

## Montana Application Certification Statement - Section 1115(a) Extension

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This document, together with the supporting documentation outlined below, constitutes Montana's application to the Centers for Medicare & Medicaid Services (CMS) to extend the Montana Plan First (Project No. 11-W-00276/8) for a period of 5 years pursuant to section 1115(a) of the Social Security Act.

### Type of Request (*select one only*):

#### X   Section 1115(a) extension with no program changes

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration without any programmatic changes. The state is requesting to extend approval of the demonstration subject to the same Special Terms and Conditions (STCs), expenditure authorities, and associated "not applicable" Medicaid provisions that are currently in effect for the period January 1, 2015 through December 31, 2017. There are no waivers approved under this demonstration or needed to continue operation of the program over the requested five-year period. Please see Attachment 1.

The state is submitting the following items that are necessary to ensure that the demonstration is operating in accordance with the objectives of title XIX and/or title XXI as originally approved. The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information as requested in the below appendices.

- **Appendix A:** A historical narrative summary of the demonstration project, which includes the objectives set forth at the time the demonstration was approved, evidence of how these objectives have or have not been met, and the future goals of the program.

*Please see Appendix A*

- **Appendix B:** Budget/allotment neutrality assessment, and projections for the projected extension period. The state will present an analysis of budget/allotment neutrality for the current demonstration approval period, including status of budget/allotment neutrality to date based on the most recent expenditure and member month data, and projections through the end of the current approval that incorporate the latest data. CMS will also review the state's Medicaid and State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES) expenditure reports to ensure that the demonstration has not exceeded the federal expenditure limits established for the demonstration. The state's actual expenditures incurred over the period from initial approval through the current expiration date, together with the projected costs for the requested extension period, must comply with CMS budget/allotment neutrality requirements outlined in the STCs.

*Please see Appendix B, content in separate attachment document:  
2017MTpfExtensionAP-BN508.pdf*

- **Appendix C:** Interim evaluation of the overall impact of the demonstration that includes evaluation activities and findings to date, in addition to plans for evaluation activities over the requested extension period. The interim evaluation should provide CMS with a clear analysis of the state’s achievement in obtaining the outcomes expected as a direct effect of the demonstration program. The state’s interim evaluation must meet all of the requirements outlined in the STCs.  
*Please see Appendix C*
- **Appendix D:** Summaries of External Quality Review Organization (EQRO) reports, managed care organization and state quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration. *Please see Appendix D*
- **Appendix E:** Documentation of the state’s compliance with the public notice process set forth in 42 CFR 431.408 and 431.420.  
*Please see Appendix E*
- **Attachment 1:** CMS-approved STCs currently in effect through December 31, 2017.

The state attests that it has abided by all provisions of the approved STCs and will continuously operate the demonstration in accordance with the requirements outlined in the STCs.

*Please see Attachment 1, content in separate attachment document:  
2017MTpfExtensionAP-STCs508.pdf*

**Signature:** \_\_\_\_\_

[Governor]

**Date:** \_\_\_\_\_

**CMS will notify the state no later than 15 days of submitting its application of whether we determine the state’s application meets the requirements for a streamlined federal review. The state will have an opportunity to modify its application submission if CMS determines it does not meet these requirements. If CMS reviews the state’s submission and determines that any proposed changes significantly alter the original objectives and goals of the existing demonstration as approved, CMS has the discretion to process this application full scope pursuant to regular statutory timeframes for an extension or as an application for a new demonstration.**

# Appendix A

## Historical Narrative Summary

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### **Montana Plan First Section 1115 Family Planning Demonstration Waiver**

#### **History**

Montana's Plan First section 1115 Medicaid demonstration was initially approved May 30, 2012 through December 31, 2014 and later approved for extension for the period of January 1, 2015 through December 31, 2017. The current demonstration provides family planning services to enrolled women statewide who are:

- Montana residents;
- Ages 19 – 44 with income up to and including 211% of the federal poverty level; and
- Able to bear children and not presently pregnant.

