

DRAFT

Application Template for Family Planning § 1115 Demonstration

State Montana

Department Department of Public Health and Human Services

Name of Demonstration Program Montana Plan First

Date Proposal Submitted ~~June 30, 2014~~ December 31, 2016

Projected Date of Implementation January 1, ~~2015~~ 2018

Authorizing Signature & Title _____
Mary E. Dalton, State Medicaid Director

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Application Template for Family Planning § 1115 Demonstration

The State of **Montana, Department of Public Health and Human Services**, known hereafter as the Department, proposes a Section 1115 Family Planning demonstration entitled **Montana Plan First**, which is increasing the number of individuals receiving family planning services.

Date Proposal Submitted: ~~June 30, 2014~~ **December 31, 2016**

Projected Date of Implementation: January 1, ~~2015~~ **2018**

I. Enrollment Projections and Goals

The **Montana Plan First** (program name) is providing family planning services to an estimated **4,000** residents of the State of **Montana** over the life of the demonstration. Specifically, the State estimates that it is covering the following number of enrollees for each demonstration year (please break the number down into women and men, if the State is proposing to cover both). Renewal States should use the first three demonstration year lines to represent each year of the proposed renewal period:

Demonstration Year ~~47~~: **4,000 women**
Demonstration Year ~~58~~: **4,000 women**
Demonstration Year ~~69~~: **4,000 women**

Please describe the goals of the demonstration.

Goal 1. Improve access to and use of family planning services among women in the target population.

Goal 2: Reduce number of unintended pregnancies for Montana women ages 19 through 44 who live at or below 211 percent FPL.

Goal 3. Improve birth outcomes and women's health by increasing the child spacing interval among women in the target population.

II. Family Planning Demonstration Standard Features

Please provide an assurance that the following requirements will be met by this demonstration, and include the signature of the authorizing official.

- The Family Planning demonstration will be subject to Special Terms and Conditions (STCs). The core set of STCs is included in the application package. Depending upon the design of the State's family planning demonstration, additional STCs may apply.

Date _____

Page 2 of 21
Expiration Date

Application Template for Family Planning § 1115 Demonstration

- The State has utilized a public process to allow interested stakeholders to comment on its proposed family planning demonstration.
- Family Planning demonstrations are intended to provide family planning services to low-income women who might not otherwise have access to services for averting pregnancy. Eligible individuals are those who are age 19-44, whose income is at or below 211% of FPL, able to bear children and not presently pregnant, and ~~are~~ not eligible for Medicaid.

Signature: _____
Mary E. Dalton
Title: **Montana State Medicaid Director**

III. Eligibility

A. Eligible Populations

Please indicate with check marks the populations which the State is proposing to include in the family planning demonstration, and fill in the age, sex and income information where appropriate. Note that these demonstrations are intended to cover uninsured, low-income individuals with incomes no higher than ~~200-211~~ percent of the Federal poverty level (FPL).

- Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum.
12 months: Period for which individuals would have coverage
- Individuals losing Medicaid coverage with gross income up to and including 211 % FPL.
 Men Women
- Individuals losing SCHIP coverage at age 19 with gross income up to and including 211% FPL.
 Men Women
- Uninsured individuals are eligible based solely on income, with gross income from ~~47-138~~ % FPL up to and including **211** % FPL.
 Men, Ages _____
 Women, Ages **19 through 44**

Date _____

Page 3 of 21
Expiration Date

A. Initial Eligibility Process

1. Please describe the initial eligibility process. Please note any differences in the eligibility process for different groups:

The eligibility process is the same for all groups. Individuals submit applications to service providers, ~~or by mail,~~ or online to ~~a central location with the department~~ Department. If determined eligible, ~~the date~~ eligibility begins the first day of the month ~~during in~~ which the individual's application is received. For example, if a woman submits her application to her family planning provider on October 25th and the department receives the application on October 27th, and the applicant is ~~subsequently found to be eligible for Montana Plan First services~~ found eligible, her eligibility would ~~begin effective~~ October 1st.

