OFFICE OF THE GOVERNOR
STATE OF MONTANA

STEVE BULLOCK
GOVERNOR

ANGELA MCLEAN
LT. GOVERNOR

June 1, 2014

Received from state via email on 6/30/2014

Jennifer Ryan
Acting Director
Children and Adults Health Programs Group
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd, Mailstop: S2-01-16
Woodlawn, MD 21244

Subject: Section 1115 Plan First Waiver Renewal Request

Dear Ms. Ryan:

Montana formally requests CMS approval of our Section 1115 Plan First Waiver Renewal. The effective dates of the renewal are January 1, 2015 through December 31, 2017.

Background

Plan First was initially approved May 30, 2012 through December 31, 2014. Plan First services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The waiver is capped at 4,000 members and currently includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

Renewal Request

The three year waiver renewal request makes the following changes effective January 1, 2015: A) increases the household income limit from 200% to 211% of the federal poverty level (effective January 1, 2014 required by the Affordable Care Act); and B) allows reimbursement for enrollees who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage.

STATE CAPITOL • P.O. BOX 200801 • HELENA, MONTANA 59620-0801
TELEPHONE: 406-444-3111 • FAX: 406-444-5529 • WEBSITE: WWW.MT.GOV

Enclosed are the waiver application, public notice requirement documentation and budget neutrality for the three year period. Please contact Jo Thompson, Member Health Management Bureau Chief, at (406) 444-4146 or jothompson@mt.gov with questions. We look forward to your approval of the Family Planning Waiver Renewal.

Sincerely,

[redacted]

STEVE BULLOCK
Governor

cc: Richard H. Opper, DPHHS Director
Mary E. Dalton, Montana State Medicaid Director
Mary Eve Kulawik, DPHHS Medicaid Analyst
Terri Frazer, CMS
Andrea Casart, CMS
Cindy Smith, CMS

Enclosures: 1115 Plan First Application (redline/final/508 compliant), Budget Neutrality, Tribal Consultation, Public Notice, Montana Health Coalition Memo, Public Meeting Agendas

Application Template for Family Planning § 1115 Demonstration

State	Montana
Department	Department of Public Health and Human Services
Name of Demonstration Program	Montana Plan First
Date Proposal Submitted	June 30, 2014
Projected Date of Implementation	January 1, 2015
Authorizing Signature & Title	Mary E. Dalton, State Medicaid Director

Primary Family Planning Program Contact:

Name	Jo Thompson
Title	Chief, Member Health Management Bureau
Phone Number	406-444-4146
Email Address	jothompson@mt.gov

Application Template for Family Planning § 1115 Demonstration

The State of **Montana, Department of Public Health and Human Services**, known furthermore as the Department, proposes a Section 1115 Family Planning demonstration entitled **Montana Plan First**, which is increasing the number of individuals receiving family planning services.

Date Proposal Submitted: June 30, 2014

Projected Date of Implementation: January 1, 2015

I. Enrollment Projections and Goals

The **Montana Plan First** (program name) is providing family planning services to an estimated **4,000** residents of the State of **Montana** over the life of the demonstration. Specifically, the State estimates that it is covering the following number of enrollees for each demonstration year (please break the number down into women and men, if the State is proposing to cover both). Renewal States should use the first three demonstration year lines to represent each year of the proposed renewal period:

Demonstration Year 4: **4,000 women**
Demonstration Year 5: **4,000 women**
Demonstration Year 6: **4,000 women**

Please describe the goals of the demonstration.

Goal 1. Improve access to and use of family planning services among women in the target population.

Goal 2: Reduce number of unintended pregnancies for Montana women ages 19 through 44 who live at or below 211 percent FPL.

Goal 3. Improve birth outcomes and women's health by increasing the child spacing interval among women in the target population.

II. Family Planning Demonstration Standard Features

Please provide an assurance that the following requirements are met by this demonstration, and include the signature of the authorizing official.

☑ The Family Planning demonstration is subject to Special Terms and Conditions (STCs). The core set of STCs is included in the application package. Depending upon the design of the State's family planning demonstration, additional STCs may apply.

☑ The State has utilized a public process to allow interested stakeholders to comment on its proposed family planning demonstration.

☑ Family Planning demonstrations are intended to provide family planning services to low-income women who might not otherwise have access to services for averting pregnancy. Eligible individuals are those who are age 19-44, whose income is at or below 211% of FPL, able to bear children and not presently pregnant, and are not eligible for Medicaid.

Signature: _____

Mary E. Dalton

Title: Montana State Medicaid Director

III. Eligibility

A. Eligible Populations

Please indicate with check marks the populations which the State is proposing to include in the family planning demonstration, and fill in the age, sex and income information where appropriate. Note that these demonstrations are intended to cover uninsured, low-income individuals with incomes no higher than 200 percent of the Federal poverty level (FPL).

☑ Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum.

12 months: Period for which individuals would have coverage

☑ Individuals losing Medicaid coverage with gross income up to and including 211 % FPL.

☐ Men ☑ Women

☑ Individuals losing SCHIP coverage at age 19 with gross income up to and including 211% FPL.

☐ Men ☑ Women

☑ Uninsured individuals are eligible based solely on income, with gross income from 47 % FPL up to and including 211 % FPL.

☐ Men, Ages _____

☑ Women, Ages 19 through 44

A. **Initial Eligibility Process**

1. **Please describe the initial eligibility process. Please note any differences in the eligibility process for different groups:**

The eligibility process is the same for all groups. Individuals submit applications to service providers or by mail or online to a central location with the department. If determined eligible, the date eligibility begins is the first day of the month during which the individual's application is received. For example, if a woman submits her application to her family planning provider on October 25th and the department receives the application on October 27th, and the applicant is subsequently found to be eligible for Montana Plan First services, her eligibility would be effective October 1st.

Regardless of the location to which the application is submitted, the application is processed by the department at a central location. A review of the application determines if additional information is needed from the applicant or if the applicant may be eligible for full or basic Medicaid. The review ensures the applicant meets the eligibility criteria for the waiver:

- Not eligible for Medicaid,
- US citizen or qualified alien,
- Montana resident,
- Female,
- Able to bear children,
- Countable income of 211 percent FPL or less, and
- Age 19 through 44.

There is no asset or resource test for this waiver.

The eligibility system authorizes eligibility for Plan First in the appropriate category, program, and waiver code. The eligibility data is sent to the Medicaid Management Information System (MMIS), so claims can be processed.

A woman determined eligible for Plan First receives a letter which verifies eligibility and provides a member ID number specific to the family planning waiver. The member also receives a brochure describing covered services and how to access those services. A woman who applies for Plan First may choose to receive correspondence by alternate means, such as email, and have the option to choose not to receive an ID letter for confidentiality reasons.

Outreach for Montana Plan First is provided using the following strategies:

- Outreach to postpartum women and recipients of other public programs, such as food stamps or WIC,
- Education to case managers and care managers in community based settings,
- Community based centers and events,
- Provider recruitment (bulletins, web portal, provider associations), and

- Provider training (in-person, video conferencing, webinars).

2. **Will the State use an automatic eligibility process for any of the groups described under III (A)?** (e.g., Will the State automatically enroll women losing Medicaid after 60 days postpartum?)

☑ Yes
☐ No

If only for certain groups, please describe which groups. The State automatically enrolls women losing Medicaid 60 days postpartum.

If yes, please describe the process for auto-enrollment, including (1) any information verification processes; (2) the process for notifying enrollees of their change in program eligibility; and (3) the timeframe for automatic eligibility.

(1) Information verification processes: Before a woman loses Medicaid due to being 60 days postpartum, Plan First notifies the woman that she is eligible for Plan First and provides information from their last eligibility determination. She is requested to correct information if necessary, sign the document, and return it to Plan First. (2) Process to notify enrollees of their change in program eligibility: Information is included in step 1 above that clarifies the program in which the woman is being enrolled, the benefits of the program, and how to access the services. (3) Time frame for automatic eligibility: 30 days before a woman loses Medicaid eligibility, she is notified she is eligible for Plan First.

3. ☑ **Please assure (with a check mark) that the State does not enroll individuals who are enrolled in Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), have private insurance, pregnant or unable to become pregnant.**

4. **Where is the initial application accepted?**

☑ Medicaid eligibility sites
☑ County health department/ local health agency
☑ Provider
☑ Mail-In
☑ On-line
☐ Other (Please specify.)

5. **Is the application for family planning simplified or the same as full Medicaid? Please attach a copy of the application.**

☑ Simplified

☐ Same as full Medicaid

A draft application is included as Attachment D.

6. **Is point-of-service eligibility granted?**
   ☐ Yes
   ☑ No

   If yes, please describe the process, including: the entity or entities that make the point-of-service determination; the services available at initial eligibility determination; how the final eligibility determination is made by the State; how the information is verified; and what information the State receives to make a final eligibility determination.

7. ☑ **Please assure (with a check mark) that the State uses gross income prior to applying any income disregards.**

8. **What income disregards does the State use? Please indicate any differences by eligibility group or age.**

   As of January 1, 2014, Montana Medicaid uses MAGI methodology and substitutes 5% of 100% of FPL for income disregards.

9. **Are these income disregards the same as the disregards used in the Medicaid State Plan?**

   ☑ Yes—neither Neither Plan First, nor Medicaid use income disregards with the advent of MAGI standards.
   ☐ No

   If no, please describe how income disregards differ from the Medicaid State Plan.

10. **What elements and verification must be provided in the initial application process? For those elements that are required, please check a box indicating whether the State allows self-declaration or requires documentation. Please also indicate whether there are differences by eligibility group or age.**

    a. **Proof of Income:**
    Self-declaration

    ☑ Documentation required upon the first year of enrollment or MAGI determination
    - What documents are sufficient to document income? Pay stubs or taxes.
    - When are documents required? The documents are required at application.
    - Are there differences by eligibility group or age? No.

☐ Income Verification and Eligibility System (LEVS)

b. **Proof of Resources:** No resource test for Montana Plan First

☐ Self-declaration

☐ Documentation required

- What documents are sufficient to document resources? No resource test for waiver services.
- When are documents required? N/A
- Are there differences by eligibility group or age? N/A

c. **Social Security Number:**

☑ **Please assure (with a check mark) that the State requires a Social Security Number (SSN) for all family planning demonstration enrollees.**

☑ Documentation required

- What documents are sufficient to document SSN? SSNs are verified through daily interface with the Social Security Administration. If the Social Security Administration does not verify the SSN, a copy of the applicant's Social Security Card is requested.
- When are documents required? Within 30 days of Medicaid's request.
- Are there differences by eligibility group or age? No

d. **Citizenship Status:**

☑ **Please assure (with a check mark) that the State is in compliance with the citizenship documentation requirements of the Deficit Reduction Act in its Medicaid State Plan and requires (or continue to require for renewals) the same documentation under the family planning demonstration.**

11. **What entity is responsible for determining final eligibility for the demonstration?**

☑ State agency

☐ County Agency

B. Eligibility Redetermination Process

1. ☑ **Please assure (with a check mark) that the State conducts an eligibility redetermination at a minimum of every 12 months.**

2. **Is the eligibility redetermination process identical to the initial eligibility process?**

☐ Yes – This section is now complete. Please go to Section III: Program Integrity.

☑ No – Please complete question number 3 below.

3. **Please describe the eligibility redetermination process. Please note any differences in the eligibility process for different groups and whether the information and verification requirements differ from the initial application.** Note: the process for eligibility redeterminations is not passive in nature, but requires an action by the family planning program recipient in order to continue eligibility. For example, the State may satisfy this requirement by having the recipient sign and return a renewal form to verify the current accuracy of the information previously reported to the State.

   Information provided by members during their initial applications or their last eligibility renewals is printed on renewal applications and mailed to members 60 days before their eligibility is scheduled to end. Members are asked to review the information, make changes on the renewal application if necessary, and return the application by mail 30 days before eligibility is scheduled to end. Sufficient time is allowed in case additional information is needed from a renewing member.

4. **Please describe the process for <u>verifying</u> the information that applicants provide at redetermination.**

   Plan First will use the Administrative Renewal process that is used for all Medicaid enrollees. There is no verification process but the members are subject to random PERM audits.

IV. Program Integrity

1. **Please describe the State's overall program integrity plan including system edits and checks that the State uses to ensure the integrity of eligibility determinations.**

   The eligibility system used to determine Plan First eligibility has built-in edits to ensure that only women who are eligible are enrolled in the family planning waiver. The system edits for individuals who are:

   - Not eligible for Medicaid,
   - US citizens or qualified aliens,
   - Montana residents,
   - Female,
   - Countable incomes of 211 percent FPL or less, and
   - Ages 19 through 44.

Montana Medicaid does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, sex, handicap, political beliefs, marital status, religion, or disability. This includes admission, participation, or receipt of services or benefits of any of its programs, activities, or employment, whether carried out by the Department or through a contractor or other entity.

Participants in Plan First have access to the same complaint and grievance processes that people in other state Medicaid programs have, including the right to appeal a denial of eligibility and/or denial of payment for services, administrative reviews, and fair hearings.

2. ☑ **Please assure (with a check mark) that the State assures that all claims made for Federal financial participation under this demonstration, if approved by CMS, meet all Medicaid financial requirements.**

3. **Please describe the process the State uses to monitor and ensure that eligibility determinations are conducted according to State and Federal requirements.**

   ☐ Medicaid Eligibility Quality Check (MERCY)
   ☑ Other (Please specify.)

   Members enrolled in Plan First are subject to the same PERM audit procedures as all the other Medicaid members.

4. **How does the State ensure that services billed to the Medicaid family planning demonstration program are not also billed to Title X?**

   Montana's family planning clinics do not currently bill fee for service for Title X funds. All Title X clinics are required to bill third party payers and maximize insurance revenue. Montana's Title X program, administered by the Women's and Men's Health Section (WMHS) of DPHHS, provides grants to 13 Title X family planning clinics in 29 locations in Montana. Title X clinics provide services on a sliding fee scale to people with incomes up to 250 percent FPL. Each clinic provides a monthly report to WMHS detailing clinic activities, income, and expenses. With implementation of Plan First, Title X clinics continue to dedicate additional resources to serving women and men ineligible for Plan First. Montana's Title X family planning clinics are able to show, during chart audits, that they do not receive reimbursement for services from more than one payment source.

   In contrast, Montana Plan First operates as a fee-for-service Medicaid reimbursement program. Claims for covered services provided to Plan First enrollees are paid during weekly claims cycles.

5. **How does the State ensure that enrollees are not dually-enrolled in Medicaid or SCHIP and also in the family planning demonstration?**

Montana Plan First enrollees are sent daily to the MMIS. If eligibility overlap occurs, such as in the case of retroactive full Medicaid eligibility, MMIS system hierarchy does not pay claims under Plan First.

6. **How does the State ensure that the services billed to this family planning program are not also billed under the regular Medicaid State Plan or SCHIP State Plan?**

   MMIS processes claims for both regular Medicaid State Plan services and Plan First. If eligibility overlap occurs, such as in the case of retroactive full Medicaid eligibility, MMIS system hierarchy does not pay claims under Plan First if Medicaid is open.

   In addition, The Quality Assurance Division of DPHHS ensures the accountability, integrity, and efficiency of Montana Medicaid through internal audits, investigations, and evaluations. This Division also follows up on complaints to identify Medicaid providers and members who may attempt to abuse the program.

7. **How does the State ensure that the enrollee does not have creditable health insurance coverage?**
   Montana allows women to have third party coverage. Plan First only reimburses service amounts when the third party coverage is not up to the Medicaid allowed amount. Plan First does not cover the copay or deductible required by the the woman's third party coverage.

V. **Service Codes – Federal financial participation (FFP) is available for family planning services provided to individuals under the Section 1115 Family Planning Demonstration , as approved by CMS, at the following rates:**

- For services whose primary purpose is family planning (i.e., contraceptives and sterilizations), FFP is available at the 90-percent matching rate. Procedure codes for office visits, laboratory tests, and certain other procedures must carry a primary diagnosis that specifically identifies them as family planning services.

- Family planning-related services reimbursable at the Federal Medical Assistance Percentage (FMAP) rate, are defined as those services generally performed as part of, or as follow-up to, a family planning service for contraception. Such services are provided because a "family planning-related" problem was identified or diagnosed during a routine/periodic family planning visit.

- FFP is not be available for the costs of any services, items or procedures that do not meet the requirements specified above, even if family planning clinics or providers provide them.

VI. Delivery System

1. **Please describe the general delivery system for the family planning program.**

   ☑ Fee for Service
   ☐ Primary Care Case Management
   ☐ Other (Please specify.)

