiums equal to 2 percent of the enrollee's modified adjusted gross income for the first two years of participation. The premium will increase 0.5 percent in each subsequent year that an enrollee receives coverage, up to a maximum of 4 percent of the enrollee's income. The table below depicts the premium schedule for enrollees in the HELP Program for six years or more.

**Table 1: Premiums**

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<sup>9</sup> HELP Act Oversight Committee, 2018 Report to the Governor and Legislative Finance Committee. August 2018. Accessed at <https://dphhs.mt.gov/Portals/85/Documents/healthcare/HELP-ActOversightCommitteeReport2018.pdf>.

<sup>10</sup> The Economic Impact of Medicaid Expansion in Montana. April 2018. University of Montana Bureau of Business and Economic Research, commissioned by the Montana Healthcare Foundation and the Headwaters Community Foundation. Accessed at [https://mthcf.org/wp-content/uploads/2018/04/BBER-MT-MedicaidExpansionReport\\_4.11.18.pdf](https://mthcf.org/wp-content/uploads/2018/04/BBER-MT-MedicaidExpansionReport_4.11.18.pdf)

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<b>Year of Participation in HELP Program</b>	<b>Premium Amount</b>
<b>Year 1</b>	2 percent of a enrollee's income
<b>Year 2</b>	2 percent of a enrollee's income
<b>Year 3</b>	2.5 percent of a enrollee's income
<b>Year 4</b>	3 percent of a enrollee's income
<b>Year 5</b>	3.5 percent of a enrollee's income
<b>Year 6 and beyond</b>	4 percent of a enrollee's income

**1. Premium Exemptions**

Pursuant to State statute, program enrollees who are exempt from the work/community engagement requirement are also exempt from premium increases.

**2. Consequences for Unpaid Premiums**

Within 30 days of an enrollee's failure to make a required premium payment, the Department shall notify the enrollee that payment is overdue and must be paid within 90 days from when the notification was sent.

If an enrollee with an income of 100 percent FPL or less fails to make payment for overdue premiums, DPHHS will provide notice to the Department of Revenue of the enrollee's failure to pay. The Department of Revenue will collect the amount due for nonpayment by assessing the amount against the enrollee's annual income tax. The enrollee will not be disenrolled from the program.

If an enrollee with income of more than 100 percent FPL and up to 138 percent FPL fails to make the overdue payments within 90 days of being notified, DPHHS will:

- Follow the same collection procedures described above for enrollees with an income of 100 percent FPL or less; and
- Suspend the enrollee from coverage.

The Department will unsuspend an enrollee from coverage upon: (a) payment or assessment of the total amount of overdue premium payments; (b) demonstrating a standard or good cause exemption; or (c) meeting a Medicaid eligibility group not subject to the Demonstration.

Enrollees who meet two of the following criteria are not subject to suspension for failure to pay overdue premiums:

- Discharge from United States military service within the previous 12 months;
- Enrollment for credit in any Montana university system unit, a tribal college, or any other accredited college within Montana offering at least an associate degree;
- Participation in a workforce program or activity; and

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- Participation in any of the following healthy behavior plans:
  - Medicaid health home
  - Patient-centered medical home
  - Cardiovascular disease, obesity, or diabetes prevention program
  - Program restricting the enrollee to obtaining primary care services from a designated provider and obtaining prescriptions from a designated pharmacy
  - Medicaid primary care case management program established by the department
  - Tobacco use prevention or cessation program
  - Medicaid waiver program providing coverage for family planning services
  - Substance abuse treatment program
  - Care coordination or health improvement plan administered by a third-party administrator

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**Section III. Implementation of Amendment and Extension**

Specific implementation target dates depend on policy negotiations with and waiver approval by CMS. New Demonstration initiatives under this application require large and complex business processes development, infrastructure planning and deployment, and information systems modifications. Montana is also cognizant of reporting from states with similar work/community engagement requirements that suggests loss of coverage may result from inadequate systems or a lack of consumer information regarding work/community engagement and/or premium requirements. As such, Montana proposes to implement new HELP Program features once all of the operational infrastructure is in place to support these Demonstration features. This implementation approach will promote continuity of coverage, minimize confusion and complexity for enrollees, and better position the State to achieve the goals of the Demonstration.