Regardless of the location ~~to which~~ where the application is submitted, the application is processed by the ~~department~~ Department. ~~at a central location~~. A review of the application determines if additional information is needed from the applicant, or if the applicant may be eligible for ~~full or basic~~ Standard Medicaid. The review ensures the applicant meets the eligibility criteria for the waiver:

- Not eligible for Medicaid,
- US citizen or qualified alien,
- Montana resident,
- Female,
- Able to bear children,
- Countable income of 211 percent FPL or less, and
- Age 19 through 44.

There is no asset or resource test for this waiver.

The eligibility system authorizes eligibility for Plan First in the appropriate category, program, and waiver code. The eligibility data is sent to the Medicaid Management Information System (MMIS), so claims can be processed.

A woman determined eligible for Plan First receives a letter which verifies eligibility and provides a member ID number specific to the family planning waiver. The member also receives a brochure describing covered services and how to access those services. A woman ~~who applies~~ applying for Plan First may choose to receive correspondence by alternate means, such as email, and have the option to choose not to receive an ID letter for confidentiality reasons.

Outreach for Montana Plan First is provided using the following strategies:

- Outreach to postpartum women and recipients of other public programs, such as food stamps or WIC,

Application Template for Family Planning § 1115 Demonstration

- Education to case managers and care managers in community based settings,
- Community based centers and events,
- Provider recruitment (bulletins, web portal, provider associations), and
- Provider training (in-person, video conferencing, webinars).

2. **Will the State use an automatic eligibility process for any of the groups described under III (A)?** (e.g., Will the State automatically enroll women losing Medicaid after 60 days postpartum?)

- Yes
 No

If only for certain groups, please describe which groups. The State automatically enrolls women losing Medicaid 60 days postpartum.

If yes, please describe the process for auto-enrollment, including (1) any information verification processes; (2) the process for notifying enrollees of their change in program eligibility; and (3) the timeframe for automatic eligibility.

(1) Information verification processes: ~~Before a woman loses Medicaid due to being 60 days postpartum, Plan First notifies the woman that she is eligible for Plan First and provides information from her last eligibility determination. She is requested to correct information if necessary, sign the document, and return it to Plan First.~~ If a woman is losing pregnant woman Medicaid and has not been enrolled in another Montana Medicaid coverage, she is enrolled in Plan First, as the FPL of pregnant woman Medicaid is lower than that of Plan First; (2) Process to notify enrollees of their change in program eligibility: ~~Information is included in step 1 above that clarifies the program in which the woman is being enrolled, the benefits of the program, and how to access the services.~~ The woman receives a letter saying that she has been enrolled in Plan First unless she contacts the Department to opt out; (3) Time frame for automatic eligibility: ~~30 days before a woman loses Medicaid eligibility, she is notified she is eligible for Plan First.~~ Women are notified of their Plan First eligibility the week they lose pregnancy Medicaid, if they have not already been enrolled in Medicaid.

3. **Please assure (with a check mark) that the State does not enroll individuals who are enrolled in Medicare, Medicaid, the State Children’s Health Insurance Program (SCHIP), have private insurance, pregnant or unable to become pregnant.** Women can have Medicare or other TPL, but cannot have Medicaid or CHIP.

4. **Where is the initial application accepted?**

- Medicaid eligibility sites
 County health department/ local health agency

Application Template for Family Planning § 1115 Demonstration

- Provider
- Mail-In
- On-line
- Other (Please specify.)

5. Is the application for family planning simplified or the same as full Medicaid? Please attach a copy of the application.

- Simplified
- Same as full Medicaid

A draft application is included as Attachment D.

6. Is point-of-service eligibility granted?

- Yes
- No

If yes, please describe the process, including: the entity or entities that make the point-of-service determination; the services available at initial eligibility determination; how the final eligibility determination is made by the State; how the information is verified; and what information the State receives to make a final eligibility determination.

7. Please assure (with a check mark) that the State uses gross income prior to applying any income disregards.

8. What income disregards does the State use? Please indicate any differences by eligibility group or age.

As of January 1, 2014, Montana Medicaid uses MAGI methodology and substitutes 5% of 100% of FPL for income disregards.

