

Exhibit E

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-12
Baltimore, Maryland 21244-1850



State Demonstrations Group

November 23, 2016

Mary E. Dalton
State Medicaid Director
Montana Department of Public Health and Human Services
P.O Box 4210
Helena, MT 59604-4210

Dear Ms. Dalton:

The Centers for Medicare & Medicaid Services (CMS) is approving Montana's Quarterly Progress Report Format, as required by section IX, paragraph 3 in the special terms and conditions (STCs) for its section 1115 demonstration entitled, "Montana Health and Economic Livelihood Partnership (HELP) Program" (Project No. 11-W-00300/8). As required by the HELP STCs, the report format will be added in Attachment D of the STCs. CMS has incorporated the report format into the latest version of the STCs. A copy of the STCs are enclosed with this letter.

We look forward to continuing to work with you and your staff on the Montana HELP demonstration. If you have any questions, please contact your project officer, Ms. Valisha Andrus, at valisha.andrus@cms.hhs.gov.

Sincerely,

/s/

Andrea J. Casart
Director
Division of Medicaid Expansion Demonstrations

Enclosure

cc: Richard Allen, Associate Regional Administrator, Denver Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-12
Baltimore, Maryland 21244-1850



State Demonstrations Group

December 30, 2015

Mary E. Dalton
State Medicaid Director
Montana Department of Public Health and Human Services
P.O Box 4210
Helena, MT 59604-4210

Dear Ms. Dalton:

The State of Montana submitted its Preventative Services Protocol on December 11, 2015, as required by section VII. paragraph 8 in the special terms and conditions (STCs) for its section 1115 demonstration entitled, "Montana Health and Economic Livelihood Partnership (HELP) Program" (Project No. 11-W-00300/8). The Centers for Medicare & Medicaid Services (CMS) appreciates the cooperation and collaboration your staff provided during our review of your protocol.

At this time, we have no further questions about the Preventative Services Protocol. As required by the HELP STCs, the Preventative Services Protocol will be added in Attachment C of the STCs.

We look forward to continuing to work with you and your staff on the HELP demonstration. If you have any questions, please contact your project officer, Ms. Megan Lepore, at either 410-786-4113 or by email at megan.lepore@cms.hhs.gov.

We appreciate your cooperation throughout the review process.

Sincerely,

/s/

Andrea J. Casart
Acting Director
Division of Medicaid Expansion Demonstrations

Enclosure

cc: Richard Allen, Associate Regional Administrator, Denver Regional Office



NOV - 2 2015

Administrator
Washington, DC 20201

Mary E. Dalton
State Medicaid Director
Montana Department of Public Health and Human Services
P.O. Box 4210
Helena, MT 59604-4210

Dear Ms. Dalton:

The Centers for Medicare & Medicaid Services (CMS) is approving Montana's application for a five-year Medicaid demonstration project entitled, "Montana Health Economic Livelihood Partnership (HELP) Demonstration" (Project Number 11-W-00300/8). The demonstration is approved in accordance with section 1115(a) of the Social Security Act (the Act) and effective on the date of this letter. Through this demonstration, associated state plan amendments, and a section 1915(b)(4) of the Act waiver authorizing a defined provider network, the state will expand access to coverage to adults aged 19-64 in Montana who have incomes up to 133 percent of the federal poverty level (FPL). Enrollment for the expansion will begin on November 1, 2015, with eligibility effective on January 1, 2016. The demonstration is approved through December 31, 2020, assuming the state fulfills the requirements outlined within the special terms and conditions (STCs) to continue the demonstration.

