DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850

State Demonstrations Group

April 20, 2026

Brian Meyer
Deputy Secretary for Medicaid
Florida Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 8
Tallahassee, FL 32308

Dear Deputy Secretary Meyer:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Evaluation Design, which is required by the Special Terms and Conditions (STCs), specifically, STC #9.3 "Evaluation Design Approval and Updates" of Florida's section 1115 demonstration, "Florida Medicaid Family Planning" (Project Number 11-W-00135/4), effective through June 30, 2030. CMS has determined that the Evaluation Design, which was submitted on October 27, 2025, and April 2, 2026, meets the requirements set forth in the STCs and our evaluation design guidance, and therefore approves the state's Evaluation Design.

CMS has added the approved Evaluation Design to the demonstration's STCs as Attachment C. A copy of the STCs, which includes the new attachment, is enclosed with this letter. In accordance with 42 CFR 431.424, the approved Evaluation Design may now be posted to the state's Medicaid website within 30 days. CMS will also post the approved Evaluation Design as a standalone document, separate from the STCs, on Medicaid.gov.

Please note that an Interim Evaluation Report, consistent with the approved Evaluation Design, is due to CMS one year prior to the expiration of the demonstration, or at the time of the extension application, if the state chooses to extend the demonstration. Likewise, a Summative Evaluation Report, consistent with this approved design, is due to CMS within 18 months of the end of the demonstration period. In accordance with 42 CFR 431.428 and the STCs, we look forward to receiving updates on evaluation activities in the demonstration monitoring reports.

We appreciate our continued partnership with the Florida Family Planning Waiver section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

DANIELLE DALY -S

Digitally signed by DANIELLE DALY -S
Date: 2026.04.20 05:23:38 -04'00'

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Kia Carter-Anderson, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

Florida Medicaid Family Planning Waiver (FPW) Program Evaluation Design

Presented to:
Centers for Medicare and Medicaid Services

Prepared by:
Florida Agency for Health Care Administration
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Department of Behavioral Sciences and Social Medicine
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October 27, 2025

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A. General Background Information

1. Issues Addressed by This Demonstration

Under the FPW demonstration, Florida seeks to continue building upon the following objectives that have been fundamental to Florida's Medicaid improvement efforts over the past 21 years:

- Increasing access to family planning services.
- Increasing child spacing intervals through effective contraceptive use.
- Reducing the number of unintended pregnancies.
- Reducing Florida's Medicaid costs by reducing the number of unintended pregnancies by women who would be eligible for Medicaid pregnancy-related services.

Based on recent guidance from the Centers for Medicare and Medicaid Services (CMS) and Florida's continued efforts to improve its Medicaid program, the following objective will also be explored:

- Improve or maintain health outcomes for the target population as a result of access to family planning services and/or family planning-related services;

Florida's motivation for improving its Medicaid program stems from two factors: (1) the nationwide concerns about ensuring continued access to high quality care for its Medicaid enrollees while (2) simultaneously addressing the rapid increases in Medicaid costs that have propelled the Medicaid program to the very top of states' budget priorities nationwide.

Individuals eligible under this demonstration will receive family planning services and supplies as described in section 1905(a)(4)(C) of the Act, which are reimbursable at the 90 percent Federal matching rate. The specific family planning services provided under this demonstration are as follows:

- FDA-approved methods of contraception;
- Sexually transmitted infection (STI)/sexually transmitted disease (STD) testing, Pap smears and pelvic exams. Note: The laboratory tests done during an initial family planning visit for contraction include a Pap smear, screening tests for STIs/STDs, blood count and pregnancy test. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the clinic, program or provider. Additional laboratory tests may be needed to address a family planning problem or need during an inter-periodic family planning visit for contraception;
- Drugs, supplies, or devices related to women's health services described above that are prescribed by a health care provider who meets the state's provider enrollment requirements (subject to the national drug rebate program requirements); and
- Contraceptive management, patient education, and counseling.

Individuals eligible under this demonstration will also receive family planning-related services and supplies defined as those services provided as part of or as follow-up to a family planning visit and are reimbursable at the state's regular Federal Medical Assistance Percentage (FMAP) rate. Such services are provided because a "family planning-related" problem was identified and/or diagnosed during a routine or periodic family planning visit. Examples of family planning-

related services and supplies that would be provided under this demonstration include:

- Colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine/periodic family planning visit.
- Drugs for the treatment of STIs/STDs, except for HIV/AIDS and hepatitis, regardless of the purpose of the visit, consistent with CMS guidance issued April 14, 2014, SMDL#14-03/ACA# 31. This includes behavioral counseling and a follow-up visit/encounter for the treatment/drugs and subsequent follow-up visits to rescreen for STIs/STDs based on the Centers for Disease Control and Prevention guidelines may be covered.
- Drugs/treatment for vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections, where these conditions are identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs may also be covered.
- Other medical diagnosis, treatment, and preventive services that are routinely provided pursuant to family planning services in a family planning setting. An example of a preventive service could be a vaccination to prevent cervical cancer.
- Treatment of major complications arising from a family planning procedure.

A complete listing of all reimbursable service codes for the FPW is available at: http://ahca.myflorida.com/Medicaid/Family_Planning /reim_services.shtml.

2. Name of the Demonstration, Approval Date, and Time Period

Family Planning Waiver 1115 Waiver Demonstration Extension, Approved May 1, 2025 through June 30, 2030.

