



ROBERT BENTLEY

Governor

Alabama Medicaid Agency

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STEPHANIE MCGEE AZAR

Commissioner

November 28, 2016

Ms. Tonya Moore
Senior Advisor, State Demonstrations Group
Department of Health & Human Services
Centers for Medicaid and Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303

Re: Request to Amend Alabama's Plan First Section 1115 Family Planning Demonstration

Dear Ms. Moore:

Please find attached a request to amend the current AL Plan First Section 1115 Family Planning Demonstration. This proposed amendment will allow care coordination to be provided to males enrolled in the Plan First Program to receive vasectomy services only.

The following is also being submitted:

- Revised Budget Neutrality
- The Tribal Notice

The state is hopeful that the response will be a favorable one. If additional information is needed, please do not hesitate to contact me.

Sincerely,

Sybilla Lee Jackson
Associate Director
Plan First/Family Planning Program
Alabama Medicaid Agency

Proposed Demonstration Amendment Changes for the Waiver Period

A. Historical Narrative Summary of the Demonstration, including objectives/goals and how the state has met these objectives

The Plan First program is designed to reduce pregnancies and improve the well-being of children and families in Alabama by extending Medicaid eligibility for family planning services to eligible women between the age of 19-55 whose income is at or below 141% of the Federal Poverty Level (FPL). A standard income disregard of 5% of the FPL is applied if the individual is not eligible for coverage due to excess income.

Plan First was predicated on the recognized need for continued family planning once Medicaid eligibility for pregnancy ended and for those women who would not otherwise qualify for Medicaid unless pregnant. These enrollees were able to obtain family planning services during their pregnancy related eligibility period, but often lost benefits when postpartum eligibility ended. Plan First afforded the state the ability to extend Medicaid eligibility after the birth of the baby and provided an avenue for extending eligibility to women who may not otherwise qualify for Medicaid. The program goal is to reduce unintended pregnancies.

The Plan First Demonstration will operate statewide and will not affect and/or modify other components of the current Medicaid and CHIP programs in Alabama.

The State of Alabama began the 1115(a) Research and Demonstration Waiver in October 2000 for 5 years; it was renewed in October 2005 for 3 years, and again in October 2008 for 3 years. In September 2011, the State was granted an extension until October 31, 2011, after which another temporary extension was granted until November 30, 2011. The State submitted a Waiver renewal on March 31, 2011, and was granted approval through December 31, 2013. In June 2013, the State was granted temporary extension of the Waiver until December 31, 2014. The State of Alabama requested and was granted a renewal of this Waiver for three years, beginning January 1, 2015, and ending December 31, 2017.

Through Plan First, women are able to take advantage of family planning services and products that are offered through the Alabama Medicaid Agency, including smoking cessation counseling and smoking cessation products that were covered beginning October 1, 2012. Any qualified provider can enroll as a provider for the Plan First Program. Direct services are augmented with care coordination and tracking for “high risk” and “at risk” women to ensure compliance with the woman’s chosen birth control method. Care coordination allows for enhanced education on appropriate use of the chosen method and further assurance of correct and continued usage.

When the program began, approximately 60,000 women were automatically enrolled. Enrollment increased steadily for the first five years of the program to over 100,000 women, after which there was a decline. The requirement to re-enroll annually, which was implemented in the beginning of the second Demonstration period, caused enrollment initially to decline, as did the requirement for citizenship and identification in 2006. Since then, Alabama Medicaid has implemented a Social Security Administration data match effective January 2010 to verify citizenship, which has helped to streamline the process. In

February 2013, Alabama Medicaid implemented automated Express-Lane Eligibility (ELE) renewals for Plan First women as well as children. This expedited renewal process, completed by the system, requires no participation from the case worker or recipient, enhancing the process. Enrollment numbers in the Plan First program have continued to increase since 2006, with an enrollment reaching 65% of potential eligibles in Demonstration Year (DY) 12.

By several measures, the Plan First program continues to reduce the likelihood that potentially Medicaid eligible women will become pregnant. Compared to estimates of the number of babies that would have been born to Plan First service users if their fertility rates reflected those of the general population before the start of the program, Plan First averted an estimated 11,215 births in DY10, decreasing slightly to 10,703 averted births in DY11, a result of an increase of births to Demonstration participants. Using estimated cost of \$7,000 per maternity case, including the infant's first year of life, Plan First resulted in overall savings of \$74,921,000 in the DY11 over what would have been spent without the program. As assessed in DY11, birth rates to Plan First met the performance target of 100 births or less per thousand per enrollee.

Two new services were added in the last Waiver renewal:

- The removal of migrated or embedded IUD devices in an office setting or outpatient surgical facility.
- Coverage of vasectomies for eligible males 21 years of age or older.

The objectives/goals for the Plan First Program are:

1. Increase the portion of income eligible women, ages 19 –55 enrolled in Plan First and reduce race/ethnicity and geographic disparities among enrollees. Our goal is to enroll 80% of all eligible clients (based on census estimates of the eligible population) under age 40 across all race/ethnicity and geographic area groups, thereby eliminating disparities across these groups. Census data will be used to generate estimates of the eligible population.