9. Are these income disregards the same as the disregards used in the Medicaid State Plan?

- Yes—neither Neither Plan First, nor Medicaid use income disregards with the advent of MAGI standards.
- No

If no, please describe how income disregards differ from the Medicaid State Plan.

10. What elements and verification must be provided in the initial application process?

Application Template for Family Planning § 1115 Demonstration

For those elements that are required, please check a box indicating whether the State allows self-declaration or requires documentation. Please also indicate whether there are differences by eligibility group or age.

a. Proof of Income:

Self-declaration

- Documentation required upon the first year of enrollment or MAGI determination.
- What documents are sufficient to document income? Pay stubs or taxes.
 - When are documents required? The documents are required at application.
 - Are there differences by eligibility group or age? No.

Income Verification and Eligibility System (LEVS)

b. Proof of Resources: No resource test for Montana Plan First

Self-declaration

Documentation required

- What documents are sufficient to document resources? No resource test for waiver services.
- When are documents required? N/A
- Are there differences by eligibility group or age? N/A

c. Social Security Number:

Please assure (with a check mark) that the State requires a Social Security Number (SSN) for all family planning demonstration enrollees.

Documentation required

- What documents are sufficient to document SSN? SSNs are verified through daily interface with the Social Security Administration. If the Social Security Administration does not verify the SSN, a copy of the applicant's Social Security Card is requested.
- When are documents required? Within 30 days of Medicaid's request.
- Are there differences by eligibility group or age? No

d. Citizenship Status:

Please assure (with a check mark) that the State is in compliance with the citizenship documentation requirements of the Deficit Reduction Act in its Medicaid State Plan and requires (or continue to require for renewals) the same documentation under the family planning demonstration.

11. **What entity is responsible for determining final eligibility for the demonstration?**

Date _____

Page 7 of 21
Expiration Date

Application Template for Family Planning § 1115 Demonstration

- State agency
 County Agency

B. Eligibility Redetermination Process

1. Please assure (with a check mark) that the State conducts an eligibility redetermination at a minimum of every 12 months.
2. Is the eligibility redetermination process identical to the initial eligibility process?

Yes – This section is now complete. Please go to Section III: Program Integrity.

No – Please complete question number 3 below.

3. **Please describe the eligibility redetermination process. Please note any differences in the eligibility process for different groups and whether the information and verification requirements differ from the initial application.** Note: the process for eligibility redeterminations is not passive in nature, but requires an action by the family planning program recipient in order to continue eligibility. For example, the State may satisfy this requirement by having the recipient sign and return a renewal form to verify the current accuracy of the information previously reported to the State.

~~Information provided by members during their initial applications or their last eligibility renewals is printed on renewal applications and~~ A letter asking members about changes to income, family status, contact information, or fertility is mailed to members 60 days before their eligibility is scheduled ~~to end~~ for renewal. Members are asked to review the information, ~~make changes on the renewal application if necessary, and return the application by mail~~ and notify the Department of any changes ~~30 days before eligibility is scheduled to end. Sufficient time is allowed in case additional information is needed from a renewing member.~~ If there are no changes, the woman remains on Plan First.

4. **Please describe the process for verifying the information that applicants provide at redetermination.**

Plan First will use the Administrative Renewal process ~~that is~~ used for all Medicaid enrollees. There is no verification process, but the members are subject to random PERM audits.

IV. Program Integrity

1. **Please describe the State's overall program integrity plan including system edits and checks that the State uses to ensure the integrity of eligibility determinations.**

Date _____

Page 8 of 21
Expiration Date

Application Template for Family Planning § 1115 Demonstration

The eligibility system used to determine Plan First eligibility has built-in edits to ensure that only women who are eligible are enrolled in the family planning waiver. The system edits for individuals who are:

- Not eligible for Medicaid,
- US citizens or qualified aliens,
- Montana residents,
- Female,
- Countable incomes of 211 percent FPL or less, and
- Ages 19 through 44.

