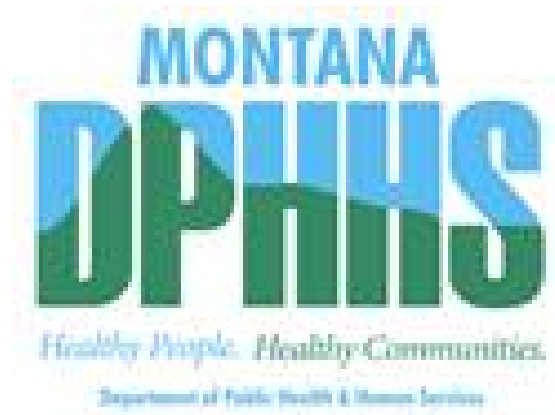


State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Family Planning Waiver
Mitigation Work Plan and Timeline

Submitted December 27, 2019



Work Plan

APPLICATION:

- Already in place:
 - The Plan First application has section to refer applicants to <https://apply.mt.gov/> if they don't meet one or more of the below general eligibility criteria:
 - Montana Resident
 - Female age 19 through 44
 - Able to bear children and not presently pregnant
 - Annual household income up to and including 211% Federal Poverty Level
 - The Plan First application has a section to refer pregnant applicants to <https://apply.mt.gov/> for access to pregnancy Medicaid eligibility and the Marketplace.
 - MAGI determination for financial eligibility began January 1, 2014.

- Need to implement:
 - Integrate Medicaid application information into the Plan First web page including link to <https://apply.mt.gov/> (This verbiage will be included on the web page: *If income is near the shown income guidelines, please apply. Some income may not be counted. This way we can help you find the best coverage for which you qualify.* Also include the below table and update as FPL levels change.)

FAMILY SIZE	2019 PLAN FIRST INCOME THRESHOLD (Family Planning Coverage)	2019 PREGNANCY MEDICAID COVERAGE INCOME THRESHOLD (Short term pregnancy and post-partum coverage)	2019 STANDARD MEDICAID COVERAGE FOR HELP/MEDICAID EXPANSION INCOME THRESHOLD (Most comprehensive coverage)
1	\$ 23,354	\$ 19,609	\$ 17,236
2	\$ 35,680	\$ 26,549	\$ 23,336
3	\$ 45,006	\$ 33,488	\$ 29,435
4	\$ 54,333	\$ 40,428	\$ 35,535
5	\$ 63,659	\$ 47,367	\$ 41,635
6	\$ 72,985	\$ 54,306	\$ 47,734
7	\$ 82,311	\$ 61,246	\$ 53,834

**Planned implementation date is
03/16/2020**

- Need to implement:
 - Plan making for a workflow change plan by which the Office of Public Assistance will develop and communicate a method to supply the Plan First enrollment program with a monthly list of denied Medicaid applicants who meet the following criteria:
 - Female
 - Between the ages of 19 and 44
 - Not presently pregnant, but able to become pregnant
 - Over-income for Medicaid but has income up to 211% FPL

**Planned implementation date is
06/15/2020**

- Need to implement:
 - Inform Planned Parenthood and other application assistants who routinely assist Plan First applicants of the upcoming change in workflow process. Plan First specific applications will be terminated, and all applicants will be routed through the full Medicaid application process at <https://apply.mt.gov/>.
 - Letter to application assistants sent out

**Planned mailing of letter date is
07/01/2020**

**Planned termination of Plan First
specific application acceptance is
08/31/2020**

- Need to implement:
 - Full implementation of the above workflow change plan

**Planned implementation date is
09/01/2020**

NOTICES:

- Need to implement:
 - Integrate Plan First application information into Medicaid denial letters

**Planned implementation date is
03/16/2020**

REDETERMINATION:

- Need to implement:
 - System to require documentation of continued eligibility for Plan First, annually
 - An annual redetermination process where Plan First staff require proof of family income for a recent full month prior to annual renewal date. Staff will also, annually, require a self-attestation or record of the following Plan First variable eligibility criteria:
 - 1) Montana Resident,
 - 2) Female age 19 through 44, (determined by birthdate of record)
 - 3) Able to bear children and not presently pregnant.
 - 4) Family size (for financial determination)
 - Process of redetermination will be as follows:
 - 60 days prior to enrollment end date, the member is sent the redetermination letter.
 - If the re-enrollment information is returned on time, staff determines continued eligibility, staff re-enrolls member for another year.
 - The member is sent notice of continued eligibility near the first month of the new eligibility span.
 - If the re-enrollment information is not returned, or if staff determines the member is no longer eligible, the system will automatically disenroll the member on the last day of their enrollment period.
 - The member is sent notice of disenrollment early in the month following the enrollment end date.