3. Description of the Demonstration and History of the Implementation

The Centers for Medicare and Medicaid Services (Federal CMS) initially approved Florida's 1115 Family Planning demonstration, "Florida Medicaid Family Planning Waiver", for a 5-year period on August 23, 1998 and the program was implemented October 1, 1998.

The demonstration was originally implemented to provide a limited Medicaid benefit package of family planning and family planning-related services to an expansion population of women of childbearing age losing Medicaid pregnancy coverage or full Medicaid coverage, that had family income at or below 185 percent of the Federal Poverty Level (FPL), and who were not otherwise eligible for Medicaid or CHIP, or enrolled in other health insurance coverage that provided family planning services. With the implementation of the Affordable Care Act's requirement to transition to the use of Modified Adjusted Gross Income (MAGI) for determining Medicaid income eligibility, the state's comparable income limit increased to 191 percent of the FPL effective January 1, 2014. The state has not had any other program changes.

On June 13, 2023, Florida submitted a request to extend the demonstration for a five-year period with no program changes. On April 30, 2025, Federal CMS approved the State's request for an extension to the FPW 1115 waiver demonstration, along with newly amended STCs and waiver and expenditure authorities through June 30, 2030. Federal CMS approved an extension of the FPW 1115 waiver demonstration (Project No. 11-W-00135/4) for a period of five years

beginning May 1, 2025, through June 30, 2030.

4. Changes to the Demonstration

On May 25, 2022, CMS approved a demonstration amendment that changed the eligibility start date for the demonstrations from after 60-days postpartum to 12-months postpartum. On June 13, 2023, Florida submitted a request to extend the demonstration for a five-year period with no major operational changes.

5. Populations Covered in the FPW Program

The FPW program provides family planning services to eligible women, ages 14 through 55. Services are provided up to 24 months. Eligibility is limited to family incomes at or below 191 percent of the Federal Poverty Level who are not otherwise eligible for Medicaid, Children's Health Insurance Program, or health insurance coverage that provides family planning services; and who have lost Medicaid eligibility within the last two years. This includes women losing Medicaid managed care coverage.

Recipients losing SOBRA (pregnancy Medicaid) eligibility are automatically enrolled in the FPW program during the first 12 months of losing Medicaid. Non-SOBRA women have to actively apply for the first year of benefits at their local county health department. All women enrolled in the family planning waiver will have active re-determination of eligibility through their local county health department after 12 months of family planning waiver eligibility. In order to receive the second year of benefits, recipients must reapply at their local county health department.

B. Evaluation Questions and Hypothesis

This section presents each evaluation question and corresponding hypothesis. The state of Florida established the FPW program to provide a limited Medicaid benefit package of family planning and family planning-related services to an expansion population of women of childbearing age losing Medicaid pregnancy coverage or full Medicaid coverage, that had family income at or below 185% of the FLP, and who were not otherwise eligible for Medicaid or CHIP, or enrolled in other health insurance coverage that provided family planning services.

1. What is the enrollment rate and demographic profile of FPW enrollees?

> **Hypothesis:** Research question 1 is included to provide context. Therefore, there is no hypothesis to test for this research question.

2. How did FPW enrollees utilize covered health services?

> **Hypothesis:** Research question 2 is included to provide context (description of the FPW services used by enrollees). Therefore, there is no hypothesis to test for this research question.

3. What proportion of FPW enrollees experience financial strain as a result of no retroactive eligibility?

> **Hypothesis:** Research question 3 is included to provide context (description of impact of not providing retroactive eligibility on beneficiaries). Therefore, there is no hypothesis to test for this research question.

4. To what extent does transportation need impact FPW enrollee access to care?

> **Hypothesis:** Research question 4 is included to provide context (description of FPW enrollees who are impacted by the not applicable NEMT). Therefore, there is no hypothesis to test for this research question.

5. What is the rate of unintended pregnancies for FPW enrollees and eligible women who do not enroll in FPW per Demonstration Year?

> **Hypothesis:** The rate of unintended pregnancies will be lower for FPW enrollees compared to eligible women who do not enroll in the FPW program.

6. What are the interbirth intervals for FPW enrollees compared to eligible women who do not enroll in the FPW program who gave birth during the study period?

> **Hypothesis:** Interbirth intervals will be longer for FPW enrollees compared to eligible women who do not enroll in the FPW program.

7. Is the type of contraception provided to FPW enrollees associated with interbirth intervals and birth rate?

> **Hypothesis:** FPW enrollees who utilize long-acting reversible contraception (LARC) will have longer interbirth intervals and a lower birth rate compared to other FPW enrollees.

8. What is the rate of low birth weight and preterm births for FPW enrollees compared to women who are eligible but do not enroll in the FPW program?

> **Hypothesis:** The rate of low birth weight (<2,500 grams) and preterm births (<37 weeks) will be lower for FPW enrollees compared to eligible women who do not enroll in the FPW program.