2. **Please describe the provider network being used under the family planning demonstration. Please also provide the percentage of patients each of these provider types served:**

☐ Managed Care Organizations	**Estimated Percentage of Patients:**
☑ All Medicaid Providers	**Estimated Percentage of Patients:** 100%
☑ Health Departments	**Estimated Percentage of Patients:** 10%
☑ Family Planning Clinics	**Estimated Percentage of Patients:** 40%
☑ FQHCs/RHCs	**Estimated Percentage of Patients:** 30%
☑ Private Providers	**Estimated Percentage of Patients:** 20%

3. **Primary Care Referrals:** Under the demonstration, the State is required to evaluate primary care referrals as described in Section IX: Evaluation.

   A. ☑ **Please assure (with a check mark) that the State is providing primary care referrals. (Please attach a letter of support from your State Primary Care Association in Attachment A.)**

   Medicaid's letter of support from the Montana Primary Care Association is included as Attachment A.

   B. **How is information about primary care services given to people enrolled in the demonstration?**

   ☑ Mailed to enrollees by State Medicaid agency
   ☑ Distributed at application sites during enrollment
   ☑ Given by providers during family planning visits
   ☑ Other (Please specify.) Medicaid Help Line, member website, and at FQHCs, RHCs, Community Health Centers, and other locations where eligible women may visit (pharmacies, Offices of Public Assistance, day care centers).

   C. **Does the State verify that referrals to primary care services are being made?** No **If so, how?**

Each member receives a brochure that notifies members that primary care services are available at Community Health Centers on sliding fee schedules.

D. **How does the State notify primary care providers that enrollees in the demonstration are receiving primary care referrals and may seek their services?**

Medicaid staff met with representatives of the Montana Primary Care Association (MPCA), reviewed the family planning waiver document, and discussed the importance of referrals for primary care. Medicaid and MPCA work together to notify and train providers.

MPCA has 18 current members: one Migrant Health Center, one Community Health Center look-alike, and 16 Community Health Centers with an additional 12 Community Health satellite clinics (please see map included in Attachment A).

MPCA members provide comprehensive preventive and primary health care, which may include dental, mental health, and pharmacy services.

VII. Program Administration and Coordination

1. **What other State agencies or program staff coordinate or collaborate on the family planning demonstration program? Please describe the relationship and function of each office in this demonstration.**

☑ Primary care office	**Relationship/Function:** Partner/primary care
☑ Maternal and child health	**Relationship/Function:** Partner/outreach
☑ Family planning	**Relationship/Function:** Partner/co-author
☑ Public health	**Relationship/Function:** Partner/outreach
☐ Other (Please specify.)	**Relationship/Function:**

2. **Please describe how the Medicaid agency coordinates with the Title X family planning program.**

Montana's Title X family planning program is a co-author and partner of the Medicaid family planning waiver. Title X staff and Medicaid staff worked together to research and write the waiver document and distribute the draft document to interested parties. The Title X staff assisted in developing Appendix B, Service Codes, and is invaluable in training providers.

3. **How does the State provide training/monitoring to providers?**

Medicaid and Title X offer training sessions across Montana on the waiver for providers during the annual Medicaid Provider Trainings and are delivered either in person or via web conference technology. The training sessions address:

- Eligible women,
- Eligibility span,
- How to apply for eligibility,
- Covered services, and
- Claims submission.

Medicaid also develops provider notices similar to provider notices for other topics of interest to Montana Medicaid providers and posts additional information on the Medicaid provider website.

4. **How often will provider training/monitoring be offered?**

Medicaid promotes efficient and accurate billing, educates providers about covered services, and educates about the rights and obligations of providers and their patients. Training session materials are available on the Medicaid provider website, along with provider bulletins and lists of covered drugs and services, examples of how to fill out forms (such as patient consent forms and referrals), and lists of billing codes. Ongoing provider training is offered annually in conjunction with statewide Medicaid provider trainings and to individual providers upon request.

5. **Does the State provide a written manual for providers on claiming for family planning demonstration services?** Claiming guidance to providers should be separate and distinct from the claiming guidance provided for family planning services under the Medicaid State plan.

☑ Yes
☐ No

6. **How does the State communicate information to providers in the demonstration program?**

Providers who deliver services to family planning waiver participants receive provider manuals, provider notices, and notifications of training sessions in the Medicaid provider newsletter, through the Medicaid provider website, and from the Medicaid provider relations call center. Providers who need assistance in submitting claims may also receive personal visits from provider field representatives.

VIII. Evaluation

A. Demonstration Purpose, Aim, and Objectives

1. **Objectives/Hypotheses: Please describe the purpose, aim and objectives of the demonstration, including the overarching strategy, principles, goals, and objectives; the State's hypotheses on outcomes of the demonstration; and key interventions planned.**

Purpose: Montana Plan First allows the State of Montana to provide family planning services to a larger population of Montana women with the intention of reducing the number of unintended pregnancies and births paid for by Montana Medicaid. Reducing pregnancies and births leads to net Federal and State Medicaid program savings.

Hypothesis 1: The demonstration results 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.

Data source: MMIS

Hypothesis 2: The demonstration results in a decrease in the annual number of births paid by Medicaid for women ages 19 through 44.

Measure: The fertility rate for Medicaid members ages 19 through 44.

Data required: The number of births to Medicaid members ages 19 through 44. The total number of female Medicaid members ages 19 through 44.

Data source: MMIS

Hypothesis 3: The demonstration reduces 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.

Data required: The 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.

Data source: MMIS

Hypothesis 4: The demonstration improves 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, and who have 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.

Data source: MMIS

B. Evaluation Design

1. Coordination: Please describe the management/coordination of the evaluation, including: information about the organization conducting the evaluation; and timelines for implementation of the evaluation and reporting deliverables.

The Department manages the evaluation of Montana Plan First. At the end of each waiver year, the Department completes the evaluation and delivers a report within 90 days of waiver year end to CMS. The evaluation includes the rate in expenditure growth for family planning services on a per capita basis, using total expenditures recorded during the first year of the demonstration as a baseline.

2. Performance Measures/Data Sources: Please describe the demonstration performance measures, including:

- **Specific performance measures and the rationale for selection, including statistical reliability and validity;**
  1. The percent increase in the number of women ages 19 through 44 receiving family planning services paid by Medicaid. Rationale for selection: High statistical reliability and validity because claims data for actual services received are used (not sample data).
  2. The percent decrease in the annual number of births paid by Medicaid for women ages 19 through 44. Rationale for selection: High statistical reliability and validity because actual claims data for births paid by Medicaid are used to compare to previous years' data (not sample data).
  3. The percent decrease in the amount of Federal and State Medicaid expenditures for prenatal, delivery, and newborn and infant care. Rationale for selection: High statistical reliability and validity because claims data for actual services are used to compare to previous years' data (not sample data).
  4. The percent decrease in the number of subsequent births to Medicaid members age 19 through 44 who gave birth in the past 18 months. Rationale for selection: High statistical reliability and validity because claims data for actual services are used to compare to previous years' data (not sample data).

- **Measurement methodology and specifications, including eligible/target populations and time period of study for the specific measure;**
  Number of Montana women ages 19 through 44 with incomes at or below 211 percent FPL with access to family planning services over the life of the waiver
- **Data sources, method for data collection, rationale for the approach, and sampling methodology.**
  Data source—MMIS; method for data collection—Medicaid decision support system; rationale for approach—identification of service codes received by women ages 19 through 44 for family planning services, prenatal care, delivery, and newborn and infant care costs for the infant's first year, over the life of the waiver

Note: CMS recommends the following minimum data set for family planning demonstrations:

Measure	Number	Percentage Change
Enrollment		
Averted Births		

3. **Primary Care Referrals: Please describe how the State evaluates the extent to which clinical referrals to primary care are provided since health concerns requiring follow-up by a primary care provider may be identified during a family planning visit. (For example, some States may be able to provide quantitative information about the frequency of these clinical referrals and how it has changed over time. Other States may prefer to evaluate clinical referrals using qualitative information, which might be obtained, for example, from a focus group of enrollees participating in the family planning demonstration.)**

   Primary care referrals are not tracked.

4. **Integrate Earlier Findings: For renewal States, please describe how the evaluation design plan for the renewal integrates earlier evaluation findings and recommendations. (Note: renewal States are also asked to provide their interim evaluation report as Attachment E.)**

   Since the waiver has only been in operation for two years, Plan First is still in a data collection phase. The current evaluation plan still is still appropriate.

5. **Please provide an evaluation design plan for analysis, including:**
   - **Evaluation of performance;**
   - **Outcomes;**
   - **Limitations/Challenges/Opportunities;**
   - **Successes/Best Practices;**
   - **Interpretations/Conclusions;**
   - **Revisions to strategy or goals; and,**

- **Recommendations and implications at the State and Federal levels.**

Montana Plan First Evaluation Plan

Evaluation of Performance
- Executive summary.
- Information about the project.

Outcomes
- Data--quality of the data collected, how the data collected changed over time.
- Effectiveness—how the purposes, aims, objectives, goals, and quantified performance targets of the project were met.
- Impacts—the impact of the project on enrollees; impact on Medicaid program costs.

Limitations, Challenges, Opportunities
- What are the problems, barriers, limitations, undesired outcomes, remaining challenges, and opportunities of the project?
- What problems, if any, were *caused* by the project?

Successes, Best Practices
- What are the successes, achievements, and positive outcomes of the project?

Interpretations, Conclusions
- What are the principal conclusions concerning the findings of the evaluation?
- What are the principal conclusions concerning the policy and program issues involved in the project?

Revisions to Strategy, Goals
- Were revisions made to the project's strategy or goals?
- Discuss the reasons revisions were made to the project's strategy or goals.

Recommendations and Implications
- How can the purposes, aims, objectives, goals, and quantified performance targets of the project be more fully achieved?
- How can the design of the project be strengthened or improved?
- How can the implementation of this type of project be improved, in regard to reducing delays and improving marketing, outreach, enrollment, and administration?
- How can the participation of eligible women be increased in this type of project?
- What recommendations do we have for other states that may be interested in implementing a program or demonstration similar to the Montana Family Planning Project?

IX. **Budget Neutrality Agreement: The State needs to provide a budget neutrality spreadsheet as provided in Attachment C. The State also needs to describe the assumptions on which the budget neutrality spreadsheet is based. (For renewal States, the State also needs to provide the annual budget limits data described in the State's Special Terms and Conditions for each year of the demonstration.)**

1. **State Assumptions on Which the Budget Spreadsheet is Based.**

A. Regular FMAP—SFY blended rates:

2009	67.99%
2010	67.84%
2011	67.26%
2012	66.81%
2013	62.17%
2014	66.33%
2015	65.90%
2016	65.24%

B. Family Planning FMAP: 90.00%.

C. Medical Consumer Price Index cost trend: 6.1%, based on U.S. City Average, not seasonally adjusted, using monthly percent change blended for State Fiscal Year.

D. Delivery reduction: 6% per 4,000 women or 1.5% per 1,000 women based on other states' experiences.

E. Delivery to first year person factor: 1.0085% for base year; also used for projections.

F. Increase in deliveries of 1.7% per year without the waiver based on the average percent of Medicaid birth increase between SFY 2002 to SFY 2005.

G. Increase in growth of numbers of Medicaid family planning members of 5% per year, based on past rates of growth of the Medicaid pregnant woman eligibility category.

2. **State Source of Funds: Please also describe the source of funds that make up the State's share of the demonstration.**

State general fund monies make up Montana's share of the demonstration.

X. Waivers and Authority Requested

The following waivers are requested pursuant to the authority of Section 1115 of the Social Security Act (Please check all applicable that the State is requesting and attach further information if necessary):

☑ Amount Duration and Scope 1902(a)(10)(B) and (C) – The State offers the demonstration population a benefit package consisting only of approved family planning services.

☑ Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) 1902(a)(43)(A) – The State does not furnish or arrange EPSDT services to the demonstration population.

☑ Retroactive Coverage 1902(a)(34) – Individuals in the family planning demonstration program are not retroactively eligible.

☐ Eligibility Procedures 1902(a)(17) – Parental income is not included when determining a minor's (individual under age 18) eligibility for the family planning demonstration.

☑ Other (Please specify.) Resource Limitations 1902(a)(10)(A) and 1902(a)(17)—Montana requests waiver of these sections so the target population under this waiver are not subject to an asset test.

XI. Attachments

Place check marks beside the attachments you are including with the application.

- ☑ Attachment A: Letter of Support from State Primary Care Association
- ☑ Attachment B: Budget Neutrality Worksheet
- ☑ Attachment C: Interim Evaluation Report (for renewals only)
- ☑ Attachment D: Enrollment Application
- ☐ Other Attachments (Please indicate subject of attachment.)

XII. Contact Information and Signature

Please provide contact information for the person CMS should contact for questions related to the family planning demonstration project.

Family Planning Contact:

Name: Jo Thompson

Title: Chief, Member Management Bureau

Phone Number: 406-444-4146

Email: jothompson@mt.gov

June 30, 2014

Mary E. Dalton, State Medicaid Director
Name of Authorizing State Official (Typed)

_____
Signature of Authorizing State Official

Attachment A:
Letter of Support from
State Primary Care Association

MPCA Montana Primary Care Association, Inc.

Alan Strange, Ph.D.
Chief Executive Officer

May 2, 2008

Mary Noel
Montana Department of Public Health and Human Services
1400 Broadway
P.O. Box 202952
Helena, MT 59620-2952

To Whom It May Concern:

The Montana Primary Care Association (MPCA) urges approval of the Montana Department of Health and Human Services' Family Planning Section 1115 research and demonstration waiver. This waiver would expand access to family planning services to women of child-bearing age with incomes up to 185% poverty. The ultimate results would be the reduction of unwanted pregnancies, improvement in health and birth outcomes, and better detection and treatment of sexually-transmitted diseases.

MPCA works with the twelve community health centers, whose majority of patients are low income and/or uninsured. This waiver would help extend family planning services to these low income women who are especially at risk for unintended pregnancies and poor birth outcomes. The Department's plan for outreach and education would further help improve awareness and access to counseling and other services.

MPCA believes that overcoming financial barriers to family planning services is critical first step in improving the reproductive health and birth outcomes of low income women. MPCA supports the approval of Montana's 1115 Family Planning Waiver.

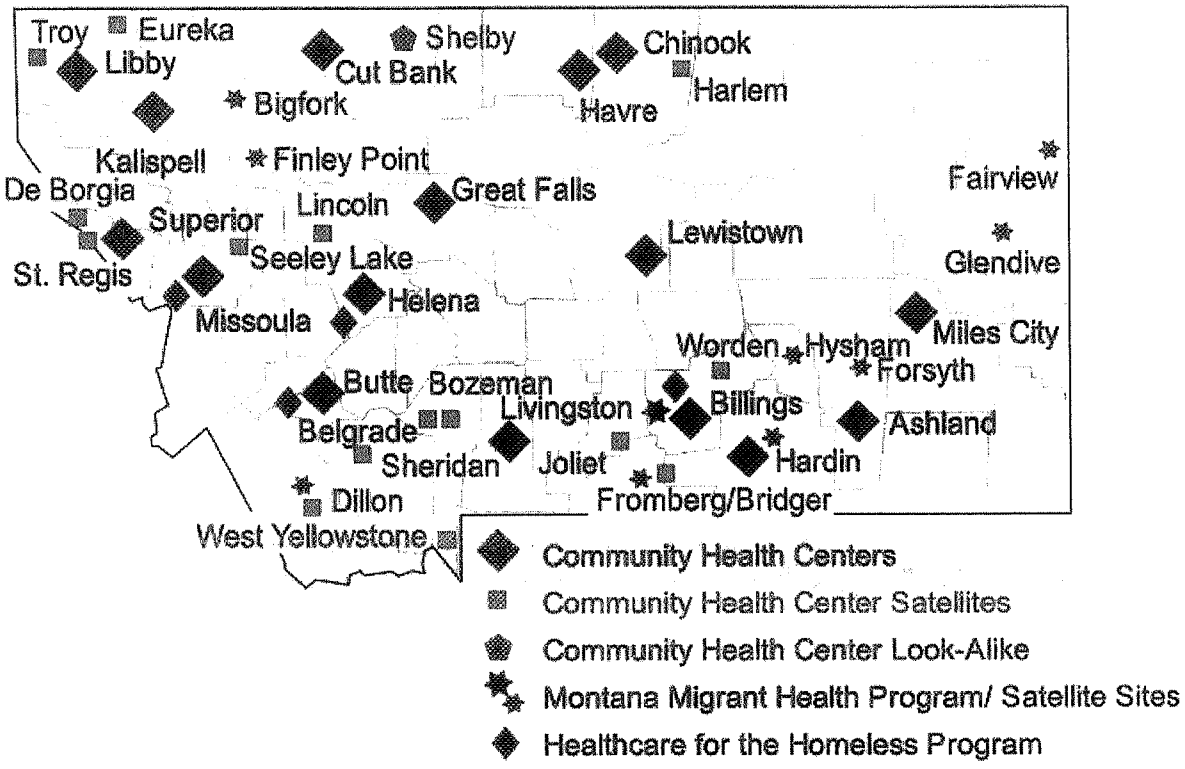
Sincerely yours,

[redacted]