Montana Medicaid does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, sex, handicap, political beliefs, marital status, religion, or disability. This includes admission, participation, or receipt of services or benefits of any of its programs, activities, or employment, whether carried out by the Department or through a contractor or other entity.

Participants in Plan First have access to the same complaint and grievance processes that people in other state Medicaid programs have, including the right to appeal a denial of eligibility and/or denial of payment for services, administrative reviews, and fair hearings.

2. **Please assure (with a check mark) that the State assures that all claims made for Federal financial participation under this demonstration, if approved by CMS, meet all Medicaid financial requirements.**

3. **Please describe the process the State uses to monitor and ensure that eligibility determinations are conducted according to State and Federal requirements.**

Medicaid Eligibility Quality Check (MERCY)

Other (Please specify.)

Members enrolled in Plan First are subject to the same PERM audit procedures as all the other Medicaid members.

4. **How does the State ensure that services billed to the Medicaid family planning demonstration program are not also billed to Title X?**

Montana's family planning clinics do not currently bill fee for service for Title X funds. All Title X clinics are required to bill third party payers and maximize insurance revenue. Montana's Title X program, administered by the Women's and Men's Health Section (WMHS) of DPHHS, provides grants to 13 Title X family planning clinics in 29-26 locations in Montana. Title X clinics provide services on a sliding fee scale to people with incomes up to 250 percent FPL. Each clinic provides a monthly report to WMHS detailing

Application Template for Family Planning § 1115 Demonstration

clinic activities, income, and expenses. With implementation of Plan First, Title X clinics continue to dedicate additional resources to serving women and men ineligible for Plan First. Montana's Title X family planning clinics are able to show, during chart audits, that they do not receive reimbursement for services from more than one payment source.

In contrast, Montana Plan First operates as a fee-for-service Medicaid reimbursement program. Claims for covered services provided to Plan First enrollees are paid during weekly claims cycles.

5. How does the State ensure that enrollees are not dually-enrolled in Medicaid or SCHIP and also in the family planning demonstration?

~~Montana Plan First enrollees are sent daily to the MMIS. The MMIS will not accept Plan First enrollment if the member is already enrolled in Medicaid. If an eligibility overlap occurs, such as in the case of retroactive full-Medicaid eligibility, the MMIS system hierarchy does not will pay Medicaid claims under-before those of Plan First.~~

6. How does the State ensure that the services billed to this family planning program are not also billed under the regular Medicaid State Plan or SCHIP State Plan?

MMIS processes claims for both regular Medicaid State Plan services and Plan First. If eligibility overlap occurs, such as in the case of retroactive full-Medicaid eligibility, the MMIS system hierarchy does not pay claims under Plan First if Medicaid is open.

In addition, The Quality Assurance Division of DPHHS ensures the accountability, integrity, and efficiency of Montana Medicaid through internal audits, investigations, and evaluations. This Division also follows up on complaints to identify Medicaid providers and members who may attempt to abuse the program.

7. How does the State ensure that the enrollee does not have creditable health insurance coverage?

Montana allows women to have third party coverage. Plan First only reimburses service amounts when the third party coverage ~~is not up to~~ does not exceed the Medicaid allowed amount. Plan First does not cover the copay or deductible required by the the woman's third party coverage.

V. Service Codes – Federal financial participation (FFP) will be considered for family planning services provided to individuals under the Section 1115 Family Planning Demonstration will be available, as approved by CMS, at the following rates: and as described in Attachment B (note: the State should fill out the template in Attachment B). Specifically:

- For services whose primary purpose will be family planning (i.e., contraceptives and sterilizations), FFP is available at the 90-percent matching rate. Procedure codes for

Application Template for Family Planning § 1115 Demonstration

office visits, laboratory tests, and certain other procedures must carry a primary diagnosis that specifically identifies them as family planning services.

- Family planning-related services reimbursable at the Federal Medical Assistance Percentage (FMAP) rate, are defined as those services generally performed as part of, or as follow-up to, a family planning service for contraception. Such services are provided because a “family planning-related” problem was identified or diagnosed during a routine/periodic family planning visit.
- FFP is not be available for the costs of any services, items or procedures that do not meet the requirements specified above, even if family planning clinics or providers provide them.