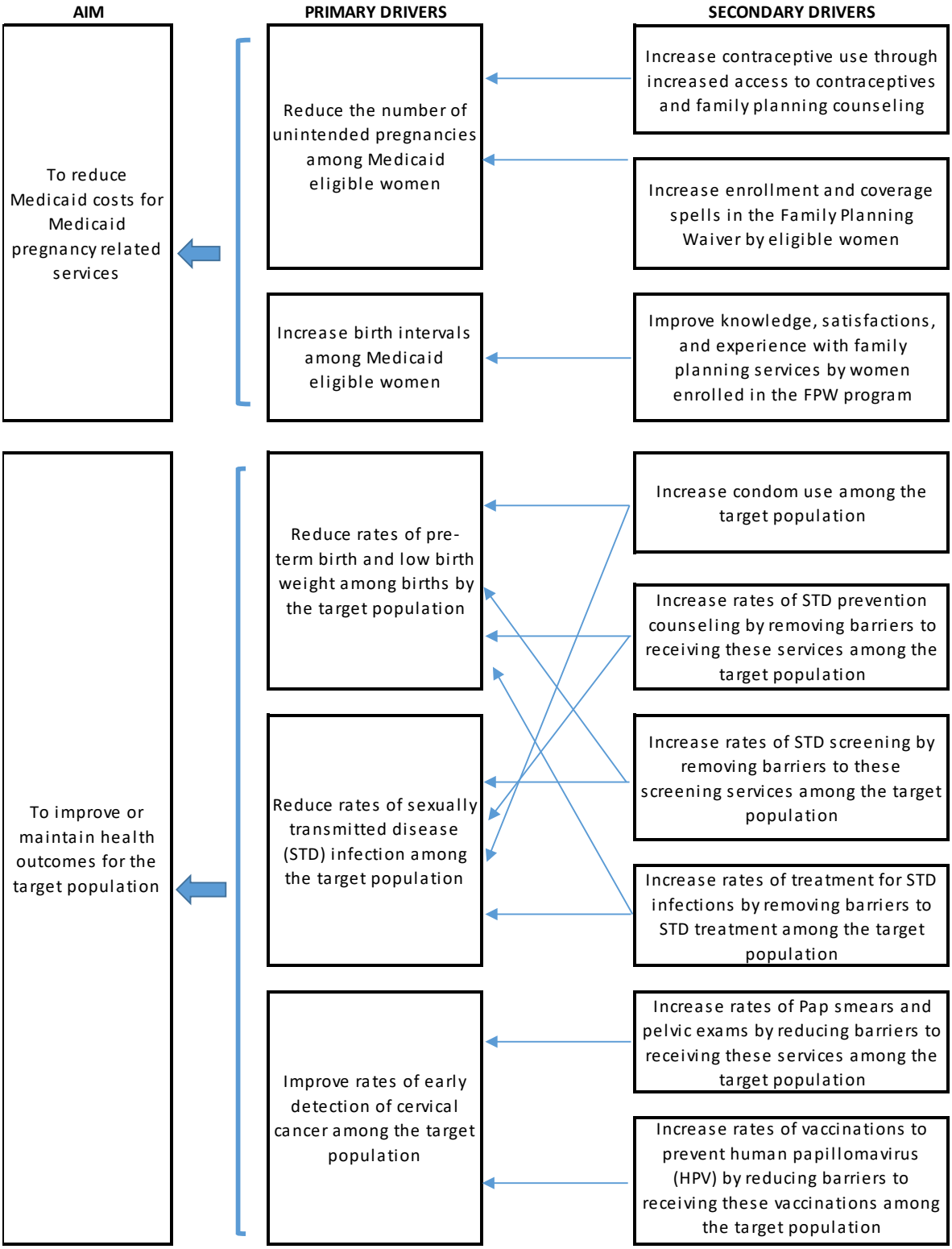
9. Is the FPW achieving cost savings by reducing the number of unintended births?

> **Hypothesis:** The FPW is achieving cost savings by reducing the number of unintended births among FPW enrollees.

10. Are FPW enrollees satisfied with services?

> **Hypothesis:** FPW enrollees who used FPW services will be satisfied with the services used.

Driver Diagram



C. Methodology

1. Evaluation Design

This evaluation employs post-only analyses. Because the FPW program was initiated over 20 years ago, a pre-post approach is not ideal. Because the majority of women eligible for the FPW program do not enroll in a given year, this creates an opportunity for a relevant comparison group for several of the evaluation questions. Thus, this will be a post-only analysis with a comparison group where outcomes for FPW enrollees will be compared to outcomes for a control group which will consist of women eligible for FPW but do not enroll in the program.

The qualitative design is discussed in the context of a specific research questions in "Analytic Methods" below.

2. Target and Comparison Populations

The target population is all FPW program enrollees. While not all evaluation questions will use a comparison population, those that do will use women who are eligible for the FPW program in a given year, but who do not enroll in the program. This will maximize comparability, as these women will also be of childbearing age and will have recently lost Medicaid coverage and will thus likely have similar incomes and sociodemographic characteristics as FPW enrollees. While selection bias using this population is possible, we believe that it will be minimal given that fewer than 10% of eligible women enroll in FPW in any given year. Because most of the eligible women who do not enroll are likely to still have need for and benefit from family planning services, it is unlikely that the decision to enroll or not enroll is strongly correlated with need for these services, which is the main cause of selection bias. Depending on the research question, qualitative analyses will target eligible women who do not enroll in the FPW, FPW enrollees, FPW enrollees who do not use FPW services, and FPW enrollees who use services.

3. Evaluation Period

The evaluation period will begin May 1, 2025 (Demonstration Year 28 (DY28)) and will extend through SFY29/30 (DY32).