Finding-DY14 Plan First Evaluation

At baseline, enrollment is at the target rate for Black women ages 25-34 residents of Alabama, at 79% of those estimated to be eligible. Enrollment is close, but not at target rate, for Black women ages 19-24, at 71% of those estimated to be eligible. Enrollment is lower for White women, 68% for those age 25-34 and 53% for those age 19-24. More urban areas of the state tended to have less racial disparity in enrollment. About 20% of enrolled women in Demonstration Year (DY) 13 failed to re-enroll in DY 14. Those most likely to renew their enrollment from one year to the next are post-partum women and

2. Maintain the high level of awareness of the Plan First program among program enrollees. Our goal is that 90% of surveyed enrollees will have heard of the program and 85% of these will be aware that they are enrolled in the program. Telephone

surveys of enrollees will be used to track changes in levels of awareness of the program and enrollment in the program.

Finding-DY14 Plan First Evaluation

Overall awareness of Plan First remains quite high (90%) among enrollees. However, about 25% of enrollees are not aware of their enrollment status, including the 10% who report they have never heard of Plan First, and another 15% who have heard of the program but do not know they are enrolled. Some of these are women who prefer not to use contraception and thus do not have an incentive to learn about Plan First. However, others are women who do use contraception, and have concerns about affordability and access to services which reflect the fact that they are not aware of their enrollment status.

3. Increase the portion of Plan First enrollees using family planning services initially after enrollment and in subsequent years of enrollment by improving access to services and increasing the rate of return visits for care. Our goal is to have 70% utilization of services by the end of the three year period, along with a 70% rate for 12 and 24 month return visits for individuals using services during the renewal period. Data will be generated from service use claims data and delivery data.

Finding-DY14 Plan First Evaluation

In previous Plan First evaluations, we have reported overall rates of participation without exploring differences across sub-groups of enrollees, and without differentiating between participation for first year enrollees and for enrollees in subsequent years. With this analysis, it is clear that there is a sub-group of enrollees whose participation meets the target rate of 70% use: enrollees who have been users of long term reversible contraception (LARC) for at least a year. Women using other types of contraception for at least a year also participate in subsequent years, but at a lower rate (60% in the second year and 55% in the third year). Two very different groups have the lowest rates of service use: women who received LARC post-partum (32% participation) – who may not need another family planning visit in the year – and women with no evidence of any use of contraception services in previous years (25% participation). Women with Plan First participation but no actual clinical service use are evenly divided between those with case management contact only, and those who fill contraceptive prescriptions but have no clinical contact.

4. Increase the portion of Plan First enrollees who receive smoking cessation services. Survey data suggest that approximately one third of Plan First enrollees are cigarette smokers, and 85% of these were advised by their family planning providers to quit smoking. Our goal is that 25% of Plan First service users (85% of the 30% who are smokers) will receive either a covered Nicotine Reduction Therapy (NRT) prescription, a referral to the Quit Line or both. Data will be generated from claims for NRT products and from client information provided by the Quit Line contractor.

Finding-DY14 Plan First Evaluation

By report of enrollees, there has been an increase over the past 4 years in the extent to which smoking cessation is discussed in family planning settings, and in the concrete advice that providers give to clients about quitting tobacco use. In DY 14, 56% of smokers reported receiving either a prescription for a Nicotine Reduction Therapy or a referral to the Quit Line. However, based on claims data, there is relatively little use of prescriptions among Plan First providers, and care coordinators report relatively few smoking cessation interventions, compared to the estimated number of smokers among clients. Among those clients counseled by care coordinators on smoking cessation, about 40% use either the Quit Line or Nicotine Reduction Therapy.

5. Maintain birth rates among Plan First service users that are lower than the estimated birth rates that would be occurring in the absence of the Plan First Demonstration. Our goal is to maintain the overall birth rate of about 100 births per 1000 Plan First enrollees. The eligible population counts will be based on income and insurance coverage estimates made from surveys collected by the Census Bureau annually.

Finding-DY14 Plan First Evaluation

Birth rates vary from year to year, but remain low enough for Plan First to be budget neutral. In DY 13, the most recent year for which a count of the births occurring to participants during the demonstration year can be counted, overall birth rates for participants was 72.5 per thousand. Overall birth rates for all women enrolled in Plan First were 88.6 per thousand, while an estimate of expected births, given the fertility rates before the start of the Plan First demonstration, were 199.9 per thousand for the women enrolled in the program.

6. Increase the usage of the Plan First Waiver by making sterilizations available to males ages 21 years or older. This goal will be evaluated based on the number of sterilizations performed statewide.

Finding-DY14 Plan First Evaluation

Coverage for this service began in August 2015. Data will be reported for Demonstration Year 15.

B. Proposed Demonstration Changes. Provide an overall description of the changes the state proposes for the extension of the demonstration. Specifically, include information on the expected impact these proposed program changes will have on populations covered by the demonstration and how it furthers the approved objectives and goals of the demonstration.

As of December 29, 2014, males were not eligible to receive services under the Plan First Program. In 2014, Alabama received approval to add coverage for men, age 21 and older, with incomes up to 141 percent of the FPL for vasectomy services only. The state is now requesting an amendment to add care coordination for males, age 21 and older, enrolled in Plan First to receive vasectomy services.