The demonstration authorizes twelve months of continuous eligibility for all individuals who are eligible under the state plan in the new adult coverage group. It also authorizes demonstration provisions specific to individuals in the new adult group with incomes between 50 and 133 percent of the FPL who are not medically frail or exempt under federal or state law. This includes the authority to charge premiums of 2 percent of income to such individuals. The state will credit such individuals' premium obligations toward copayments due. In addition, non-payment of premiums for individuals at or below 100 percent of the FPL will not result in disenrollment. Individuals with incomes above 100 percent of the FPL who stop paying premiums may be disenrolled after notice and a grace period. Individuals in this group may re-enroll upon payment of arrears or when the state assesses the debt by sending notice of the debt to the individual (no later than the end of each calendar quarter).

Cost sharing for all individuals under the demonstration will be consistent with Medicaid regulations, and cost sharing and premiums will be subject to an aggregate cap of 5 percent of household income. To encourage beneficiaries to seek medical care that promotes health and well-being, certain services will be exempt from cost sharing, such as medically necessary health screenings and preventive health care services, including primary, secondary, and tertiary preventive care and medications and services to help beneficiaries manage chronic conditions.

Demonstration enrollees with incomes between 50 and 133 percent of the FPL who are not medically frail or exempt under federal or state law will be provided services through an alternative benefit plan (ABP) that will use a defined provider network managed by a third party

Page 2 – Ms. Mary Dalton

administrator (TPA); authority for the defined provider network is through a waiver under section 1915(b)(4) of the Act, which we are separately approving today. Other individuals in the new adult group will receive an ABP that includes the standard Medicaid benefit package, and these individuals will not be limited to a defined provider network. The ABPs offered to the new adult group will be set forth in the state plan.

The authority to deviate from Medicaid requirements is limited to the specific waiver and expenditure authorities described in the enclosed lists, and to the purposes indicated for the waiver and expenditure authorities. The enclosed STCs further define the nature, character, and extent of anticipated federal involvement in the project, and the state's implementation of the waivers and expenditure authorities, and the state's responsibilities to CMS during the demonstration period. Our approval of the demonstration is conditioned upon the state's compliance with these STCs. Our approval is further subject to CMS receiving your written acknowledgement of the award and acceptance of these STCs within 30 days of the date of this letter.

Your project officer for this demonstration is Ms. Megan Lepore. She is available to answer any questions concerning your section 1115 demonstration. Ms. Lepore's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-4113
E-mail: Megan.Lepore@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Lepore and to Mr. Richard Allen, Associate Regional Administrator for the Division of Medicaid and Children's Health Operations in our Colorado Regional Office. Mr. Allen's contact information is as follows:

Centers for Medicare & Medicaid Services
1961 Stout Street
Denver, CO 80294
Telephone: (303) 844-2111
E-mail: Richard.Allen@cms.hhs.gov

If you have questions regarding this approval, please contact Mr. Eliot Fishman, Director, State Demonstrations Group, Center for Medicaid & CHIP Services, at (410) 786-5647.

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Thank you for all your work with us over the past several months on developing this important demonstration. Congratulations on this approval.

Sincerely,



Andrew M. Slavitt
Acting Administrator

Enclosures

cc: Richard Allen, Associate Regional Administrator, CMS Colorado Regional Office

**CENTERS FOR MEDICARE & MEDICAID SERVICES
WAIVER LIST**

NUMBER: No. 11-W-00300/8

TITLE: Montana Health and Economic Livelihood Partnership (HELP)
Program Demonstration

AWARDEE: Montana Department of Public Health and Human Services

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived in this list, shall apply to the demonstration populations. The waiver will continue through December 30, 2020, unless otherwise stated.

The following waivers shall enable Montana to implement the Montana HELP Program section 1115 demonstration.

Title XIX Waivers

1. Premiums

**Section 1902(a)(14) and
Section 1916**

To enable the state to charge premiums at levels not more than 2 percent of household income to individuals with income greater than 50 percent of the federal poverty level. Total cost-sharing (including premiums) for a household is subject to a quarterly aggregate cap of 5 percent of household income.