4. Evaluation Measures

Table 1. Evaluation Measures

Measure	Description	Research Question(s)
Demographic characteristics of population	Descriptive statistics of the population enrolled in FPW .	1
FPW enrollment rate	Number of FPW enrollees/Number of women eligible for the FPW program	1
FPW participation rate	Number of FPW enrollees who had any FPW related service encounter (including contraceptive care, cancer screen, or STD screen) in each year of the demonstration/Total number of FPW enrollees	2
FPW contraceptive participation rate	Number of FPW enrollees who had an encounter for family planning counseling and/or contraceptive care/Total number of FPW enrollees	2
FPW cancer screening rate	Number of FPW enrollees who received a cancer screening/Total number of FPW enrollees	2
FPW STD screening rate	Number of FPW enrollees tested for any sexually transmitted disease (by STD) as defined by Rule 64D-3.028, Florida Administrative Code/Total number of FPW enrollees	2
FPW financial strain rate	Proportion of FPW participants rating Always/Very Often/Sometimes on a 5-point scale from Always to Never *Note: This measure only represents FPW participants who participate in the telephone-based satisfaction survey.*	3
FPW enrollees with transportation-related barriers	Proportion of FPW participants rating Always/Very Often/Sometimes on a 5-point scale from Always to Never *Note: This measure only represents FPW participants who participate in the telephone-based satisfaction survey.*	4
FPW enrollees' unintended pregnancy rates	Rate of unintended pregnancies among FPW enrollees: Number of FPW enrollees that gave birth and recorded a negative response to Ques. 5 & 14 on the Healthy Start Prenatal Risk Screen /Total number of FPW enrollees who responded to Ques. 5 & 14 on the Healthy Start Prenatal Risk Screen. *Note: This measure only represents those who responded to the Healthy Start Prenatal Risk Screen.*	5
Eligible women who do not enroll in the FPW program unintended pregnancy rates	Rate of unintended pregnancies among eligible women who do not enroll in the FPW program: Number of eligible women who do not enroll in the FPW program that gave birth and recorded a negative response to Ques. 5 & 14 on the Healthy Start Prenatal Risk Screen /Total number of eligible women who do not enroll in the FPW program who responded to Ques. 5 & 14 on the Healthy Start Prenatal Risk Screen. *Note: This measure only represents those who responded to the Healthy Start Prenatal Risk Screen.*	5
Interbirth intervals for FPW enrollees and eligible women who do not enroll in the FPW program	Average number of months between multiple births (deliveries) by FPW enrollees within the 24 month index period and the proportion of women having a second birth within the 24 month index period. Average number of months between multiple births (deliveries) by eligible women who do not enroll in the FPW program within the 24 month index period and the proportion	6

	of women having a second birth within the 24 month index period.	
FPW enrollee LARC users interbirth intervals	Average number of months between multiple births (deliveries) by FPW enrollees who used LARC within the 24 month index period and the proportion of women having a second birth within the 24 month index period. Average number of months between multiple births (deliveries) by FPW enrollees who did not use LARC within the 24 month index period and the proportion of women having a second birth within the 24 month index period. *Note: LARC refers to intrauterine devices (IUDs) and subdermal implants.*	7
FPW enrollee LARC users birth rate	Number of live births born to FPW enrollees who use LARC x 1,000 / Mid-year number of FPW enrollees who use LARC Number of live births born to FPW enrollees who do not use LARC x 1,000 / Mid-year number of FPW enrollees who do not use LARC *Note: LARC refers to intrauterine devices (IUDs) and subdermal implants.*	7
Rate of low birth weight babies born to FPW enrollees	Number of low birth weight babies (<2,500 grams) born to FPW enrollees/Total number of babies born to FPW enrollees	8
Rate of low birth weight babies born to eligible women who do not enroll in the FPW program	Number of low birth weight babies (<2,500 grams) born to eligible women who do not enroll in the FPW program/Total number of babies born to eligible women who do not enroll in the FPW program	8
Rate of preterm babies born to FPW enrollees	Number of preterm (<37 weeks) babies born to FPW enrollees/Total number of babies born to FPW enrollees	8
Rate of preterm babies born to eligible women who do not enroll in the FPW program	Number of preterm (<37 weeks) babies born eligible women who do not enroll in FPW/Total number of babies born to eligible women who do not enroll in the FPW program	8
FPW cost savings	(Averted birth costs – Cost of providing FPW services)	9
Satisfaction with FPW services	Proportion of FPW participants rating satisfaction with FPW services as 3 or 4 on a 4-point satisfaction scale *Note: This measure only represents FPW participants who participate in the telephone-based satisfaction survey.*	10

5. Data Sources

This evaluation will collect both quantitative and qualitative data from a variety of sources as outlined below in Table 2, “Quantitative and Qualitative Data Sources for Florida FPW Evaluation”. Quantitative data will be collected predominantly from secondary sources (e.g., claims and encounter data) although some data will be obtained through primary data collection (e.g satisfaction surveys with FPW participants). Qualitative data will be collected using structured surveys. Fully coded transcriptions of qualitative interviews will be analyzed through iterations of content analysis and grounded theory to identify salient themes.

The cleaning of Medicaid eligibility, enrollment, encounter, and claims data is done by both the Agency and the evaluation team. These data are extensively error-checked upon receipt to ensure that the data are complete and error-free.