Alan W. Strange
Chief Executive Officer

1805 Euclid Avenue • Helena, Montana 59601
(406) 442-2750 • FAX (406) 449-2460

Montana Primary Care Association
Health Services Sites 2014



Attachment B:
Budget Neutrality Worksheet

Trend Rate

President's budget trend (2014-2016)	6.1%

Current Costs and Members	DY 1 & 2
FP Expenditures	$ 787,429
Avg FP Members	1,320
Cost per Person	$ 596.54
Cost PMPM	$ 49.71

	DY 1 CY 2012	DY 2 CY 2013	DY 3 CY 2014
Average Monthly Enrollment	701	2,658	2,937

Per Member/Per Month (PMPM) Cost (Total Computable)

	Trend	DY 4 CY 2015	DY 5 CY 2016	DY 6 CY 2017
Demonstration Eligibles	6.1%	$ 54.59	$ 57.92	$ 61.45

Extension Budget Neutrality Agreement (Total Computable)

	DY 4 CY 2015	DY 5 CY 2016	DY 6 CY 2017	Total
WITHOUT DEMONSTRATION				
Member Months	4,000	4,000	4,000	12,000
PMPM	$54.59	$57.92	$61.45	
Total Costs	$ 2,620,320.00	$ 2,780,160.00	$ 2,949,600.00	$ 8,350,080.00
WITH DEMONSTRATION				
Member Months	4,000	4,000	4,000	12,000
PMPM	$ 54.59	$ 57.92	$ 61.45	
Total Costs	$ 2,620,320.00	$ 2,780,160.00	$ 2,949,600.00	$ 8,350,080.00
Projected Margin	$ -	$ -	$ -	

Historical Enrollment and Expenditure Data

	Plan First Enrolled Members		
	2,012	2,013	2,014
January		1,411	2,939
February		1,582	3,074
March		1,793	3,006
April		1,961	2,815
May		2,114	2,850
June	184	2,264	
July	344	2,415	
August	525	2,619	
September	686	2,732	
October	891	2,778	
November	1,069	2,895	
December	1,208	2,902	
Average	701	2,658	2,937

Reported Expenditures			
Total	$ 284,603	$ 1,146,782	$ 332,244
Federal	$ 251,577	$ 1,020,009	$ 296,701
Non-Federal	$ 33,026	$ 126,773	$ 35,543

Attachment C:
Interim Evaluation Plan

Plan First Interim Evaluation Plan

Plan First has continued to enroll additional women in the program since the waiver's start in June 2012. We have met approximately 75% of our enrollment cap of 4,000 women. There have been two consequences of the Affordable Care Act (ACA). First, the extra effort needed for members to document the different household information required by the MAGI standards, has resulted in a lower return rate on renewals. However, that decrease in enrollment has been counteracted by ACA-funded Navigators at Planned Parenthood of Montana, who steer women towards Plan First when they do not qualify for any of the Exchange subsidies or plans. Montana Medicaid intends to improve the enrollment of women who lose Medicaid postpartum.

During the Plan First's duration from Federal Fiscal Year (FFY) 2012 Quarter Three (June 2012) through Quarter Two of FFY 2014, the total quarterly enrollment of the Montana Medicaid program has increased by 14.5%. During the same time frame, the number of pregnant women covered by Medicaid only increased by 6.9% and the number of infants less than one year only increased by 5.4%. While Montana has not documented a decrease in Medicaid-funded deliveries, the rate of increase of these deliveries is less than the overall growth in Medicaid

Attachment D:
Enrollment Application

Application for

Plan First

Medicaid Family Planning Program

A program of the Montana Department of Public Health and Human Services

Plan First is a Montana Medicaid family planning health care program for women 19 through 44. Plan First covers family planning services for eligible Montanans.

To find out more about Plan First or get help filling out this application:

Website: dphhs.mt.gov/planfirst
1-855-854-1399 In-State Toll Free
1-406-444-6446 Helena Area and Out-of State
MT Relay Service 711
Email: planfirst@mt.gov

This symbol 📄 lets you know you need to provide documents.

Part 1. Applicant Information

I am Female. ☐ Yes ☐ No

I am NOT pregnant now. ☐ Yes ☐ No I am pregnant

I am able to bear children. ☐ Yes ☐ No

I am a Montana resident. ☐ Yes ☐ No
You must be a Montana resident to be eligible for Plan First.

I am between the age 19 through 44. ☐ Yes ☐ No
Birth date _____
You must be age 19 through 44 to be eligible for Plan First.

If you answered "No" to any of these, you are not eligible for Plan First. You may be eligible for Medicaid. You can apply for Medicaid at any Office of Public Assistance. Call 1-800-332-2272 or email citizensadvocate@mt.gov to find locations of Offices of Public Assistance. Medicaid applications are available online at https://dphhs.mt.gov/publicassistance/index.shtml.

Part 2. Personal Information

First name	Last name	Middle initial
Mailing address		
City	State and Zip code	County where you live
Home address (if different than mailing)		
City	State and Zip code	County where you live
Birth date	SSN	
Home phone number	Work phone number	Cell phone number
Email address		
Preferred language ☐ English ☐ Spanish ☐ Other (specify)_____		

The Department of Public Health and Human Services will send you correspondence regarding your application and the Plan first program. You have the option to receive this information via U.S. Mail and/or email. You also have the option to be contacted by phone. Please indicate your preferred method of contact below.

Preferred Method of Contact (select one or both):
☐ U S Mail ☐ Email

Additional Method of Contact (select one or more):
☐ Home Phone ☐ Work Phone ☐ Cell Phone ☐ All

Additional Contact (Optional): If you prefer Plan First contact someone else if with any additional questions, please provide his or her information. By listing this person it gives us permission to share your Plan First program information with them.

Contact First and Last name		
Mailing address		
City	State and Zip code	Gender ☐ Female ☐ Male

Home phone number	Work phone number	Cell phone number
Email address		

Do you want us to send letters and follow-up information to:
☐ Applicant only ☐ Contact only ☐ Both Applicant AND Contact

Part 3. Health insurance

Do you have health insurance? ☐ Yes ☐ No If yes, include a copy of the front and back of your insurance cards.		
Insurance company name, address, and phone number		
Policyholder's Name	Policyholder's SSN	Policy number
Group number	Effective date of coverage	

Part 4. Citizenship and Identity

Are you a U S citizen? ☐ Yes ☐ No
If yes, include proof of U.S. citizenship or alien status and proof of identity (original documents or certified copies must be provided).
If no, include a copy of the document that proves legal U.S. status.

Proof of U S citizenship and identity or legal immigration status is only needed for the Plan First applicant, not for other family members. The complete list of acceptable documents can be found at **dphhs.mt.gov/planfirst**.

Please provide **one** of these four documents:

- U. S. Passport
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U S Citizenship (N-560 or N-561)
- Tribal Documents

If you do not have a U.S. Passport, a Certificate of Naturalization, a Certificate of U.S. Citizenship, or Tribal Documents please provide **one** of the Alternate Documents and **one** of the Photo ID Documents below:

Alternate Citizenship Documents (provide one):

- Birth record from the State, territory or local jurisdiction where you were born
- Certification of Report of Birth Abroad (DS-1350)
- Consular Report of Birth Abroad of a Citizen of the USA (FS-240)
- Certification of Birth Abroad (FS-545)
- US Citizen ID Card (I-197 or I-179)
- American Indian Card (I-872)
- Northern Mariana Card (I-873)
- Final Adoption Decree
- Evidence of US Government Civil Service Employment
- Official Military Record of Service (DD-214 or similar official document showing US place of birth)
- Department of Homeland Security's SAVE (Systematic Alien Verification for Entitlement)

Alternate Photo Identity Documents (provide one):

- Driver's license with photograph or personal identifying information (current or not more than three months since expiration)
- School ID with photograph
- U S military card or draft record

- U S military dependent card
- Federal, State, or Local government ID card with photograph or other personal identifying information (Federal, State, or local government)
- Certificate of Degree of Indian Blood, or other US American Indian/Alaskan Native tribal document with photograph or other personal identifying information

If you are not a U S citizen, enter your Alien Registration Number: _____

If you entered your Alien Registration Number on the line above, provide a copy of one of the items listed below as proof of the Alien Registration Number:

- Alien Registration Receipt Card, Permanent Resident Card, or Green Card
- Passport with the following unexpired stamps or attachments: Arrival-Departure Record (I-94) including the stamp showing status, Resident Alien Form (I-551) or Temporary Resident Card (I-688B or I-766)
- A court-ordered notice for asylum
- Other proof of lawful immigration status

Note: Federal law requires Plan First to see the original or a certified copy. Plan First will make a copy of any original documents provided and return the originals to you. You do not need to give the document to Plan First in person; Plan First will accept an original document or certified copy in person, by mail, or from a person authorized by the applicant to bring or send the document to Plan First.

U. S. Citizenship Documents

The National Center for Health Statistics can help the applicant find out where to get their birth certificate if they were born in a state other than Montana. Call 1-866-441-6247. The call is free or visit www.cdc.gov/nchs. Select "Births" and then select "Links to State Health Departments". If the applicant is unable to get the documents they need, please call Plan First at 1-855-854-1339 In-State Toll Free or 1-406-444-6446 Helena Area/Out-of-State (For TTY, call MT Relay Service 711).

Race and Ethnicity Information (Optional)

You do not have to answer, but this information helps Plan First find out if we are serving all ethnic groups and races in our state.

Select one:

☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Select one:

☐ American Indian or Alaskan Native
☐ Native Hawaiian or Pacific Islander
☐ White/Caucasian
☐ Asian
☐ Black or African American
☐ Unknown

Part 5. Additional Family Members

Do not include yourself in this number. How many relatives live with you? Relatives are related to you by blood, marriage or adoption.

Check only one box.

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9

Part 6. Expenses

Please provide copies of documents to verify payments you list.

Does anyone in your household pay for child support and/or dependent care (child or adult)?

☐ Yes ☐ No (if no, go to Part 7.)

If yes, identify the dependent care expenses for which you are billed, and are responsible to pay. If you do not report and verify expenses, the expense deduction will not be allowed. If anyone outside the household pays any expenses for the household, please enter their name in the applicable fields below.

Name of Dependent Receiving Care				
Type of Expense	Child Support	Child Support	Child Support	Child Support

(Circle one)	Child Care Disabled Adult Care	Child Care Disabled Adult Care	Child Care Disabled Adult Care	Child Care Disabled Adult Care
Name/phone# of Household Person Paying For Care/Monthly Amount Paid (Actual or Average)				
Name of Program/phone# And/or Name of Person Outside the household/phone# Paying all or part of Care				

Part 7. Income

Provide income information **for each household member.**

Please provide copies of documents to support the incomes you list.

The following is a list of documents that can be used:

- Pay stubs, pay envelopes, earnings statements from employers
- Award letters for Social Security, Supplemental Security Income, Unemployment Insurance benefits, Workers Compensation, Veterans Administration benefits, pensions, etc.
- Child support and/or alimony stubs or payment records
- Bank statements for checking accounts and savings accounts
- Federal income tax returns, bookkeeping records, expense records if self-employed
- Rental income or sales contract records/ledgers

Employment Income

NAME	EMPLOYER	YEARLY AMOUNT BEFORE TAXES
		$
		$
		$
		$
		$

Other Income Not From Employment

	NAME	YEARLY AMOUNT BEFORE TAXES OR OTHER DEDUCTIONS
Social Security		$
		$
Supplemental Security Income		$
		$
Unemployment Insurance		$
Workers' Compensation		$
		$
Child Support/Alimony		$
		$
Assistance Payments from a Tribe or Other State		$
		$
General Assistance (includes County or BIA)		$
		$
Interest/Dividends		$
		$
Veterans Benefits		$
		$
Military Allotment		$
Retirement Benefits/Pensions		$
Lease Income		$
		$
Royalties		$
		$
Foster Care Payments		$
		$
Temporary Disability Insurance		$
		$
Other:		$
		$
		$
		$
		$
		$

Part 8. Signature

Please read and sign.

Plan First will keep what you tell us private as required by law.
Plan First services are limited to family planning and birth control services for eligible women who need family planning services.
I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct, and complete to the best of my knowledge. I understand I can be penalized if I knowingly give false information.

Applicant's Signature _____ Date _____
(If you cannot sign your name, make a mark and have an adult sign next to your mark.)

Final checklist

- ☐ Did you answer all the questions on the application?
- ☐ Did you sign and date the application?
- ☐ Do you have all the documents you need?

Submit completed application and copies of documents, if needed, to:
Plan First, PO Box 202951, Helena MT 59620

Next steps

- If information on your application changes after you send the application, call or email:
  1-855-854-1399 In-State Toll Free
  1-406-444-6446 Helena Area and Out-of State
  MT Relay Service 711
  Email: planfirst@mt.gov
- We will review your application as quickly as possible. Please allow up to four weeks for us to make a decision.
- If information is missing, we will send you a letter telling you what else you need to send.
- We will send you a letter to tell you if you get Plan First services. If you are not eligible, we will send you a letter to tell you why.

Effective date of Plan First Enrollment

If determined eligible for enrollment, Plan First becomes effective on the first day of the month in which Plan First received your application.
If determined eligible for enrollment, you are covered for 12 months from the date your coverage begins unless you become ineligible. You will receive a renewal application to renew your coverage before the end of the 12 month coverage period.

Complaints:
Plan First is operated under ARM 37.82.701, 37.86.1701, 37.86.1705/6, and MCA 53-4-212/1105, 53-6-113.
If you are not satisfied with the actions taken on your application for Plan First, you have the right to a fair hearing. You can ask for a fair hearing by calling 1-800-362-8312. If you use a TTY, call 711. The call is free. You can also ask for a fair hearing by writing to:
Department of Public Health and Human Services, Office of Fair Hearings, PO Box 202953, Helena, MT 59620-2953.

Montana 1115 Plan First Waiver Renewal Public Input Notice Schedule

Present to the Children, Families, Health and Human Services Interim Committee	March 14, 2014	
Publish Waiver renewal information on DPHHS website, Plan First	March 31, 2014	Ongoing
Publish Waiver renewal information on DPHHS Calendar	March 31, 2014	
Post CMS waiver amemdment link on Plan First website	March 31, 2014	
Contact interested parties using Electronic Mailing Address	April 2, 2014	
Mail Tribal Consultation Letter	April 2, 2014	
Email Memo to Montana Health Coalition	April 2, 2014	
Publish Meeting Notice in 3 largest newspapers	April 3rd and 6th 2014	
Post waiver document with redline changes to website	April 4, 2014	
First Public Meeting and webmeeting Bighorn Room Riverstone Community Health Center 123 S 27th St Billings, Montana	April 9, 2014 11:00 AM	To register for the webex control click on this link https://hhsmt.webex.com/hhsmt/k2/j.php?MTID=t165c4e5d462ae8ad6802291120c73882 Phone call-in information follows: 1-877-668-4490 Access Code: 576 104 181.
Second Public Meeting and webmeeting Bighorn Room Cogswell Building, Room C205 1400 Broadway Helena, Montana	April 14, 2014 2:00 PM	To register for the webex control click on this link https://hhsmt.webex.com/hhsmt/k2/j.php?MTID=tfe55942fc284690fc7ada492eb33173f Phone call-in information follows: 1-877-668-4490 Access Code: 576 264 291.
Have governor sign letter.	June 1, 2014	
Complete 508 compliant version of waiver application	June 1, 2014	
Submit Waiver	By June 30, 2014	

MONTANA
DPHHS
Healthy People Healthy Communities
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

Janet Wolfname
Acting Director
Northern Cheyenne Tribal Health
P.O. Box 128
Lame Deer, MT 59043

Dear Janet Wolfname:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20; 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

The Honorable Llevando Fisher, Sr.
President
Northern Cheyenne Tribal Council
PO Box 128
Lame Deer, MT 59043

Dear Honorable Llevando Fisher, Sr.:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ◆ P. O. Box 202951 ◆ Helena, MT 59620-2951 ◆ Voice: 406-444-4455 ◆ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

The Honorable Mark Azure
President
Fort Belknap Indian Community Council
656 Agency Main Street
Harlem, MT 59526

Dear Honorable Mark Azure:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor
Richard H. Opper, Director

April 2, 2014

LeeAnn Johnson
Executive Director
Missoula Indian Center
830 W. Central Ave
Missoula, MT 59801

Dear LeeAnn Johnson:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA DPHHS
Healthy People Healthy Communities.