Plan First offers family planning services for eligible women. Some of the services covered include office visits, contraceptive supplies, laboratory services, and testing and treatment of STDs. A large portion of Plan First members are enrolled through Title X family planning clinics. These clinics are commonly staffed with mid-level providers. A recent look at provider types utilized by Plan First members included:

- Mid-Levels;
- Pharmacy;
- Laboratory; and
- Physicians.

The waiver is capped at 4,000 members and currently includes a little over 2,000 women. Montana implemented Medicaid expansion in 2016. Some existing and potential Plan First members then qualified for this more comprehensive coverage.

The goals of the demonstration, set at approval were:

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

**Goal 2:** The demonstration will result in a decrease in the annual number of births paid by Medicaid for women ages 19 through 44.

**Goal 3:** The demonstration will reduce annual Federal and State Medicaid expenditures for prenatal, delivery, and newborn and infant care.

**Goal 4:** The demonstration will improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population.

The Montana Plan First website went live in early June, 2012. The website contains general information on Plan First including eligibility criteria, documents, resources, contact information, the Plan First brochure, and an easy-to-use online application.

Medicaid providers including physicians, pharmacies, mid-level practitioners, family planning clinics, public health clinics, Indian Health Services, federally qualified health

centers and rural health clinics were all introduced to Plan First through the Montana Department of Health and Human Services website. In addition, an article about Plan First was published in the Claim Jumper, an on-line provider newsletter published by Montana Health Care Programs' fiscal agent and available electronically to all Medicaid providers.

The Plan First announcement to the media, public, and providers was completed during the month of June 2012.

On January 1, 2014, Montana adopted the modified adjusted gross income (MAGI) family and income counting eligibility methodology required by the Affordable Care Act (ACA). This change increased Plan First's federal poverty level (FPL) percentage from 200% to 211%, requiring a new state administrative rule and eligibility application. The administrative redetermination process, which automatically enrolls members who do not report any household or income changes, was suspended for 2014.

CMS extended the original waiver to December 31, 2014. Waiver renewal activities began in early 2014 to prepare for a new three-year waiver cycle beginning January 1, 2015. Tribal notification was sent April 2, 2014. Public meetings were held in Billings and Helena on April 9, 2014, and April 14, 2014 respectively. Public notice was published in Billings and Missoula newspapers on April 1, 2014, and April 6, 2014 respectively. The waiver renewal application was submitted on June 30, 2014.

Montana received the preliminary waiver renewal STCs on December 30, 2014, and formally accepted the waiver renewal on January 22, 2015.

The draft evaluation report was submitted June 2, 2015.

A post award public notice meeting for the waiver was held December 1, 2015.

Montana Medicaid expansion began January 1, 2016.

Public notice meetings for the waiver renewal were held October 4, 2016, in Helena, Montana, and October 5, 2016, in Billings, Montana.

Plan First was discussed at the Montana Health Coalition meeting held in Helena, Montana on November 28, 2016.

Montana submitted a Plan First waiver renewal application December 31, 2016. A revised and abbreviated renewal application is now submitted December 15, 2017 with the following progress updates on the goals of this demonstration.

Evaluation of the demonstration goals has been ongoing.

**Goal 1:** The demonstration will result 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 as identified by a code unique to Plan First members.

**Progress Update as of late June, 2014:** During DY1 - 92 women were enrolled in Plan First. At the conclusion of DY2 - 2,290 women were enrolled in the program, and the number increased to 5,760 in DY3. This is an increase in the number of women eligible to receive family planning services paid by Montana Medicaid.

**Progress Update as of the end of 2015:** A total of 4,595 Plan First members have received a Medicaid family planning service since the beginning of the demonstration.

**Progress Update as of the end of 2016:** Utilization of family planning services increased from 16% in DY1 to 21% in SFY2016. Montana expanded Medicaid effective January 1, 2016, which explains the significant increase in Female Medicaid Members in CY2016. Even with the addition of expanded Medicaid, which offers many low-income women a more comprehensive benefit, over 500 low-income women who did not qualify for expanded Medicaid received family planning services through Plan First in 2016.

