

**ANNUAL MONITORING REPORT**  
**FLORIDA FAMILY PLANNING SECTION 1115 DEMONSTRATION**

**State:** Florida

**Demonstration Reporting Period:** July 1, 2022 – June 30, 2023

**Demonstration Year:** 25

**Approved start and end date of the Demonstration:** March 8, 2019 – June 30, 2024

**A. Executive Summary**

1. The Family Planning Waiver (FPW) provides family planning services to women ages 14 through 55 years with family income at or below 191 percent of the Federal Poverty Level (FPL) who have lost or are losing Florida Medicaid eligibility and are not otherwise eligible for the Children’s Health Insurance Program (CHIP) or enrolled in health insurance coverage that provides family planning services. Eligibility is limited to a period of up to 24 months following the loss of Medicaid coverage, as authorized in section 409.904(5), Florida Statutes, to provide transitional coverage for those losing Medicaid eligibility.

The state is required to submit information for each quarter and provide an annual (July 1, 2022 – June 30, 2023) report summarizing the events that occurred during the reporting period or are anticipated to occur in the near future that affect health care delivery. This report contains information for all four quarters during the reporting period and the annual summary.

Beginning in demonstration year (DY) 22 and continuing through DY 25, Florida and the nation were affected by the COVID-19 public health emergency (PHE), which impacted enrollment and outreach activities.

**2. Program Updates**

**a. Current Trends and Significant Program Activity**

**i. Quarter 1:**

- (1) Enrollment numbers continued to decrease in the FPW during Quarter 1 of DY 25 due to the COVID-19 Maintenance of Effort requirements that allowed for the continuation of full Medicaid benefits during the PHE. Additionally, enrollment decreased by 7,506 from Quarter 1 of DY 24 (44,671) to Quarter 1 of DY 25 (37,165).
- (2) Participation within the waiver remained the same in Quarter 1 of DY 25 (1%) as Quarter 1 of DY 24 (1%).
- (3) The number of providers decreased by 117 from Quarter 1 of DY 24 (515) to Quarter 1 of DY 25 (398).
- (4) The number of denials decreased by 73 from Quarter 1 of DY 24 (2859) to Quarter 1 of DY 25 (2786).
- (5) There were 45 females that received a cervical cancer screening in DY25 Quarter 1, representing 0.12% of the total enrolled females during the quarter.

ii. Quarter 2:

- (1) Enrollment numbers continued to decrease in the FPW during Quarter 2 of DY 25 due to the COVID-19 Maintenance of Effort requirements that allowed for the continuation of full Medicaid benefits during the PHE. Additionally, enrollment decreased by 6,633 from Quarter 2 of DY 24 (43,040) to Quarter 2 of DY 25 (36,407).
- (2) Participation within the waiver remained the same in Quarter 2 of DY 25 (2%) as Quarter 2 of DY 24 (2%).
- (3) The number of providers decreased by 68 from Quarter 2 of DY 24 (456) to Quarter 2 of DY 25 (388).
- (4) The number of denials decreased by 206 from Quarter 2 of DY 24 (2,862) to Quarter 2 of DY 25 (2,656).
- (5) The cumulative number of females that received a cervical cancer screening in DY 25 increased in Quarter 2 with 110 females receiving screening, representing 0.30% of the total enrollment.

iii. Quarter 3:

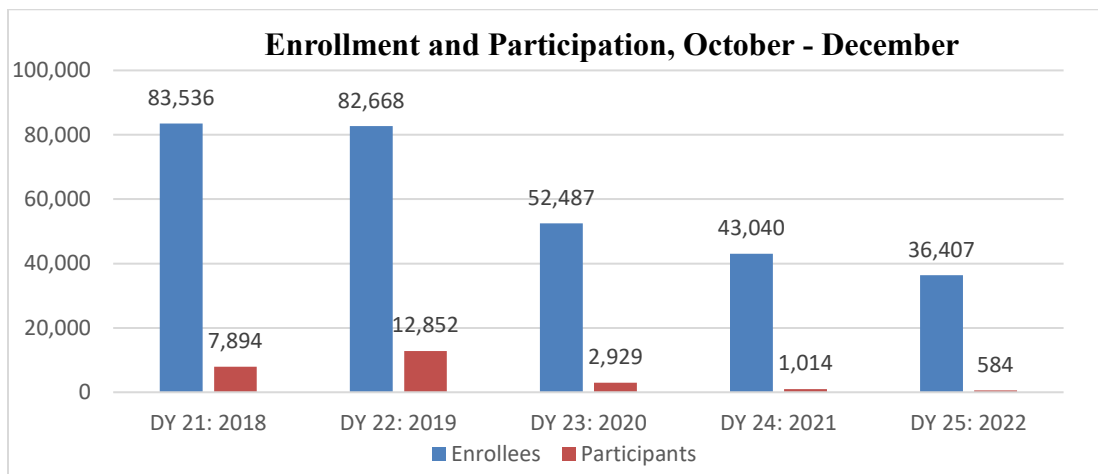
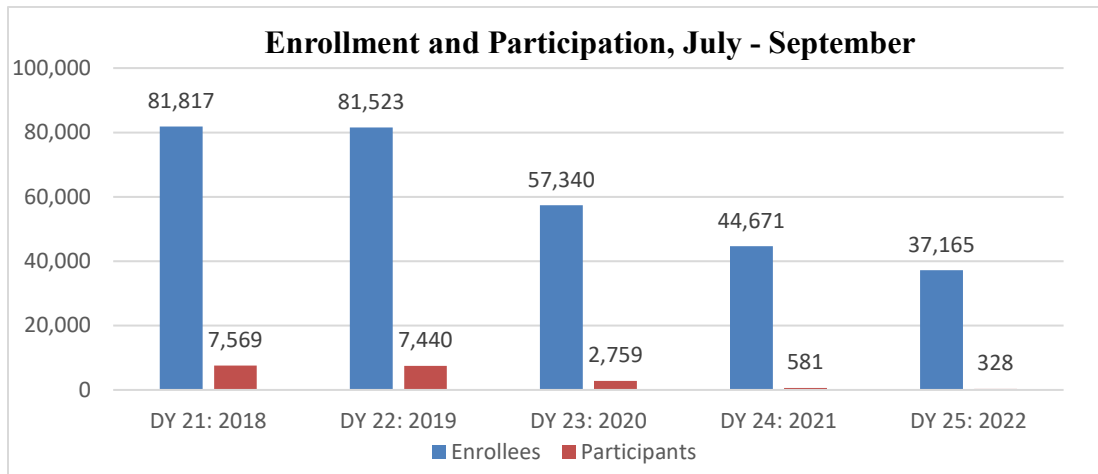
- (1) Enrollment numbers continued to decrease in the FPW during Quarter 3 of DY 25 due to the COVID-19 Maintenance of Effort requirements that allowed for the continuation of full Medicaid benefits during the PHE. Additionally, enrollment decreased by 6,124 from Quarter 3 of DY 24 (41,973) to Quarter 3 of DY 25 (35,849).
- (2) Participation within the waiver also decreased in Quarter 3 of DY 25 (2%) as compared to Quarter 3 of DY 24 (3%).
- (3) The number of providers decreased by 87 from Quarter 3 of DY 24 (474) to Quarter 3 of DY 25 (387).
- (4) The number of denials decreased by 358 from Quarter 3 of DY 24 (3,035) to Quarter 3 of DY 25 (2,677).
- (5) The cumulative number of females that received a cervical cancer screening in DY 25 increased in Quarter 3 with 164 females receiving screening, representing 0.44% of the total enrollment.

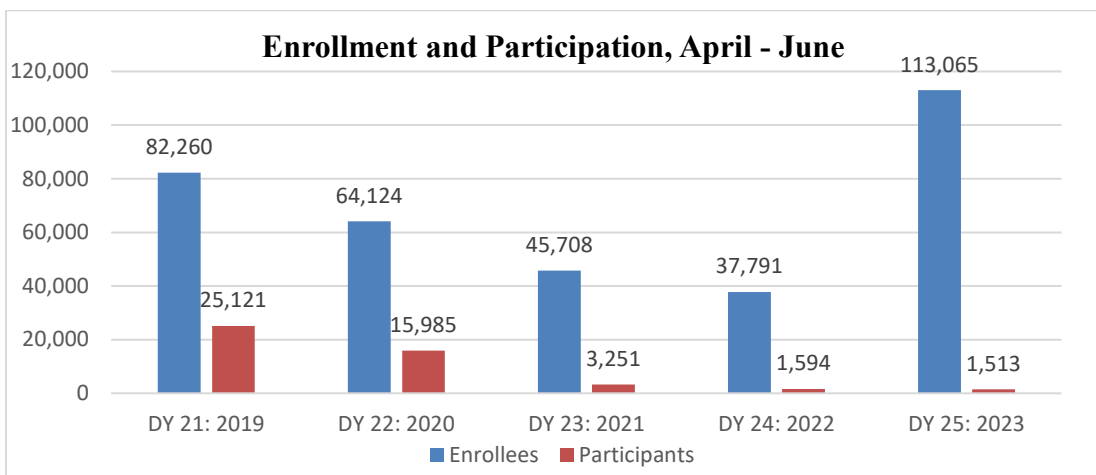
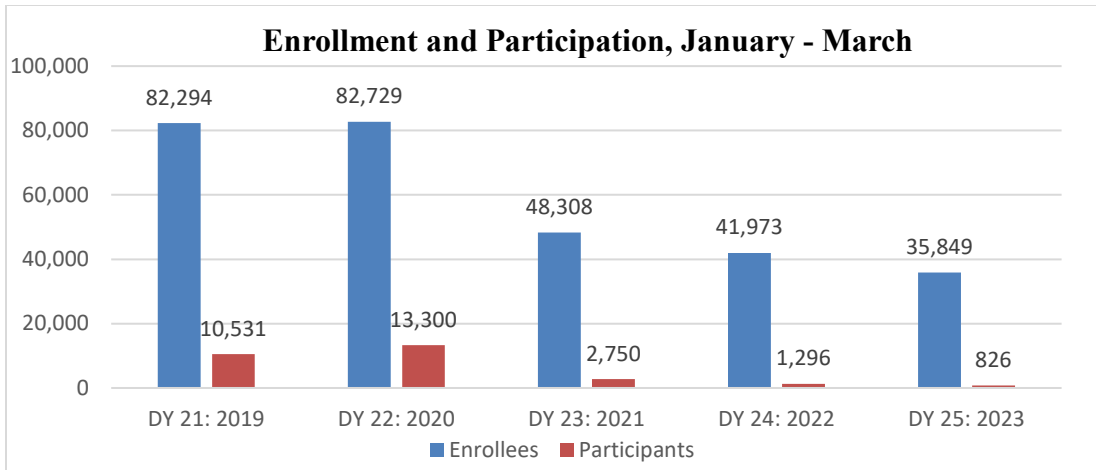
iv. Quarter 4:

- (1) Enrollment numbers increased in the FPW during Quarter 4 of DY 25 after the continuous coverage requirement ended, allowing states to resume Medicaid coverage redeterminations. Additionally, enrollment increased by 75,274 from Quarter 4 of DY 24 (37,791) to Quarter 4 of DY 25 (113,065). The state attributes this increase to women who lost Medicaid coverage and were enrolled in the FPW due to redeterminations resuming during the demonstration year.
- (2) Participation within the waiver decreased in Quarter 4 of DY 25 (1%) as compared to Quarter 4 of DY 24 (3%).

- (3) The number of providers increased by 397 from Quarter 4 of DY 24 (398) to Quarter 4 of DY 25 (795).
- (4) The number of denials increased by 7,083 from Quarter 4 of DY 24 (3,030) to Quarter 4 of DY 25 (10,113).
- (5) The cumulative number of females that received a cervical cancer screening in DY 25 increased in Quarter 4 with 320 females receiving screening, representing 0.27% of the total enrollment. The percentage in Quarter 4 is a decrease from the overall percentage in the previous quarter. Quarter 4 represents the timeframe when the continuous coverage ended, allowing states to resume Medicaid coverage redeterminations. More females lost Medicaid coverage and were enrolled in the FPW due to redeterminations resuming.

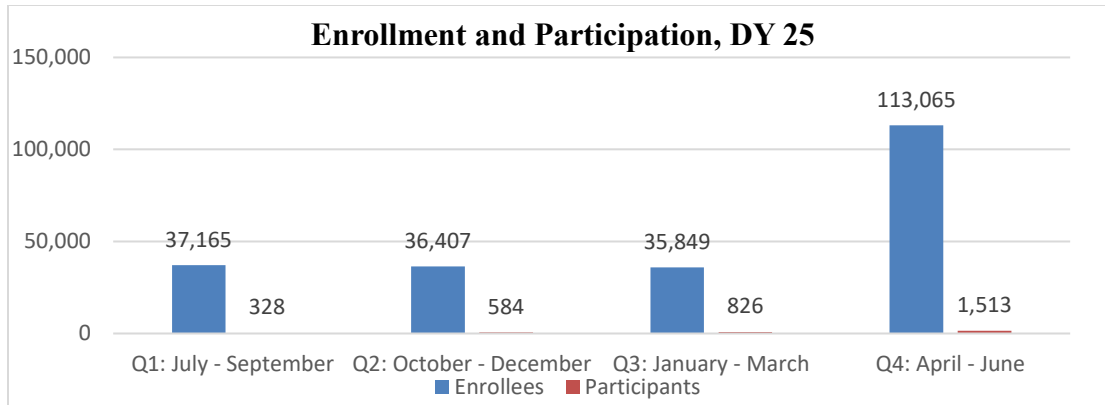
**Quarterly Comparison by Fiscal Year**





**b. DY 25**

- i. Enrollment numbers decreased in the FPW during the first three quarters of DY 25, which is due to the COVID-19 Maintenance of Effort requirements that allowed for continuation of full Medicaid benefits during the PHE. Enrollment decreased by 1,316 from Quarter 1 of DY 25 (37,165) to Quarter 3 of DY 25 (35,849). Enrollment numbers increased in the FPW during the fourth quarter of DY 25, which is after the continuous coverage requirement ended, allowing states to resume Medicaid coverage redeterminations. Enrollment increased by 77,216 from Quarter 3 of DY 25 (35,849) to Quarter 4 of DY 25 (113,065).
- ii. Participation varied between quarters within DY 25, with 1% of enrollees participating in Quarters 1 and 4 and 2% participating in Quarters 2 and 3.



**3. Policy Issues and Challenges**

The Centers for Medicare and Medicaid Services (CMS) required the State to integrate the FPW eligibility process with the process used for all other Medicaid eligibility determinations. The Agency for Health Care Administration (Agency) coordinated with the Department of Children and Families (DCF) and the Department of Health (DOH) throughout the process to ensure a seamless transition. The transition was completed as of February 2022.