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

Moke Eaglefeathers
Executive Director
North American Indian Alliance
55 E. Galena
Butte, MT 59701

Dear Moke Eaglefeathers:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

Ernestine Belcourt
Executive Director
Indian Family Health Clinic
1220 Central Ave Ste. 2 B
Great Falls, MT 59401

Dear Ernestine Belcourt:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

Marjorie Bear Don't Walk
Executive Director
Indian Health Board of Billings
1127 Alderson
Billings, MT 59102

Dear Marjorie Bear Don't Walk:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ◆ P. O. Box 202951 ◆ Helena, MT 59620-2951 ◆ Voice: 406-444-4455 ◆ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

Keith Bailey
Executive Director
Helena Indian Alliance
501 Euclid Avenue
Helena, MT 59601

Dear Keith Bailey:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

Todd Wilson
Director
Crow Tribal Health Department
P.O. Box 159
Crow Agency, MT 59022

Dear Todd Wilson:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

Anna Whiting Sorrell
Director
Billings Area Indian Health Service
2900 4th Avenue North
Billings, MT 59101

Dear Anna Whiting Sorrell:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ◆ P. O. Box 202951 ◆ Helena, MT 59620-2951 ◆ Voice: 406-444-4455 ◆ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

Julian Shields
Director
Fort Peck Tribal Health
P.O. Box 1027
Poplar, MT 59255

Dear Julian Shields:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

Velva Doore
Director
Fort Belknap Tribal Health Department
656 Agency Main Street
Harlem, MT 59526

Dear Velva Doore:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services
Health Resources Division ◆ P. O. Box 202951 ◆ Helena, MT 59620-2951 ◆ Voice: 406-444-4455 ◆ Fax: 406-444-1861

Steve Bullock, Governor
Richard H. Opper, Director

April 2, 2014

Rosemary Cree Medicine
Director
Blackfeet Tribal Health Department
P.O. Box 866
Browning, MT 59417

Dear Rosemary Cree Medicine:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

S. Kevin Howlett
Department Head
Confederated Salish & Kootenai Tribal Health & Human Services
PO Box 880
St. Ignatius, MT 59864

Dear S. Kevin Howlett:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

The Honorable Ron Trahan
Chairman
Confederated Salish & Kootenai Tribal Council
PO Box 278
Pablo, MT 59855

Dear Honorable Ron Trahan:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

The Honorable Willie A Sharp Jr.
Chairman
Blackfeet Tribal Business Council
PO Box 850
Browning, MT 59417

Dear Honorable Willie A Sharp Jr.:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ◆ P. O. Box 202951 ◆ Helena, MT 59620-2951 ◆ Voice: 406-444-4455 ◆ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

Tim Rosette
Acting Chief Executive Officer
Rocky Boy Tribal Health Board
RR 1, Box 664
Box Elder, MT 59521

Dear Tim Rosette:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ◆ P. O. Box 202951 ◆ Helena, MT 59620-2951 ◆ Voice: 406-444-4455 ◆ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

The Honorable A.T. Stafne
Chairman
Fort Peck Tribal Executive Board
PO Box 1027
Poplar, MT 59255

Dear Honorable A.T. Stafne:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

The Honorable Darrin Old Coyote
Chairman
Crow Tribal Executive Council
PO Box 159
Crow Agency, MT 59022

Dear Honorable Darrin Old Coyote:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA
DPHHS
Healthy People Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Health Resources Division ♦ P. O. Box 202951 ♦ Helena, MT 59620-2951 ♦ Voice: 406-444-4455 ♦ Fax: 406-444-1861

Steve Bullock, Governor

Richard H. Opper, Director

April 2, 2014

The Honorable Richard "Rick" Morsette
Acting Chairman
Chippewa Cree Business Committee
RR 1, Box 544
Box Elder, MT 59521

Dear Honorable Richard "Rick" Morsette:

We are pleased to invite comment from all Tribal Presidents, Tribal Chairmen, Urban Center Directors and Indian Health Service Directors regarding the Montana Medicaid Waiver Amendments. Montana will be submitting two requests for approval to the Centers for Medicare and Medicaid Services (CMS) before June 30, 2014. The two waiver updates are the Section 1115 Basic Medicaid Waiver Amendment and the Section 1115 Plan First Family Planning Waiver Renewal.

The **Section 1115 Basic Medicaid Waiver** amendment submission will include the following changes effective August 1, 2014: add any individuals qualified for the State only Mental Health Services Plan (MHSP) Program as eligible within the enrollment cap; increase the enrollment cap for individuals from "up to 2000" to "up to 6000"; update the eligible diagnosis codes to allow all MHSP Program individuals with severe disabling mental illness; add a random draw with the diagnosis code hierarchy selection of schizophrenia first, bipolar second, major depressive disorder third, and then all remaining diagnosis codes; update the per member per month costs of all the waiver populations; update the amount of money (Maintenance of Effort) the State needs to continue to spend on benefits for the mental health waiver population; update the waiver budget neutrality; revise the waiver draft evaluation design; and update general waiver language. The estimated total three year federal fiscal benefit impact is $92,664,000.

The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the amendment: 1) WebEx hosted on April 9, 2014, 11:45 a.m., at Riverstone Community Health Center, 123 S 27th St, Bighorn Room, Billings, Montana 59101, and 2) WebEx hosted on April 14, 2014, 3:00 p.m., at the Cogswell Building, 1400 Broadway, Room C205, Helena, Montana 59601. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

The **Section 1115 Family Planning Waiver** services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants.

The waiver renewal will be for three years and makes the following changes effective January 1, 2015: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); and allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. The amended application and public notice details are located on the Department website at http://www.dphhs.mt.gov/. Two public meetings will be held regarding the renewal: 1) WebEx hosted April 9, 2014, 11:00-11:45 a.m. held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) WebEx hosted April 14, 2014, 2:00-3:00 p.m. at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana. Details to join the meetings by WebEx are found at http://www.dphhs.mt.gov/.

Both of these waivers increase eligibility for Medicaid. They provide reimbursement for services for people who would not have a payment source without the waiver.

The Department of Public Health and Human Services is committed to an extensive public process. We want you to have an opportunity to review the proposed action, understand the concepts and offer your comments. We invite your comments and questions postmarked by June 20, 2014. You may direct comments to Mary Eve Kulawik, Medicaid Analyst, at (406) 444-2584, mkulawik@mt.gov; or PO Box 4210, Helena, MT 59604. Please let us know if you would like to arrange a date and time to discuss these State Plan Amendments. Thank you and we look forward to working with you on this endeavor.

Sincerely,

[redacted]

Mary E. Dalton
State Medicaid Director

Cc: Jason Smith, Director, Governor's Office of Indian Affairs
Lesa Evers, Tribal Relations Manager, DPHHS

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Steve Bullock, Governor
Richard H. Opper, Director

Presentation to the Interim Committee on Children, Families, Health and Human Services – March 14, 2014

Plan First Waiver Renewal

Plan First is an 1115(a) Medicaid Waiver that provides family planning coverage for up to 4,000 Montana women who are:

- Aged 19-44 years,
- Able to bear children,
- Montana residents,
- US Citizens or qualified aliens,
- Less than 211% of the Federal Poverty Level, and
- Not currently enrolled in, or eligible for Medicaid.

2,958 Montana women are currently enrolled in Plan First which covers family planning related services. While most women covered by the waiver are uninsured, Plan First will pay for services not covered by a women's insurance or will pay the remainder of a partially covered service. Plan First is not responsible for copays or deductibles.

This waiver is currently authorized through December 31, 2014. The waiver application is due to CMS June, 30, 2014, to continue this program after January 1, 2015. The amendment will clarify current policy and no notable changes are being requested.

Basic Medicaid Waiver Amendment (also commonly known as the HIFA Waiver or MHSP Waiver)

The Basic Medicaid Waiver is an 1115 waiver that: A) expands Medicaid eligibility to up to 2000 people with a severe disabling mental illness; and B) provides a more limited benefit package than the "regular" Medicaid program to both the expanded population and able bodied adults.

Proposed Amendment/Expansion:

The Department is proposing to add approximately 4000 people currently remaining on the Mental Health Services Plan to the Basic Medicaid Waiver by November 2014. The addition of this population is dependent on budget neutrality negotiations with CMS. Waiver enrolled individuals will receive 12 months of continuous eligibility without reporting monthly changes of income or resources. They

are aged 18 through 64, with incomes at or below 150% FPL; residents of Montana; and not otherwise eligible for Medicaid.

Basic Medicaid Service Package:
The Basic Medicaid Waiver package generally excludes the following Medicaid services: audiology, dental and denturist, durable medical equipment, eyeglasses, optometry and ophthalmology for routine eye exams, personal care services, home infusion and hearing aids. These excluded services may be provided at the State's discretion in cases of emergency or when essential to obtain or maintain employment.

Populations Currently Covered:
Two populations are currently covered under the Basic Medicaid Waiver:
1) Since 1996 the Basic Medicaid Waiver has covered **Able Bodied Adults** age 21 to 64 (neither pregnant nor disabled), who are parents and/or caretaker relatives of dependent children, who are qualified under Section 1925 and 1931 of the Social Security Act, with incomes at or below 52% of the Federal Poverty Level (FPL); and

2) In December 2010 the Basic Medicaid Waiver expanded to cover up to 800 **individuals with a primary clinical diagnosis of a severe disabling mental illness (SDMI) of schizophrenia or bipolar disorder. On** January 1, 2014 the waiver was expanded to cover an additional 1200 individuals with a primary diagnosis of major depression or schizoaffective disorder. This total of 2000 additional individuals with a severe disabling mental illness previously qualified for the State only Mental Health Services Plan (MHSP) Program. They had a limited mental health and pharmacy package and no physical health coverage under MHSP.

If you have questions or comments on either of these 1115 waivers, please feel free to contact Mary Dalton, Medicaid and Health Services Branch Manager, at 444-4084 or mdalton@mt.gov

AFFIDAVIT OF PUBLICATION
THE MISSOULIAN

500 S. Higgins Ave.
Missoula, MT 59801
Phone: (406) 523-5236 Fax: (406) 523-5221

Ad Number: 2840343

Chris Arvish, being first duly sworn, deposes and says. That she is the principal clerk of The Missoulian, a newspaper of general circulation published daily in the City of Missoula, in the County of Missoula, State of Montana, and has charge of the Advertisements thereof.

That the legal regarding:

Waiver

a true copy of which is hereto annexed, was published in said newspaper on the following dates: via:

April 16, 2014

[redacted]

Making all 2 publication(s)

On this day of Apr. 7, 2014 before me, the undersigned, a Notary Public for the State of Montana, personally appeared Chris Arvish known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed same. IN WITNESS WHERFOF, I have hereunto set my hand and affixed my notarial seal the day and year first above written.

[redacted]

KAY LACY
NOTARY PUBLIC for the
State of Montana
Residing at Lolo, Montana
My Commission Expires
May 20, 2017

Venue: Missoula, Montana, County of Missoula

Page	:	1 of 2 04/07/2014 09:25:52	Ad Number	:	11084615
			Ad Key	:	
Order Number	:	20340343	Salesperson	:	DF01 - Default Transient Salesperson
PO Number	:		Publication	:	Online Liners
Customer	:	60023900 DPHHS	Section	:	Classified
Contact	:	Director's Office	Sub Section	:	Legals
Address1	:	PO Box 4210	Category	:	399 Legals
Address2	:		Dates Run	:	04/01/2014-04/06/2014
City St Zip	:	Helena MT 59604	Days	:	2
Phone	:	(406) 444-1918	Size	:	1 x 7.33, 78 lines
Fax	:		Words	:	355
	:		Ad Rate	:	Legal Govt
Printed By	:	misarvic	Ad Price	:	85.00
Entered By	:	misarvic	Amount Paid	:	0.00
			Amount Due	:	85.00
Keywords	:	On or before 06/30/2014, the Department of Public			
Notes	:				
Zones	:				

On or before 06/30/2014, the Department of Public Health and Human Services will submit the Section 1115 Plan First Family Planning Waiver Renewal for approval to the Centers for Medicare and Medicaid Services. The proposed effective date is 1/1/15. The waiver is effective for 3 years. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants. The waiver renewal makes the following changes: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. Waiver Services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. Contact Elizabeth LeLacheur, Program Officer, at (406) 444-6002, elelacheur@mt.gov, or PO Box 202951, Helena MT 59620 with questions, comments, or to review the changes. The estimated total annual federal fiscal benefit impact is $2,107,700. The current waiver, waiver benefit description, eligibility and program description, cost sharing requirements, waiver evaluation design with goals/objectives, healthcare delivery system, amended application, public notice details, and DPHHS report to the 2013 Legislature with waiver history information are located on the Department website at http://www.dphhs.mt.gov/planfirst.

RECEIVED
APR 9 2014
DPHHS DIRECTOR'S OFFICE

			Ad Number	:	11084615
			Ad Key	:	
Order Number	:	20340343	Salesperson	:	DF01 - Default Transient Salesperson
PO Number	:		Publication	:	Online Liners
Customer	:	60023900 DPHHS	Section	:	Classified
Contact	:	Director's Office	Sub Section	:	Legals
Address1	:	PO Box 4210	Category	:	399 Legals
Address2	:		Dates Run	:	04/01/2014-04/06/2014
City St Zip	:	Helena MT 59604	Days	:	2
Phone	:	(406) 444-1918	Size	:	1 x 7.33, 78 lines
Fax	:		Words	:	355
	:		Ad Rate	:	Legal Govt
Printed By	:	misarvic	Ad Price	:	85.00
Entered By	:	misarvic	Amount Paid	:	0.00
			Amount Due	:	85.00
Keywords	:	On or before 06/30/2014, the Department of Public			
Notes	:				
Zones	:				

Two public meetings will be held regarding the amendment: 1) April 9, 2014, 11:00-11:45 AM by Webex https://hhsmt.webex.com/hhsmt/k2/j.php?MTID=t165c4e5d462ae8ad6802291120c73882. Phone call-in information follows: 1-877-668-4490. Access Code: 576 104 181. Meeting will be held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) April 14, 2014, 2:00-3:00 PM by Webex https://hhsmt.webex.com/hhsmt/k2/j.php?MTID=tfe55942fc284690fc7ada492eb33173f. Phone call-in information follows: 1-877-668-4490. Access Code: 576 284 291. Meeting will be held at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana.
#20340343 April 1 & 6, 2014

AFFIDAVIT OF PUBLICATION THE GREAT FALLS TRIBUNE
205 RIVER DR S
GREAT FALLS, MT 59405
Phone: (406) 791-1444
Toll Free (800) 438-6600

Terri VanLieshout, being first duly sworn deposes and says that GREAT FALLS TRIBUNE COMPANY is a corporation duly incorporated under the laws of the State of Delaware, that the said GREAT FALLS TRIBUNE COMPANY is the printer and publisher of the GREAT FALLS TRIBUNE, a daily newspaper of general circulation of the County of Cascade, State of Montana, and that the deponent is the principal clerk of said GREAT FALLS TRIBUNE COMPANY, printer of the GREAT FALLS TRIBUNE, and that the advertisement hereto annexed...

PLAN FIRST FAMILY PLANNING WAIVER RENEWAL FOR APPROVAL

Has been published correctly TWO times in the regular and entire issue of said paper on the following dates:

APRIL 1ST , 6TH 2014

[redacted]

STATE OF MONTANA
County of Cascade

On this 7TH day of APRIL 2014, before me the undersigned, a Notary Public of the State of Montana, personally appeared Terri VanLieshout, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

In witness whereof, I have hereunto set my hand and affixed my Notarial Seal the day and year first above written.

Vivian A Hunter
Print Name

[redacted]
Signature

VIVIAN A. HUNTER
NOTARY PUBLIC for the
State of Montana
Residing at Great Falls, Montana
My Commission Expires
November 12, 2017

On or before 06/30/2014, the Department of Public Health and Human Services will submit the Section 1115 Plan First Family Planning Waiver Renewal for approval to the Centers for Medicare and Medicaid Services. The proposed effective date is 1/1/15. The waiver is effective for 3 years. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants. The waiver renewal makes the following changes: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. Waiver Services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. Contact Elizabeth LeLacheur, Program Officer, at (406) 444-6002, elelacheur@mt.gov, or PO Box 202951, Helena MT 59620 with questions, comments, or to review the changes. The estimated total annual federal fiscal benefit impact is $2,107,700. The current waiver, waiver benefit description, eligibility and program description, cost sharing requirements, waiver evaluation design with goals/objectives, healthcare delivery system, amended application, public notice details, and DPHHS report to the 2013 Legislature with waiver history information are located on the Department website at http://www.dphhs.mt.gov/planfirst. Two public meetings will be held regarding the amendment: 1) April 9, 2014, 11:00-11:45 AM by Webex https://hhsmt.webex.com/hhsmt/k2/j.php?MTID=t165c4e5d462ae8ad6802291120c73882. Phone call-in information follows: 1-877-668-4490. Access Code: 576 104 181. Meeting will be held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) April 14, 2014, 2:00-3:00 PM by Webex https://hhsmt.webex.com/hhsmt/k2/j.php?MTID=tfe55942fc284690fc7ada492eb33173f. Phone call-in information follows: 1-877-668-4490. Access Code: 576 264 291. Meeting will be held at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana.
(208535) 4/1, 6.