**Goal 2:** The demonstration will result in a decrease in the percentage of births paid by Medicaid for women ages 19 through 44.

*Measure:* The percentage of births to women ages 19 through 44 paid by Medicaid.

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

**Progress Update as of late June, 2014:** Data detailing the number of Montana births is not available by age, so the number of Montana births has been compared to the number of Medicaid paid births. A Medicaid Births Report, 2010-2013 was published in November of 2015. The report explained that the Medicaid birth rate increased from 2012 to 2013, 43.6% and 45.8% respectively for a 2.4% increase. The increase in birth rate corresponds to an even larger increase in Medicaid enrollment from the beginning of 2012 to the end of 2013, of 5.7%.

**Progress Update as of the end of 2015:** Unchanged from prior report.

**Progress Update as of the end of 2016:** Births paid by Medicaid seem to be levelling off while Medicaid members have significantly increased. Also, Montana began a long acting reversible contraceptive (LARC) initiative in January 2016. The consequences of this initiative will also be monitored. We are awaiting the results of a new report, similar to the one published in November of 2015, in order to better evaluate this goal.

**Goal 3:** The demonstration will reduce 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, and the percent decrease in Medicaid births.

*Data required:* The difference in cost and the percent 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.

**Progress Update as of late June, 2014:** The number of Medicaid births has not yet decreased, so there is not a reduction in Medicaid birth-related expenditures.

**Progress Update as of the end of 2015:** Unchanged from prior report.

**Progress Update as of the end of 2016:** The information available at the time of this report does not include newborn care. It will be included on a future report. Even though all claims for SFY2016 services have not yet been paid, it appears that the costs for Medicaid births for SFY2016 have not significantly increased from SFY2015, even with the significant increase in female Medicaid members attributable to Medicaid expansion.

**Goal 4:** The demonstration will improve 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 with 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.

**Progress Update as of late June, 2014:** The data has just become available for women with Medicaid paid births in DY2. Of the 4,499 women who had Medicaid paid births from July 1, 2012, through June 30, 2013, 362, or 8%, had a subsequent Medicaid paid birth within 18 months. We will continue to monitor this figure as the demonstration continues.

**Progress Update as of the end of 2015:** Unchanged from prior report.

**Progress Update as of the end of 2016:** It is still too early in the demonstration to identify any trends in decreasing subsequent births. Recent data shows a slight increase in child spacing (.54%) from State Fiscal Year (SFY) 2014 to SFY 2015 as Medicaid enrollment has increased. Montana will continue to monitor this as well as the influence of the LARC initiative.

The goals of the Montana Plan First demonstration project remain the same for our extension request period of January 1, 2018 through December 31, 2022.

# Appendix B

## **Budget Neutrality Assessment and Projections**

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### **Montana Plan First Section 1115 Family Planning Demonstration Waiver**

Please see content in separate document: [2017MTpfExtensionAP-BN508.pdf](#)

# Appendix C

## Interim Evaluation of the Impact of the Demonstration

### **Montana Plan First Section 1115 Family Planning Demonstration Waiver**

#### **Baseline and Interim Data**

Data is reported for State Fiscal Year (SFY) 2012 which coincides with demonstration year (DY) 1, SFY2013 which coincides with DY2, and SFY2014 which coincides with DY3. Beginning 2015, the demonstration year changed from Montana's State Fiscal Year (SFY) (July 1-June 30), to a calendar year. This means that SFY 2015 consists of the last two quarters of DY4 and the first two quarters of CY2015. SFY 2016 consists of the last two quarters of CY2015 and the first two quarters of CY2016. For consistency, the data is reported below by State Fiscal Year (July 1-June 30) for each of the five years reported on below. DY1 only consists of June 2012, the first month of the demonstration. This year is being used as a baseline.