**Planned implementation date is
01/02/2020**

VERIFICATION:

- Already in place:
 - Gender Verification
 - Self-Attestation
 - Ability to bear children
 - Self-Attestation
 - Montana Residency
 - Self-Attestation
 - Qualifying Age
 - Self-Attestation by birth date
 - Currently not pregnant
 - Self-Attestation
 - Name, physical and mailing address, work, cell and home phone numbers, email address, optional additional contact information
 - Self-Attestation
 - Health Insurance coverage
 - Self-Attestation yes or no
 - Yes, must provide copy of front and back of card, provide company name, address, phone number, policyholder's name, SSN, Policy number, group number and effective date of coverage
 - Citizenship and Identity Verification (below)

U.S. Passport	U.S. Passport does not have to be currently valid to be accepted, as long as it was originally issued without limitations. Do not accept any U.S. Passport as verification of citizenship if it was issued with limitations; it may, however, be used as proof of identity. Through 1980, spouses and children were sometimes included on one passport. Citizenship and identity of all included persons can be established.
Certificate of Naturalization (Form N-550 or N-570)	Issued by Department of Homeland Security (via USCIS)
Certificate of Citizenship (Form N-560 or N-561)	Issued by Department of Homeland Security (via USCIS) for individuals who derive citizenship through a parent
*Tribal Documents	<p>Issued by federally recognized Indian Tribe evidencing membership, enrollment in, or affiliation with such Tribe. Document must identify the federally recognized Indian Tribe that issued it, identify the individual by name and confirm the individual's membership, enrollment in or affiliation with the Tribe.</p> <p>Examples include but are not limited to: enrollment/membership card, certificate of degree of Indian blood issued by BIA, Tribal census document or document issued by the Tribe indicating the individual's affiliation with the Tribe.</p>

○ Citizenship Verification Only

<p>A U.S. public birth record showing birth in: * Any of the 50 U.S. States * District of Columbia * American Samoa * Swain's Island * Puerto Rico (if born on or after January 13, 1941) * Virgin Islands (if born on or after January 17, 1917) * Northern Mariana Islands (if born after November 4, 1986) * Guam (if born on or after April 10, 1899)</p>	<p>The document must be issued by the State, territory or local jurisdiction and have been issued before the person turned five years old. If the birth record document was amended after the individual was age five, it is considered fourth level evidence of citizenship.</p>
<p>Certification of Report of Birth Abroad (Form DS-1350)</p>	<p>Issued by Department of State (Washington D.C.) to citizens born outside the U.S. who acquired citizenship at birth</p>
<p>Consular Report of Birth Abroad of a Citizen of the United States of American (Form FS-240)</p>	<p>Issued by Department of State consular office. Children born outside the U.S. to U.S. military personnel usually have this documentation</p>
<p>Certification of Birth Abroad (Form FS-545)</p>	<p>Issued by Department of State consulate prior to November 1, 1990.</p>
<p>United States Citizen Identification Card (I-197) or prior version (I-179)</p>	<p>The former INS issued I-179 from 1960 until 1973. I-197 issued from 1973 until April 7, 1983. Neither form is currently issued, but both are still valid evidence of citizenship.</p>
<p>American Indian Card (I-872)</p>	<p>Must be issued by Department of Homeland Security and have classification of 'KIC' – Texas Band of Kickapoo's living near the U.S./Mexican boarder</p>
<p>Northern Mariana Card (I-873)</p>	<p>The former INS issued I-873 to collectively naturalized U.S. citizens born in the Northern Mariana Islands before November 4, 1986. The card is no longer issued, but is still valid evidence of citizenship</p>
<p>Final Adoption Decree</p>	<p>Decree must show the child's name and a U.S. place of birth. If adoption is not finalized and child's birth state will not release a birth certificate prior to final adoption, a statement from a state approved adoption agency that shows the child's name and U.S. place of birth is acceptable. Adoption agency must state that the source of birth place information is from the child's original birth certificate.</p>
<p>Evidence of U.S. Government Civil Service Employment</p>	<p>Must show employment by the U.S. government prior to June 1, 1976.</p>
<p>Official Military Record of Service</p>	<p>Document must show a U.S. place of birth. Can use a DD-214 or similar official document showing a U.S. place of birth.</p>
<p>Child Citizenship Act of 2000</p>	<p>Evidence of meeting automatic criteria of U.S. citizenship as outlined in this Act.</p>