AFFIDAVIT OF PUBLICATION
THE BILLINGS GAZETTE

401 N 28th St
Billings, MT 59101
Phone: (406) 657-1212 Fax: (406) 657-1345

Ad Number: 20604950

On or before 08/30/2014, the Department of Public Health and Human Services will submit the Section 1115 Plan First Family Planning Waiver Renewal for approval to the Centers for Medicare and Medicaid Services. The proposed effective date is 1/1/15. The waiver is effective for 3 years. The current waiver includes about 3,000 women, aged 19-44, able to bear children and not presently pregnant, and not eligible for Medicaid or Medicare. The waiver renewal continues to decrease the number of births paid by Medicaid and improve health outcomes for participants. The waiver renewal makes the following changes: increases the household income limit from 200% to 211% of the federal poverty level (effective 1/1/14 required by the Affordable Care Act); allows payments for applicants who have health coverage other than Medicaid or Medicare, for covered services not fully paid by the other health coverage. Plan First does not pay co-pays or deductibles required by the member's other health coverage. Waiver Services are limited to family planning services, including family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases, and delivery of vaccines to prevent sexually transmitted diseases. Contact Elizabeth LeLacheur, Program Officer, at (406) 444-6002, elelacheur@mt.gov, or PO Box 202951, Helena MT 59620 with questions, comments, or to review the changes. The estimated total annual federal fiscal benefit impact is $2,107,700. The current waiver, waiver benefit description, eligibility and program description, cost sharing requirements, waiver evaluation design with goals/objectives, healthcare delivery system, amended application, public notice details, and DPHHS report to the 2013 Legislature with waiver history information are located on the Department website at http://www.dphhs.mt.gov/planfirst. Two public meetings will be held regarding the amendment: 1) April 9, 2014, 11:00-11:45 AM by Webex https://hhsmt.webex.com/hhsmt/k2/j.php?MTID=[illegible] Phone call-in information follows: 1-877-668-4490. Access Code: 576 104 181. Meeting will be held at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, Montana; and 2) April 14, 2014, 2:00-3:00 PM by Webex https://hhsmt.webex.com/hhsmt/k2/j.php?MTID=[illegible] Phone call-in information follows: 1-877-668-4490. Access Code: 576 284 291. Meeting will be held at the Cogswell Building, Room C205, 1400 Broadway, Helena, Montana.

April 1, 6, 2014

Hannah Ingham, being first duly sworn, deposes and says. That she is the principal clerk of The Billings Gazette, a newspaper of general circulation published daily in the City of Billings, in the County of Yellowstone, State of Montana, and has charge of the Advertisements thereof.

That the: 4 Folio legal regarding:
a true copy of which is hereto annexed, was published in said newspaper on the following dates: via:

April 1, 6, 2014

Making all 2 publication(s)

Mark below if certification for the State of Montana
X I hereby certify that I have read sec. 18-7-204 and 18-7-205, MCA, and subsequent revisions, and declare that the price or rate charged the State of Montana for the publication for which claim is made in the attached papers in the amount of $_____ is not in excess of the minimum rate charged any other advertiser for publication of advertisement, set in the same size type and published for the same number of insertions, further certify that this claim is correct and just in all respects, and that payment or credit has not been received

[redacted]

STATE OF MONTANA
County of Yellowstone

On this day of April 7, 2014 before me, the undersigned, a Notary Public for the State of Montana, personally appeared Hannah Ingham known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed same. IN WITNESS WHERFOF, I have hereunto set my hand and affixed my notarial seal the day and year first above written.

[redacted]

NOTARY PUBLIC for the State of Montana
Residing at Billings, MT

My commission expires: June 25, 2015

TAMMY WARD NOTARIAL SEAL STATE OF MONTANA

TAMMY WARD
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
My Commission Expires
June 25, 2015

Department of Public Health and Human Services
Montana Medicaid
Plan First Medicaid 1115(a) Family Planning Waiver Renewal
Effective January 1, 2015
WebEx Public Meeting
Wednesday, April 9, 2014 11:00 AM-11:45 PM
Hosted at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, MT
Join Audio, Call 1-877-668-4490, Access Code, 576 104 181
Access Internet Presentation
https://hhsmt.webex.com/hhsmt/k2/j.php?MTID=t165c4e5d462ae8ad6802291120c73882

11:00	**Welcome and Introductions**
11:05	**Review Posted Materials**
11:20	**1115(a) Family Planning Waiver Summary**
11:25	**Review Basic Medicaid Waiver Renewal Changes**
11:30	**Public Comment-Discussion**
11:45	**Adjourn**

For questions, please contact: Elizabeth LeLacheur, Program Officer, at elelacheur@mt.gov, at PO Box 202951, Helena, MT, 59620 or (406) 444-6002. Please call if you need an accomodation.

Minutes from
Department of Public Health and Human Services
Montana Medicaid
Plan First Medicaid 1115(a) Family Planning Waiver Renewal
Effective January 1, 2015
WebEx Public Meeting
Wednesday, April 9, 2014 11:00 AM-11:45 PM
Hosted at Riverstone Community Health Center, Bighorn Room, 123 S. 27th St, Billings, MT

Attendees: Martha Stahl from Planned Parenthood of Montana and Elizabeth LeLacheur attended the meeting in person. Jo Thompson and Becky Corbett from Montana Department of Public Health and Human Services, Kristianne Wilson from Billings Clinic, and Lilia Guillen from Beaverhead County Health Department attended by phone.

11:01 **Welcome and Introductions** - Participants were welcomed and introduced.

11:05 **Review Section on Medicaid 1115 waivers and summary of current Family Planning waiver from "The Montana Medicaid Program, Report to the 2013 Legislature"** - Elizabeth LeLacheur read sections of this document, explaining that waivers are exceptions to standard Medicaid rules published by the Centers for Medicare and Medicaid Services (CMS). The following items were outlined:

- 1115 Waivers are for experimental, pilot, or demonstration projects. If approved by CMS, it can be used to expand eligibility and services can be limited.
- A brief description of the current waiver, in effect through December 31, 2014 was described.
- The document is posted at http://www.dphhs.mt.gov/planfirst.

11:08 **Plan First Waiver public notice was read by Elizabeth LeLacheur-**

- The waiver application is submitted by 06/30/2014 for an effective waiver span of 01/01/2015-12/31/2017.
- The current waiver includes about 3,000 women, aged 19-44, able to bear children but not presently pregnant, and not eligible for Medicaid.
- The waiver renewal makes the following changes: increases the household income from 200% to 211% of the federal poverty level; and allows payments for applicants who have health coverage, other than Medicaid, for covered services not fully paid by the other health coverage.
- Waiver Services are limited to family planning services, family planning office visits, contraceptive supplies, sterilization, laboratory services, testing and treatment of sexually transmitted diseases (STDs), and vaccinations to prevent STDS.

- Waiver documents are posted at http://www.dphhs.mt.gov/planfirst.

11:13-19 The background, summary and public notice were repeated because someone joined late.

11:20 **Public Comment-Discussion** – Martha Stahl, Planned Parenthood of Montana CEO, commented that she would like to see the waiver cap increased to 6,000 members, services for men added, and waiver services available for women less than 19 years of age. Planned Parenthood Affordable Care Act Navigators have been counselling patients on coverage for the last 6 months, and are recommending Plan First to eligible women. Kristianne Wilson commented that Billings Clinic supports the waiver and sees eligible women who qualify for the Family Planning waiver services. Billings Clinic would like to decrease Medicaid births and improve outcomes for the women. Kristiane also wanted to know if Billings Clinic could help evaluate the effectiveness of the program. Elizabeth LeLacheur explained that DPHHS would welcome data or evaluation ideas. Evaluation data for the waiver application would be available soon. Lilia Guillen did not have any comments. Other DPHHS attendees did not have comments.

11:26 **Closing-** After asking for additional comments, participants were notified that any additional comments are welcome through June 20, 2014 and may be sent to elelacheur@mt.gov, by phone 406-444-6002, or can be submitted in writing at PO Box 202951, Helena, MT 59620. Another public meeting will take place April 14th, at 2 PM at the Cogswell Building in Helena. Adjourn.

Department of Public Health and Human Services
Montana Medicaid
Plan First Medicaid 1115(a) Family Planning Waiver Renewal
Effective January 1, 2015
WebEx Public Meeting
Monday, April 14, 2014 2:00 PM-3:00 PM
Cogswell Building, Room C205, 1400 Broadway, Helena, MT
Join Audio, Call 1-877-668-4490, Access Code, 578 264 291
Access Internet Presentation
https://hhsmt.webex.com/hhsmt/k2/j.php?MTID=tfe55942fc284690fc7ada492eb33173f

2:00	**Welcome and Introductions**
2:10	**Review Posted Materials**
2:15	**1115(a) Family Planning Waiver Summary**
2:20	**Review Basic Medicaid Waiver Renewal Changes**
2:30	**Public Comment-Discussion**
2:50	**Adjourn**

For questions, please contact: Elizabeth LeLacheur, Program Officer, at elelacheur@mt.gov, at PO Box 202951, Helena, MT, 59620 or (406) 444-6002. Please call if you need an accomodation.

Department of Public Health and Human Services
Montana Medicaid
Plan First Medicaid 1115(a) Family Planning Waiver Renewal
Effective January 1, 2015
WebEx Public Meeting
Monday, April 14, 2014 2:00 PM-3:00 PM
Cogswell Building, Room C205, 1400 Broadway, Helena, MT

Attendees: The following DPHHS employees attended this meeting in person: Jo Thompson and Elizabeth LeLacheur from the Health Resource Division, Liz Johnson and A.C. Rothenbuecher from the Public Health and Safety Division, Marcia Armstrong and Becky Corbett from the Addictive and Mental Disorders Divison and Mary Eve Kulawik from the Directors Office. Lilia Guillen joined by phone from the Beaverhead County Health Department.

2:02 **Welcome and Introductions** - Participants were welcomed and introduced.

2:04 **Review Section on Medicaid 1115 waivers and summary of current Family Planning waiver from "The Montana Medicaid Program, Report to the 2013 Legislature"** - Elizabeth LeLacheur read sections of this document, explaining that waivers are exceptions to standard Medicaid rules published by the Centers for Medicare and Medicaid Services (CMS). The following items were outlined:

- 1115 Waivers are for experimental, pilot, or demonstration projects. If approved by CMS, they can be used to expand eligibility and services can be limited.
- A brief description of the current waiver, in effect through December 31, 2014 was described.
- The document is posted at http://www.dphhs.mt.gov/planfirst.

2:06 **Plan First Waiver public notice was read by Elizabeth LeLacheur-**

- The waiver application is submitted by 06/30/2014 for an effective waiver span of 01/01/2015-12/31/2017.
- The current waiver includes about 3,000 women, aged 19-44, able to bear children but not presently pregnant, and not eligible for Medicaid.
- The waiver renewal makes the following changes: increases the household income from 200 % to 211% of the federal poverty level; and allows payments for applicants who have health coverage, other than Medicaid, for covered services not fully paid by the other health coverage.
- Waiver Services are limited to family planning services, family planning office visits, contraceptive supplies, sterilization, laboratory services,

testing and treatment of sexually transmitted diseases (STDs), and vaccinations to prevent STDS.

- Waiver documents are posted at http://www.dphhs.mt.gov/planfirst.

2:12 **Public Comment-Discussion-** Lilia Guillen commented that the Plan First waiver benefits enrollees especially the uninsured. A.C. Rothenbuecher asked about the comment period. Elizabeth LeLacheur explained that it continued through June 20, 2014. A.C. also asked what the current cap was and how could it be raised. Elizabeth LeLacheur explained that while 3,000 members were currently enrolled, the cap is 4,000, and there is not a current plan to increase eligibility.

2:15 **Closing-** After asking for additional comments, participants were notified that additional comments are welcome through June 20, 2014 and may be sent to elelacheur@mt.gov, by phone 406-444-6002, or can be submitted in writing at PO Box 202951, Helena, MT 59620.

Lelacheur, Elizabeth

From: Miller, Donna <donna.miller@ppmontana.org>
Sent: Tuesday, April 15, 2014 9:41 AM
To: Lelacheur, Elizabeth
Subject: Plan first

Dear Liz,
I am an outreach educator for Planned Parenthood and am out in the community most of my time. It is very emotional to see the relief on the faces of women who struggle to pay for birth control and find out that they qualify for Plan first. This program is extremely vital!! The women end up giving me the biggest hug when I explain to them the benefits of applying for this plan. One women told me that it was like a huge weight had been lifted off her shoulders because now she could protect herself from an unwanted and unplanned pregnancy. I have had some women tear up when I talked about the program and what it has to offer.
The way I look at it is this program shows that our state respects women at a very vulnerable time in their life. Plan first gives women their dignity back and says we want you to succeed in life and to follow your dreams of becoming an independent and productive member of our society. I applaud this program and feel this is one program that encourages families to take charge of their life and to break the cycle of poverty.
Donna Miller

Lelacheur, Elizabeth

From: Mari Dominguez <mdominguez@bridgercare.org>
Sent: Tuesday, April 15, 2014 5:16 PM
To: Lelacheur, Elizabeth
Subject: Plan First

Hi Liz,

I am writing to express my support for continued implementation of Plan First. It has helped just under 500 patients at Bridgercare in the past
1 ½ years obtain effective contraception, especially intrauterine systems and implants that they very likely would have foregone without
the program due to their inability to afford. As well, a significant number of women have been able to obtain followup assessments after
abnormal pap results through Plan First coverage. This is a service (colposcopy) that a significant number of our patients fail to obtain
due to the cost through local GYN providers $1,000 - $1,200.

Our patients are very appreciative of the chance to access effective contraception and other reproductive healthcare through this effective
program.

Sincerely,

Mari Dominguez RN, Executive Director | Bridger*care*
406.587.0681 ext. 17 www.bridgercare.org

Lelacheur, Elizabeth

From:	Booke, Kevin <Kevin.Booke@ppmontana.org>
Sent:	Thursday, April 17, 2014 10:59 AM
To:	Lelacheur, Elizabeth
Cc:	Rothenbuecher, Adrianna (A.C.)
Subject:	Plan First

Hi Liz,

I was looking at the Plan First Renewal Submission online and noticed something that I have a question about. It says Plan First will pay the remainder of a partially covered service (I didn't know about this), but is not responsible for copays or deductibles. Does this mean if the service is applied to the patient's deductible, Plan First will not cover, and if the patient's insurance covers the service at 80%, Plan First will pay the patient's 20% coinsurance amount? I'm confused. I always thought if the patient's insurance in any way covered the service (paying any amount or applying entirely to deductible), Plan First would not cover the service. Can you help me understand?

Plan First Waiver Renewal

Plan First is an 1115(a) Medicaid Waiver that provides family planning coverage for up to 4,000 Montana women who are:

- Aged 19-44 years,
- Able to bear children,
- Montana residents,
- US Citizens or qualified aliens,
- Less than 211% of the Federal Poverty Level, and
- Not currently enrolled in, or eligible for Medicaid.

2,958 Montana women are currently enrolled in Plan First which covers family planning related services. While most women covered by the waiver are uninsured, Plan First will pay for services not covered by a women's insurance or will pay the remainder of a partially covered service. Plan First is not responsible for copays or deductibles.

This waiver is currently authorized through December 31, 2014. The waiver application is due to CMS June, 30, 2014, to continue this program after January 1, 2015. The amendment will clarify current policy and no notable changes are being requested.

Thanks,

Planned Parenthood®
Care. No matter what.
Planned Parenthood of Montana

Kevin Booke

Patient Financial Services Manager
Phone: 406.869.5005
Fax: 406.869.5056

www.plannedparenthood.org/montana **Find us on Facebook**

This email and any files transmitted with it from PPMT is confidential and intended solely for the use of the [illegible] immediately by replying to the message and deleting it from your computer. Thank you.

Lelacheur, Elizabeth

From: Shannon Pogh <spogh@bridgercare.org>
Sent: Friday, April 18, 2014 11:52 AM
To: Lelacheur, Elizabeth
Subject: Plan First support

Liz,

I was informed that you are accepting comments in support of the Plan First program and wanted to provide some feedback. I have worked at Bridgercare for eight years and can attest to the difference it has made for both the clinic and patients since it has become available. We have found that patients are very interested in getting insured, but the high cost of premiums are a barrier. In addition, although the Affordable Care Act implementation has added to the number of patients staying insured/becoming insured, there are still many patients who fall through the cracks in terms of finding affordable coverage. For example, patients whose income is too high to qualify for a subsidy on the Marketplace, but still cannot afford a monthly premium. For these patients, Plan First is an invaluable resource.

We have also noticed a surge in patients requesting LARCs (long acting reversible contraceptives) with Plan First. Where the higher up-front cost would have been a barrier for obtaining this method for many, patients can now utilize this highly effective, long-term method of contraception. One of our goals in family planning care is providing patients with highly effective methods that are convenient for them to use- and Plan First coverage facilitates this with LARCs and non-LARCs alike by covering multiples cycles of BC at a time to reduce patient need to travel to the clinic (while affording the clinic the ability to cover the costs associated with dispensing multiple cycles at a time.)