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

- The Medicaid Management Information System (MMIS) was queried to determine if a female Montana Medicaid member, aged 19 through 44, received a service with one of the following characteristics: a family planning indicator diagnosis, a diagnosis for contraceptive management, a contraceptive prescription, or a service designated as family planning related for a Plan First member. The results are compared with the female Montana Medicaid enrollment for the demonstration years described above.
- Similarly, the MMIS was queried to determine the number of Plan First Members who obtained one or more covered family planning services through the Demonstration. These Plan First Members (group C.) would be a sub-set of group B., which is a subset of group A.

N/A	<b>DY1</b> (SFY2012)	<b>DY2</b> (SFY2013)	<b>DY3</b> (SFY2014)	<b>DY4</b> & <b>CY2015</b> (SFY2015)	<b>CY2015&amp;</b> <b>CY2016</b> (SFY2016)
(Group A.) Female Medicaid Members aged 19-44 years	22,616	24,581	28,339	32,085	47,139
(Group B.) Female Medicaid Members aged 19-44 years receiving Family Planning Services	3,747	6,563	9,713	8,060	10,021
(Group C.) <b>Female Plan First Members aged 19-44 years receiving Family Planning Services</b>	<b>36</b>	<b>1,795</b>	<b>1,734</b>	<b>1,884</b>	<b>510</b>

Utilization of family planning services increased from 16% in DY1 to 21% in SFY2016. Montana expanded Medicaid effective January 1, 2016, which explains the significant increase in Female Medicaid Members in CY2016, and also the decrease of Plan First Members receiving family planning services as many prior members now qualify for more comprehensive coverage. However, the data shows that, even after Medicaid expansion, there has been and remains an isolated block of low-income Montana women age 19-44 years who access family planning services through the Montana Plan First 1115 Waiver and

thus contribute to the overall increase in the number of female Medicaid members ages 19 through 44 receiving family planning services paid by Medicaid.

**Hypothesis 2:** The demonstration will result in a decrease in births paid by Medicaid for women aged 19 through 44.

- The Medicaid Management Information System (MMIS) was queried to determine the number of Female Medicaid Members aged 19-44 years in each of the completed State fiscal years and also the number of births paid by Medicaid in the corresponding State fiscal years.
- The number of births to Female Medicaid Members in that age range compared to all Female Medicaid Members in that same age range gives us an approximate ratio of births to potential child-bearer per demonstration year.

N/A	DY1 (SFY2012)	DY2 (SFY2013)	DY3 (SFY2014)	DY4 &CY2015 (SFY2015)	CY2015& CY2016 (SFY2016)
Female Medicaid Members aged 19-44 years	22,616	24,581	28,339	32,085	47,139
Births paid by Medicaid	4,341	4,405	4,922	5,167	5,284
Approximate Ratio of Births paid by Medicaid to Female Medicaid Members aged 19-44 years	1 : 5.2	1 : 5.9	1 : 5.6	1 : 6.2	1 : 8.9

Births paid by Medicaid seem to be levelling off while Medicaid members have significantly increased. Also, Montana began Medicaid expansion and a long acting reversible contraceptive (LARC) initiative in January 2016. The consequences of this initiative will also be monitored. Until we have more years of data, following Medicaid expansion and the LARC initiative, it will be difficult to isolate the impact of Plan First on the rate of Medicaid births independent of these concurring events.

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

- The method used to determine the annual Federal and State Medicaid cost reduction for prenatal, delivery, and newborn/infant care is thus: Estimated Medicaid savings from births averted by the family planning waiver less the cost of family planning services paid under the waiver, and the percent decrease in Medicaid births.

