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Children, Families, Health, and Human Services Interim Committee
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ORPA

Office of Research and
Policy Analysis

MONTANA LEGISLATIVE
SERVICES DIVISION

AGENCY OVERSIGHT: MEDICAID SECTION 1115 WAIVERS

BACKGROUND

The Department of Public Health and Human Services is proposing to expand Medicaid-covered behavioral health services through a new "Section 1115" waiver. The agency is also asking for federal approval to change two existing Section 1115 waivers to eliminate the 12-month continuous eligibility provisions of those waivers.

This briefing paper summarizes the key elements of Section 1115 waivers; the role of the Children, Families, Health, and Human Services Interim Committee in reviewing those waiver requests; and the ways in which people can offer comment on the pending waiver proposals.

WHAT'S A MEDICAID WAIVER?

Federal law and regulations govern the broad elements of the Medicaid program operated by each state. But states have some leeway in establishing requirements for their programs. For instance, they can decide which optional medical services to cover and how much to reimburse health care providers who participate in the program.

States may request even more flexibility in running their programs by applying for so-called "waivers" that free them from following some federal requirements. These waivers can allow a state to tailor its Medicaid program to meet specific state needs.

Federal law allows for three types of Medicaid waivers:

- Section 1915(b) waivers, which let states implement managed care programs or otherwise limit a Medicaid recipient's choice of medical provider;
- Section 1915(c) waivers, which let the Medicaid program pay for certain services and supports that allow people to remain in their homes and avoid placement in institutional levels of care; and
- Section 1115 waivers, which allow states to test new ideas or approaches to providing services.

WHAT'S THE WAIVER PROCESS?

When states want to alter their Medicaid programs in ways not allowed by federal law, they must submit an application to the Centers for Medicare and Medicaid Services (CMS) for the appropriate type of waiver.

CMS evaluates the applications to ensure that the proposed changes:

- promote the objectives of the Medicaid program; and
- are budget-neutral, meaning the federal spending for the program will not be higher than it would have been without the waiver services.

In determining whether the waiver would further the objectives of Medicaid, CMS typically reviews whether the changes would accomplish at least one of the following: increase coverage for low-income people; increase access to care; improve health outcomes; or increase the efficiency and quality of care through delivery system changes.

Federal regulations require states to provide at least a 30-day public notice and comment period before submitting a Section 1115 waiver application. Montana law requires an even longer public comment period of 60 days. During that 60-day period, DPHHS also must hold a public forum and present the waiver proposal to its Medicaid advisory council and to a legislative committee.

After the state submits its application to CMS, the federal agency must open a 30-day public comment period. It cannot act on the application for at least 15 days after the public comment period ends.

WHAT ROLE DO LEGISLATIVE COMMITTEES HAVE?

State law requires DPHHS to present a Section 1115 waiver application to a legislative committee "for review and comment at a public hearing" before the agency submits the application to CMS.

If the Legislature is in session, the presentation must be made to the House Appropriations Committee. During the interim, the presentation must be made to the Children, Families, Health, and Human Services Interim Committee. If CMS approves the waiver application, the agency must present the final terms of the approved waiver to the appropriate committee.

The committee does not have to take formal action on a proposed waiver. However, members could decide to submit comment to DPHHS or CMS as a committee or as individual members of the committee.

HOW CAN MEMBERS AND THE PUBLIC SUBMIT COMMENTS?

Comments can be submitted to DPHHS before the waiver application or amendment is submitted to CMS and can be submitted to CMS when the agency opens the formal public comment period on the proposal. Individuals can sign up in advance to be notified by CMS when the public comment period is open.

The series of graphics on the following page illustrate how to sign up for CMS notifications and how to submit public comment for both the state and federal comment periods.

SIGNING UP FOR NOTIFICATIONS

To sign up for notifications from CMS, go to [Medicaid.gov](https://www.Medicaid.gov) and scroll to the bottom of the page. Enter your e-mail address and click the "Sign up" button. Fill out the required information on the subsequent page. On the third page, choose the "CMS 1115 Demonstration Public Comment Info List." The screenshots below show, with red arrows, the information needed on each page.