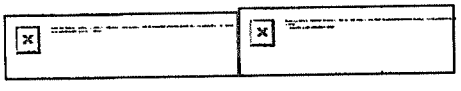
Receiving reimbursements on patient services that otherwise may not be supplemented by patient fees has really impacted our clinic, helping us to continue to provide great care at reduced cost to our patients consistently, even when funding and political climate are always a variable with Title X. Being able to enroll patients on site has been very helpful as well, as many patients appreciate being able to take care of the process here and having guidance vs. following up on their own. Nearly all of our Plan First insured were enrolled on-site.

We hope this great program continues, as it is serving a population in need while helping sites like ours cover costs and provide even better care as a result.

Thank you,

--

Shannon Pogh
office manager | bridgercare
406-587-0681 ext 30 spogh@bridgercare.org



Logo

Application for **ver10.20.2011**

Plan First

Medicaid Family Planning Program

A program of the Montana Department of Public Health and Human Services

❀ Plan First is a Montana Medicaid family planning health care program for women 19 through 44. Plan First covers family planning services for eligible Montanans.

❀ To find out more about Plan First or get help filling out this application:
Website: www.planfirst.mt.gov
1-866-xxx-xxxx In-State Toll Free
1-406-xxx-xxxx Out-of State and Helena Area 1-406-xxx-xxxx
MT Relay Service 711
Email: xxxxx@mt.gov

This symbol 🗎 lets you know you need to provide documents.

Part 1. Applicant Information

I am <u>NOT</u> pregnant now. ☐ Yes ☐ No I am pregnant

I am able to bear children. ☐ Yes ☐ No

I am a Montana resident. ☐ Yes ☐ No
You must be a Montana resident to be eligible for Plan First.

I am between the age 19 through 44. ☐ Yes ☐ No
Birth date _____
You must be age 19 through 44 to be eligible for Plan First.

<u>If you answered "No" to any of these</u>, you are not eligible for Plan First. You may be eligible for Medicaid. You can apply for Medicaid at any Office of Public Assistance. Call 1-800-332-2272 or email <u>citizensadvocate@mt.gov</u> to find locations of Offices of Public Assistance. Medicaid applications are available online at https://dphhs.mt.gov/publicassistance/index.shtml.

Part 2. Personal Information

Last name	First name	Middle initial
Mailing address		
City	State and Zip code	County where you live

DRAFT

Home address (if different than mailing)		
City	State and Zip code	County where you live
Birth date	SSN	Gender ☐ Female ☐ Male
Home phone number	Work phone number	Cell phone number
Email address		
Preferred language ☐ English ☐ Spanish ☐ Other (specify)_____		
How do you prefer to be contacted? ☐ U S Mail ☐ Home phone ☐ Work phone ☐ Cell phone ☐ Email		

Optional Additional Contact: If you prefer Plan First contact someone else if with any additional questions, please provide his or her information. By listing this person it gives us permission to share your Plan First program information with them.

Contact name		
Mailing address		
City	State and Zip code	Gender ☐ Female ☐ Male
Home phone number	Work phone number	Cell phone number
Email address		

Do you want us to send letters and follow-up information to: ☐ Applicant only ☐ Contact only ☐ Both Applicant AND Contact

Part 3. Health insurance

Do you have health insurance? ☐ Yes ☐ No If yes, include a copy of the front and back of your insurance cards.		
Insurance company name and address		
Policyholder's Name	Policyholder's SSN	Policy number

Group number	Effective date of coverage

Part 4. Citizenship and Identity

Are you a U S citizen? ☐ Yes ☐ No

If yes, include proof of U.S. citizenship or alien status and proof of identity (original documents or certified copies must be provided).

If no, include a copy of the document that proves legal U.S. status.

Proof of U S citizenship and identity or legal immigration status is only needed for the Plan First applicant, not for other family members. The complete list of acceptable documents can be found at **www.planfirst.mt.gov**.

Please provide **one** of these four documents:

- U. S. Passport
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U S Citizenship (N-560 or N-561
- Tribal Documents

If you do not have a U.S. Passport, a Certificate of Naturalization, a Certificate of U.S. Citizenship, or Tribal Documents please provide **one** of the Alternate Documents and **one** of the Photo ID Documents below:

Alternate Citizenship Documents (provide one):

- Birth record from the State, territory or local jurisdiction where you were born
- Certification of Report of Birth Abroad (DS-1350)
- Consular Report of Birth Abroad of a Citizen of the USA (FS-240)
- Certification of Birth Abroad (FS-545)
- US Citizen ID Card (I-197 or I-179)
- American Indian Card (I-872)
- Northern Mariana Card (I-873)
- Final Adoption Decree
- Evidence of US Government Civil Service Employment
- Official Military Record of Service (DD-214 or similar official document showing US place of birth)
- Department of Homeland Security's SAVE (Systematic Alien Verification for Entitlement)

Alternate Photo Identity Documents (provide one):

- Driver's license with photograph or personal identifying information (current or not more than three months since expiration)
- School ID with photograph
- U S military card or draft record
- U S military dependent card
- Federal, State, or Local government ID card with photograph or other personal identifying information (Federal, State, or local government)
- Certificate of Degree of Indian Blood, or other US American Indian/Alaskan Native tribal document with photograph or other personal identifying information

If you are not a U S citizen, enter your Alien Registration Number: _____

If you entered your Alien Registration Number on the line above, provide a copy of one of the items listed below as proof of the Alien Registration Number:

- Alien Registration Receipt Card, Permanent Resident Card, or Green Card
- Passport with the following unexpired stamps or attachments: Arrival-Departure Record (I-94) including the stamp showing status, Resident Alien Form (I-551) or Temporary Resident Card (I-688B or I-766)
- A court-ordered notice for asylum
- Other proof of lawful immigration status

Note: Federal law requires Plan First to see the original or a certified copy. Plan First will make a copy of any original documents provided and return the originals to you. You do not need to give the document to Plan First in person; Plan First will accept an original document or certified copy in person, by mail, or from a person authorized by the applicant to bring or send the document to Plan First.

U. S. Citizenship Documents

The National Center for Health Statistics can help the applicant find out where to get their birth certificate if they were born in a state other than Montana. Call 1-866-441-6247. The call is free or visit www.cdc.gov/nchs. Select "Births" and then select

DRAFT

"Links to State Health Departments". If the applicant is unable to get the documents they need, please call Plan First at 1-800-xxx-xxxx (For TTY, call MT Relay 711.)

DRAFT

Race and Ethnicity Information (Optional)
You do not have to answer, but this information helps Plan First find out if we are serving all ethnic groups and races in our state.

Select one:
☐ Hispanic/Latino ☐ Non Hispanic/Latino

Select one:
☐ American Indian or Native American
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Unknown
☐ Native Alaskan
☐ Black or African American
☐ White/Caucasian

Part 5. Additional Family Members

Do not include your spouse or yourself in this number. How many relatives live with you and depend on you to provide at least one-half of their financial support. Relatives are related to you by blood, marriage or adoption.
Check only one box.
☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9

Part 6. Expense

Total child support **paid by you and your spouse** $_____ yearly.

Part 7. Income

Provide income information **for everyone living with applicant**.

Please provide copies of documents to support the incomes you list.
The following is a list of documents that can be used:

- Pay stubs, pay envelopes, earnings statements from employers
- Award letters for Social Security, Supplemental Security Income, Unemployment Insurance benefits, Workers Compensation, Veterans Administration benefits, pensions, etc.
- Child support and/or alimony stubs or payment records
- Bank statements for checking accounts and savings accounts
- Federal income tax returns, bookkeeping records, expense records if self-employed
- Rental income or sales contract records/ledgers

Employment Income

NAME	EMPLOYER	YEARLY AMOUNT BEFORE TAXES
		$
		$
		$
		$
		$

Other Income Not From Employment

	NAME	YEARLY AMOUNT BEFORE TAXES OR OTHER DEDUCTIONS
Social Security		$
		$
		Continued on next page

Part 7. Other Income continued		
Supplemental Security Income		$
		$
Unemployment Insurance		$
		$
Workers' Compensation		$
		$
Child Support/Alimony		$
		$
Assistance Payments from a Tribe or Other State		$
		$
General Assistance (includes County or BIA)		$
		$
Interest/Dividends		$
		$
Veterans Benefits		$
		$
Military Allotment		$
		$
Retirement Benefits/Pensions		$
		$
Lease Income		$
		$
Royalties		$
		$
Foster Care Payments		$
		$
Temporary Disability Insurance		$
		$
Other:		$
		$

Part 8. Signature

Please read and sign.

Plan First will keep what you tell us private as required by law.
Plan First services are limited to family planning and birth control services for eligible women who need family planning services.
I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct, and complete to the best of my knowledge. I understand I can be penalized if I knowingly give false information.

Applicant's Signature _____ Date _____
(If you cannot sign your name, make a mark and have an adult sign next to your mark.)

DRAFT

Final checklist

☐ Did you answer all the questions on the application?
☐ Did you sign and date the application?
☐ Do you have all the documents you need?

Submit completed application and copies of documents, if needed, to:

Plan First
PO Box 202951
Helena MT 59620

Next steps

- If information on your application changes after you send the application, call or email:
  1-866-xxx-xxxx In-State Toll Free
  1-406-xxx-xxxx Out-of State and Helena Area 1-406-xxx-xxxx
  MT Relay Service 711
  Email: xxxxx@mt.gov
- We will review your application as quickly as possible. Please allow up to four weeks for us to make a decision.
- If information is missing, we will send you a letter telling you what else you need to send.
- We will send you a letter to tell you if you get Plan First services. If you are not eligible, we will send you a letter to tell you why.

Effective date
If determined eligible, Plan First becomes effective on the first day of the month in which Plan First receives your completed application including requested documents.
If eligible, you are covered for 12 months from the date your coverage begins unless you become ineligible. You will receive a renewal application to renew your coverage before the end of the 12 month coverage period.

Complaints:
If you are not satisfied with the actions taken on your application for Plan First, you have the right to a fair hearing. You can ask for a fair hearing by calling 1-800-362-8312. If you use a TTY, call 1-800-xxx-xxxx. The call is free. You can also ask for a fair hearing by writing to: Department of Public Health and Human Services, Office of Fair Hearings, PO Box 202953, Helena MT 59620-2953.

DRAFT

Plan First Waiver

MIversion 10.07.2011

Purpose: Montana Plan First allows the State of Montana to provide family planning services to a larger population of Montana women with the intention of reducing the number of unintended pregnanacies and births paid for by Montana Medicaid.

	Eligibility	**Recommendations**
Eligible Group	Sec. 1115 demonstration group	
Enrollment Cap	4,000	
Age	19 through 44	
Gender	Female note: ineligible if self-declared pregnant or unable to have children	
Resident	Must be MT resident	
Citizenship & Identity	Applicant must supply proof of identity and citizenship or qualified alien	
Social Security Number	SSN required. Applicant will be asked to submit a copy of their SSN card within 30 days of the request. If the requested copy is not received the Applicant will be determined ineligible.	
Income	Up to and including 200% FPL. Includes all household members gross income. Proof of gross income required (paystubs, statements, income tax returns, income/expense statements, employer verification).	
Income disregards	$120 is disregarded from each household members earned income. Up to $200 per dependent per month of child or adult dependent care paid is disregarded. All child support paid by Applicant or her husband is disregarded.	
Asset limits	No asset test	
Other Coverage	Applicant **cannot** presently have any other coverage for family planning services (self declared or claims identified) and TPL will be handled through the claims processing system. Applicant cannot be enrolled in Medicaid.	
Presumptive	No	
Aging out of HMK (19yrs/1mo).	HMK provides lists of those women aging out (19yrs/1mo) and they are sent a Plan First Outreach Notice. Outreach Notice includes: a brochure describing covered services and how to access services and a Plan First application.	
Medicaid Rules	Waiver applies general Medicaid rules, including cost sharing (none), citizenship, immigration, but specifies applicant may have no third party coverage for Family Planning services	
Coverage span	12 months of family planning coverage and redetermined annually. The **enrollment start date is the first day of the month an application is <u>received</u>** by Plan First.	
ID Card and Brochure and Notice	Enrolled clients receive a: Notice of enrollment designed to include an ID card specific to Plan First, and a brochure describing covered services and how to access services.	
Services	See approved services code table. Services include contraceptive supplies, office visits, laboratory services, and testing and treatment of STDs.	

Plan First Waiver

Renewal Process	Pre-populated Renewal Notice sent 60 days prior to enrollment end date. To continue enrollment the signed Notice must be postmarked no later than 30 days before eligibility end date. Renewals received after eligibility end date will be treated as a new application. Notice includes: pre-populated case info from last elig determination, a request to review/correct info, provide income proof documents again, sign and return in env provided. The mailing also includes a survey used to gauge client satisfaction with Plan First containing: questions about application process, receipt of services, if client received referrals for primary care, if they followed through with the referrals, and where they received their primary care services.	
Outreach	Training before Plan First implementation date Medicaid and Title X will offer 6 training sessions accross MT on the waiver for providers. Training sessions will address: eligible women, span, how to apply, covered services, claims submission, and confidentiality. Providers will receive provider manuals. Ongoing training, offered 4 times annually in conjunction with state-wide Medicaid Provider Trainings and additionally to individual providers upon request. Providers who deliver services to participants will receive provider manuals, provider notices, notification of training sessions by mail, in the provider newsletter, through the Medicaid provider website and from Medicaid's provider relations center. Coordinate with HMK to provide program info and application to enrollees who turn 19. Medicaid and the MT Primary Care Association (MPCA) will work together to notify and train MPCA members. Outreach with Public Health and Maternal & child health. Medicaid will post info on the Medicaid provider website: provider notices of interest to MT Medicaid providers, bulletins, lists of covered drugs and services, "How to" examples of forms completion (patient consent forms, referrals, etc), list of billing codes, order forms for family planning materials, and videos of trainings will be made available on the Medicaid provider website.	
Providers	Providers are enrolled Medicaid providers who wish to render family planning services. Reimbursement is made on a fee-for-service basis. Providers should always check the Medicaid Portal for client eligibility as ID cards may be expired. Plan First operates as a fee-for-service Medicaid reimbursement program. Claims will be paid during weekly claims cycles. MMIS processes claims.	
Complaint and grievance	Right to complaint and grievance process including right to appeal a denial of elig and/or denial of payment for services, administrative reviews, and Fair Hearings.	
Audits	The Quality Assurance Division performs internal audits (2%), investigations, and evaluations. QAD follows up on complaints of possible provider or client attempts to abuse the program.	

Required initial CMS approval and subsequent 5 year renewal of Waiver.

Projected outcome of program: Plan First will decrease the number of births by 1.5% per 1,000 participants by the second year of the program.
5 year Cost savings projected: 5.5 in total funds.
Reducing pregnancies and births will lead to net federal and state Medicaid program savings.

Program Goals:
Improve access to and use of family planning services among Montana women 19 through 44 who live at or below 200% FPL.
Reduce number of unintended pregnancies for Montana women 19 through 44 who live at or below 200% FPL.

Plan First Waiver

Improve birth outcomes and women's health by increasing the child spacing interval among Montana women 19 through 44 who live at or below 200% FPL.

Data source for measure MMIS. Measurements performed by Office of Planning, Coordination, and Analysis.
Data required:
The number of women 19-44 who receive(d) Medicaid family planning svcs.
The total number of women 19-44 who receive(d) Medicaid.
The number of births for Medicaid clients 19-44.
The difference between expected number of Medicaid births and the actual number for Medicaid clients 19-44 each waiver yr.
Individual estimated total cost of birth and newborn/infant cost.
Cost of providing family planning svcs to waiver population.
The number of Medicaid paid births of women 19-44 each waiver yr.
The number of subsequent Medicaid paid births of prior paid births women 19-44 within 18 months.

Please note that this Excel Spreadsheet is a draft work in progress, and is only to be used to offer guidance to States interested in submitting a Section 1115 Family Planning Demonstration. Formulas embedded in the worksheets, should be checked and are the responsibility of the submitting State.

