

53-2-215 Annual Report on Section 1115 Plan First Demonstration Waiver

September 1, 2025



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

Table of Contents

PLAN FIRST OVERVIEW 3

PLAN FIRST GOALS3

PLAN FIRST RENEWAL3

PLAN FIRST POPULATION COVERED 3

PLAN FIRST ELIGIBILITY3

PLAN FIRST ENROLLMENT3

PLAN FIRST COVERED SERVICES 4

PLAN FIRST 2024/2025 UPDATES..... 4

PLAN FIRST OVERVIEW

The Plan First demonstration waiver aims to provide family planning and family planning-related services to eligible Montanans.

PLAN FIRST GOALS

Expand Access: To ensure access to family planning and/or family planning-related services for individuals not otherwise eligible for Medicaid.

Improve Health Outcomes: To improve or maintain health outcomes for the target population by providing access to family planning services and/or family planning-related services.

PLAN FIRST RENEWAL

On May 11, 2018, Montana submitted a 10-year extension/renewal application and received Centers for Medicare and Medicaid (CMS) approval on March 29, 2019. The extension/renewal was approved effective April 1, 2019, through December 31, 2028. The renewal contained no significant changes, and services continue to be provided as before.

PLAN FIRST POPULATION COVERED

PLAN FIRST ELIGIBILITY

Plan First is available to Montana women aged 19 through 44 who are:

- Not eligible for other Medicaid benefits;
- Able to become pregnant but are not now pregnant; and
- Earning a household income up to 200% of the Federal Poverty Level (FPL) plus 11% of the FPL calculated by CMS as a substitute for income disregards, for a total of 211% of the FPL.

PLAN FIRST ENROLLMENT

- Plan First enrollment is limited to 4,000 women at any time.
- Plan First enrollment is 1,608 as of August 1, 2025.

PLAN FIRST COVERED SERVICES

Plan First covers services and supplies with the primary purpose of family planning, including:

- FDA-approved methods of contraception;
- Sexually transmitted infection (STI) and sexually transmitted disease (STD) testing;
- Drugs for the treatment of STIs/STDs;
- Drugs and treatment for lower genital tract infections and disorders that were identified during a routine family planning visit;
- Pap tests and pelvic exams;
- Drugs, supplies, or devices related to women's health services; and
- Contraceptive management, patient education, and counseling.

PLAN FIRST 2024/2025 UPDATES

- In December 2024, CMS notified the Department of Public Health and Human Services (DPHHS) that it plans to amend the Standard Terms and Conditions (STCs) of the Plan First Waiver to appropriately categorize STI testing and treatment services as a family planning-related service. CMS informed DPHHS that the prior categorization of family planning service does not conform with the statutory requirement in the Affordable Care Act (ACA). In their guidance, CMS clarified that family planning-related services are those services for medical diagnosis and treatment, including STIs, provided pursuant to a family planning service in a family planning setting. Family planning services must be for the purpose of preventing or delaying pregnancy (or at the state's option, treating infertility) as family planning services receive Federal financial participation (FFP) at a statutory match rate of 90 percent, while family planning related services are matched at the state's applicable FFP match rate, typically the regular Federal Medical Assistance Percentage (FMAP).
- In June 2025, CMS updated the STCs by providing a Monitoring Redesign Overlay Letter to alter the demonstration monitoring to align with CMS's Section 1115 Demonstration Redesign Initiative. This provides DPHHS with a monitoring report template and updated timeframes for submission.
- Plan First enrollment declined by 55 members from 2024 to 2025.