Additional checks may produce questions from the evaluation team for the Agency data team concerning errors and anomalies. Answers given by the Agency data team are documented for future reference. Questions that cannot be readily answered are resolved by the involvement of additional data personnel and/or the transmittal of corrected data as needed. Florida hospital discharge, Vital Statistics, Healthy start prenatal screens, and other data obtained from DOH are cleaned and error-checked by the Florida Health Data Center upon receipt.

Table 2. Quantitative and Qualitative Data Sources for Florida FPW Evaluation

Data Source	Time Period	Variables
DOH Birth Vital Statistics birth certificates	2000 - 2030	Birth certificate data including infant and mother names, date of birth, address, and social security number.
DOH Healthy Start Prenatal Screens	2011 - 2030	Names, date of birth, address, and social security number. Data elements to estimate gestational age and conception date pregnancy intendedness responses
DOH HIV Registry data	2017 - 2030	Names, date of birth, address, and social security number
Medicaid Eligibility Files	2011 - 2030	names, date of birth, address, and social security number for all female recipients aid category code and the eligibility begin and end dates
Medicaid Claims Files	2011 - 2030	All claims paid during the month including the following data elements: date of service, amount paid, program code, procedures and diagnosis
Medicaid Enrollment Files	2011 - 2030	Personal identifiers for all female recipients including names, date of birth, address, and social security number to link to the birth certificate and the Healthy Start Prenatal Screens
State of Florida Hospital Discharge Data	2011- 2030	Patient discharge data from all licensed acute care hospitals (including psychiatric and comprehensive rehabilitation units); comprehensive rehabilitation hospitals; ambulatory surgical centers and emergency departments, as directed by Section 408.061, Florida Statutes
Qualitative Interview Data	2025 – 2030	Qualitative interviews from FPW eligible women and FPW enrollees.
Satisfaction Survey Data	2025 – 2030	Structured interviews with FPW participants conducted each DY.

6. Analytic Methods

This evaluation will employ both quantitative and qualitative methods in answering the research questions outlined above. The quantitative methods will be simple descriptive methods and the qualitative methods will include analysis of structured administrative interview data and thematic analyses of semi-structured interview data (using content analyses and grounded theory).

The remainder of this section describes these methods in greater detail. Table 3 following these descriptions lists each research question along with the associated analytic method to be used in answering that question.

For research question 1 (What is the enrollment rate and demographic profile of FPW enrollees?), Medicaid eligibility files will be used to identify women who are eligible for the FPW program as well as women enrolled in the FPW program. Eligible women will be identified as women between the ages of 14-55 who lost Medicaid eligibility for any reason in the two years prior to the DY being examined. The determined number of women eligible for the FPW program and not enrolled will be used to calculate the enrollment rate (the total number of women enrolled in FPW/total number of women eligible for FPW for all enrollees). Demographic characteristics for the FPW enrollees, including age and race/ethnicity, will be produced and compared across years during the demonstration period.

For research question 2 (How did FPW enrollees utilize covered health services?), Medicaid eligibility, enrollment, and claims data will be used to assess enrollment rates, participation rates (use of any service covered by FPW), contraceptive services participation rates, cancer screening participation rates, and STD screening participation rates for all FPW enrollees per DY. FPW participation rates will be calculated as the total number of FPW enrollees who use any FPW service/total number of FPW enrollees. FPW contraceptive care participation rates will be calculated as the total number of FPW enrollees who use contraceptive services/total number of FPW enrollees. FPW cancer screening rates will be calculated as the total number of FPW enrollees who use any cancer screening services/total number of FPW enrollees. FPW STD screening rates will be calculated as the total number of FPW enrollees who use STD screening services/total number of FPW enrollees. Each of these rates will be calculated separately for each DY.

For research question 3 (What proportion of FPW enrollees experience financial strain as a result of no retroactive eligibility?), surveys will be administered to FPW enrollees. Questions related to this topic will be incorporated in the satisfaction surveys that will be administered to FPW enrollees each DY. FPW enrollees will be randomly selected and administered a telephone-based satisfaction survey (see Appendix for satisfaction survey instrument). Surveys will be administered each year until 300 complete surveys are achieved. Surveys will be administered during the first quarter of each calendar year. Descriptive statistics of survey responses will be used to summarize the proportion of FPW enrollees who experience financial strain as a result of no retroactive eligibility.

For research question 4 (To what extent does transportation need impact FPW enrollee access to care?), surveys will be administered to FPW enrollees. Questions related to this topic will be incorporated in the satisfaction surveys that will be administered to FPW enrollees each DY. FPW enrollees will be randomly selected and administered a telephone-based satisfaction

survey (see Appendix for satisfaction survey instrument). Surveys will be administered each year until 300 complete surveys are achieved. Surveys will be administered during the first quarter of each calendar year. Descriptive statistics of survey responses will be used to summarize the proportion of FPW enrollees who experience transportation as a barrier to care for FPW services.

For research question 5 (What is the rate of unintended pregnancies for FPW enrollees and eligible women who do not enroll in the FPW program per DY?), Medicaid claims and DOH data will be merged. Unintended pregnancies will be identified using questions 5 and 14 on the Healthy Start Prenatal Risk Screen related to pregnancy intendedness. Unintended pregnancy rates will be calculated as the number of unintended pregnancies for FPW enrollees divided by the total number of births by FPW enrollees. This rate will also be calculated for eligible women who do not enroll in the FPW program and compared to the rate for FPW enrollees using descriptive statistics for each DY and with appropriate regression modeling that will adjust for differences in age, race, and ethnicity.