Model Budget Neutrality Worksheet for : ALL COSTS		
		Base Year
		2010
WITHOUT DEMONSTRATION		
FAMILY PLANNING SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants	Persons	3922
	Cost per Person	$ 654.91
	Total	$ 2,568,557
DELIVERIES UNDER MEDICAID STATE PLAN (include costs for prenatal care, deliveries, and 60- days postpartum)	Persons	4495
	Cost per Person	$ 6,109.31
	Total	$ 27,461,348
FIRST YEAR INFANT COSTS UNDER MEDICAID STATE PLAN	Persons	4619
	Cost per Person	$ 7,412.28
	Total	$ 34,237,321
TOTAL BASE YEAR (WITHOUT DEMONSTRATION COSTS)		$ 64,267,227
PARAMETER ASSUMPTIONS		
REGULAR FMAP	50.00%	
FP FMAP =	90.00%	
MCPI COST TREND		
DELIVERY REDUCTION	6-8%	
DELIVERY TO FIRST YEAR PERSON FACTOR	103%	
BASE YEAR FERTLITY RATE		
AVERAGE GROWTH RATE FOR MEDICAID STATE PLAN ENROLLEES/PARTICIPANTS		
AVERAGE GROWTH RATE FOR DEMONSTRATION PARTICIPANTS	0%	

Model Budget Neutrality Worksheet for : ALL COSTS

		2010 Base Year	2012	2013	2014	2015	TOTAL
WITHOUT DEMONSTRATION							
FAMILY PLANNING SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants	Persons	3922	4236	4308	4394	4482	25513.61578
	Cost per Person	$ 654.91	$ 654.91	$ 662.77	$ 670.72	$ 678.77	
	Total	$ 2,568,557	$ 2,773,939	$ 2,854,949	$ 2,946,993	$ 3,042,004	16919385.52
DELIVERIES UNDER MEDICAID STATE PLAN (include costs for prenatal care, deliveries, and 60- days postpartum)	Persons	4495	4854	4937	5036	5136	29241.12773
	Cost per Person	$ 6,109.31	$ 6,109.31	$ 6,182.62	$ 6,256.81	$ 6,331.89	
	Total	$ 27,461,348	$ 29,657,158	$ 30,523,266	$ 31,507,336	$ 32,523,132	180891114.3
FIRST YEAR INFANT COSTS UNDER MEDICAID STATE PLAN	Persons	4619	4988	5073	5175	5278	30047.77953
	Cost per Person	$ 7,412.28	$ 7,412.28	$ 7,501.23	$ 7,591.24	$ 7,682.34	
	Total	$ 34,237,321	$ 36,974,938	$ 38,054,754	$ 39,281,639	$ 40,548,079	225525240.1
TOTAL WITHOUT-WAIVER COSTS		$ 64,267,227	$ 69,406,034	$ 71,432,968	$ 73,735,967	$ 76,113,215	423335739.9
WITH DEMONSTRATION							
FAMILY PLANNING SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants	Persons	3,922	4,236	4,308	4,394	4,482	25,514
	Cost per Person	$ 654.91	$ 654.91	$ 662.77	$ 670.72	$ 678.77	
	Total	$ 2,568,557	$ 2,773,939	$ 2,854,949	$ 2,946,993	$ 3,042,004	16,919,386
DELIVERIES UNDER MEDICAID STATE PLAN ADJUSTED FOR EFFECTS OF THE DEMONSTRATION (include costs for prenatal care, deliveries, and 60- days postpartum)	Persons	4495	4854	4741	4683	4725	28,282
	Cost per Person	$ 6,109.31	$ 6,109.31	$ 6,182.62	$ 6,256.81	$ 6,331.89	
	Total	$ 27,461,348	$ 29,654,591	$ 29,314,544	$ 29,301,822	$ 29,921,282	$ 174,872,462
FIRST YEAR INFANT COSTS ADJUSTED FOR EFFECTS OF THE DEMONSTRATION	Persons	4619	4988	4872	4721	4575	28,690
	Cost per Person	$ 7,412.28	$ 7,412.28	$ 7,501.23	$ 7,591.24	$ 7,682.34	
	Total	$ 34,237,321	$ 36,974,938	$ 36,547,785	$ 35,839,782	$ 35,145,493	215,173,829
FAMILY PLANNING SERVICES FOR DEMONSTRATION PARTICIPANTS	Persons		4000	4000	4000	4000	16,000
	Cost per Person	$ 654.91	$ 272.88	$ 662.77	$ 670.72	$ 678.77	
	Total	$ -	$ 1,091,517	$ 2,651,076	$ 2,682,889	$ 2,715,083	9,140,564
TOTAL WITH DEMONSTRATION COSTS		$ 64,267,227	$ 70,494,984	$ 71,368,354	$ 70,771,485	$ 70,823,862	$ 416,106,241
DIFFERENCE		$ -	$ (1,088,950)	$ 64,614	$ 2,964,482	$ 5,289,353	**$ 7,229,499**
PARAMETER ASSUMPTIONS							
FP FMAP		90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
REGULAR FMAP		67.48%	66.19%	65.74%	65.67%	65.67%	

Model Budget Neutrality Worksheet for: FEDERAL COSTS

		0.6567	2010	2011	2012	2013	2014	2015	TOTAL
WITHOUT DEMONSTRATION									
FP SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants	Persons		3,922	4,173	4,236	4,308	4,394	4,482	25,514
	Cost per Person		$ 589	$ 589	$ 589	$ 596	$ 604	$ 611	
	Total		$ 2,311,701	$ 2,459,650	$ 2,496,545	$ 2,569,454	$ 2,652,293	$ 2,737,803	15,227,447
DELIVERIES UNDER MEDICAID STATE PLAN (include costs for prenatal care, deliveries, and 60- days postpartum)	Persons		4,495	4,783	4,854	4,937	5,036	5,136	29,241
	Cost per Person		$ 4,123	$ 4,085	$ 4,044	$ 4,064	$ 4,109	$ 4,158	
	Total		$ 18,530,918	$ 19,535,740	$ 19,630,073	$ 20,065,995	$ 20,690,867	$ 21,357,941	119,811,533
FIRST YEAR INFANT COSTS UNDER MEDICAID STATE PLAN	Persons		4,619	4,915	4,988	5,073	5,175	5,278	30,048
	Cost per Person		$ 5,002	$ 4,956	$ 4,906	$ 4,931	$ 4,985	$ 5,045	
	Total		$ 23,103,344	$ 24,356,102	$ 24,473,711	$ 25,017,195	$ 25,796,252	$ 26,627,923	149,374,528
TOTAL WITHOUT-WAIVER COSTS			$ 43,945,964	$ 46,351,492	$ 46,600,329	$ 47,652,644	$ 49,139,413	$ 50,723,667	284,413,508
WITH DEMONSTRATION									
FAMILY PLANNING SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants	Persons		3,922	4,173	4,236	4,308	4,394	4,482	25,514
	Cost per Person		$ 589	$ 589	$ 589	$ 596	$ 604	$ 611	
	Total		$ 2,311,701	$ 2,459,650	$ 2,496,545	$ 2,569,454	$ 2,652,293	$ 2,737,803	15,227,447
DELIVERIES UNDER MEDICAID STATE PLAN ADJUSTED FOR EFFECTS OF THE DEMONSTRATION (include costs for prenatal care, deliveries, and 60- days postpartum)	Persons		4,495	4,783	4,854	4,741	4,683	4,725	28,282
	Cost per Person		$ 4,123	$ 4,085	$ 4,044	$ 4,064	$ 4,109	$ 4,158	
	Total		$ 18,530,918	$ 19,535,740	$ 19,628,374	$ 19,271,381	$ 19,242,507	$ 19,649,306	115,858,225
FIRST YEAR INFANT COSTS ADJUSTED FOR EFFECTS OF THE DEMONSTRATION	Persons		4,619	4,915	4,988	4,872	4,721	4,575	28,690
	Cost per Person		$ 5,002	$ 4,956	$ 4,906	$ 4,931	$ 4,985	$ 5,045	
	Total		$ 23,103,344	$ 24,356,102	$ 24,473,711	$ 24,026,514	$ 23,535,985	$ 23,080,046	142,575,702
FAMILY PLANNING SERVICES FOR DEMONSTRATION PARTICIPANTS	Persons		-	-	4,000	4,000	4,000	4,000	16,000
	Cost per Person		$ 589	$ 589	$ 246	$ 596	$ 604	$ 611	
	Total		$ -	$ -	$ 982,365	$ 2,385,968	$ 2,414,600	$ 2,443,575	8,226,508
TOTAL WITH WAIVER COSTS			$ 43,945,964	$ 46,351,492	$ 47,580,995	$ 48,253,318	$ 47,845,384	$ 47,910,729	$ 281,887,881
DIFFERENCE			$ -	$ -	$ (980,666)	$ (600,674)	$ 1,294,029	$ 2,812,938	**$ 2,525,627**
PARAMETER ASSUMPTIONS									
			MCPI COST TREND =						

	2011	**2012**	**2013**	**2014**	**2015**		**TOTAL**
Administrative Costs							
PERSONNEL							0
SYSTEMS CHANGES	100000						100000
PUBLIC AWARENESS	12500	25000	25000	25000	25000	12500	125000
EVALUATION	12500	25000	25000	25000	25000	12500	125000
OTHER							0

	Year	Data from BLS
Year 1	2004	3.1
Year X	2009	3.7

# steps	5
avg. growth	3.602%

If you are completeing this budget for a renewal, please use this worksheet to calculate the annualized rate of without demo
In Year 1, input the number of without demonstration deliveries calculated for the first year of the demo. In Year X, put th
of the demonstration for which you have a births averted calculation that was used to create the without demonstration deliv
input the number of deliveries. The formula will then calculate the trend rate. Use this trend rate to project forward
the without demonstration deliveries for the renewal years.

	Year	**Number of Without Demonstration Deliveries**
Year 1	1993	
Year X	1998	

# steps		5
avg. growth	#DIV/0!	

nstration deliveries.
e last year
veries, and then

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
66.21	Bilateral endoscopic ligation and crushing of fallopian tubes	X		
66.22	Bilateral endoscopic ligation and division of fallopian tubes	X		
66.29	Other bilateral endoscopic destruction or occlusion of fallopian tubes	X		
66.31	Other bilateral ligation and crushing of fallopian tubes	X		
66.32	Other bilateral ligation and division of fallopian tubes - Pomeroy operation	X		
66.39	Other bilateral destruction or occlusion of fallopian tubes - Female sterilization operation not otherwise specified	X		
00851	Anesthesia for tubal ligation/transaction	X		
00952	Anesthesia for hysteroscopy and/or hystersalpingography		X	
10060	Incision and drainage of abscess; simple or single			X
10140	Incision and drainage of hematoma, seroma or fluid collection			X
11420	Excision, benign lesion including margins, excised diameter 0.5 cm or less			X
11421	Excision, excised diameter 0.6 to 1.0 cm			X
11976	Removable, implantable contraceptive capsules	X		
11981	Insertion, non-biodegradable drug delivery implant		X	
11982	Removal, non-biodegradable drug delivery implant		X	
11983	Removal, with reinsertion, non-biodegradable drug delivery implant		X	
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions			X
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions			X
36415	Collection of venous blood by venipuncture		X	
36416	Collection of capillary blood specimen (eg., finger, heel, earstick)		X	
46900	Destruction of lesion(s), anus, simple; chemical			X
46910	Destruction of lesion(s), anus, electrodesiccation			X
46916	Destruction of lesion(s), anus, cryosurgery			X
46922	Destruction of lesion(s), anus, surgical excision			X
46924	Destruction of lesion(s), anus, extensive			X
56405	Incision and drainage of vulva or perineal abscess			X
56420	Incision and drainage of Bartholin's gland abscess			X
56501	Destruction of lesion(s), vulva; simple			X
56820	Colposcopy of the vulva			X
56821	Colposcopy of the vulva; with biopsy(s)			X
57061	Destruction of vaginal lesion(s); simple			X
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease			X
57170	Fitting of diaphragm or cervical cap	X		
57420	Colposcopy of the entire vagina, with cervix if present			X
57421	Colposcopy of the entire vagina, with cervix if present, with biopsy of vagina/cervix			X

* HCPCS codes 80047 through 88189 (with the exception of 82143) are approvable codes.

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
57452	Colposcopy of the cervix including upper/adjacent vagina			X
57454	Colposcopy of the cervix including the upper vagina; with biopsy(s) of the cervix and endocervical curettage			X
57455	Colposcopy of the cervix including upper /adjacent vagina; with biopsy(s) of the cervix			X
57456	Colposcopy of the cervix inluding the upper / adjacent vagina; with endocervical curettage			X
57460	Colposcopy of the cervix including the upper / adjacent vagina; with loop electrode biopsy(s) of the cervix			X
57461	Colposcopy of the cervix including upper / adjacent vagina; with loop electrode colonizaiton of the cervix			X
57505	Endocervical curettage (not done as part of a dilation and curettage)			X
57510	Cautery of cervix; electro or thermal			X
57511	Cautery of cervix; cryocautery, initial or repeat			X
57800	Dilation of cervical canal; instrumental (separate procedure)		X	
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)		X	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy			X
58300	Insertion of intrauterine device (IUD)	X		
58301	Removal of intrauterine device (IUD)	X		
58340	Catherization and introduction of saline or contrast material for saline infusion sonohysterography or hysterosalpingography (implant post-procedure confirmatory test)		X	
58565	Hysteroscopy, with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	X		
58600	Ligation or transection of fallopian tubes, abdominal or vaginal aprroach, unilateral or bilateral	X		
58615	Occlusion of fallopian tubes by device vaginal or suprapubic approach	X		
58670	Laparoscopy, surgical; w/ fulguration of oviducts by device (with or without transection)	X		
58671	Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, etc.)	X		
62311	Injection, single, not including neurolytic substances, . . . lumbar, sacral (caudal)		X	
62319	Injection, including catheter placement, . . . Lumbar, sacral (caudal)		X	
64435	Injection, anesthetic agent paracervical (uterine) nerve		X	
72190	Radiologic examination, pelvis, complete, minimum 3 views		X	
74000	Radiologic examination, abdomen; single anteroposterior view		X	
74010	Radiologic examination, abdomen, anteroposterior and additional oblique and cone views		X	
74740	Hysterosalpinography radiological supervision and interpretation		X	
74742	Transcervical catheterization of fallopian tube radiological supervision and interpretation		X	

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
76830	Ultrasound transvaginal		X	
76831	Echo exam uterus		X	
76856	Ultrasound, pelvic (nonobstretic), real time with image documentation; complete		X	
76857	Ultrasound pelvic (nonobstretic), real time with image documentation, limited or follow-up (eg, for follicles)		X	
76881	Ultasound, extremity, nonvascular, real-time with image documentation; complete		x	
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method		X	
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton		X	
77079	Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral)		X	
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton		X	
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton		X	
77082	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment		X	
77083	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites		X	
80047	Basic metabolic panel (calcium, ionize)		X	
80048	Basic metabolic panel (CLIA panel proc)		X	
80050	General health panel		X	
80051	Electrolyte panel (CLIA panel proc)		X	
80055	Obstretic panel		X	
80061	Lipid panel (refer to CPT for complete description) (CLIA waiver list and panel procedure)		X	
80074	Acute hepatitis panel		X	
80076	Hepatic function panel		X	
80100	Drug screen, qualitative; multiple drug classes chromatographic method, each		X	
80101	Drug screen; single drug class each drug class (CLIA waiver list)		X	
80102	Drug confirmation each procedure		X	
81000	Urinalysis by dipstick/ tablet reagent; non-automated with microscopy		X	
81001	Urinalysis etc. automated with microscopy		X	
81002	Urinalysis by dip stick/tablet reagent; non-automated without microscopy (CLIA waiver list)		X	
81003	Unrinalysis by dip/tablet; automated without microscopy		X	
81005	Urinalysis; qualitative or semiquantitative except immunoassays		X	
81015	Urinalysis microscopic only (PPMP CLIA list)		X	
81020	Urinalysis; 2 or 3 Glass test (PPMP CLIA list)		X	
81025	Urine pregnancy test by visual color comparison methods (CLIA waiver list)		X	
82040	Albumin serum		X	

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
82042	Albumin; urine quantitative		X	
82043	Albumin; urine microalbumin quantitative		X	
82105	Alpha-fetoprotein; serum		X	
82120	Amines vaginal fluid qualitative		X	
82150	Amylase		X	
82247	Bilirubin Total		X	
82310	Calcium; total		X	
82330	Calcuim; ionized		X	
82435	Choloride; blood		X	
82465	Cholesterol serum total (CLIA waiver list)		X	
82520	Cocaine or metabolite		X	
82550	Creative kinkase (ck) (cpk); total		X	
82553	Creative kinase (ck) (cpk); mb fraction only		X	
82565	Creatinine; blood		X	
82570	Creatinine; other source		X	
82575	Creatinine clearance		X	
82607	Cyanocobalamin (vitamin B-12)		X	
82670	Estradiol		X	
82671	Estrogens fractionated		X	
82672	Estrogens total		X	
82677	Estriol		X	
82679	Estrone		X	
82728	Ferritin		X	
82746	Folic acid; serum		X	
82947	Glucose; quantitative (CLIA waiver list)		X	
82948	Glucose; blood reagent strip		X	
82950	Glucose post glucose dose (includes glucose)		X	
82962	Glucose blood by glucose monitoring device(s) cleared/ FDA specifically/ home use		X	
83001	Gonadotropin follicle stimulating hormone (FSH)		X	
83002	Gonadotropin luteinizing hormone (LH)		X	
83020	Hemoglobin fractionation and quanitation; electrophoresis		X	
83021	Hemoglobin fractionation and quantitation; chromotography		X	
83026	Hemoglobin; by copper sulfate method, non automated		X	
83036	Glycosylated hemoglobin test (A1C)		X	
83518	Immunoassay for analyte, qauli/semiquantitative single step method		X	
83520	Immunoassay analyte; quantitative not otherwise specified		X	
83690	Lipase		X	
83896	Nuclear molecular diagnostics; nucleic acid probe each		X	
84075	Phosphatase alkaline		X	
84144	Progesterone		X	
84146	Prolactin		X	