Extract of hospital record on hospital letterhead.	Must be established at time of person's birth and be created at least five years before initial application date and indicate a U.S. place of birth. For children under age 16, the document must have been created near the time of birth OR five years before the application. DO NOT ACCEPT SOUVENIR BIRTH CERTIFICATE ISSUED BY THE HOSPITAL. All hospital-issued birth certificates are considered to be souvenirs.
Life, health or other insurance record	Must show a U.S. place of birth and have been created at least five years before the initial application date.
Religious Records	Must be recorded in the U.S. within three months of birth and show a U.S. place of birth. Must show either the date or individual's age at the time the record was made. The record must be 'official' and recorded with the religious organization. (Entries in a family bible are NOT considered religious records)
Early School Records	Must show a U.S. place of birth. The record must also show the child's name, date of admission to the school, date of birth, and the name(s) and place(s) of birth of the child's parents.

- Alien Registration Number
 - Provide original or certified copy of
 - 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
- Race and Ethnicity Information (Optional)
 - Self-Attestation
- Number of people in household
 - Self-Attestation
- Expense and Resource Information
 - Verified by supplied documents
- Employment Income Information
 - Verified by supplied documents
- Non-Employment Income Information
 - Verified by supplied documents
- Signature of truthfulness
 - Self-Attestation

- Need to implement:
 - Change in workflow where all applications and thus needed verifications for initial applications are processed through the currently approved existing Medicaid system.

**Planned implementation date is
09/01/2020**

COORDINATION WITH OTHER INSURANCE AFFORDABILITY PROGRAMS:

- Already in place:
 - The current process has no assured systematic way to coordinate applicants with other Medicaid eligibility groups, CHIP or the Healthcare Exchange. Applicants who apply without assistance are routed directly to the Plan First application system. Applicants who apply with assistance from advocates in the field are generally screened for Medicaid eligibility, and encouraged to apply if it appears they may qualify. The Medicaid application system routes applicants through a cascading hierarchy of Medicaid programs, not including Plan First. If any Medicaid application is denied due to being over the income standards, that application is sent electronically to the Federal Marketplace each night. The Federally Facilitated Marketplace (FFM) then sends a letter to the individual informing them they need to complete the application process with the FFM.
- Need to implement:
 - Full implementation of the workflow change plan to assure all applicants that appear eligible for Plan First are referred to the Plan First program and are also routed through the cascading hierarchy of Medicaid programs, and referred to the Marketplace if applicable.