For research question 6 (What are the interbirth intervals for FPW enrollees compared to eligible women who do not enroll in the FPW program who gave birth during the study period?), Medicaid claims and eligibility data, as well as Vital Statistics birth certificate data, will be merged and used to compare the average inter-birth intervals (IBI) in number of months for FPW enrollees and eligible women who do not enroll in the FPW program. The IBI will be the time between the first birth that occurred during the DY being examined and the second live birth observed with available birth certificate data. IBI rates will be compared between FPW enrollees and eligible women who are not enrolled in the FPW program using descriptive statistics for each DY and with appropriate regression modeling that will adjust for differences in age, race, and ethnicity.

For research question 7 (Is the type of contraception provided to FPW enrollees associated with interbirth intervals and birth rate?) Medicaid claims data, as well as Vital Statistics birth certificate data, will be merged. FPW enrollees who use long-acting reversible contraception (LARC) will be identified based on Medicaid claims data. LARC refers to intrauterine devices (IUDs) and subdermal implants. The merged data will be used to compare the average IBI in number of months for FPW enrollees who use LARC and FPW enrollees who do not. Birth rate (Number of live births x 1,000 /Mid-year population) will be compared between these groups as well.

For research question 8 (What is the rate of low birth weight and preterm births for FPW enrollees compared to women who are eligible but do not enroll in the FPW program?), Medicaid eligibility and claims data will be merged with Vital Statistics birth certificate data and hospital discharge data to identify low birth weight births, defined as a baby that is less than 2,500 grams at birth, and preterm births, defined as a birth at less than 37 weeks gestation. The rate of preterm births and rates of low birthweight will be calculated for both FPW enrollees and eligible women who do not enroll in the FPW program by dividing the total number of preterm or low birthweight births in a DY by the total number of births by each group in the DY. Preterm and low birthweight rates will be compared between FPW enrollees and eligible women who are not enrolled in the FPW program using descriptive statistics for each DY and with appropriate regression modeling that will adjust for differences in age, race, and ethnicity.

For research question 9 (Is the FPW achieving cost savings by reducing the number of unintended births?), the difference in the birth rate from unintended births between FPW enrollees and eligible women who do not enroll in the FPW program will be used to calculate the number of unintended births averted. Total cost savings will be calculated as the total number of unintended births averted times the average cost of the birth, which will include the cost of the birth as well as the Medicaid costs for the infant during the first year of life, minus the cost of administering the FPW program. This will be calculated for each DY.

For research question 10 (Are FPW enrollees satisfied with services?), satisfaction surveys will be administered to FPW enrollees during each DY during the first quarter of the calendar year. Sampling files will be generated based on Medicaid enrollment, eligibility and claims files. From these sampling files, FPW enrollees will then be randomly selected and administered a telephone-based satisfaction survey (see Appendix for satisfaction survey instrument). Contact protocol includes an initial contact followed by a one-week follow-up if the initial contact is not successful. Surveys will be administered each year until 300 complete surveys are achieved. Weighting for non-responses will be calculated and applied. Descriptive statistics of survey responses will be used to summarize FPW enrollee experiences and satisfaction.

Table 3. Design Table

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process	1. What is the enrollment rate and demographic profile of FPW enrollees?	This is descriptive so there are no hypotheses associated with this question.	Distribution of age and race/ethnicity for FPW enrollees Total number of women enrolled in FPW/Total number of women eligible for FPW	Medicaid enrollment, eligibility and claims files	Descriptive statistics including demographic characteristics
Process	2. How do FPW enrollees utilize covered health services?	This is descriptive, so there are no hypotheses associated with this question.	Total number of FPW enrollees who use any FPW services/Total number of FPW enrollees Total number of FPW enrollees who use contraceptive services/Total number of FPW enrollees Total number of FPW enrollees who use any cancer screening services/Total number of FPW enrollees Total number of FPW enrollees who use any STD screening services/Total number of FPW enrollees	Medicaid enrollment, eligibility, and claims data	Descriptive statistics
Outcome/impact	3. What proportion of FPW enrollees financial strain as a result of no retroactive eligibility?	This is descriptive, so there are no hypotheses associated with this question.	Total number of women who experience financial strain.	Surveys	Descriptive statistics

Outcome/impact	4. To what extent does transportation need impact FPW enrollee access to care?	This is descriptive, so there are no hypotheses associated with this question.	Total number of women who have limited access to care due to lack of reliable transportation.	Surveys	Descriptive statistics
Outcome/impact	5. What is the rate of unintended pregnancies for FPW enrollees compared to eligible women who do not enroll in the FPW program per DY?	The rate of unintended pregnancies will be lower for FPW enrollees compared to eligible women who do not enroll in FPW.	Number of unintended pregnancies for women enrolled in the FPW program/Total number of FPW enrollees Number of unintended pregnancies for women who are eligible but do not enroll in FPW/Total number of eligible women who do not enroll in FPW	Healthy Start screens, Medicaid eligibility, Vital Statistics birth certificate data, hospital discharge data	Descriptive statistics, Regression modeling (e.g., count data models)
Outcome/impact	6. What are the interbirth intervals for FPW enrollees compared to eligible women who do not enroll in the FPW program who gave birth during the study period?	The interbirth intervals will be longer for FPW enrollees compared to eligible women who do not enroll in FPW.	Time between the first birth that occurred during the DY and the second live birth.	Medicaid eligibility, Medicaid claims, Vital Statistics birth certificates, hospital discharge data	Descriptive statistics, Regression modeling (e.g., count data models)
Outcome/impact	7. Is the type of contraception provided to FPW enrollees associated with interbirth intervals and birth rate?	FPW enrollees who utilize long-acting reversible contraception (LARC) will have longer interbirth intervals and a lower birth rate compared to other FPW enrollees.	Average number of months between births (deliveries) for FPW enrollees who use LARC Average number of months between births (deliveries) for FPW enrollees who do not use LARC	Medicaid eligibility, Medicaid claims, Vital Statistics birth certificates	Descriptive statistics