VI. Delivery System

1. Please describe the general delivery system for the family planning program.

- Fee for Service
- Primary Care Case Management
- Other (Please specify.)

2. Please describe the provider network being used under the family planning demonstration. Please also provide the percentage of patients each of these provider types will be serving:

- | | |
|---|---|
| <input type="checkbox"/> Managed Care Organizations | Estimated Percentage of Patients: |
| <input checked="" type="checkbox"/> All Medicaid Providers | Estimated Percentage of Patients: 100% |
| <input checked="" type="checkbox"/> Health Departments | Estimated Percentage of Patients: 10% |
| <input checked="" type="checkbox"/> Family Planning Clinics | Estimated Percentage of Patients: 40% |
| <input checked="" type="checkbox"/> FQHCs/RHCs | Estimated Percentage of Patients: 30% |
| <input checked="" type="checkbox"/> Private Providers | Estimated Percentage of Patients: 20% |

3. **Primary Care Referrals:** Under the demonstration, the State is required to evaluate primary care referrals as described in Section IX: Evaluation.

- A. Please assure (with a check mark) that the State will provide primary care referrals. (Please attach a letter of support from your State Primary Care Association in Attachment A.)

Application Template for Family Planning § 1115 Demonstration

Medicaid's letter of support from the Montana Primary Care Association is included as Attachment A.

B. How is information about primary care services given to people enrolled in the demonstration?

- Mailed to enrollees by State Medicaid agency
- Distributed at application sites during enrollment
- Given by providers during family planning visits
- Other (Please specify.) Medicaid Help Line, member website, and at FQHCs, RHCs, Community Health Centers, and other locations where eligible women may visit (pharmacies, Offices of Public Assistance, day care centers).

C. Does the State verify that referrals to primary care services are being made? No If so, how?

Each member receives a brochure that notifies members that primary care services are available at Community Health Centers on sliding fee schedules.

D. How does the State notify primary care providers that enrollees in the demonstration will ~~be~~ be receiving primary care referrals and may seek their services?

Medicaid staff met with representatives of the Montana Primary Care Association (MPCA), reviewed the family planning waiver document, and discussed the importance of referrals for primary care. Medicaid and MPCA work together to notify and train providers.

MPCA has ~~18-17~~ current members: one Migrant Health Center, ~~one Community Health Center look-alike,~~ and 16 Community Health Centers with ~~an~~ additional ~~12 Community Health~~ satellite clinics (please see map included in Attachment A).

MPCA members provide comprehensive preventive and primary health care, which may include dental, mental health, and pharmacy services.

VII. Program Administration and Coordination

1. What other State agencies or program staff coordinate or collaborate on the family planning demonstration program? Please describe the relationship and function of each office in this demonstration.

- Primary care office **Relationship/Function:** Partner/primary care

Date _____

Page 12 of 21
Expiration Date

Application Template for Family Planning § 1115 Demonstration

- | | |
|---|--|
| <input checked="" type="checkbox"/> Maternal and child health | Relationship/Function: Partner/outreach |
| <input checked="" type="checkbox"/> Family planning | Relationship/Function: Partner/ co-author outreach |
| <input checked="" type="checkbox"/> Public health | Relationship/Function: Partner/outreach |
| <input type="checkbox"/> Other (Please specify.) | Relationship/Function: |

2. Please describe how the Medicaid agency coordinates with the Title X family planning program.

Montana's Title X family planning program is a ~~co-author and~~ partner of the **Plan First** Medicaid ~~family planning~~ waiver. Title X staff and Medicaid staff worked together to research and write the **original** waiver document and distribute the draft document to interested parties. The Title X staff assisted in developing Appendix B, Service Codes, and is invaluable in training providers.

3. How does the State provide training/monitoring to providers?

Medicaid and Title X offer training sessions across Montana on the waiver for providers during the annual Medicaid Provider Trainings delivered either in person or via web conference technology. The training sessions address:

- Eligible women,
- Eligibility span,
- How to apply for eligibility,
- Covered services, and
- Claims submission.