N/A	DY1	DY2	DY3
Female Medicaid Members aged 19-44 years	22,616	24,581	28,339
Total Medicaid expenditures for births and newborn care.	\$30,185,053	\$36,158,716	\$38,090,779
Approximate Medicaid expenditures for births and newborn care, per Female Medicaid Member aged 19-44 years	\$1,334	\$1,471	\$1,344

N/A	<b>DY4 &amp; CY2015 (SFY2015)</b>	<b>CY2015 &amp; CY2016 (SFY2016)</b>
Female Medicaid Members aged 19-44 years	32,085	47,139
Total Medicaid expenditures for pregnancy and birth.	\$18,534,026*	\$19,206,446*
Approximate Medicaid expenditures for pregnancy and birth, per Female Medicaid Member aged 19-44 years	\$ 577*	\$ 407*

\*These figures do not include newborn care. That information was not available at the time of this report. It will be included on a future report.

Even though all claims for SFY2016 services have not yet been paid, it appears that the costs for Medicaid births for SFY2016 has not significantly increased from SFY2015. After an initial per Female Medicaid Member cost increase (for prenatal, delivery and newborn/infant care) in DY2, it appears that this cost has indeed decreased per potential child-bearer since that year. The analysis of CY 2015 and CY 2016, when the information is available, will determine if the downward cost trend continues.

**Hypothesis 4:** The demonstration will improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population. The measure is the number of women ages 19 through 44 with a Medicaid paid birth in a waiver year with a subsequent Medicaid paid birth within 18 months.

- The Medicaid Management Information System (MMIS) was queried to determine the number of women ages 19 – 44 with a Medicaid paid birth in a waiver year that have a subsequent Medicaid paid birth within 18 months.

N/A	SFY 2010	SFY 2011	SFY 2012 (DY1)	SFY 2013 (DY2)	SFY 2014 (DY3)
Female Medicaid Members aged 19-44 years	23,004	23,538	22,616	24,581	28,339
Number of women with a Medicaid paid birth that had a subsequent Medicaid paid birth within 18 months of the previous birth.	307	303	318	362	367
Approximate Ratio of women with a Medicaid paid birth within 18 months of the previous Medicaid paid birth – to number of Female Medicaid Members aged 19-44 years.	1 : 77	1 : 78	1 : 75	1 : 82	1 : 94

It is still early in the demonstration to see a decrease in subsequent births, but, with the exception of SFY 2012, it appears that there has been a slight improvement in the child spacing interval from SFY 2010 through SFY 2014 with the largest improvement from SFY 2013 to SFY 2014. Monitoring will continue. Montana will monitor the influence of the LARC initiative and Medicaid expansion (both implemented in 2016) on this measure as well.

Montana does not use point-of-service eligibility.

## Evaluation Design

The Montana Department of Public Health and Human Services (DPHHS), Health Resources Division (HRD), Member Health Management Bureau (MHMB) will manage the evaluation of the Montana Plan First Family Planning Demonstration. At the end of each waiver year, the MHMB will complete the evaluation and deliver a report within 90 days of waiver year end. The evaluation will include the rate in expenditure growth for family planning services on a per capita basis, using total expenditures recorded during the second year of the demonstration as a baseline. (The first year of the Montana Demonstration has only one month of data). MHMB will also compare the annual rate of growth of actual expenditures with the baseline amount trended forward using the Medical Consumer Price Index (MCPI).

***Performance Measures/Data Sources:*** Specific performance measures and the rationale for selection, including statistical reliability and validity include:

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 will be used (not sampled 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 will be 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 will be used to compare previous years' data (not sample data).
4. The percent decrease in the number of subsequent births to Medicaid members ages 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 will be 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.

# Appendix D

## Summary of State Quality Assurance Monitoring

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### **Montana Plan First Section 1115 Family Planning Demonstration Waiver**

The Montana Department of Public Health and Human Services' Quality Assurance Division houses a Bureau tasked with ensuring quality services across the spectrum of Montana Office of Public Assistance. Three units within this Bureau monitor Medicaid programs:

- 1) The Program Integrity Unit investigates allegations of intentional fraud and performs federally mandated quality control reviews of Medicaid programs.
  - a. No allegations of intentional fraud were identified as applicable to the Montana Plan First Section 1115 Family Planning Demonstration Waiver since its introduction.
- 2) The Quality Control Unit conducts federally mandated random reviews of Medicaid recipient eligibility to ensure accuracy.
  - a. Since Waiver introduction, there's been no eligibility inaccuracies identified as relating to the Montana Plan First Section 1115 Family Planning Demonstration Waiver recipients.
- 3) The Surveillance and Utilization Review Unit is responsible for protecting the integrity of the Montana Medicaid Program from fraud, waste and abuse.
  - a. There have been no identified surveillance and Utilization Review findings related to the Montana Plan First Section 1115 Family Planning Demonstration Waiver since its introduction.