			Number of live births born to FPW enrollees who use LARC x 1,000 / Mid-year number of FPW enrollees who use LARC Number of live births born to FPW enrollees who do not use LARC x 1,000 / Mid-year number of FPW enrollees who do not use LARC		
Outcome/impact	8. What is the rate of low birth weight and preterm births for FPW enrollees compared to women who are eligible but do not enroll in the FPW program?	The rate of low birth weight (<2,500 grams) babies and preterm babies (<37 weeks) for FPW enrollees will be lower compared to eligible women who do not enroll in FPW	Number of low birth weight or preterm birth babies born to FPW enrollees/Total number of babies born to FPW enrollees Number of low birth weight or preterm birth babies born to women who are eligible but do not enroll in FPW/Total number of babies born to women who are eligible but do not enroll in the FPW program	Medicaid eligibility, Vital Statistics birth certificate data	Descriptive statistics, Regression modeling (e.g., count data models)
Outcome/impact	9. Is the FPW achieving cost savings by reducing the number of unintended births?	The FPW is achieving cost savings by reducing the number of unintended births among FPW enrollees.	Difference in the number of unintended births between FPW enrollees and eligible women who did not enroll in FPW * cost of the birth and first year of care for the baby	Medicaid enrollment, eligibility, and claims data, Vital Statistics birth certificate data, Healthy Start screening data	1. To determine the total number of averted births that are attributed to the FPW program, compare the number of observed births from unintended pregnancy by women enrolled in FPW in the DY to the number of observed births from unintended pregnancy by women

					eligible for the FPW program who do not enroll in the DY. 2. To determine gross savings, multiply the number of averted births by average birth costs (includes costs for the first year of the baby's life). 3. To calculate net cost savings, subtract expenditures to operate the FPW waiver from gross savings.
Outcome/impact	10. Are FPW enrollees satisfied with services?	FPW enrollees who used FPW services will be satisfied with the services used.	Proportion of survey respondents indicating that they are satisfied with FPW services received	Telephone based satisfaction survey	Descriptive statistics

D. Methodological Limitations

Because the waiver was initially implemented over 20 years ago, a pre-post comparison is not appropriate, and analyses will be limited to a post-only approach. Using a post-only approach will limit causal inference. However, for several of the evaluation questions, a comparison group will be used. FPW program enrollees will be compared to women who are eligible for the FPW program but do not enroll. While this approach will improve causal inference, there is still the potential for unobserved confounding to bias results. All analyses will control for the demographic characteristics of the populations being compared to minimize potential bias.

Additionally, measures of health status are not available for FPW enrollees, thus it is not possible to directly assess the impact of the FPW program on the health status of enrollees.

E. Special Methodological Considerations (if applicable)

Not applicable

F. Attachments

1) Independent Evaluator

The Agency contracts with Florida State University to perform an independent evaluation of the Family Planning Waiver.

The Principal Investigator for the project is Dr. Jeffrey Harman, whose contact information is as follows:

Behavioral Sciences and Social Medicine, Florida State University College of Medicine
1115 West Call Street
Tallahassee, FL 32306-4300
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The state has assured that the Independent Evaluator will conduct a fair and impartial evaluation, will prepare an objective Evaluation Report, and that there will be no conflict of interest. “Conflict of interest” statements have been signed by appropriate Agency staff attesting to the following: No immediate family or business partners have financial interest in the vendor, no immediate family or business partners have a personal relationship with the vendor or their representatives; no gratuities, favors, or anything of monetary value has been offered to or accepted by the vendor or their representatives; no state parties have been employed by the vendor within the past 24 months; no discussions to seek or accept future employment with the

vendor or their representatives; and, no other conditions exist which may cause conflict of interest.

2) Evaluation Budget

The Agency's most recent contract with Florida State University was for a period of three (3) years (SFY 2023-24 through SFY 2025-26) at a total cost of $1,153,197, not including University cost share.

The Agency is currently inquiring about the potential to renew the contract for a period of five years (SFY 2026-27 through SFY 2030-31) with an anticipated total budget of $2,219,156, not including University cost share.

3) Timeline and Major Milestones

The below table outlines the timeline for conducting the evaluation activities, including deliverable submissions and activities related to the renewal and reprocurement of a contract.