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
84425	Thiamine (Vitamin B-1)		X	
84520	Urea Nitrogen; Quantitative		X	
84550	Uric acid; blood		X	
84702	Gonadotropin chorionic (HCG); Quantitative		X	
84703	Gonadotropin chorionic qualitative (CLIA waiver list)		X	
85004	Blood count; automated differential WBC count		X	
85007	Blood smear, microscopic examination with manual differential WBC count		X	
85008	Blood smear, microscopic examination without manual differential WBC count		X	
85009	Manual differentail WBC count, buffy coat		X	
85013	Blood count; spun microhematocrit (CLIA waiver list)		X	
85014	Hematocrit		X	
85018	Hemoglobin		X	
85025	Complete CBC with auto diff WBC		X	
85027	Complete CBC automated		X	
85032	Manual cell count each		X	
85045	Automated reticulocyte count		X	
85300	Clotting inhibitors or anticoagulants; antithrombin III activity		X	
85378	Fibrin degrade products, D-dimer qualitative or semiquantitative		X	
85576	Platelet; aggregation (in vitro) each agent		X	
85597	Phospholipid neutralization; platlet		X	
85598	Hexagonal Phospholipid		X	
85610	Prothrombin Time (CLIA Waiver List)		X	
85652	Sedimentation rate erythrocyte; automated		X	
85660	Sickling of RBC reduction slide method		X	
85730	Thromboplastin time partial (PTT) plasma or whole blood		X	
86255	Fluorescent noninfections agent antibody; screen each antibody		X	
86318	Immunoassay/infecti agent antibody quali/ semiquant single step method		X	
86382	Neutralization test viral		X	
86403	Particle agglutination; screen each antibody		X	
86580	Skin test tuberculosis intradermal (exempt from CLIA editing)		X	
86592	Syphilis test, non treponemal antibody; qualitative		X	
86593	Syphilis test non treponemal antibody; quantitative		X	
86628	Antibody; candida		X	
86631	Antibody; chlamydia		X	
86632	Antibody; chlamydia IGM		X	
86687	Antibody; HTLV I		X	
86688	Antibody; HTLV-II		X	
86689	Antibody; HTLV OR HIV antibody confirmatory test (EG western blot)		X	
86694	Antibody; herpes simplex non-specific type test		X	
86695	Antibody; herpes simplex type 1		X	
86696	Herpes simplex type 2		X	

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
86698	Antibody histoplasma		X	
86701	Antibody HIV 1		X	
86702	Antibody; HIV 2		X	
86703	Antibody; HIV-1 and HIV-2 single assay		X	
86706	Hepatitis B surface antibody (HBSAB)		X	
86707	Hepatitis BE antibody (HBEAB)		X	
86762	Antibody; Rubella		X	
86787	Antibody; varicella-zoster		X	
86803	Hepatitis C antibody		X	
86900	Blood typing; ABO		X	
86901	Blood typing; RH(D)		X	
87015	Concentration (any type) for parasites OVA or tubercle bacillus (TB AFB)		X	
87040	Blood culture for bacteria Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates		X	
87070	Culture bacteria other Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates		X	
87071	Culture bacteria; quantitative aerobic with isolation & presumptive identification of isolates, any source except urine, blood or stool		X	
87073	Culture bacterial; quantitative anerobic with isolation & presumptive identification of isolates, any source except urine, blood or stool		X	
87075	Culture bacteria any source, except blood, anaerobic with isolation and presumptive identification of isolates		X	
87076	Culture bacterial anaerobic isolate, additional methods required for definitive identification, each isolate		X	
87077	Culture bacterial; aerobic isolate additional methods required for definitive identification each isolate		X	
87081	Culture, presumptive, pathogenic organisms, screening only;		X	
87086	Culture bacterial urine quantitative colony count		X	
87088	Urine bacteria; with isolation and presumptive identification of each isolate, urine		X	
87102	Culture fungi isolation other source (except blood)		X	
87110	Culture chlamydia		X	
87147	Culture, typing; immunologic method, other than immunofluoresence (eg, agglutination grouping), per antiserum		X	
87164	Dark field examination any source (e.g. penile, vaginal, oral, skin)		X	
87184	Sensitivity studies antibiotic disk method per plate (12 or less disks)		X	
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [mic] or breakpoint), each multi-antimicrobial, per plate		X	
87205	Smear primary source with interpretation; gram or giemsa stain for bacteria, fungi, or cell types		X	
87206	Smear primary source with interpretation fluorescent and/or acid fast stain for bacteria fungi, parasites, viruses or cell types		X	
87207	Smear special stain Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)		X	

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
87210	Smear primary source with interpreation wet mount for infectious agents		X	
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites		X	
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect		X	
87270	Infectious agent antigen detection by direct immunofluorescent antibody tech; chlamydia trachomatis		X	
87273	Infectious agent antigen detection by immunoflourescent antibody; herpes simplex virus type 2		X	
87274	Infectious agent antigen detection by direct fluorescent antibody tech; hepes simplex virus		X	
87320	Infectious agent antigen detection by emzyme immunossay technique, qualitative or semiquautitative, chlamydia trachomatis		X	
87340	Hepatitis B surface antigen		X	
87350	Herpes simplex type 2		X	
87390	HIV-1		X	
87391	HIV-2		X	
87470	Infectious agent detectection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique		X	
87480	Candida species direct probe technique		X	
87481	Candida species amplified probe technique		X	
87482	Candida species quantification		X	
87485	Chlamydia pneumoniae direct probe technique		X	
87486	Chlamydia pneumoniae amplified probe technique		X	
87487	Chlamydia pneumoniae quantification		X	
87490	Chlamydia trachomatis direct probe technique		X	
87491	Chlamydia trachomatis amplified probe technique		X	
87492	Chlamydia trachomatis quantification		X	
87495	Cytomegalovirus direct probe technique		X	
87496	Cytomegalovirus amplified probe technique		X	
87497	Cytomegalovirus quantification		X	
87510	Gardnerella vaginalis direct probe technique		X	
87511	Gardnerella vaginalis amplified probe technique		X	
87512	Gardnerella vaginalis quantification		X	
87528	Herpes simplex virus direct probe technique		X	
87529	Herpes simplex virus amplified probe technique		X	
87530	Herpes simplex virus quantification		X	
87531	Herpes virus-6 direct probe technique		X	
87532	Herpes virus-6 amplified probe technique		X	
87533	Herpes virus-6 quantification		X	
87534	HIV-1 direct probe technique		X	
87535	HIV-1 amplified probe technique		X	

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
87536	HIV-1 quantification		X	
87537	HIV-2 direct probe technique		X	
87538	HIV-2 amplified probe technique		X	
87539	HIV-2 quantification		X	
87590	Neisseria gonorrhoeae direct probe technique		X	
87591	Neisseria gonorrhoeae amplified probe technique		X	
87592	Neisseria gonorrhoeae quantification		X	
87620	Papillomavirus human direct probe technique		X	
87621	Papillomavirus human amplified probe technique		X	
87622	Papillomavirus human quantification		X	
87660	Trichomonas vagin dir probe		X	
87797	Not otherwise specified direct probe technique		X	
87800	Infect agt detection by nucleic acid multiple organisms; direct probe technique		X	
87801	Infect agt detection by nucleic acid and multiple organisms; amplified probe technique		X	
87810	Infectious agt detection by immunoassy with direct optical observation; chlamydia trachomatis		X	
87850	Infectious agt detection by immunoassy with direct optical observation; neisseria gonorrhoeae		X	
88108	Cytopathology concentration technique smears and interpretation (eg saccomanno technique)		X	
88141	Cytopathology cervical or vaginal requiring interpretation by physician		X	
88142	Cytopathology cervical or vaginal, thin layer preparation; manual screening under physician supervision		X	
88143	Cytopathology cervical or vaginal, with manual screening and rescreening under physician supervision		X	
88147	Cytopathology smears cervical or vaginal; screening by automated system under physician supervison		X	
88148	Cytopathology smears cervical or vaginal; screening by automated system with manual rescreening under physician supervision		X	
88150	Cytopathology slides cervical or vaginal; manual screening under physicial supervision		X	
88152	Cytopathology slide cervical or vaginal; with manual & computer-assisted rescreening under physician supervision		X	
88153	Cytopathology slides cervical or vaginal, with manual screening and rescreening under physician supervision		X	
88154	Cytopathology slides cervical or vaginal; with manual screenings and computer-assisted rescreening using cell selection and review under physician supervision		X	
88155	Cytopathology slide cervical or vaginal definitive hormonal evaluation		X	
88160	Cytopathology smears any other source; screening and interpretation		X	
88161	Cytopathology smears any other source; preparation screening and interpretation		X	
88162	Cytopathology smears any other source; extended study involving over 5 slides and/or multiple stains		X	

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
88164	Cytopathology slides cervical or vaginal (the Bethesda system); manual screening under physician supervision		X	
88165	Cytopathology slides cervical or vaginal (the Bethesda system); with manual screening and rescreening under physician's supervision		X	
88166	Cytopathology slides cervical or vaginal (the Bethesda system); with manual screenings and computer-assisted rescreening under physician supervision		X	
88167	Cytopathology slides cervical or vaginal (the Bethesda system); with manual screening and computer-assisted rescreening using cell selection under physician supervision		X	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site		X	
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report		X	
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision		X	
88175	Cytopath c/v automated thin layer preparation, with screening by automated system and manual rescreening or review, under physician supervision		X	
88177	Immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site.		x	
88300	Level I - surgical pathology, gross examination only			X
88302	Level II - surgical pathology, gross and microscopic examination			X
88304	Level III - surgical pathology, gross and microscopic examination			
88305	Level IV - surgical pathology, gross and microscopic examination			X
88307	Level V - surgical pathology, gross and microscopic examination			X
96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular		X	
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory		X	
99001	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory		X	
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (when devices are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician		X	
99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related ot the original procedure		X	
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service		X	
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service		X	

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service		X	
99070	Supplies and materials provided by the physician over and above those usually included with the office visit or other services rendered		X	
99144	Moderate sedation services provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, age 5 years or older, first 30 minutes intra-service time		X	
99145	Moderate sedation services provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, age 5 years or older, each additional 15 minutes intra-service time		X	
99201-99205	New pateint or established patient - office or other outpatient visit		X	
99211-99215	New patient or established patient - office or other outpatient visit		X	
99221-99223	Initial hospital care		X	
99238	Hospital discharge day management, 30 minutes or less		X	
99239	Hospital discharge day management, more than 30 minutes		X	
99360	Physician standby service		X	
99385-99386	Preventative medicine services/ new patient		X	
99393-99396	Preventative medicine services/ established patient		X	
99401-99404	Preventive medicine counseling and/or risk factor reduciton invervention(s) provided to an individual		X	
99411	Preventative medicine counseling and/or risk factor reduciton invervention(s) provided to individuals in a group setting, approximately 30 minutes		X	
99412	Preventative medicine counseling and/or risk factor reduciton invervention(s) provided to individuals in a group setting, approximately 60 minutes		X	
99420	Administration and interpretation of health risk assessment instrument		X	
A4261	Cervical cap for contraceptive use	X		
A4266	Diaphragm	X		
A4267	Contraceptive Supply condom Male	X		
A4268	Contraceptive supply, condom, female	X		
A4269	Contraceptive supply, spermacide (e.g., foam, gel)	X		
A4550	Surgical trays		X	
A4931	Oral thermometer, resuable, any type		X	
A9900	Miscellaneous DME supply, accessory, and/or serice component of another HCPCS code		X	
E1399	Durable medical equipment, miscellaneous		X	
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination		X	
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preserative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision		X	

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening requiring interpretation by physician		X	
H0034	Medication training and support, per 15 minutes		X	
H1010	Nonmedical family planning education, per session	X		
J0456	Injection, azithromycin, 500 mg			X
J0561	Injection, penicillin g benzathine, 100,000 units			X
J0690	Injection, cefazolin sodium, 500 mg			X
J0694	Injection, cefoxiitin sodium, 1 g			X
J0696	Injection, ceftriaxone sodium, per 250 g			X
J0697	Injection, sterile cefuroxime sodium, per 750 mg			X
J0698	Cefotaxime sodium, per g			X
J0710	Injection, cephapirin sodium, up to 1 g			X
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg	X		
J1056	Injection, medroxyprogesterone acetate/ estradiol cypionate, 5 mg/ 25 mg	X		
J1885	Injection, ketorolac tromethamine, per 15 mg		X	
J1890	Injection, cephalothin sodium, up to 1 g			X
J3490	Unclassified drugs (used to indicate Sub Q Depo)		X	
J2460	Injection, oxytetracycline HCI, up to 50 mg			X
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units			X
J2540	Injection, penicillin G potassium, up to 600,000 units			X
J3320	Injection, spectinomycin dihydrochloride, up to 2 g			X
J7300	Intrauterine copper contraceptive	X		
J7302	Levonorgestrel-releasing intrauterine contraceptive system 52 mg	X		
J7303	Contraceptive vaginal ring	X		
J7304	Contraceptive hormone ring	X		
J7306	Levonorgestrel implant	X		
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	X		
P3000	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision		X	
P3001	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, requiring interpretation by physician		X	
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory		X	
Q0111	Wet mounts, including preparations of vaginal, cervical, or skin specimens		X	
Q0112	All potassium hydroxide (KOH) preparations		X	
Q0144	Azithromycin dihydrate, oral, capsules/ powder, 1 gm			X
Q3014	Telehealth originating site facility fee		X	
S0610	Annual gynecological examination; new patient		X	
S0612	Annual gynecological examination, established patient		X	

* HCPCS codes 80047 through 88189 (with the exception of 82143) are approvable codes.

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
S4989	Contraceptie intrauterine device (e.g., Progestacert IUD), including implants and supplies	X		
S4993	Contraceptive pills for birth control	X		
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session		X	
S9446	Patient education, not otherwise classified, non-physician provider, group, per session		X	
T1001	Nursing assessment/ evaluation		X	
T1002	RN services, up to 15 minutes		X	
T1013	Sign language or oral interpretive services, per 15 minutes		X	
T1015	Clinic visit/ encounter all-inclusive		X	
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter		X	
G2A	Progestational agents		X	
G8A	Contraceptives, oral	X		
G8B	Contraceptives, implantable	X		
G8C	Contraceptives, injectable	X		
G8F	Contraceptives, transdermal	X		
G9B	Contraceptives, intravaginal	X		
L5A	Keratolytics		X	
Q4F	Vaginal antifungals		X	
Q4W	Vaginal antibiotics		X	
Q5R	Topical antipapasitics		X	
Q5V	Topical antivirals		X	
Q6V	Eye antivirals		X	
R1R	Uricosuric agents		X	
W1A	Penicillins		X	
W1B	Cephalosporins		X	
W1C	Tetracyclines		X	
W1D	Macrolides		X	
W1F	Aminoglycosides		X	
W1K	Lincosamides		X	
W1P	Betalactams		X	
W1Q	Quinolones		X	
W1Y	Cephalosporins 3rd genereation		X	
W2A	Absorbable sulfonamides		X	
W3B	Antifungal agents		X	
W3C	Antifungal agents (continued)		X	
W4E	Anaerobic antiprotozoal - antibacterial agents		X	
W4G	2nd gen. Anaerobic antiprotozoal - antibacterial		X	
W5A	Antiviral, general		X	

* HCPCS codes 80047 through 88189 (with the exception of 82143) are approvable codes.

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	90% FFP	90% FFP with V25 Diagnosis or FP Modifier	FMAP
W7B	Viral/ tumorigenic vaccines		X	
X1B	Diaphrams/ cervical cap		X	
X1C	Intra-uterine devices		X	
Z2G	Immunomodulators		X	

Key: "90% FFP with V25" indicates that 90 percent FFP is available for codes that are accompanied on the claim by an FP (family planning) modifier or the claim has a primary ICD-9-CM diagnosis code in the V25 (contraception management) series. Note: The CMS Family and Children's Health Programs Group (FCHPG) will provide approval, as needed, to add codes, including codes associated with new technologies, that appear on the master code list.

Tests and visits routinely provided pre- and post-operative to a sterilization procedure are reimbursable at the 90% rate.