

# Health and Economic Livelihood Partnership (HELP) Demonstration Waiver

Tribal Consultation  
July 29, 2025



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PUBLIC HEALTH &  
HUMAN SERVICES



# Agenda

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



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# History of the HELP Waiver



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# 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)**.



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# HELP Demonstration Waiver Program Design



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# 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 does not apply to:**

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



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# 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



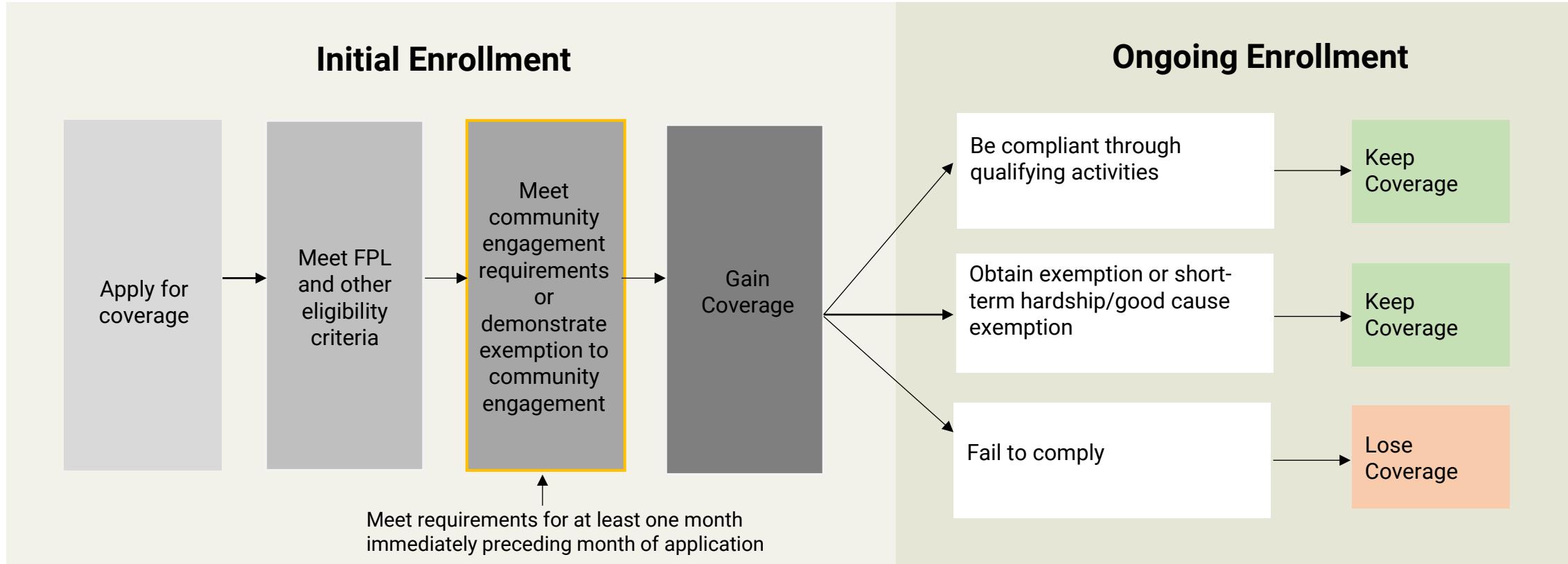
### Cost Sharing

- 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**



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# 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**



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# 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**



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# 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)

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**.

## Annual Redetermination (12 Months Post Enrollment)

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).

## Non-Compliance

Enrollees will have **30 days to come into compliance** or be disenrolled. Disenrolled individuals must reapply and demonstrate compliance or exemption to regain coverage.



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# 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



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# 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



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# Tribal Considerations



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# Tribal Considerations

*Both components required and defined by federal law*



## Community Engagement

**Native Americans and Alaska Natives are exempt from community engagement requirements**

H.R. 1 defines Native Americans as “specified excluded individuals” if an individual meets one of the following criteria:

- is an Indian or an Urban Indian (as such terms are defined in paragraphs (13) and (28) of section 4 of the Indian Health Care Improvement Act);
- (bb) is a California Indian described in section 809(a) of such Act; or
- (cc) has otherwise been determined eligible as an Indian for the Indian Health Service under regulations promulgated by the Secretary;<sup>1</sup>



## Cost Sharing

**American Indians and Alaska Natives are exempt from cost sharing**

CMS documents that the following individuals are exempt:

- American Indians and Alaska Natives who have ever received a service from the Indian Health Service, tribal health programs, or under contract health services referral are exempt from out-of-pocket costs<sup>2</sup>

1. [Text - H.R.1 - 119th Congress \(2025-2026\): One Big Beautiful Bill Act | Congress.gov | Library of Congress](#)

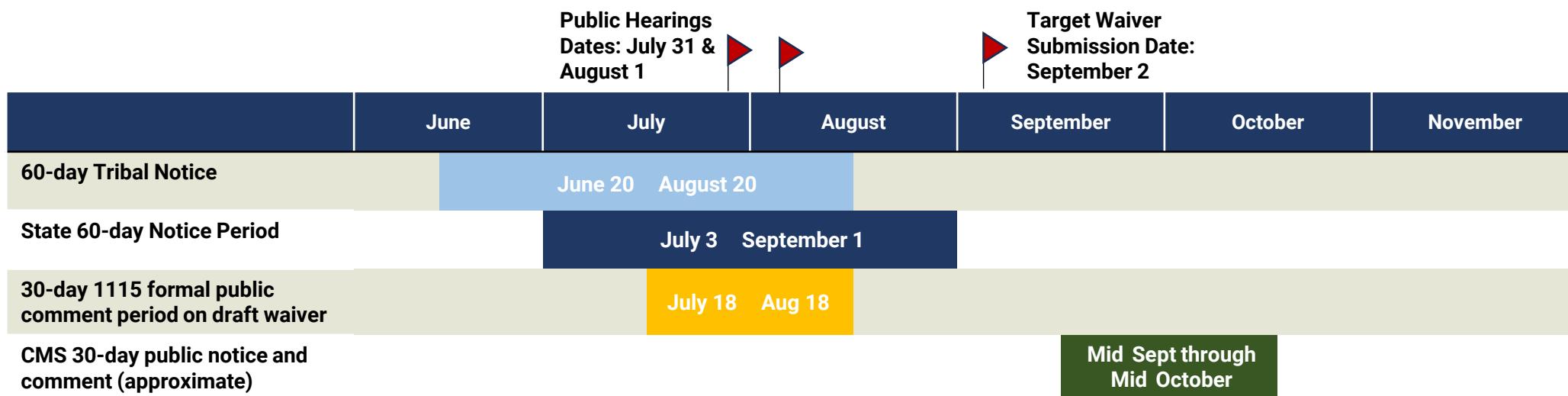
2. [Out-of-Pocket Cost Exemptions | Medicaid](#)



# HELP Waiver Formal Public Comment Process

# 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](http://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:**
  - Sign up to provide oral comment during a public hearing
- **Written Comment:**
  - Email to [dphhscomments@mt.gov](mailto: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



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