Table 4. FPW Evaluation Activities

Deliverable/Activity	Due Date
Evaluation Design submitted to CMS*	October 27, 2025
Quarterly Monitoring Report*	August 29, 2026
Quarterly Monitoring Report*	November 29, 2026
DY28 (SFY25/26) Medicaid Data Request and Verification	Request due: January 15, 2027 Verification due: 30 calendar days after data delivery
Quarterly Monitoring Report*	February 26, 2027
FPW DY28 (SFY25/26) Draft Evaluation Report	May 3, 2027
Quarterly Monitoring Report*	May 31, 2027
Quarterly Monitoring Report*	August 29, 2027
Annual Monitoring Report*	September 30, 2027
FPW DY28 (SFY25/26) Final Evaluation Report	October 15, 2027
Quarterly Monitoring Report*	November 30, 2027
DY29 (SFY26/27) Medicaid Data Request and Verification	Request due: January 14, 2028 Verification due: 30 calendar days after data delivery
Quarterly Monitoring Report*	February 29, 2028

FPW DY29 (SFY26/27) Draft Evaluation Report	May 16, 2028
Quarterly Monitoring Report*	May 31, 2028
Quarterly Monitoring Report*	August 29, 2028
Annual Monitoring Report*	September 29, 2028
FPW DY29 (SFY26/27) Final Evaluation Report	October 15, 2028
Quarterly Monitoring Report*	November 29, 2028
DY30 (SFY27/28) Medicaid Data Request and Verification	Request due: January 15, 2029 Verification due: 30 calendar days after data delivery
Quarterly Monitoring Report*	February 28, 2029
FPW DY30 (SFY27/28) Draft Evaluation Report	May 15, 2029
Interim Evaluation Report DY28 and 29 (SFY25/26 and 26/27)*	May 30, 2029
Quarterly Monitoring Report*	May 30, 2029
Quarterly Monitoring Report*	August 29, 2029
FPW DY30 (SFY27/28) Final Evaluation Report	October 17, 2029
Annual Monitoring Report*	September 28, 2029
Quarterly Monitoring Report*	November 28, 2029
DY31 (SFY28/29) Medicaid Data Request and Verification	Request due: January 16, 2030 Verification due: 30 calendar days after data delivery
Quarterly Monitoring Report*	February 27, 2030
FPW DY31 (SFY28/29) Draft Evaluation Report	May 16, 2030
Quarterly Monitoring Report*	May 30, 2030
Quarterly Monitoring Report*	August 29, 2030
Annual Monitoring Report*	September 27, 2030
FPW DY31 (SFY28/29) Final Evaluation Report	October 16, 2030
Quarterly Monitoring Report*	November 25, 2030
DY32 (SFY29/30) Medicaid Data Request and Verification	Request due: January 16, 2031 Verification due: 30 calendar days after data delivery

Quarterly Monitoring Report*	February 26, 2031
FPW DY32 (SFY29/30) Draft Evaluation Report	May 15, 2031
Quarterly Monitoring Report*	May 30, 2031
Draft of Draft Summative Evaluation Report due to Agency	August 15, 2031
Annual Monitoring Report*	September 26, 2031
FPW DY32 (SFY29/30) Final Evaluation Report	October 1, 2031
Final Summative Report*	November 1, 2031

*Deliverables due to CMS

Appendix (Survey Instruments)

The proposed Family Planning Waiver Satisfaction Survey below will be administered to a sample of enrollees who use FPW services:

You are currently enrolled in Florida's Family Planning Waiver program, which offers you access to family planning services including contraceptive services, cervical cancer screening services, and sexually transmitted disease screening services.

1. How satisfied are you with the types of services offered to you through the Family Planning Waiver program?
    a. Very satisfied
    b. Satisfied
    c. Dissatisfied
    d. Very Dissatisfied
    e. I have not used any family planning services
    f. I was not aware that I was enrolled in the Family Planning Waiver program (if selected, end survey)

2. How satisfied were you with the information and customer service provided to you about the Family Planning Waiver program?
    a. Very satisfied
    b. Satisfied
    c. Dissatisfied
    d. Very Dissatisfied

3. How easy was it to access these family planning services?
    a. Very easy
    b. Somewhat easy
    c. Somewhat difficult
    d. Very difficult
    e. I did not attempt to access family planning services (if selected, exit survey)

4. Which of the following family planning services did you use? Please select all that apply.
    a. Contraceptive care (e.g. contraception, contraceptive counseling/education)
    b. Sexually transmitted disease testing (e.g. pap smears, pelvic exams)
    c. Cervical cancer screening (e.g. pap smears, pelvic exams)

5. How satisfied were you with [insert name of FPW service used by respondent in question 4]? (this questions can be repeated up to 3 times depending on the number of types of FPW benefits used by the respondent)
    a. Very satisfied
    b. Satisfied
    c. Dissatisfied
    d. Very Dissatisfied

6. Do you have any current medical debt due to family planning related services prior to enrolling in the program?
    a. No (skip to question 8)
    b. Yes (if selected, ask question 7)

7. If yes, which category of debt best describes your current situation?
    a. $0.01-$249.99
    b. $250.00-$749.99
    c. $750.00-$999.99
    d. $1,000.00+

8. How often does this describe you? It is hard for me to pay for family planning medical services.
    a. Always
    b. Very Often
    c. Sometimes
    d. Rarely
    e. Never

9. How often does this describe you? I have a difficult time finding transportation for family planning medical appointments?
    a. Always
    b. Very Often
    c. Sometimes
    d. Rarely
    e. Never

10. How often does this describe you? I have missed a family planning medical appointment because of problems with transportation.
    a. Always
    b. Very Often
    c. Sometimes
    d. Rarely
    e. Never

11. Do you have any recommendations for improving access or other aspects of the program?