Males on Plan First for vasectomy coverage will receive assistance in managing the Medicaid system. The Care Coordination system will assist the male with establishing

Medicaid, assist males with locating the appropriate doctor to perform the procedure and assist with making and keeping appointments for initial consultations and follow-up visits. Ensuring that all barriers are removed may prevent and/or delay unintended pregnancies.

Care Coordination will be provided by licensed social workers or registered nurses through the Department of Public Health. Care coordination services are available to all Plan First male recipients, regardless of the service provider. Should care coordination services be needed, a referral can be made by calling the local health department and asking for the Plan First care coordinator.

C. Expenditure Authorities. List any proposed modifications, additions to, or removal of currently approved expenditure authorities. Indicate how each new expenditure authority is necessary to implement the proposed changes and also how each proposed change furthers the state's intended goals and objectives for the requested extension period.

Please reference attachment for the revised budget neutrality. DY 17 column shows where the total expenditures are derived by applying the CMS calculation to the historical expenditures. Alabama Medicaid then added the \$12K figure. The total expenditures which then changed the PMPMs in the remaining years. Additional details are provided in the Notes tab.

D. Waiver Authorities. List any proposed modifications, additions to, or removal of currently approved waiver authorities. Indicate how each new waiver authority is necessary to implement the proposed changes and also how each proposed change furthers the state's intended goals and objectives for the requested extension period.

There are no proposed modifications, additions or removals of the currently approved waiver authority. The proposed amendment will add an additional covered services for males, age 21 years or older, who are enrolled to receive sterilization services. This goal will be evaluated based on the number of sterilizations performed statewide.

E. Eligibility. List any proposed changes to the population(s) currently being served under the demonstration.

If the state is proposing to add populations, please refer to the list of Medicaid Eligibility Groups at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/List-of-Eligibility-Groups.pdf> when describing Medicaid State plan populations, and for an expansion eligibility group, please provide a plain language description of the group(s) that is sufficiently descriptive to explain to the public.

If the state is proposing to remove any demonstration populations, please include in the justification how the state intends to transition affected beneficiaries into other eligible coverage as outlined in the Special Terms and Conditions (STCs).

The state is not proposing to add or remove any demonstration populations in this amendment.

- F. Benefits and Cost Sharing. Describe any proposed changes to the benefits currently provided under the demonstration and any applicable cost sharing requirements. The justification should include any expected impact these changes will have on current and future demonstration enrollment.**

This proposed amendment will add care coordination as a covered service for Plan First males at no cost sharing.

- G. Delivery System. Describe any proposed changes to the healthcare delivery system by which benefits will be provided to demonstration enrollees. The justification should include how the state intends a seamless transition for demonstration enrollees and any expected impact on current and future demonstration enrollment.**

This proposed amendment will allow care coordination to be provided to males enrolled in the Plan First program. Care coordination will be provided under a fee-for-service reimbursement methodology at a 90/10 match rate.

- H. Budget/Allotment Neutrality. Describe any proposed changes to state demonstration financing (i.e., sources of state share) and/or any proposed changes to the overall approved budget/allotment neutrality methodology for determining federal expenditure limits (other than routine updates based on best estimate of federal rates of change in expenditures at the time of extension).**

It is estimated that 30 males will receive care coordination annually at the expenditure of \$12,150 annually. Please reference the revised budget neutrality showing the actual fiscal impact of the additional services on the CMS approved PMPM in STC 42 for the remaining demonstration year. DY 17 column shows where the total expenditures are derived by applying the CMS calculation to the historical expenditures. Alabama Medicaid then added the \$12K figure. The total expenditures which then changed the PMPMs in the remaining years. Additional details are provided in the Notes tab.

- I. Evaluation. Describe any proposed changes to the overall demonstration evaluation design, research questions or hypotheses being tested, data sources, statistical methods, and/or outcome measures. Justification should include how these changes furthers and does not substantially alter the currently approved goals and objectives for the demonstration.**

The proposed change to the overall demonstration is to add care coordination services to males with establishing Medicaid, assist males with locating the appropriate doctor to perform the procedure and assist with making and keeping appointments for initial consultations and follow-up visits.

Goal 1. Increase the number of men enrolled in the Plan First program and the proportion of male enrollees undergoing vasectomy by assisting with the application process for Plan First through the

Alabama Medicaid Agency, identifying Medicaid approved vasectomy providers, facilitating the initial appointment process, and providing appointment reminders.

Our goal is that the number of men enrolled in Plan First for vasectomies and vasectomy related covered services will increase by 10% annually, 85% of male Plan First enrollees will receive care coordination services, and 75% of male enrollees will undergo the procedure within the enrollment year. This goal will be evaluated based on the number of male enrollees, claims for care coordination and sterilizations performed statewide.

H1.1: Use of vasectomy services by male enrollees will increase with increased provision of care coordination services.

	DY15 (10/14-9/15)	DY16 (10/15-9/16)	DY17 (10/16-9/17)	DY18 (10/17-9/18)
Number enrolled				
Number obtaining vasectomy				
% enrolled obtaining vasectomy				

We also will track the number of care coordination hours billed for male Plan First enrollees.