Also, the Payment Error Rate Measurement (PERM) program monitors for improper payments in Medicaid programs on a three year cycle. The 2014 PERM cycle was completed with no findings of impropriety identified as relating to the Montana Plan First Demonstration. The 2017 PERM cycle is currently in progress.

# Appendix E

## Compliance with the Public Notice Process

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### **Montana Plan First Section 1115 Family Planning Demonstration Waiver**

The draft Plan First waiver application was posted on the department website on September 1, 2016.

The waiver status and renewal was presented to the Children, Families, Health and Human Services Interim Legislative Committee on August 26, 2016.

Letters were sent to all Montana Tribal entities and the Montana Health Coalition members on August 31, 2016. This letter announced the waiver renewal and the public notice meetings and WebEx's scheduled for October 4, 2016 and October 5, 2016. Montana did not receive any responses from the letters.

The Montana Health Coalition members were contacted by email and the Montana Title X Family Planning clinics were also notified of the upcoming waiver public notice meetings via email. The public notice meetings were also posted on the Department calendar.

A newspaper notice announcing the public notice meetings was published in the three largest Montana newspapers on September 4, 2016. The newspaper directed the reader to the Plan First website to get login information for the WebEx. The public notice meetings were conducted on October 4, 2016 and October 5, 2016. There was no attendance outside of Department staff at either public meeting. Several Title X family planning clinics called to find out what information was being provided at the public notice meeting, but were unable to attend. Per CFR, Montana allowed 30 days for public comment through several venues listed in the public notice. No negative comments were received about the waiver. Montana received one positive email comment regarding the waiver. No response to the tribal letters was received. Given the minimal comment from the public comment period, Montana made no adjustments to the waiver application as a result of the public meetings.

Additionally, Montana used these two public meetings to gather public input on the current status for CY 2016 in order to meet public forum requirements as outlined in 42 CFR 431.420(c). The next public forum meeting is scheduled during the Montana Health Coalition Advisory Group. This meeting will be held in Helena, Montana November 9, 2017.

Documentation of Montana's full public notice process, including public feedback received through this process, is posted to the [Plan First website](#) as indicated below:

- Plan First, change to a Five Year Extension Application: Public Notice Schedule
  - [11-14-17 Five Year Extension Application](#)
  - [11-14-17 Notice to Montana Tribes, Montana Health Coalition \(Ad Hoc Members\), and Women and Men's Health Branch of the Public Health and Safety Division of the Montana Department of Health and Human Services](#)
  - [12-14-17 Comments & Responses following Public Comment Period](#)
  - [12-15-17 Updated Five Year Extension Application based on responses to Public Comments, if needed](#)
- Plan First Renewal Helena Meeting for Prior Three Year Request
  - [Meeting Minutes 10-4-16](#)
  - [Meeting Handouts 10-4-16](#)
  - [Agenda 10-4-16](#)

- Plan First Renewal Billings Meeting
  - [Meeting Minutes 10-5-16](#)
  - [Meeting Handout 10-5-16](#)
  - [Agenda 10-5-16](#)
  - [9-4-16 Inpatient Plan First Waiver Renewal PublicNotice](#)
  - [8-31-16 Tribal Letter](#)
  - [8-31-16 Montana Health Coalition memo](#)
  - [CMS Website Link for Section 1115 Waivers and Public Notice](#)

# Attachment 1

Please see content in separate document: [2017MTpfExtensionAP-STCs508.pdf](#)