Medicaid also develops provider notices similar to provider notices for other topics of interest to Montana Medicaid providers and posts additional information on the Medicaid provider website.

4. How often will provider training/monitoring be offered?

Medicaid promotes efficient and accurate billing, educates providers about covered services, and educates about the rights and obligations of providers and their patients. - Training session materials **and examples of how to fill out forms (such as patient consent forms and referrals)** are available on the Medicaid provider website. ~~along with provider Provider bulletins-notices, and~~ lists of covered drugs and services, and fee schedules are also available on the provider website. ~~examples of how to fill out forms (such as patient consent forms and referrals), and lists of billing codes.~~ Ongoing provider training is offered annually in conjunction with statewide Medicaid provider trainings and to individual providers upon request.

5. Does the State provide a written manual for providers on claiming for family planning demonstration services? Claiming guidance to providers should be separate

Application Template for Family Planning § 1115 Demonstration

and distinct from the claiming guidance provided for family planning services under the Medicaid State plan.

- Yes
 No

6. How does the State communicate information to providers in the demonstration program?

Providers who deliver services to family planning waiver participants receive provider manuals, provider notices, and notifications of training sessions in the Medicaid provider newsletter, through the Medicaid provider website, and from the Medicaid provider relations call center. Providers who need assistance in submitting claims may also receive personal visits from provider field representatives.

VIII. Evaluation

A. Demonstration Purpose, Aim, and Objectives

1. Objectives/Hypotheses: Please describe the purpose, aim and objectives of the demonstration, including the overarching strategy, principles, goals, and objectives; the State's hypotheses on outcomes of the demonstration; and key interventions planned.

Purpose: Montana Plan First allows the State of Montana to provide family planning services to a larger population of Montana women with the intention of reducing the number of unintended pregnancies and births paid for by Montana Medicaid. Reducing pregnancies and births leads to net Federal and State Medicaid program savings.

Hypothesis 1: The demonstration results in an increase in the number of female Medicaid members ages 19 through 44 receiving family planning services paid by Medicaid.

Measure: The number of women ages 19 through 44 who receive Medicaid family planning services each waiver year.

Data required: The number of women ages 19 through 44 who receive Medicaid family planning services.

Data source: MMIS

Hypothesis 2: The demonstration results in a decrease in the annual number of births paid by Medicaid for women ages 19 through 44.

Application Template for Family Planning § 1115 Demonstration

Measure: The fertility rate for Medicaid members ages 19 through 44.

Data required: The number of births to Medicaid members ages 19 through 44.
The total number of female Medicaid members ages 19 through 44.

Data source: MMIS

Hypothesis 3: The demonstration reduces annual Federal and State Medicaid expenditures for prenatal, delivery, and newborn and infant care.

Measure: Estimated Medicaid savings from births averted by the family planning waiver less the cost of family planning services paid under the waiver.

Data required: The difference between the expected number of Medicaid births and the actual number of Medicaid births for Medicaid members ages 19 through 44 each waiver year. The estimated cost of each birth including prenatal care, delivery, and newborn and infant care costs. The cost of providing family planning services to the waiver population.

Data source: MMIS

Hypothesis 4: The demonstration improves birth outcomes and the health of women by increasing the child spacing interval among women in the target population.

Measure: The proportion of women ages 19 through 44 with a Medicaid paid birth in a waiver year, and who have a subsequent Medicaid paid birth within 18 months.

Data required: The number of Medicaid paid births to Medicaid members ages 19 through 44 each waiver year and the number of subsequent Medicaid paid births for those women within 18 months.

Data source: MMIS

B. Evaluation Design

1. **Coordination: Please describe the management/coordination of the evaluation, including: information about the organization conducting the evaluation; and timelines for implementation of the evaluation and reporting deliverables.**

The Department manages the evaluation of Montana Plan First. At the end of each waiver year, the Department completes the evaluation and delivers an **annual** report within 90

Application Template for Family Planning § 1115 Demonstration

days of waiver year end to CMS. The evaluation includes the rate in expenditure growth for family planning services on a per capita basis, using total expenditures recorded during the first year of the demonstration as a baseline.