**Planned implementation date is
09/01/2020**

Timeline

DATE OF PLANNED IMPLEMENTATION	ACTION
<p>Already in place</p>	<p><u>APPLICATION:</u></p> <ul style="list-style-type: none"> ○ The Plan First application has section to refer applicants to https://apply.mt.gov/ if they don't meet one or more of the below general eligibility criteria: <ul style="list-style-type: none"> ● Montana Resident ● Female age 19 through 44 ● Able to bear children and not presently pregnant ● Annual household income up to and including 211% Federal Poverty Level ○ The Plan First application has a section to refer pregnant applicants to https://apply.mt.gov/ for access to pregnancy Medicaid eligibility and the Marketplace. ○ MAGI determination for financial eligibility began January 1, 2014. <p><u>VERIFICATION:</u></p> <ul style="list-style-type: none"> ○ Gender Verification <ul style="list-style-type: none"> ● Self-Attestation ○ Ability to bear children <ul style="list-style-type: none"> ● Self-Attestation ○ Montana Residency <ul style="list-style-type: none"> ● Self-Attestation ○ Qualifying Age <ul style="list-style-type: none"> ● Self-Attestation by birth date ○ Currently not pregnant <ul style="list-style-type: none"> ● Self-Attestation ○ Name, physical and mailing address, work, cell and home phone numbers, email address, optional additional contact information <ul style="list-style-type: none"> ● Self-Attestation ○ Health Insurance coverage <ul style="list-style-type: none"> ● Self-Attestation yes or no <ul style="list-style-type: none"> ● Yes, must provide copy of front and back of care, provide company name, address, phone number, policyholder's name, SSN, Policy number, group number and effective date of coverage ○ Citizenship and Identity Verification

DATE OF PLANNED IMPLEMENTATION	ACTION
(Already in place)	<ul style="list-style-type: none"> ○ Alien Registration Number <ul style="list-style-type: none"> ● Provide original or certified copy of <ul style="list-style-type: none"> ● 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 ○ Race and Ethnicity Information (Optional) <ul style="list-style-type: none"> ● Self-Attestation ○ Number of people in household <ul style="list-style-type: none"> ● Self-Attestation ○ Expense and Resource Information <ul style="list-style-type: none"> ● Verified by supplied documents ○ Employment Income Information <ul style="list-style-type: none"> ● Verified by supplied documents ○ Non-Employment Income Information <ul style="list-style-type: none"> ● Verified by supplied documents ○ Signature of truthfulness <ul style="list-style-type: none"> ● Self-Attestation <p><u>COORDINATION WITH OTHER INSURANCE AFFORDABILITY PROGRAMS:</u></p> <ul style="list-style-type: none"> ○ Current process has no assured systematic way to coordinate applicants with other Medicaid eligibility groups, CHIP or the Healthcare Exchange. Applicants who apply without assistance are routed directly to the Plan First application system. Applicants who apply with assistance from advocates in the field are generally screened for Medicaid eligibility, and encouraged to apply if it appears they may qualify. The Medicaid application system routes applicants through a cascading hierarchy of Medicaid programs, not including Plan First. If any Medicaid application is denied due to being over the income standards, that application is sent electronically to the Federal Marketplace each night. The Federally Facilitated Marketplace (FFM) then sends a letter to the individual informing them they need to complete the application process with the FFM.

DATE OF PLANNED IMPLEMENTATION	ACTION
<p>01/02/2020 (Redetermination)</p>	<p>Implement annual redetermination process</p>
<p>03/16/2020 (Application)</p>	<p>Integrate Medicaid application information into Plan First web page including link to https://apply.mt.gov/ and income threshold guidelines for both Pregnancy Medicaid and Standard Medicaid</p>
<p>03/16/2020 (Notices)</p>	<p>Integrate Plan First information into Medicaid denial letters</p>
<p>06/15/2020 (Application)</p>	<p>Plan making for a workflow change plan by which the Office of Public Assistance will develop and communicate a method to supply the Plan First enrollment program with a monthly list of denied Medicaid applicants who meet the following criteria:</p> <ul style="list-style-type: none"> • Female • Between the ages of 19 and 44 • Not presently pregnant, but able to become pregnant • Over-income for Medicaid but has income up to 211% FPL
<p>07/01/2020 (Application)</p>	<p>Mail letter to application assistants informing of upcoming change in workflow process, effective 08/31/2020.</p>
<p>08/31/2020 (Application)</p>	<p>Terminate Plan First specific application acceptance</p>
<p>09/01/2020 (Application)</p>	<p>Implement workflow change plan</p>
<p>09/01/2020 (Verification)</p>	<p>All applications and needed verification for initial applications are processed through the currently approved existing Medicaid system.</p>
<p>09/01/2020 (Coordination with other Insurance Affordability Programs)</p>	<p>Full implementation of the workflow change plan to assure all applicants that appear eligible for Plan First are referred to the Plan First program and are also routed through the cascading hierarchy of Medicaid programs, and referred to the Marketplace if applicable.</p>