	DY17 (10/16-9/17)		DY18 (10/17-9/18)	
Received Care Coordination?	No	Yes	No	Yes
Number (%) of male clients				
Mean number of visits (hours of contact)				

- J. Other. Describe proposed changes to any other demonstration program feature that does not fit within the above program categories. Describe how these change(s) furthers the state's intended goals and objectives for the requested extension period.**

The state does not have any other proposed changes to any other demonstration.

- k. Overall Quality Assurance Monitoring Activities. Describe activities being done for the waiver demonstration to ensure quality to ensure quality of service access to care.**

The Alabama Medicaid Agency is responsible for Quality Assurance, Complaint and Grievance Resolution, and Utilization Monitoring. In order to accomplish these Waiver requirements, the Agency completed the following monitoring functions as outlined below:

- Review utilization reports from claims data to monitor trends and utilization
- Monitor Care Coordinator activity via summary reports
- Review Summary Reports from UAB
- Review complaints and grievances reports from ADPH
- Random record reviews

The University of Alabama at Birmingham (UAB) conducts ongoing internal evaluations for this Demonstration Waiver. UAB has designed data collection tools that collect, compile and analyze data, providing feedback annually to the Alabama Medicaid Agency and the Department of Public Health on program operation and outcomes.

Public Health Area supervisors audit Plan First care coordination patient records quarterly utilizing a standardized audit tool. These audits are submitted to the Public Health Central Office and are available for review by Medicaid. All care coordination patient records are documented electronically and the Central Office conducts an annual desk review of the patient records for each Care Coordinator, submitting a written report to supervisors. Six weeks after Care Coordinators complete certification training, the Central Office training staff reviews their documentation and submits a written report to their supervisor. The Public Health Program Integrity staff randomly reviews patient records in county health departments for compliance with travel reimbursement, billing of appropriate time for services, and ensuring that all time coded to Plan First has appropriate documentation to justify billing.

The Medicaid Agency provides general quality oversight for the Plan First program through direct monitoring and serves as the clearinghouse for other activities done in this area. The Agency conducts random checks on enrollment and claims data. Edits and audits are built into Medicaid's claims processes to prevent billing errors. Budgets are monitored on an on-going basis, and any areas of concern are evaluated and referred for claims review as indicated. The Agency has the responsibility for monitoring overall program performance, complaints and grievances.

L. State public notice and tribal consultation process followed for this amendment as outlined in STC 13.

A tribal notice was mailed to the Tribal Chairman, Poarch Band Indian Health Department via certified mail on August 30, 2016. No comments were received as a result of this notice. Please reference attachment (Tribal Notice) for a copy of the notice and the tracking information.

An 1115 Waiver Demonstration Plan First Program Public Forum was held on Thursday, July 21, 2016. Reference the attachment (7 pages) for the announcement to the public. The forum provided the public an opportunity to obtain information about the 1115 Plan First

Demonstration Waiver and any proposed changes. Eight (8) people participated, reference the attached sign-in sheet. Questions were asked and answers provided regarding care coordination services for men and other program interest, reference the attachment entitled “2016 Plan First Public Forum Questions and Answers”. The state provided education about the 1115 Plan First Demonstration Waiver, reference the attached PowerPoint presentation.

State Contact Person(s)

Please provide the contact information for the state’s point of contact for this demonstration extension application.

Name:	Sylisa Lee-Jackson
Title:	Associate Director Maternity and Plan First Programs
Agency:	Alabama Medicaid Agency
Address:	501 Dexter Avenue
City/State/Zip:	Montgomery Alabama 36103
Telephone Number:	334-353-4599
Email Address:	Sylisa.lee-jackson@medicaid.alabama.gov

Interim Section 1115 Demonstration Application Budget Neutrality Table Shell

	A	B	C	D	E	F	G
1	5 YEARS OF HISTORIC DATA						
2							
3	SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:						
4							
5	Medicaid Pop 1	2011	2012	2013	2014	2015	5-YEARS
6	TOTAL EXPENDITURES	\$ 36,932,754	\$ 39,299,089	\$ 39,303,008	\$ 35,767,356	\$ 30,605,643	\$ 181,907,850
7	ELIGIBLE MEMBER MONTHS	1,076,590	1,149,654	1,277,929	1,301,052	1,194,078	
8	PMPM COST	\$ 34.31	\$ 34.18	\$ 30.76	\$ 27.49	\$ 25.63	
9	TREND RATES						5-YEAR
10				ANNUAL CHANGE			AVERAGE
11	TOTAL EXPENDITURE		6.41%	0.01%	-9.00%	-14.43%	-4.59%
12	ELIGIBLE MEMBER MONTHS		6.79%	11.16%	1.81%	-8.22%	2.62%
13	PMPM COST		-0.36%	-10.03%	-10.61%	-6.77%	-7.03%
14							99,507

HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I	J	K
1	DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS										
2											
3											
4	ELIGIBILITY	TREND	MONTHS	BASE YEAR	TREND	DEMONSTRATION YEARS (DY)					TOTAL
5	GROUP	RATE 1	OF AGING	DY 00	RATE 2	2016	2017	2018	2019	2020	WOW
6											
7	Medicaid Pop 1										
8	Pop Type:	Medicaid									
9	Eligible Member Months	2.6%		1,194,078	2.6%	1,225,363	1,257,467	1,290,412.99	1,324,222	1,358,916	
10	PMPM Cost	-7.0%	0	\$ 25.63	-7.0%	\$ 23.83	\$ 22.16	\$ 20.60	\$ 19.15	\$ 17.80	
11	Total Expenditure					\$ 29,200,397	\$ 27,865,052	\$ 26,582,508	\$ 25,358,848	\$ 24,188,712	\$ 133,195,516
12											

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP		DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
DY 00			2016	2017	2018	2019	2020	
Medicaid Pop 1								
Pop Type: Medicaid								
Eligible Member								
Months	1,194,078	2.6%	1,225,363	1,257,467	1,290,413	1,324,222	1,358,916	
PMPM Cost	\$ 25.63	-7.0%	\$ 23.83	\$ 22.16	\$ 20.60	\$ 19.15	\$ 17.80	
Total								
Expenditure			\$ 29,200,397	\$ 27,865,052	\$ 26,582,508	\$ 25,358,848	\$ 24,188,712	\$ 133,195,516

NOTES

For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections.

This is the default setting.

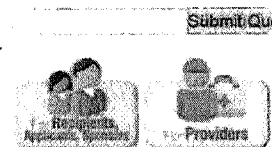
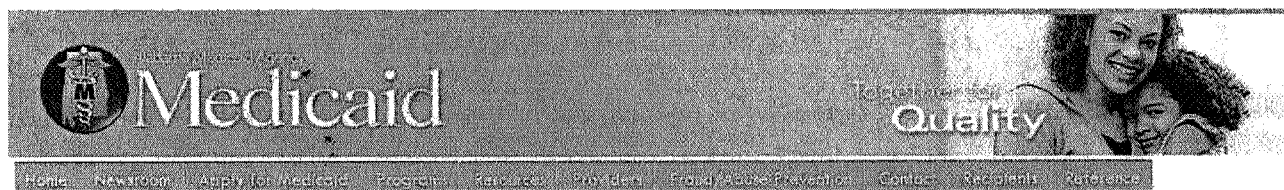
Budget Neutrality Summary

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	2016	2017	2018	2019	2020	
<u>Medicaid Populations</u>						
Medicaid Pop 1	\$ 29,200,397	\$ 27,865,052	\$ 26,582,508	\$ 25,358,848	\$ 24,188,712	\$ 133,195,516

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	2016	2017	2018	2019	2020	
<u>Medicaid Populations</u>						
Medicaid Pop 1	\$ 29,200,397	\$ 27,865,052	\$ 26,582,508	\$ 25,358,848	\$ 24,188,712	\$ 133,195,516



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Public Forum set for input on Medicaid's Plan First 1115 Demonstration Waiver

Budget shortfall prompts Agency to seek delay for RCO start date

Alabama Medicaid budget cuts likely without additional funding

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Welcome

Welcome to the Alabama Medicaid Agency! Medicaid is a state/federal program that pays for medical and long-term care services for low-income pregnant women, children, certain people on Medicare, individuals with disabilities and nursing home residents. These individuals must meet certain income and other requirements.

Annual Public Forum on Plan First 1115 Demonstration Waiver
Click here to learn more

Public Invited to Provide Ideas on Long Term Care Improvements
Click here to learn more

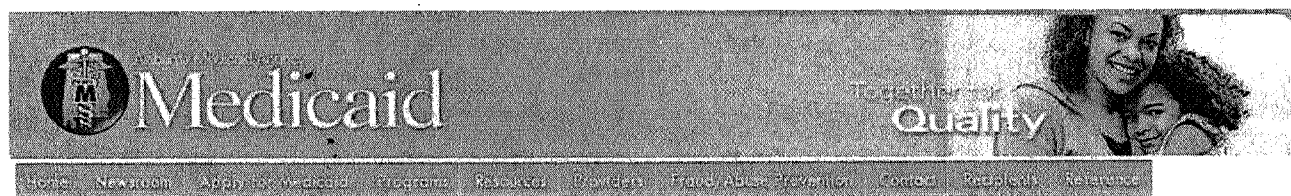
Integrated Care Networks: Click to learn more
ICN Collaborators: Click here for more information

Click here to learn about the Integrated Provider System program



Patient 1st





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Public Forum set for input on Medicaid's Plan First 1115 Demonstration Waiver

June 15, 2016

PDF Version

Providers, recipients and other interested individuals will have the opportunity to provide input on the Alabama Medicaid Agency's Plan First program during a July public forum in Montgomery.