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**Section IV. Requested Waivers and Expenditure Authorities**

Montana is not requesting any new federal expenditure authority as part of its Demonstration Amendment and Extension Application.

**Table 2: Montana Waiver and Expenditure Authority Requests**

Waiver Authority	Use of Waiver	Currently Approved Waiver Request?
<b>§ 1902(a)(8)</b>	To waive the reasonable promptness requirement to permit suspension or termination of eligibility for Demonstration enrollees who fail to comply with certain Demonstration requirements.	No
<b>§ 1902(a)(14)</b>	To impose monthly premiums not to exceed 4 percent of household income.	No
<b>§ 1902(a)(17)</b>	To waive Medicaid comparability requirements a to enable the State to vary cost sharing requirements for enrollees who would otherwise be subject to the State Plan and to enable the State to charge targeted cost sharing to non-exempt individuals with income greater than 50 percent of the FPL.	Yes
<b>§ 1902(e)(12)</b>	To apply 12 month continuous eligibility to Medicaid eligible adults.	Yes

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**Section V. Summaries of External Quality Review Organization (EQRO) Reports, Managed Care Organization (MCO) and State Quality Assurance Monitoring**

Please see the reports referenced in Section VII. Evaluation.

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**Section VI. Financial Data**

The State intends to extend the Demonstration's continuous eligibility for enrollees and shall make a downward adjustment of 2.6 percent in claimed expenditures for federal matching at the enhanced federal matching rate and will instead claim those expenditures at the regular federal matching rate. Montana is not requesting any new federal expenditure authority as part of its Demonstration Amendment and Extension Application. Other proposed waivers under this Demonstration will not result in any increase in federal Medicaid expenditures for medical assistance.

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**Section VII. Evaluation**

DPHHS received a letter from CMS dated May 31, 2017, removing the State’s obligation to perform an independent evaluation of the 1115 HELP Demonstration Waiver. In lieu of the State performing an independent evaluation, Montana has been an active participant in a federal evaluation of Medicaid expansion states by The Urban Institute and Social & Scientific Systems, Inc.; see [“Federal Evaluation: Montana Health and Economic Livelihood Partnership Plan – A Look at the Program a Year and a Half into Implementation,”](#) attached to this report, for the most recent summary of findings. The evaluation began in 2016 and is ongoing. Montana plans to continue participation in the federal evaluation and will contract for an independent third party evaluation of work/community engagement requirements.

Additionally, please see attached to this application:

- [“Montana Health and Economic Livelihood Partnership \(HELP\) Program Demonstration: Section 1115 Annual Report, Demonstration Year: 3 \(01/01/18 – 12/31/18\)”](#)
- Montana Help Oversight Committee’s [2018 Report to the Governor and Legislative Finance Committee](#) and [2016 Report to the Governor and Legislative Finance Committee](#)<sup>11</sup>

The hypotheses under consideration in this Demonstration are below.

**Table 3: Evaluation Hypotheses under Consideration**

Hypothesis	Selected Outcome Measures & Analytic Approaches	Data Sources
<b>Work/Community Engagement</b>		
Enrollees enrolled in the Demonstration will secure sustained employment.	Analyze enrollee employment outcomes	<ul style="list-style-type: none"> <li>• Eligibility and enrollment data</li> <li>• Enrollee survey data</li> <li>• State and national survey data</li> <li>• Other state administrative data sources</li> </ul>
Community engagement requirements will increase the likelihood that Medicaid beneficiaries transition to commercial health insurance after separating from Medicaid, compared to Medicaid beneficiaries not subject to the requirements.	Analyze coverage outcomes	<ul style="list-style-type: none"> <li>• Eligibility and enrollment data</li> <li>• Enrollee survey data</li> <li>• State and national survey data</li> </ul>

<sup>11</sup> The legislature, in separate legislation, eliminated the HELP Oversight committee in the 2019 session.