2. Performance Measures/Data Sources: Please describe the demonstration performance measures, including:

- **Specific performance measures and the rationale for selection, including statistical reliability and validity;**
 1. The percent increase in the number of women ages 19 through 44 receiving family planning services paid by Medicaid. Rationale for selection: High statistical reliability and validity because claims data for actual services received are used (not sample data).
 2. The percent decrease in the annual number of births paid by Medicaid for women ages 19 through 44. Rationale for selection: High statistical reliability and validity because actual claims data for births paid by Medicaid are used to compare to previous years' data (not sample data).
 3. The percent decrease in the amount of Federal and State Medicaid expenditures for prenatal, delivery, and newborn and infant care. Rationale for selection: High statistical reliability and validity because claims data for actual services are used to compare to previous years' data (not sample data).
 4. The percent decrease in the number of subsequent births to Medicaid members age 19 through 44 who gave birth in the past 18 months. Rationale for selection: High statistical reliability and validity because claims data for actual services are used to compare to previous years' data (not sample data).
- **Measurement methodology and specifications, including eligible/target populations and time period of study for the specific measure;**
Number of Montana women ages 19 through 44 with incomes at or below 211 percent FPL with access to family planning services over the life of the waiver.
- **Data sources, method for data collection, rationale for the approach, and sampling methodology.**
Data source—MMIS; method for data collection—Medicaid decision support system; rationale for approach—identification of service codes received by women ages 19 through 44 for family planning services, prenatal care, delivery, and newborn and infant care costs for the infant's first year, over the life of the waiver.

Note: CMS recommends the following minimum data set for family planning demonstrations:

Measure	Number	Percentage Change
Enrollment		
Averted Births		

3. **Primary Care Referrals:** Please describe how the State will evaluate the extent to which clinical referrals to primary care are provided since health concerns requiring follow-up by a primary care provider may be identified during a family planning visit. (For example, some States may be able to provide quantitative information about the frequency of these clinical referrals and how it has changed over time. Other States may prefer to evaluate clinical referrals using qualitative information, which might be obtained, for example, from a focus group of enrollees participating in the family planning demonstration.)

Primary care referrals are not tracked.

4. **Integrate Earlier Findings:** For renewal States, please describe how the evaluation design plan for the renewal will integrate earlier evaluation findings and recommendations. (Note: renewal States are also asked to provide their interim evaluation report as Attachment EC.)

~~Since the waiver has only been in operation for two years, Plan First is still in a data collection phase. The current evaluation plan still is still appropriate. The evaluation design plan is detailed in Attachment C.~~

5. **Please provide an evaluation design plan for analysis, including:**
- **Evaluation of performance;**
 - **Outcomes;**
 - **Limitations/Challenges/Opportunities;**
 - **Successes/Best Practices;**
 - **Interpretations/Conclusions;**
 - **Revisions to strategy or goals; and,**
 - **Recommendations and implications at the State and Federal levels.**

Montana Plan First Evaluation Plan

Evaluation of Performance

- Executive summary.
- Information about the project.

Outcomes

- Data--quality of the data collected, how the data collected changed over time.
- Effectiveness—how the purposes, aims, objectives, goals, and quantified performance targets of the project were met.
- Impacts—the impact of the project on enrollees; impact on Medicaid program costs.

Limitations, Challenges, Opportunities

- What are the problems, barriers, limitations, undesired outcomes, remaining challenges, and opportunities of the project?
- What problems, if any, were *caused* by the project?

Application Template for Family Planning § 1115 Demonstration

Successes, Best Practices

- What are the successes, achievements, and positive outcomes of the project?

Interpretations, Conclusions

- What are the principal conclusions concerning the findings of the evaluation?
- What are the principal conclusions concerning the policy and program issues involved in the project?