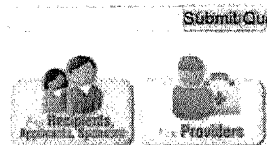
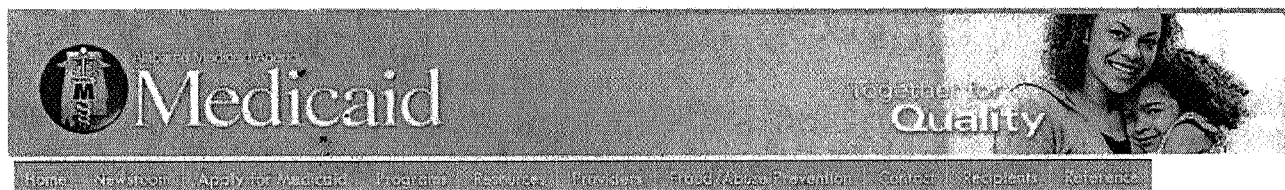
Comments will be taken during an open forum on Thursday, July 21, at 10:30 a.m., in the Agency's 4th Floor Board Room at 501 Dexter Avenue.

The annual forum is a requirement by the Centers for Medicare and Medicaid Services (CMS) for the 1115 Demonstration Waiver under which the Plan First program operates. The waiver was originally approved in 2000 and was renewed by CMS on December 29, 2014.

The goal of the Plan First program is to reduce unintended pregnancies and improve the well-being of Alabama's children and families by extending Medicaid eligibility for family planning services to eligible women and men. In FY 2014, a total of 70,958 recipients received Plan First program services.

A copy of the renewal application and other information about Plan First may be found on the Medicaid website Plan First program page.





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Family Planning/Plan First

Family Planning services are designed to help Medicaid eligible men and women prevent or delay pregnancy.

Females of childbearing age, 8 through 55, and males of any age who may be sexually active and meet the criteria for Medicaid eligibility may receive family planning services.

Women who qualify for pregnancy-related services only are covered for family planning services through the end of the month in which the 60th postpartum day falls.

Women ages 19 through 55 may also qualify for family planning services through the **Plan First Program**. Men age 21 or older may qualify for vasectomies only.

Annual public forum on Plan First waiver set for July 21, 2016

News Release - 6/15/16

Location	Date	Time	Map to Location (PDF)
Montgomery Alabama Medicaid Agency Commissioner's Board Room 501 Dexter Avenue Montgomery, AL 36103-5624	7/21/16	10:30 a.m. until 11:30 a.m.	MAP and Driving Instructions

Section 1115 Demonstration Waiver Renewal Application - Submitted to CMS 8/7/14

Administrative Code - Chapter 14

Adolescent Pregnancy Prevention

PT-3 Patient Education Materials for Providers

Provider Manual - Appendix C

Plan First Program - Birth control and family planning services for women ages 19-55

Related Links

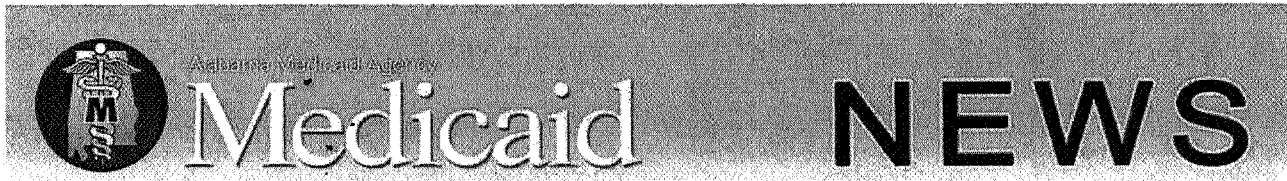
ALERT - Alabama adds smoking cessation to family planning

ALERT - Recipient access to contraceptive products under Plan First - 10/29/09

Forms - Family Planning and Plan First

Provider PowerPoint Presentation





Public Forum set for input on Medicaid's Plan First 1115 Demonstration Waiver

June 15, 2016

PDF Version

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For more news and alerts, visit: <http://medicaid.alabama.gov>

Directions/Map to Alabama Medicaid Agency Central Office
501 Dexter Avenue
Telephone: (334) 242-5000

(See Map on Page 2)

Coming from Mobile (south), Selma (west) or Birmingham (north):

- Exit I-65 onto I-85 north (toward Atlanta).
- Immediately take the first exit (Court Street)
- At the end of the exit ramp, go straight ahead on the service road (Arba St.)
- Continue on the service road for three blocks and turn left onto McDonough Street.
- Stay on McDonough Street, crossing over High Street, Adams and Washington avenues and turning right on to Dexter Avenue.
- Continue toward the front of the state Capitol, crossing over Hull and Decatur streets. The Lurleen B. Wallace State Office Building will be on your left. Metered parking spaces are available around the building.

To return to I-85, take Decatur Street (a one-way street) away from town. Just before I-85 (it will be front of you), take a right onto the service road (South Street) and go straight, crossing Hull, McDonough, Lawrence, Perry and Court streets. Immediately after crossing Court Street, bear left onto I-85 and prepare to choose the extreme right hand lane to go toward Birmingham or the left hand lanes to go south toward Mobile. I-85. The interstate also exits onto Day Street if you go straight (This goes to Maxwell AFB or to US 31).

Coming from Auburn (east)

- Take the Union Street exit (Exit 1)
- Bear right onto Union Street and go 1 block past BTW Magnet High School to High Street
- Turn left onto High Street
- Go one block and turn right onto Bainbridge Street
- Follow Bainbridge Street approximately 4/10ths of a mile. The Capitol will be on your right and the Lurleen B. Wallace State Office Building will be on your left at the corner of Dexter Avenue and Bainbridge Street.