The Agency did not experience any operational challenges or issues during DY 25. The Agency did not consider any new policies related to legislative/budget activity or amendments to the currently approved demonstration.

Additionally, Florida continued to be affected by the COVID-19 PHE through DY 25. This impacted FPW enrollment.

**B. Participation Monitoring**

The following tables provide a summary of activities and outcomes from the Florida Department of Health related to improving demonstration participation and service utilization among demonstration enrollees during each quarter of DY 25.

Quarter 1 (July 1, 2022 – September 30, 2022)		
County	Call Type	Community Outreach
Baker	Technical Assistance	Staff in clinic, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and Healthy Start are educated on the FPW and promoting FPW and implementing Medicaid workstation for clients to use to sign up for FPW. Healthy Start staff are also trained to assist with application.
Palm Beach	Technical Assistance	FPW information is included in publications. These guides, funded by the Children’s Services Council, are available in English, Spanish and Creole. Nurses who provide home visits to women enrolled in a Healthy Start or Healthy Beginnings program, promote the utilization of the FPW by providing education and

		facilitating appointments for family planning services.
Highlands	General Outreach	FPW information is provided at health fairs/outreach and to WIC clients for distribution to potentially eligible clients throughout the county.
Lee	General Outreach	The FPW is promoted with posters about the services displayed on walls in waiting rooms and clinic exam rooms. We encourage uninsured women who need a colposcopy to apply for the FPW. We have also partnered with Lee Adolescent Mother's Program (LAMP) to promote the FPW to teens and young adults.
Nassau	Desk Review	DOH Nassau works with Healthy Start and WIC to obtain referrals and DOH Nassau evaluates FPW clients for eligibility.
Desoto	Technical Assistance	The FPW is promoted through hand-outs and discussions with clients.

<b>Quarter 2 (October 1, 2022 – December 31, 2022)</b>		
<b>County</b>	<b>Call Type</b>	<b>Community Outreach</b>
Columbia	General Outreach	Community Outreach events such as Health Fairs, School events, and local festivals are utilized to promote the FPW program. We promote the FPW to clients who are uninsured daily in our Family Planning (FP) and Sexually Transmitted Infection (STI) clinics.
Hamilton	General Outreach	Community Outreach events such as Health Fairs, School events, and local festivals are utilized to promote the FPW program. We promote the FPW to clients who are uninsured daily in our FP and STI clinics.
Manatee	General Outreach	Information regarding the FPW is integrated into program pamphlets and is available and distributed during community outreach events. It is also available on the Mobile Health Unit, which goes to various locations throughout Manatee County to provide HIV testing, counseling and referral services; pregnancy testing and referral services are also provided on this unit.
Orange	Technical Assistance	During financial counseling sessions, the FPW is discussed with the client. We collaborate with the Bellies, Babies and Beyond/Healthy Start counselors and nurses who also educate clients on the FPW.
Indian River	General Outreach	All of our outreach provides information to the community about all our available services, including the FPW.
Lafayette	General Outreach	The FPW is promoted using brochures and posters in the lobby, work-up rooms, exam rooms, restrooms, and are distributed by the front desk staff.
Lake	Technical Assistance	During outreach targeted to clients of FP age, such as the World's Biggest Baby Shower recently completed,

		we bring information regarding our FPW services available, and this includes explaining the FPW program.
Santa Rosa	General Outreach	The FPW program is promoted by the front desk eligibility clerks and clinic staff during pregnancy test appointments. DOH Santa Rosa contacts our Presumptively Eligible Pregnant Women (PEPW) clients by letter in the month of their due date to remind them of the FPW program and offer FP services after delivery.
Suwannee	General Outreach	The FPW is promoted through the use of brochures and posters in the lobby, work-up rooms, exam rooms, restrooms, and are distributed by the front desk staff.
Citrus	General Outreach	The FPW program is promoted through information on TVs, flyers in the public bathroom stalls, and brochures in the lobbies.
Okaloosa	Technical Assistance	Pregnant women are educated on the importance of FPW after delivery. PEPW clients are told that after they have their baby, they will be placed on FPW for a year and that DOH-Okaloosa accepts that type of Medicaid coverage so we can get them on birth control at no cost to them. FPW is promoted at the annual World's Greatest Baby Shower (sponsored by Healthy Start) as well as other outreach venues. Each participant is given information about FPW and birth control options at the County Health Department (CHD).
Okeechobee	General Outreach	DOH-Okeechobee provides information to any recently delivered women. We let them know about the FPW and our local Healthy Start.

