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

SEPT. 1, 2026

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

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PLAN FIRST OVERVIEW

The Plan First Demonstration 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 approval from the Centers for Medicare & Medicaid Services (CMS) on Mar. 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 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 1,641 as of Aug. 1, 2026.
- Plan First enrollment increased by 33 members from 2025 to 2026.

PLAN FIRST SERVICES COVERED

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 2025/2026 UPDATES

In June 2025, CMS issued a Monitoring Redesign Overlay Letter updating the Special Terms and Conditions (STCs) for the Plan First waiver. This update introduced a standardized monitoring report template along with revised submission timelines. The 2026 annual monitoring report marked the first use of this new template, which provides a consistent format for reporting on the waiver.

In July 2025, CMS indicated that it does not anticipate approving continued Section 1115 demonstrations for expanded continuous eligibility beyond what is permitted under existing Medicaid statute. As a result, continuous eligibility for Plan First participants, currently set at 12 months, will be reduced to the statutory six months. The State will not include 12 months of continuous eligibility in the waiver application at the time of waiver renewal. The current waiver remains approved through Dec. 31, 2028.

Beginning in June 2026, the Department initiated discussions with CMS to transition the Plan First program from Section 1115 waiver authority to State Plan Amendment (SPA) authority. Transitioning to SPA authority will substantially reduce administrative burden by eliminating the extensive reporting, monitoring, and evaluation requirements associated with Section 1115 waiver authority.