To return to I-85, take Decatur Street (a one-way street) away from town, go under I-85 and immediately turn left on Arba (service road). Arba leads directly into I-85 east.



1115 Demonstration Waiver
An Extension of
Family Planning Services
for
Eligible Medicaid Recipients

Alabama Medicaid Agency
Public Forum
Thursday, July 21, 2016

Plan First Program

- A federally approved Research and Demonstration Waiver for family planning services
- A collaboration between the Alabama Department of Public Health and Medicaid
- Extends family planning and family planning-related services
- A program to prevent or delay pregnancy



Who Is Eligible?

Females who:

- are between 19-55 years of age
- have not previously been sterilized
- meet citizenship and alienage requirements
- meet poverty level guidelines
- meet Medicaid Eligibility Criteria

Men who:

- are age 21 years of age or older
- have not previously been sterilized
- meet citizenship and alienage requirements
- meet poverty level guidelines
- meet Medicaid Eligibility Criteria



Changes in Services (January 2015)

- Increased income level for women ages 19-55 to 141% of FPL
- Surgical removal of migrated or embedded IUDs in an office or outpatient hospital setting
- Allow vasectomies for eligible men ages 21 or older

Savings for Medicaid

- Births Averted in DY12 -- 12,000
- At an average of \$3,000 per delivery
- Savings of \$36,000,000



Key Numbers

- Plan First Provider Locations: 2,586 (CY15)
- Plan First Participants: 117,312 (DY15)
- Budgeted Yearly Amount Spent:

<u>2013</u>	<u>2014</u>	<u>2015</u>
39 million	35 million	32 million



Provider Types

- Physicians
- Clinics
- Nurse Midwives
- Nurse Practitioners
- Physician Assistants



Covered Services

- Doctor/clinic visits for Medicaid covered family planning services
- Birth control methods such as pills, injections, contraceptive patch, vaginal ring, IUDs, diaphragms
- Tubal ligations and vasectomies in approved settings
- Plan First care coordination services for high risk women
- Surgical removal of migrated or embedded IUDs in an office or outpatient hospital setting
- Initial Visit (99205-FP)
- Annual Visit (99214-FP)
- Periodic Revisit (99213-FP)
- STD/HIV Risk Screening and Pre-HIV test Counseling (99401 with Diagnosis Code Z309)
- STD/HIV post test counseling (99402 with Diagnosis Code Z309)
- Smoking cessation counseling and smoking cessation products

Care Coordination Services

- Perform initial risk assessment to determine if and what type of care coordination services needed
- Provides special assistance to women who:
 - are at high risk for unintended pregnancy
 - need enhanced contraceptive education
 - need assistance with removing barriers to successful pregnancy planning
 - need encouragement to continue with family spacing plans
- Provided by the Alabama Department of Public Health by licensed social workers and nurses.



Goals for DY14-DY17

- Increase the portion of income eligible women, ages 19 –55 enrolled in Plan First and reduce race/ethnicity and geographic disparities among enrollees.
- Maintain the high level of awareness of the Plan First program among program enrollees.
- Telephone surveys of enrollees will be used to track changes in levels of awareness of the program and enrollment in the program.
- Increase the portion of Plan First enrollees using family planning services initially after enrollment and in subsequent years of enrollment by improving access to services and increasing the rate of return visits for care.
- Survey data suggest that approximately one third of Plan First enrollees are cigarette smokers, and 85% of these were advised by their family planning providers to quit smoking. Increase the number of enrollees who are cigarette smokers to receive either a Nicotine Reduction Therapy prescription, a referral to the Quit line or both.
- Maintain birth rates among Plan First service users that are lower than the estimated birth rates that would be occurring in the absence of the Plan First Demonstration.
- Increase the usage of the Plan First Waiver by making sterilizations available to males ages 21 years or older.




To Find Out More Information About Plan First:

- Call the Toll Free Hotline Number at: 1-888-737-2083
- Click the following link to access Medicaid's website for a list of providers:
http://medicaid.alabama.gov/documents/4.0_Programs/4.4_Medical_Services/4.4.4_Family_Planning/4.4.4.1_Plan_First/4.4.4.1_Plan_First_Providers_5-13-16.pdf
- Contact the local Health Departments for a list of providers
- Click the following link to access Medicaid's Provider Manual, Appendix C, Family Planning:
http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx




To Find Out More Information About Plan First



Alabama Medicaid Agency


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Regional Care Organizations







Gateway to Community Living

Plan First Program

The Plan First Program is an 1115 Research and Demonstration waiver that extends family planning and birth control services only to eligible women ages 19-55 who do not otherwise qualify for full Medicaid coverage.

- [Section 1115 Demonstration Waiver Renewal Application](#) - Submitted to CMS 8/7/14
- [Brochure - Plan First](#)
- [Care Coordinator List](#) - Updated 5/1/15
- [Forms](#) - Family Planning and Plan First
- [Forms](#) - Maternity
- [Form](#) - Smoking Cessation Prior Authorization Form for Plan First Recipients
- [Plan First Provider Agreement/Enrollment Form](#)
- [General Information - Plan First](#)
- [Provider List](#) - Updated 3/24/14
- [Provider Manual](#) - Appendix C
- [Plan First Summary Evaluation](#)
- [Plan First Provider Presentation](#)

[Plan First Public Forum](#)
10:00 a.m., Thursday, June 11, 2015



Access Plan First information on Alabama Medicaid website at
<http://medicaid.alabama.gov/>.
Under Programs tab click on Medical Services followed by Family Planning/Plan First, then Plan First Program.