<b>Quarter 3 (January 1, 2023 – March 31, 2023)</b>		
<b>County</b>	<b>Call Type</b>	<b>Community Outreach</b>
Osceola	General Outreach	DOH-Osceola staff refers clients who inquire about the FPW to the appropriate agency to seek information and provides the Family Planning for Today's Woman brochure.
Holmes	General Outreach	When clients are being worked up, the interview clerk checks their insurance status. Information regarding the FPW is placed in the lobby, at the front window, and in the clinic for clients to take.
Washington	General Outreach	When clients are being worked up, the interview clerk checks their insurance status. Information regarding the FPW is placed in the lobby, at the front window, and in the clinic for clients to take.
Calhoun	General Outreach	DOH-Calhoun gives information to clients.
Liberty	General	DOH-Liberty gives information to clients.

	Outreach	
Hardee	General Outreach	Staff provide FPW brochures to potential eligible clients who have appointments. Staff also provide brochures to and encourage uninsured or underinsured clients to apply for FPW.
Seminole	General Outreach	We have flyers at the reception desk and throughout the FP clinic. In addition, the Florida Healthy Babies staff provides informational flyers to daycares, faith-based organizations, and to attendees during outreach events.
Jefferson	General Outreach	Healthy Start staff promotes FPW at community outreach events, and with all prenatal and post postpartum clients (individually & group settings).
Madison	General Outreach	Healthy Start staff promotes FPW at community outreach events, and with all prenatal and post postpartum clients (individually & group settings).
Jackson	Technical Assistance	All Family Planning clients are provided education on the FPW. DOH-Jackson also distributes information about the FPW at all outreach events.
Hernando	General Outreach	The program is promoted in FP clinics by front desk staff. Outreach is done to women who qualify based on the Florida Medicaid Managed Information System (FMMIS) verification and the end date of loss of full Medicaid benefits.

<b>Quarter 4 (April 1, 2023 – June 30, 2023)</b>		
<b>County</b>	<b>Call Type</b>	<b>Community Outreach</b>
Desoto	General Outreach	A packet is given to pregnant patients, which includes pregnancy care, baby spacing, FPW information and a local physician list. Healthy Start advises each pregnant mother regarding the FPW and outreach activities include same.
Franklin	General Outreach	DOH-Franklin staff flag health records of clients who are eligible for the FPW and assist clients to apply. Informational posters are displayed in the clinical areas and information is provided at all community outreach events.
Gulf	General Outreach	DOH-Gulf staff flag health records of clients who are eligible for the FPW and assist clients to apply. Informational posters are displayed in the clinical areas and information is provided at all community outreach events.
St Johns	General Outreach	The FPW is promoted in clinics utilizing the Today's Woman brochure. All outreach events promoting CHD services also include the brochure to make community members aware of the program.
Monroe	General Outreach	DOH-Monroe provides information to clients that need assistance with Medicaid applications to a local

		resource that uses a conference room in the county building (not part of DOH). Healthy Start and WIC programs provide information and assistance as needed for clients to apply for eligible Medicaid benefits.
Duval	General Outreach	DOH-Duval has flyers, pamphlets and posters displayed. DOH-Duval informs potential clients that may qualify for the FPW.
Okeechobee	General Outreach	DOH-Okeechobee promotes the FPW during outreach events in the community, through WIC, and Healthy Start.
Broward	General Outreach	DOH-Broward distributes flyers promoting FPW at community events.
Bradford	General Outreach	Marketing materials and posters are utilized to promote the FPW program. Eligible clients are identified for the program by staff and clerical staff network with Healthy Start.
Union	General Outreach	Marketing materials and posters are utilized to promote the FPW program. Eligible clients are identified for the program by staff and clerical staff network with Healthy Start.
Sumter	General Outreach	DOH-Sumter displays FPW information in multiple languages throughout the clinic. Clients can read this information on posters or tear-off information to take home with them. If a client is identified as qualifying for FPW, the client is referred to DCF and/or to the Access Florida website to complete an application. The phone number is provided to DCF if they have any questions or concerns about the application process.
Clay	General Outreach	DOH-Clay makes pamphlets available in the community. WIC is encouraged to share information about the FPW. Schedulers, the registration clerk, and clinical staff share information regarding FPW.
Taylor	Technical Assistance	The FPW program is promoted through education provided during appointment.
Gadsden	General Outreach	The applications are still available and are included in promotional literature given out at community health promotion events.
Bay	General Outreach	Local providers and Pregnancy Resource Center refer pregnant women to the DOH-Bay county health department for the FPW.

Across DY 25, there were a total of eight counties with technical assistance calls, one county with a desk review, and 35 counties with general outreach.

### C. Utilization Monitoring

The state will summarize utilization through a review of claims/encounter data for the demonstration population in the subsequent tables. This includes the following:

**Table 1. Utilization Monitoring Measures**

Topic	Measure [reported for each month included in the report]
Utilization Monitoring	Unduplicated Number of Enrollees by Quarter
	Unduplicated Number of Beneficiaries with any Claim by Quarter (by key demographic characteristics such as age, gender, and income level)
	Utilization by Primary Method and Age Group
	Total number of beneficiaries tested for any sexually transmitted disease
	Total number of female beneficiaries who obtained a cervical cancer screening
	Total number of female beneficiaries who received a clinical breast exam

**Table 2: Unduplicated Number of Enrollees by Quarter**

	Number of Female Enrollees by Quarter				
	14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total Unduplicated Female Enrollment*
Quarter 1	13	381	35,538	1,233	37,165
Quarter 2	15	355	34,689	1,348	36,407
Quarter 3	15	405	33,939	1,490	35,849
Quarter 4	504	11,172	91,490	9,899	113,065

\*Total column is calculated by summing columns 2-5.

**Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group per Quarter in the Demonstration Year (to date)**

	Number of Females Who Utilize Services by Age and Quarter					
	14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total Female Users *	Percentage of Total Unduplicated Female Enrollment
Quarter 1	0	11	312	5	328	1%
Quarter 2	0	22	553	9	584	2%
Quarter 3	0	28	785	13	826	2%
Quarter 4	1	100	1,371	41	1,513	1%

\*Total column is calculated by summing columns 2-5.

**Table 4: Contraception Utilization by Age Group per Demonstration Year (to date)\*\***

Effectiveness	Users of Contraceptives					
		14 years old and under	15 – 20 years old	21 – 44 years old	45 years old and older	Total
Most and	Numerator	0	35	295	8	338

Moderately Effective*	Denominator	1	100	1,371	41	1,513
Long-acting reversible contraceptive (LARC)*	Numerator	1	7	105	1	114
	Denominator	1	100	1,371	41	1,513
<b>Total</b>	Numerator	1	42	400	9	452
	Denominator	1	100	1,371	41	1,513

\*This measure is calculated as per the Medicaid and CHIP Child and Adult Core Set measure for contraceptive care for all women.

\*\*Guidance for Reporting on pages 42-44 of the Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid 2019 Technical Specifications and Resource Manual was used to calculate the measures for Table 4.

**Table 5: Number of Beneficiaries Tested for any STD by Demonstration Year**

Test	Total Tests		
		Number	Percent of Total Enrolled Females
Unduplicated number of beneficiaries who obtained an STD test	Quarter 1	76	0.20%
	Quarter 2	171	0.46%
	Quarter 3	260	0.70%
	Quarter 4	482	0.41%

\*Used procedure codes: '86592', '86593', '86689', '86694', '86695', '86696', '86701', '86702', '86703', '86706', '86707', '86762', '86803', '87070', '87075', '87081', '87086', '87088', '87110', '87164', '87205', '87206', '87210', '87252', '87270', '87273', '87274', '87340', '87341', '87350', '87390', '87480', '87481', '87490', '87491', '87510', '87511', '87516', '87520', '87521', '87522', '87528', '87529', '87530', '87534', '87535', '87590', '87591', '87592', '87623', '87624', '87660', '87661', '87810', '87850'

**Table 6: Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening**

Screening Activity		Number	Percent of Total Enrolled Females
Unduplicated number of female beneficiaries who obtained a cervical cancer screening*	Quarter 1	45	0.12%
	Quarter 2	110	0.30%
	Quarter 3	164	0.44%
	Quarter 4	320	0.27%

\*Used procedure codes: '88141', '88142', '88143', '88150', '88152', '88153', '88155', '88164', '88165', '88166', '88167', '88174', '88175', Reported by quarter

**Table 7: Breast Cancer Screening**

Screening Activity	Number	Percent of Total Enrolled Females
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*	0	N/A

\*Breast cancer screenings are done as part of a routine physical (evaluation and management), and as such are not able to be identified in this format.

**Table 8: Post-Partum Contraceptive Care\***

Screening Activity	Number	Percent of Total Enrolled Females
Among female beneficiaries between the ages of 15 to 20 who had a live birth, the percentage that was provided within 3 and 60 days of delivery, a most effective or moderately effective method of contraception.	0	0.00%
Among female beneficiaries between the ages of 15 to 20 who had a live birth, the percentage that was provided within 3 and 60 days of delivery, a long-acting reversible method of contraception (LARC).	0	0.00%
Among female beneficiaries between the ages of 21 to 44 who had a live birth, the percentage that was provided within 3 and 60 days of delivery, a most effective or moderately effective method of contraception.	0	0.00%
Among female beneficiaries between the ages of 21 to 44 who had a live birth, the percentage that was provided within 3 and 60 days of delivery, a long-acting reversible method of contraception (LARC).	0	0.00%

\*Florida does not enroll individuals within 3 and 60 days of delivery into the Family Planning Waiver. These individuals still have access to full State Plan Medicaid coverage through 12 months postpartum.