Revisions to Strategy, Goals

- Were revisions made to the project's strategy or goals?
- Discuss the reasons revisions were made to the project's strategy or goals.

Recommendations and Implications

- How can the purposes, aims, objectives, goals, and quantified performance targets of the project be more fully achieved?
- How can the design of the project be strengthened or improved?
- How can the implementation of this type of project be improved, in regard to reducing delays and improving marketing, outreach, enrollment, and administration?
- How can the participation of eligible women be increased in this type of project?
- What recommendations do we have for other states that may be interested in implementing a program or demonstration similar to the Montana Family Planning Project?

IX. Budget Neutrality Agreement: The State needs to provide a budget neutrality spreadsheet as provided in Attachment C. The State also needs to describe the assumptions on which the budget neutrality spreadsheet is based. (For renewal States, the State also needs to provide the annual budget limits data described in the State's Special Terms and Conditions for each year of the demonstration.)

1. State Assumptions on Which the Budget Spreadsheet is Based.

A. Regular FMAP—SFY blended rates:

2009	67.99%
2010	67.84%
2011	67.26%
2012	66.81%
2013	62.17%
2014	66.33%
2015	65.90%

Application Template for Family Planning § 1115 Demonstration

2016	65.24%
2017	65.56%
2018	66.01%
2019	66.23%
2020	66.23%

B. Family Planning FMAP: 90.00%.

C. Medical Consumer Price Index cost trend: 6.1%, based on U.S. City Average, not seasonally adjusted, using monthly percent change blended for State Fiscal Year.

~~D. Delivery reduction: 6% per 4,000 women or 1.5% per 1,000 women based on other states' experiences.~~

~~E. Delivery to first year person factor: 1.0085% for base year; also used for projections.~~

~~F. Increase in deliveries of 1.7% per year without the waiver based on the average percent of Medicaid birth increase between SFY 2002 to SFY 2005.~~

~~G. Increase in growth of numbers of Medicaid family planning members of 5% per year, based on past rates of growth of the Medicaid pregnant woman eligibility category.~~

2. State Source of Funds: Please also describe the source of funds that will make up the State's share of the demonstration.

State general fund monies make up Montana's share of the demonstration.

X. Waivers and Authority Requested

The following waivers are requested pursuant to the authority of Section 1115 of the Social Security Act (Please check all applicable that the State is requesting and attach further information if necessary):

Amount Duration and Scope 1902(a)(10)(B) and (C) – The State will offer to the demonstration population a benefit package consisting only of approved family planning services.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) 1902(a)(43)(A) – The State will not furnish or arrange EPSDT services to the demonstration population.

Date _____

Page 19 of 21
Expiration Date

Application Template for Family Planning § 1115 Demonstration

- Retroactive Coverage 1902(a)(34) – Individuals in the family planning demonstration program will not be retroactively eligible.
- Eligibility Procedures 1902(a)(17) – Parental income will not be included when determining a minor’s (individual under age 18) eligibility for the family planning demonstration.
- Other (Please specify.) Resource Limitations 1902(a)(10)(A) and 1902(a)(17)—Montana requests waiver of these sections so the target population under this waiver will not be subject to an asset test.
-

XI. Attachments

Place check marks beside the attachments you are including with the application.

- Attachment A: Letter of Support from State Primary Care Association
- Attachment B: Budget Neutrality Worksheet
- Attachment C: Interim Evaluation Report (for renewals only)
- Attachment D: Enrollment Application
- Other Attachments (Please indicate subject of attachment.)
-

XII. Contact Information and Signature

Please provide contact information for the person CMS should contact for questions related to the family planning demonstration project.

Family Planning Contact:

Name: Jo Thompson

Title: Chief, Member Management Bureau

Phone Number: 406-444-4146

Email: jthompson@mt.gov

~~June 30, 2014~~ December 31, 2016
Medicaid Director

Mary E. Dalton, State

Date _____

Page 20 of 21
Expiration Date

Application Template for Family Planning § 1115 Demonstration

Name of Authorizing State Official (Typed)

Signature of Authorizing State Official

Date _____

Page 21 of 21
Expiration Date