2. Comparability

Section 1902(a)(17)

To the extent necessary to enable the state to vary cost sharing requirements for individuals from cost sharing to which they otherwise would be subject under the state plan to enable the state to charge targeted cost sharing to non-exempt individuals in the demonstration with income greater than 50 percent of the federal poverty level, as described in these terms and conditions.

**CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY**

NUMBER: No. 11-W-00300/8

TITLE: Montana Health and Economic Livelihood Partnership (HELP)
Program Demonstration

AWARDEE: Montana Department of Public Health and Human Services

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by the state for the items identified below (which would not otherwise be included as matchable expenditures under section 1903 of the Act) shall, for the period beginning January 1, 2016, through December 31, 2020, unless otherwise specified, be regarded as matchable expenditures under the state's Medicaid state plan:

- 1. Twelve-Month Continuous Eligibility Period.** Expenditures for health care related costs for individuals in the new adult population determined financially eligible under the Modified Adjusted Gross Income (MAGI) based eligibility methods. This population will receive continued benefits during any periods within a twelve month eligibility period when these individuals would be found ineligible if subject to redetermination. The state 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 matching rate.

This expenditure authority promotes the objectives of title XIX by increasing overall coverage of low-income individuals in the state.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administrator
Washington, DC 20201

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Ms. Mary E. Dalton
State Medicaid Director
Montana Department of Public Health and Human Services
P .O. Box 4210
Helena, MT 59604-421 0

Dear Ms. Dalton:

We are pleased to inform you that Montana's request to renew and amend its section 1115 Medicaid Demonstration project entitled Montana Basic Medicaid for Able-Bodied Adults (Basic Medicaid) has been approved as project number 11-W-00181/8 under the authority of section 1115(a) of the Social Security Act (the Act). The enclosed Special Terms and Conditions (STCs), waivers and expenditure authorities will be effective from December 1, 2010 through December 31, 2013.

The Centers for Medicare & Medicaid Services (CMS) is renewing Montana's statewide Basic Medicaid Demonstration, which began in 1996 under the authority of an 1115 welfare reform waiver referred to as families Achieving Independence in Montana (FAIM), and currently serves approximately 8,500 able-bodied adults. In addition, under the attached STCs, Federal financial participation will be available to enable the State to expand health care coverage by offering the Basic Medicaid benefit package to up to 800 individuals that have been diagnosed with a severe disabling mental illness of schizophrenia, bipolar disorder, or major depression. The approval to expand the Basic Medicaid Demonstration will enable the State to provide both physical and mental coverage to these vulnerable individuals in an effort to better stabilize their conditions.

Our approval of the Montana Basic Medicaid section 1115(a) Demonstration is limited to the extent of granting approval for the necessary expenditure authorities in the accompanying list and is conditioned upon compliance with the enclosed STCs. The STCs set forth in detail the nature, character, and extent of federal involvement in the Demonstration, and are effective immediately, unless otherwise specified. All the requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived or identified as not applicable in the enclosed expenditure authority list, shall apply to the Demonstration .

Page 2- Ms. Mary E. Dalton

Written notification to our office of your acceptance of this award must be received within 30 days after your receipt of this letter. Your project officer is Kelly Heilman. She is available to answer questions concerning this demonstration project. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations
7500 Security Boulevard , S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786- 1451
Facsimile: (410) 786-5882
E-mail: kelly.heilman@cms.hhs.gov

Official communications regarding program matters should be submitted simultaneously to Dr. Heilman, and to Mr. Richard Allen, Associate Regional Administrator in our Denver Regional Office. Mr. Allen's address is:

Centers for Medicare & Medicaid Services
Division of Medicaid & Children's Health Operations
Colorado State Bank Building
1 600 Broadway, Suite 700
Denver, CO 80202-4367

We extend our congratulations to you on the renewal, and we appreciate the State's cooperation throughout the review process. If you have additional questions, please contact Ms. Victoria Wachino, Director, Family and Children's Health Programs Group, Center for Medicaid and State Operations, at (410) 786-5647.