This screenshot shows the footer of the Medicaid.gov website. It is divided into three columns. The first column, 'Related Sites', lists links to Data.Medicaid.gov, HHS.gov, InsureKidsNow.gov, CMS.gov, Healthcare.gov, and Medicare.gov. The second column, 'Helpful Links', includes Site Map, Privacy Policy, No Fear Act, Archive, and Site Feedback. The third column, 'Web Policies and Important Links', lists Web Policies and Important Links, Plain Language, Nondiscrimination & Accessibility, and Help with File Formats & Plug-ins. To the right of these columns is a 'Sign up' section with a text input field labeled 'Your email address' containing the placeholder 'e-mail here' and a blue 'Sign up' button. Red arrows point to the input field and the button. At the bottom of the footer is the Medicaid.gov logo with the tagline 'Keeping America Healthy', the text 'Centers for Medicare & Medicaid Services', social media icons for Twitter, Facebook, and YouTube, and a note: 'A Federal government managed website by the Centers for Medicare & Medicaid Services. 7500 Security Boulevard Baltimore, MD 21244'.

This screenshot shows the Medicaid.gov logo and header. The logo consists of the text 'Medicaid.gov' in a large, bold, blue font, with the tagline 'Keeping America Healthy' in a smaller, grey font below it. The header is a solid blue bar.

This screenshot shows the Medicaid.gov logo and header, identical to the previous one, but with a dark teal bar below the logo.

Welcome fhom@mt.gov

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Subscription Type

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By checking this box, you consent to our data privacy policy. *

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Medicaid.gov offers updates on the topics below. Subscribe by checking the boxes; unsubscribe by unchecking the boxes.

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Subscription Topics

- Medicaid.gov Updates
 - CMCS Informational Bulletin [i](#)
 - Medicaid Prescription Drug Policy & Reimbursement Updates [i](#)
 - CMS 1115 Demonstration Public Comment Info List [i](#)
 - Dispute Resolution Program for MDRP [i](#)
 - Medicaid Updates [i](#)
- The Data & Systems Group
 - Upcoming Events [i](#)
 - MMIS Newsletter Mailing [i](#)
 - T-MSIS Coding Information [i](#)
 - DQ Atlas [i](#)

SUBMITTING/VIEWING CMS PUBLIC COMMENT

When CMS opens its public comment period, the option to submit comment will become available on the webpage devoted to the waiver. The comments the agency receives will be available online, as well.

Montana Health and Economic Livelihood Partnership (HELP) Program

State: **Montana**
Waiver Authority: **1115**
Status: **Pending**

Waiver Dates

Approval: **11/02/2015**
Effective: **01/01/2016**
Expiration: **12/31/2021**

Supporting Documents

Pending Application(s) and Related Documents

Date	Title
08/30/2019	Pending Application (PDF, 16.36 MB) View/Submit Comments



Montana Health and Economic Livelihood Partnership (HELP) Program - Extension Request

On August 30, 2019, the State of Montana submitted an extension and amendment request to the Centers for Medicare & Medicaid Services (CMS) for the "Montana HELP (Health and Economic Livelihood Partnership) Program" section 1115 demonstration. The extension proposes two amendments and also requests authority to extend 12-month continuous eligibility as authorized under the current demonstration. The state proposes an amendment to allow the state to establish work/community engagement requirements for non-exempt expansion adults as a condition for Medicaid coverage. The amendment also proposes to revise the premium structure to include gradual increases to monthly premiums based on the length of time an individual is enrolled in coverage under the demonstration. The 30-day federal public comment period will be open from September 12, 2019 through October 12, 2019.

[Application Document](#)

This questionnaire is now closed.

It's not possible to tell if you have answered because all responses are anonymous.

[View the summary of responses](#)

[Return to Demonstration](#)

[Return to State Waiver List](#)



A federal government managed website by the Centers for Medicare & Medicaid Services. 7500 Security Boulevard Baltimore, MD 21244

SUBMITTING PUBLIC COMMENT TO DPHHS

DPHHS is accepting public comment on the HEART waiver application until September 7 and on the HELP and WASP waiver amendments until August 31. Comments related to any of the three proposals can be submitted as shown below.

By mail: Department of Public Health and Human Services, Director's Office
c/o Mary Eve Kulawik
PO Box 4210
Helena, MT 59604

By e-mail: dphhscomments@mt.gov

Sources

- "About Section 1115 Demonstrations." *Medicaid.gov*, www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html. Accessed July 13, 2021.
- "1115 Transparency Requirements." *Medicaid.gov*, www.medicaid.gov/medicaid/section-1115-demonstrations/1115-transparency-requirements/index.html. Accessed July 13, 2021.
- "Understanding Medicaid Section 1115 Waivers: A Primer for State Legislators," National Conference of State Legislatures.
- 53-2-215, MCA.