



FULL PUBLIC NOTICE DOCUMENT
FOR THE MAY 2018 MEDICAID 1115 MONTANA PLAN FIRST
FAMILY PLANNING WAIVER EXTENSION/RENEWAL SUBMISSION:
REPEAT OF PUBLIC NOTICE PERIOD

Pursuant to 42 C.F.R. Section 431.408, public notice is hereby given to the submission of a Medicaid proposed demonstration extension request of the Montana Plan First Family Planning Waiver (Plan First), effective June 1, 2018 through December 31, 2022.

The current extension of the Montana Plan First Family Planning Waiver would have expired on December 31, 2017, but was temporarily extended through May 31, 2018.

Program Description, Goals and Objectives

Eligible individuals are:

- Montana women ages 19 through 44;
- Not eligible for other Medicaid benefits;
- Able to become pregnant but are not now pregnant; and
- Earning a household income through 211% of the FPL.
- This program is limited to 4,000 women at any given time.

The goals of the demonstration are:

- Improved access to and use of family planning services among the participants;
- Fewer unintended pregnancies; and
- Improved birth outcomes and women's health by increasing the child spacing interval.

Family Planning Health Care Delivery System:

- Plan First covered services may be provided by any Montana Medicaid Provider on a fee-for-service basis. A large portion of Plan First members are enrolled through and receive services from Title X family planning clinics. These clinics are commonly staffed with mid-level providers. If family planning-related issues are discovered during the family planning visit, members are often referred to other providers to address those issues. Mid-level providers make up about half of the Plan First care delivery followed by pharmacies, physicians, laboratories, outpatient hospitals, FQHCs and others.

Family Planning Benefits:

Family planning services and supplies are limited to services and supplies with the primary purpose of family planning, and are provided in a family planning or other medical setting. Family planning services and supplies include:

- FDA-approved methods of contraception;
- Sexually transmitted infection (STI)/sexually transmitted disease (STD) testing, Pap tests and pelvic exams;
- Drugs, supplies, or devices related to women health services; and
- Contraceptive management, patient education, and counseling.

Family Planning-Related Services:

Family planning-related services and supplies are services provided as part of, or as follow-up to, a family planning visit. Such services are provided because a family planning-related problem was identified and/or diagnosed during a routine or periodic family planning visit. Examples of family planning-related services and supplies include:

- Colposcopy (and procedures done with/during a colposcopy), or a repeat Pap test performed as a follow-up to an abnormal Pap test, done as part of a routine or periodic family planning visit.
- Drugs for the treatment of STI/STDs, except for HIV, AIDS, or hepatitis, when the STI/STD is identified or diagnosed during a routine or periodic family planning visit. A follow-up visit or encounter for the treatment or prescription of drugs, and subsequent follow-up visits to rescreen for STIs and STDs, based on the Centers for Disease Control and Prevention guidelines may be covered;
- Drugs and treatment for vaginal infections and disorders, other lower genital tract and genital skin infections and disorders, and urinary tract infections, where these conditions are identified or diagnosed during a routine or periodic family planning visit. A follow-up visit for treatment or drugs may also be covered;
- Other medical diagnosis, treatment, and preventive services, routinely provided during family planning visit in a family planning or other medical setting. An example of a preventive service could be a vaccination to prevent cervical cancer; and
- Treatment of major complications arising from a family planning procedure such as, but not limited to:
 - Treatment of a perforated uterus due to an intrauterine device insertion;
 - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring dilation and curettage; or
 - Treatment of surgical or anesthesia-related complications caused during a sterilization procedure.

Cost sharing requirements:

There are no cost sharing requirements for members under this program.

Annual Enrollment and Expenditures:

Plan First's average monthly enrollment in 2017 was just over 1,700 women. The program's peak enrollment in 2013 was over 2,600 members and has experienced a gentle decline since then. The implementation of Medicaid Expansion in January of 2016 precipitated a steeper decline in Plan First members as some women realized qualification for more comprehensive coverage. However, there are and will remain, many qualified low-income women whose income falls between the income eligibility for Medicaid Expansion and the 211% FPL for Plan First. As Medicaid Expansion coverage has become widely known, we expect average monthly membership for Plan First to level out to around 1,500 to 1,800 members. Program Expenditures have followed the expected downward curve with enrollment. There has been a gradual decline in total expenditures from the demonstration year covering 2013 where costs were over one million dollars to the most recent year with data available, 2017, with costs of just under \$530,000.

Ways this program differs from Montana's other program features:

Plan First covers women only; women who are not pregnant, but able to become pregnant, and who are aged 19 – 44 years. The benefit offered is more limited than our Standard Medicaid coverage, limiting covered services to family planning and family planning related services only.