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<b>Hypothesis</b>	<b>Selected Outcome Measures &amp; Analytic Approaches</b>	<b>Data Sources</b>
The Demonstration’s work/community engagement requirements will not deter eligible enrollees from applying for or renewing Medicaid coverage.	Analyze coverage trends pre/post implementation	<ul style="list-style-type: none"> <li>• State and national survey data</li> <li>• Eligibility and enrollment data</li> <li>• Enrollee survey data</li> </ul>
Participation in the Demonstration’s work/community engagement requirements will improve current and former enrollee health and well-being, compared to Medicaid beneficiaries not subject to the requirements.	Analyze enrollee utilization, diagnoses, and self-reported health	<ul style="list-style-type: none"> <li>• Utilization and diagnoses data, including preventive services</li> <li>• Enrollee survey data</li> <li>• State and national survey data</li> <li>• Health outcomes data</li> </ul>
Work/community engagement requirements will increase the average income of Medicaid beneficiaries subject to the requirements, compared to Medicaid beneficiaries not subject to the requirements.	Analyze enrollee income	<ul style="list-style-type: none"> <li>• Enrollee survey data</li> <li>• State and national survey data</li> </ul>
<b>Premium Increase Structure Based on Coverage Duration</b>		
Conditioning coverage among enrollees with incomes above 100 percent FPL on payment of gradually increasing premiums will promote continuous coverage and continuity of care.	Analyze coverage gaps and utilization trends	<ul style="list-style-type: none"> <li>• Eligibility and enrollment data</li> <li>• Enrollee survey data</li> </ul>
Premiums will not deter eligible enrollees from applying for, enrolling in or renewing Medicaid coverage.	Analyze coverage trends pre/post implementation and within and inside/outside Medicaid	<ul style="list-style-type: none"> <li>• Enrollee survey data</li> <li>• State and national survey data</li> <li>• Eligibility and enrollment data</li> </ul>
Enrollees who are required to make premium payments will gain familiarity with a common feature of commercial health insurance.	Analyze familiarity with premiums pre/post implementation	<ul style="list-style-type: none"> <li>• Enrollee survey data</li> <li>• State and national survey data</li> </ul>

Upon approval of this extension, Montana will work with CMS to develop an evaluation design plan consistent with the Standard Terms and Conditions (STCs) and CMS policy.

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**Section VIII. Compliance with Public Notice Process**

***To be completed after public comment process concludes***

- 1) Start and end dates of the state's public comment period.**
- 2) Certification that the state provided public notice of the application, along with a link to the state's web site and a notice in the state's Administrative Record or newspaper of widest circulation 30 days prior to submitting the application to CMS.**
- 3) Certification that the state convened at least 2 public hearings, of which 1 hearing included teleconferencing and/or web capability, 20 days prior to submitting the application to CMS, including dates and a brief description of the hearings conducted.**
- 4) Certification that the state used an electronic mailing list or similar mechanism to notify the public.**
- 5) Comments received by the state during the 30-day public notice period.**
- 6) Summary of the state's responses to submitted comments, and whether or how the state incorporated them into the final application.**
- 7) Certification that the state conducted tribal consultation in accordance with the consultation process outlined in the state's approved Medicaid State Plan, or at least 60 days prior to submitting this Demonstration application if the Demonstration has or would have a direct effect on Indians, tribes, on Indian health programs, or on urban Indian health organizations, including dates and method of consultation.**
- 8) Documentation of the State's compliance with the post-award public input process described in 42 CFR §431.420(c).**

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**Section IX. Public Notice**

[Insert copy of public notice]

# Appendices

## A. Monitoring and Evaluation Reports

- a. [Federal Evaluation: Montana Health and Economic Livelihood Partnership Plan, A Look at the Program A Year and a Half into Implementation, December 2018](#)
- b. [Montana Health and Economic Livelihood Partnership \(HELP\) Program Demonstration: Section 1115 Annual Report, Demonstration Year: 3 \(01/01/18 – 12/31/18\)](#)
- c. Montana Help Oversight Committee's [2018 Report to the Governor and Legislative Finance Committee](#) and [2016 Report to the Governor and Legislative Finance Committee](#)

## B. Documentation of Compliance with Public Notice Process

## C. Responses to Public Comments

## D. Public Comments