# MONTANA PLAN FIRST SECTION 1115 DEMONSTRATION FACT SHEET

**Program Name:** Montana Plan First Family Planning Demonstration

Date Extension Application Submitted:May 11, 2018Date Extension Application Approved:March 29, 2019Date Implemented:April 1, 2019Date Implemented:Date Implemented:

**Date Expires:** December 31, 2028

## **SUMMARY**

The Montana Plan First demonstration provides family planning and family planning-related services to women, ages 19 through 44, with incomes at or below 211 percent of the federal poverty level (FPL), who are not otherwise eligible for Medicaid and do not have any other health insurance coverage that provides family planning services.

### **ELIGIBILITY**

The demonstration population includes women, ages 19 through 44, with income up to and including 211 percent of the FPL, who are not otherwise eligible for Medicaid and do not have any other health insurance coverage that provides family planning services.

## **DELIVERY SYSTEM**

The benefits for this demonstration are offered through a fee for service model.

#### **BENEFITS**

Family planning services and supplies are those services and supplies whose primary purpose is family planning and which are provided in a family planning setting, such as approved methods of contraception, sexually transmitted infection (STI)/sexually transmitted disease (STD) testing, Pap smears and pelvic exams, contraceptive management, patient education and counseling.

Family planning-related services and supplies are defined as those services provided as part of or as follow-up to a family planning visit and are reimbursable at the state's regular Federal Medical Assistance Percentage (FMAP) rate. 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:

- a) Colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine/periodic family planning visit.
- b) Drugs for the treatment of STIs/STDs, except for HIV/AIDS and hepatitis, regardless of the initial purpose of the visit consistent with CMS guidance issued April 14, 2014, SMDL#14-003, ACA #31. This includes behavioral counseling and a follow-up visit/encounter for the treatment/drugs and subsequent follow-up

visits to rescreen for STIs/STDs based on the Centers for Disease Control and Prevention guidelines.

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