Waiver and expenditure authorities the State believes to be necessary to authorize this demonstration:

Montana is requesting waiver of selected Medicaid requirements to enable the operation of the Montana Plan First Waiver as a Demonstration that will effectively meet the objectives as well as budget neutrality expectations. All Medicaid requirements apply except for the following:

Medicaid Requirement	Expenditure Authority	Waiver Request
Methods of Administration: Transportation	Section 1902(a) (4) insofar as it incorporates 42 CFR 431.53	To the extent necessary to enable the State to not assure transportation to and from providers for the Demonstration population.
Comparability: Amount, Duration and Scope of Services	Section 1902(a)(10)(B)	To the extent necessary to allow the State to offer the Demonstration population a benefit package consisting only of family planning-related services.
Retroactive Coverage	Section 1902(a)(34)	To the extent necessary to enable the state to not provide medical assistance to the demonstration population for any time prior to when an application for the demonstration is made.
EPSDT Early and Periodic Screening, Diagnostic, and Treatment	Section 1902(a)(43)(A)	To the extent necessary to enable the state to not furnish or arrange for EPSDT services to the demonstration populations.
Prospective Payment for Federally Qualified Health Centers and Rural Health Agencies	Section 1902(a)(15)	To the extent necessary to establish reimbursement levels to these clinics that will compensate them solely for family planning and family planning related services.
Eligibility Procedures	Section 1902(a)(17)	To the extent necessary to allow the state to not require reporting of changes for income or household size for 12 months, for a person found income-eligible upon application or annual redetermination when determining eligibility for the family planning demonstration.
Reasonable Promptness	Section 1902(a)(8)	To enable the state to utilize an enrollment limit for the demonstration population.

Hypotheses and Evaluation parameters of the demonstration:

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.

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 June 1, 2018 through December 31, 2022.

Location and Internet Address of Demonstration Application for Public Comment and Review

- Documents are available for public review at: [May 2018 Submission](#);
- Public Input and Comments are welcome from April 2, 2018 through May 4, 2018. Comments and questions may be directed by to the following:
 - By US Mail:
Mary Eve Kulawik, Medicaid State Plan Amendment and Waiver Coordinator
Director's Office
PO Box 4210
Helena, MT 59604-4210
 - By telephone:
(406) 444-2584
 - By electronic mail:
mkulawik@mt.gov
- You will also have opportunity to officially comment during the federal public comment period after CMS finds the application and public notice requirements met.

Public Notice and Public Input Process

On April 2, 2018, Montana will publish, in the state's three largest newspapers, an announcement of the Montana Department of Public Health Human Services planned submission of a near 5-year Plan First Section 1115 Medicaid Family Planning Waiver Extension application. This announcement summarizes the current waiver and extends an invitation for the public to review pertinent information posted on the Department website. The announcement further invites public comment, between April 2, 2018 and May 4, 2018 via the contact information listed. Also on April 2, 2018, Montana will post, to the Montana Department of Health and Human Services main web page, [Montana DPHHS Webpage](#), Public Notices section, an announcement of the May 2018 Medicaid 1115 Plan First Family Planning Waiver Extension Submission: Repeat of Public Notice Period Submission. This announcement will link directly to the specific Plan First web page, [May 2018 Submission](#), where copies of the below public notice documents will be available for review:

- A Public Notice / Public Input Schedule with Public Input accepted April 2, 2018 through May 4, 2018.
- A Brief Summary of the Demonstration
- This explanation of the **Public Notice Process and Public Input Process**:
 - The public has from April 2, 2018 through May 4, 2018 to examine and comment on Montana's planed Plan First Extension Application;
 - Informative documents are available for review on the [Plan First Webpage](#);
 - Public input is invited, via a Newspaper Public Notice Announcement published in the state's three largest newspapers;
 - Tribes, the Montana Health Coalition and other interested parties are specifically invited

- to comment;
- Comments and questions may be directed to the following:
 - By US Mail:
Mary Eve Kulawik, Medicaid State Plan Amendment and Waiver
Coordinator
Director's Office
PO Box 4210
Helena, MT 59604-4210
 - By telephone:
(406) 444-2584
 - By electronic mail:
mkulawik@mt.gov ; and
 - You will also have opportunity to officially comment during the federal public comment period after CMS finds the application and public notice requirements met. The location to make these comments can be found on-line at the [CMS Website](#).
 - Text of the Newspaper Public Notice Announcements
 - An Abbreviated Public Notice Document
 - A Full Public Notice Document
 - A Compiled Public Notice Documents Packet
 - A Tribal Consultation / Indian health providers and Urban Indian Organization letter sent to Montana Tribes, Indian health providers and Urban Indian organizations soliciting comments on the demonstration extension application;
 - A letter sent to the Montana Health Care Coalition soliciting comments on the demonstration extension application;
 - An electronic letter sent to other interested parties soliciting comments on the demonstration extension application;

At the end of the Public Input Period, Montana will post a summary of comments received and actions taken because of those comments. If the comments received stimulate a change to the Extension Application, Montana will post the Preliminary Extension Application, including Budget Neutrality projections, with red-line changes, and then also post the finalized version of the Extension Application.