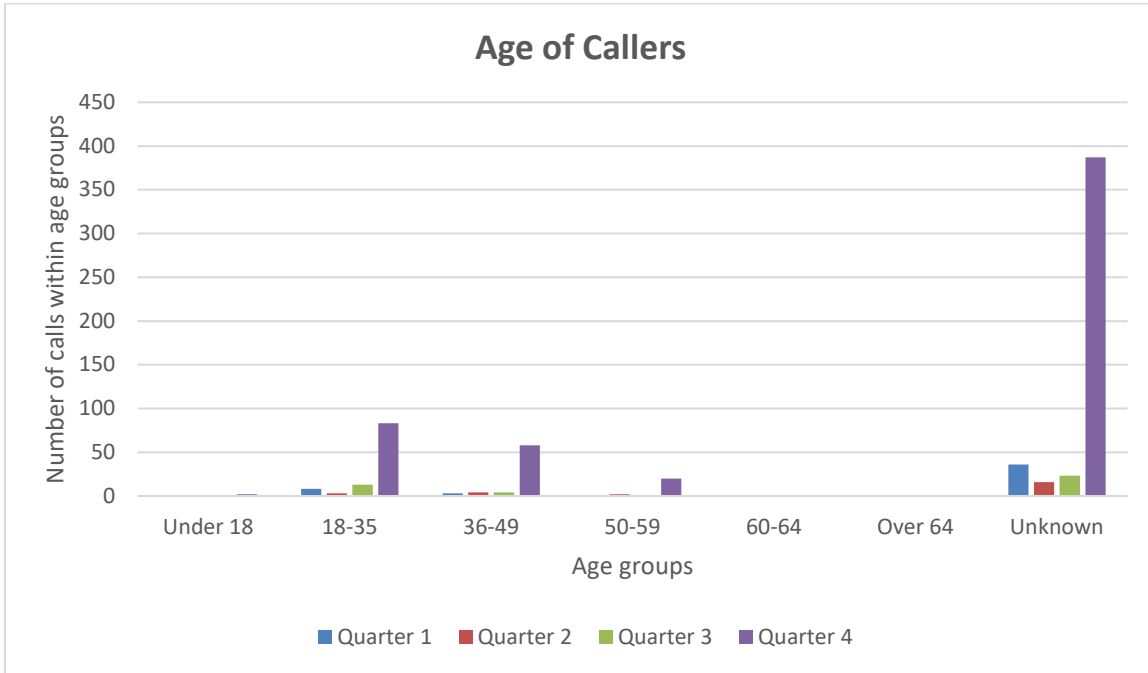
#### **D. Program Outreach and Education**

##### **1. General Outreach and Awareness**

- a.** Provide information on the public outreach and education activities conducted this demonstration quarter; and,
- b.** Provide a brief assessment of the effectiveness of these outreach and education activities.

During the first quarter of DY 25, the toll-free Florida Family Health Line provided FPW information to 47 callers. This included 21 calls in July, 16 calls in August, and 10 calls in September. During the second quarter of DY 25, the Florida Family Health Line provided FPW information to 28 callers. This included 11 calls in October, eight calls in November, and nine calls in December. During the third quarter of DY 25, the Florida Family Health Line provided FPW information to 41 callers. This included 11 calls in January, 15 calls in February, and 15 calls in March. During the fourth quarter of DY 25, the Florida Family Health Line provided FPW information to 551 callers. This included 28 calls in April, 202 calls in May, and 321 calls in June. For the entire

demonstration year, the Florida Family Health Line provided 667 callers with information about the FPW.



Quarter	Under 18	18-35	36-49	50-59	60-64	Over 64	Unknown	Total Calls
1	0	8	3	0	0	0	36	47
2	1	3	4	2	1	1	16	28
3	0	13	4	1	0	0	23	41
4	2	83	58	20	0	1	387	551

Additionally, one county was monitored during the demonstration year. All requirements were met on the monitoring tool.

**E. Program Integrity**

In order to come into compliance with the approved STCs, the Agency, in coordination with DOH and DCF, developed an implementation plan to transition the FPW eligibility determination process seamlessly and efficiently from DOH to DCF. The transition was primarily operational and focused on systematic changes. As of March 2022, the process for eligibility determinations under the waiver transitioned from DOH to DCF. The FPW eligibility process was integrated with the eligibility processes used for all other Medicaid determinations.

During the COVID-19 pandemic, Medicaid coverage was maintained for most individuals regardless of eligibility due to protections tied to the PHE. With the signing of the Consolidated Appropriations Act, 2023, on December 29, 2022, Congress ended the continuous coverage requirement, which allowed states to start terminating Medicaid coverage as of April 1, 2023. This shift increased enrollment in the FPW program during the fourth quarter of DY 25, as many individuals lost their Medicaid coverage. The PHE officially concluded on May 11, 2023.

**F. Grievances and Appeals**

There were no grievance/appeal or fair hearing requests received during the annual reporting period.

**G. Table 9: Unduplicated Number of Beneficiaries Losing Coverage after 2-year Period of Enrollment by Demonstration Year**

Annual Population 117,295	Number of Female Enrollees Losing Coverage in Demonstration Year					
	14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total Females Lost Enrollment*	Percent of Total Enrolled Females
DY 25	0	19	4506	80	4,605	3.93%

\*Total column is calculated by summing columns 1-4

**H. Table 10: Unduplicated Number of Beneficiaries Re-enrolled in Demonstration Year for a Subsequent 2-year Period of Eligibility\***

Annual Population 117,295	Number of Female Enrollees Re-enrolled for a Subsequent 2-year Period of Eligibility					
	14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total Females Re-enrolled**	Percent of Total Enrolled Females
DY 25	15	1,412	9,452	243	11,122	9.48%

\*Eligibility is limited to 24 months following the loss of Medicaid coverage, but women may become eligible for a new 2-year period of family planning coverage upon each subsequent loss of Medicaid eligibility. This chart captures those individuals that have enrolled for multiple 2-year periods.