Sincerely,

/Donald M. Berwick/

Donald M. Berwick, M.D.

Encloures

cc:

Duane Preshinger, Montana Medicaid Systems Support Program Director
Jo Thompson, Montana Medicaid Analyst
Richard Allen, Associate Regional Administrator, CMS Denver Regional Office
Kelly Heilman, Health Insurance Specialist, CMS

**CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY**

NUMBER: 11-W-00181/8 - Title XIX

TITLE: Montana Basic Medicaid for Able-Bodied Adults

AWARDEE: Montana Department of Public Health and Human Services

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by the state for the items identified below, which are not otherwise included as expenditures under section 1903, shall, for the period of this demonstration extension, be regarded as expenditures under the state's Medicaid title XIX state plan. These expenditure authorities and *not applicables* are effective January 1, 2014, through December 31, 2016.

The following expenditure authorities shall enable Montana to implement this section 1115 demonstration.

1. Expenditures Related to Waiver for Mental Health Services Plan Program (WMHSP) Expansion Population

Expenditures for coverage of health care services for no more than 2000 individuals aged 18 through 64, with incomes at or below 150 percent of the federal poverty level (FPL), who have been diagnosed with a severe disabling mental illness of schizophrenia, bipolar disorder, or major depression, and who, at the time of their initial enrollment were receiving a limited mental health services benefit package through enrollment in the state-financed Mental Health Service Plan Program, but are otherwise ineligible for Medicaid.

MEDICAID REQUIREMENTS NOT APPLICABLE TO THE DEMONSTRATION ELIGIBLE POPULATION

Waivers that are extended to the Able-Bodied Adults will also be extended to the WMHSP as *not applicables*. All other requirements of the Medicaid statute will be applicable to those individuals who are made eligible for services solely by virtue of the demonstration project, for which, under the expenditure authority listed above, the state will receive federal financial participation in its expenditures, except those requirements specified below:

1. Reasonable Promptness (enrollment limit) Section 1902(a)(8)

To enable the state to maintain enrollment up to the designated enrollment limit for the WMHSP population.

2. Retroactive Eligibility Section 1902(a)(34)

To permit the state not to offer retroactive eligibility to WMHSP individuals.

Demonstration Period: January 1, 2014, through December 31, 2016

**CENTERS FOR MEDICARE & MEDICAID SERVICES
WAIVER LIST**

NUMBER: 11-W-00181/8 Title XIX
TITLE: Montana Basic Medicaid for Able-Bodied Adults
AWARDEE: Montana Department of Public Health and Human Services

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived in the following list or specified as *not applicable* to the expenditure authorities, shall apply to the demonstration project under title XIX of the Social Security Act (the Act) beginning December 1, 2010 through December 31, 2013. In addition, these waivers may only be implemented consistent with the approved Special Terms and Conditions (STCs).

MEDICAID TITLE XIX REQUIREMENTS WAIVED FOR MEDICAID STATE PLAN GROUPS

1. Amount, Duration, and Scope of Services and Comparability Section 1902(a)(10)(B)

To the extent necessary to enable the State to offer a reduced benefit package, a different benefit package, or cost-effective alternative benefit packages to populations affected by the Demonstration.

2. Home Health Services Section 1902(a)(10)(D)

To the extent necessary to enable the State not to offer the medical equipment and home infusion component of the home health benefit to populations affected by the Demonstration.

3. Freedom of Choice Section 1902(a)(23)

To enable the State to restrict freedom of choice of provider for populations affected by the Demonstration, through the use of mandatory enrollment in managed care entities (Primary Care Case Management or Prepaid Ambulatory Health Plans) for the receipt of applicable Demonstration covered services. And to enable the States to mandate managed care enrollment for any individual in the populations affected by the Demonstration who is an Indian as defined in section 4(c) of the Indian Health Care Improvement Act of 1976 (25 U.S.C. 1603(c)).