MES Login | ACE Email Login | Home | Statements & Policies | Alabama.gov | Online Services | Media | Top

Program Contact Information

- Sylisa Lee-Jackson, Associate Director
Maternity, Plan First/Family Planning and Nurse Midwife Programs
Sylisa.jackson@Medicaid.Alabama.gov
334.353.4599
- Ruth Harris, Program Manager
Plan First/Family Planning Program
ruth.harris@medicaid.Alabama.gov
334.353.3562
- Pamela Moore, Program Coordinator
Maternity & Plan First/Family Planning Programs
pamela.moore@medicaid.Alabama.gov
334.353.9404



General Contact Information

- Alabama Department of Public Health 334-293-6525
- Program Questions 334-353-3562
- Provider Assistance Center 800-688-7989
- Recipient Call Center 800-362-1504
- Recipient Call Center Fax 334-215-4140

Medicaid's Website www.medicaid.alabama.gov

July 21, 2016 Plan First Public Forum

Questions/Comments and Issues and Responses

Question: What happens to a Plan First recipient /patient who has a migrated or embedded IUD?

Answer: There is a new covered service that has been added to Plan First and is of great benefit to providers. Medicaid has now added coverage for migrated and embedded IUDS to the Plan First Program.

Question: (Katie Magoulich- MY CARE) Let's say a lot of women have full Medicaid. If a Plan First woman has high blood pressure and doesn't have full Medicaid coverage what happens to her then and who manages that?

Answer: (Meredith Adams-ADPH) The recipient can be referred to an FQHC or seen by a Care Coordinator who will then arrange a referral to a Primary Care M.D. or an FQHC or a rural health provider from an available list.

Answer #2: (Ruth Harris/Plan First Program Manager) In the past safe and effective hypertensive medicines have been given free by the ADPH who were unable to purchase these medications. Also with the assistance of a Care Coordinator free or low cost medications may be provided to a recipient by a drug manufacturer thru indigent medication programs.

Question: (Katie Magoulich- MY CARE) From an RCO perspective how can we be supportive of the Plan First Program? What is the role of the RCO in Plan First? Can collaboration be done with Plan First so there is quicker access to care for these recipient's to meet their needs, these would include women and now men.

Answer: (Sylisa) If a recipient has full Medicaid she will receive Family Planning in the RCO. If she's a Plan First recipient, she won't be carved into the RCOs. What RCO's can do now is to get familiar and make a collaboration effort to educate and establish relationships with Plan First Providers. A list of Providers can be found on the Medicaid website. Initial contact and communication with them is very important.

Question: Now that the gentleman are being included in Plan First will Care Coordination services be extended to them at the level the females receive?

Answer: #1 (Sylisa) Medicaid is currently reviewing a request to add care coordination for males to the Waiver. This will take a waiver amendment approved by CMS.

Answer #2 (Meredith): Care Coordination Services would not be needed at the extent that a female receive services because he is not at risk for pregnancy and does not have the same risk factors.



ROBERT BENTLEY
Governor

Alabama Medicaid Agency

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Telecommunication for the Deaf: 1-800-253-0799
334-242-5000 1-800-362-1504



STEPHANIE MCGEE AZAR
Commissioner

August 30, 2016

Mr. Buford L. Rolin
Tribal Chairman
Poarch Band Indian Health Department
5811 Jack Springs Road
Atmore, Alabama 36502

Dear Mr. Rolin:

As directed by the Tribal Consultation section 1902(a) (73) of the Social Security Act and Federal Regulation, this notice to the Tribal Government is hereby given for the anticipated submission of an amendment to Centers for Medicare and Medicaid Services for 1115 Plan First Waiver which governs the operations of the Plan First Program. The amendment will include adding the coverage of care coordination for males enrolled in the Plan First Program for vasectomies and vasectomy related services. The Care Coordination will be provided to assist male recipients with linkage to a surgeon for a vasectomy procedure and related services and to help coordinate follow-up visits.

The intent of this letter is to keep you informed of changes and to allow an opportunity for recommendations, comments, and input regarding the Waiver amendment. You have 30 days from the date of this letter to provide written comments. If you have any questions or concerns, please contact me at (334) 353-4599 or Jerri Jackson, Director of the Managed Care Division at (334) 242-5630.

Comments/concerns may be submitted to the attention of: Sylisa Lee-Jackson R.N., Associate Director, Maternity, Family Planning/Plan First and Nurse Midwife Programs, Managed Care Division, Alabama Medicaid Agency, 501 Dexter Avenue, Montgomery, Alabama 36103-5624.

Sincerely,

[Redacted Signature]

Sylisa Lee-Jackson
Associate Director
Maternity, Family Planning/Plan First and Nurse Midwife
Programs
Alabama Medicaid Agency

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