\*\*Total column is calculated by summing columns 1-4

**I. Annual Post Award Public Forum**

The annual post award public forum was held on April 18, 2023, during the Medical Care Advisory Committee meeting from 2:00 to 3:00 pm. The meeting was publicly noticed in the Florida Administrative Register. The Agency presented an overview of the FPW, including information regarding enrollment and key evaluation findings. During the post award forum presentation, the Agency received two comments during the meeting. The first comment was related to the Medicaid Redeterminations restarting and whether the family planning services provider network was able to serve this waiver’s population. Another comment from the same individual was related to the Federal Poverty Limit threshold for eligibility and if the Agency was considering increasing it to match a bill being considered in this year’s legislative session. The Agency addressed the two comments during the meeting.

**J. Budget Neutrality**

The budget neutrality workbook for the period of April 1, 2023 through June 30, 2023 was submitted through the 1115 PMDA portal on September 21, 2023. Provided below is an overview.

Budget	Actual
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DY 25 Expenditures	\$4,357,752	\$824,602
Member Months	622,536	408,272
PMPM	\$7.00	\$2.02

**K. Demonstration Evaluation Activities and Interim Findings**

The Agency contracts with Florida State University (FSU) to provide an independent evaluation of the FPW program.

**Quarter 1:**

During the 1st quarter, FSU submitted the first draft of Deliverable 25: FPW DY23 (SFY2020-2021) Final Evaluation Report on 9/29/2022. This report addresses all evaluation questions in accordance with the CMS approved Evaluation Design and includes descriptive and comparative analyses of the family planning population for DY23(SFY2020-2021). The Vendor experienced a delay in receiving the DOH data; therefore, analysis for research questions 2-5 were submitted in October by approval from the Agency. The Vendor submitted the FPW DY23 (SFY2020-2021) Final Evaluation Report that addresses evaluation questions 2-5 in October. Overall, there were several positive outcomes of the FPW program. The proportion of low weight births was slightly smaller for the FPW enrollees in DY23 at 9.31%, compared with 9.47% for the FPW non-enrollees. However, the rate of pre-term births was slightly higher for the FPW enrollees in DY23 at 12.44%, compared with 11.25% for the FPW non-enrollees. It should be noted, though, that these differences are small and not clinically meaningful. The positive outcome that remains consistent across all Demonstration Years is that the women who used FPW services were overwhelmingly satisfied with those services and indicated that the services were easy to access. Additionally, the FPW program continues to generate significant cost savings of approximately \$30 million per year. The cost savings is based on the difference in the birth rate between FPW enrollees and eligible women who did not enroll in the FPW program.

**Quarter 2:**

During the 2nd quarter, FSU submitted the final draft of the DY23 (SFY2020- 2021) Final Evaluation Report to the Agency on October 20, 2022.

**Quarter 3:**

During the 3rd quarter, FSU submitted the final draft of the DY24 (SFY2021- 2022) Interim Evaluation Report to the Agency on March 23, 2023. This report addresses evaluation questions 1, 6, 7, 8, 9, and 10 in accordance with the CMS approved Evaluation Design, and includes descriptive and comparative analyses of the family planning population for DY24 (SFY2021-2022). One positive outcome that remains consistent across all Demonstration Years is that the women who used FPW services were overwhelmingly satisfied with those services and indicated that the services were easy to access. Despite the negative impact of the COVID-19 PHE on FPW enrollment rates, the enrollment rates among eligible women for the FPW program increased from 11% in DY23 to 17% in DY24. Overall, there is a consistent finding that most eligible women and unenrolled women have a lack of knowledge about the program.

#### Quarter 4:

During the 4<sup>th</sup> quarter, the Vendor worked on analyzing and completing the FPW DY24 (SFY2021-2022) Final Evaluation Report that addresses evaluation questions 2, 3, 4, and 5 in accordance with the CMS-approved Evaluation Design. FSU submitted the final DY24 (SFY2021-2022) Evaluation Report to the Agency on December 4, 2023. . In addition, FSU coordinated progress and resolved issues related to the preparation and completion of the FPW Draft of Draft Summative Evaluation Report DY20, 21, 22, 23, and 24 (SFY17/18, 18/19, 19/20, 20/21, and 21/22). FSU submitted the final report to the Agency on February 23, 2024.. One positive finding that remains consistent among those women who used FPW services was that they were overwhelmingly satisfied with the services and indicated that the services were easy to access. Overall, there is a consistent finding that most eligible women and unenrolled women have a lack of knowledge about the FPW program. Future activities will focus on increasing enrollment and enrollee participation rates in the FPW program.