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

August 11, 2026

Trinity Wilson
Medicaid Director
Washington State Health Care Authority
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504

Dear Director Wilson:

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 Washington's section 1115 demonstration, "Washington Family Planning Only Program" (Project No: 11-W-00134/0), effective through June 30, 2030. CMS has determined that the Evaluation Design, which was submitted on October 28, 2025; and revised on February 3, 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.

States are responsible for following all applicable federal law and regulations when they claim and use federal Medicaid funds and must fully comply with all applicable Medicaid statutes and regulations under a section 1115 demonstration, except where specific provisions have been expressly waived or identified as not applicable for that demonstration. This obligation includes all requirements in Title XIX of the Social Security Act and implementing regulations governing provider screening and enrollment activities, pre- and post-payment review claiming, payment

methodologies and rate-setting, utilization controls, and program integrity including processes to identify, investigate, and refer suspected fraud, and methods to receive complaints and identify questionable practices. States must maintain effective systems and safeguards to prevent, detect, and address any fraud, waste, or abuse (FWA) in the delivery of and payment for Medicaid services, including referrals to law enforcement when appropriate.

States should have heightened monitoring and oversight mechanisms in place featuring robust internal controls to identify and remediate all vulnerabilities (including, but not limited to, FWA and beneficiary access issues) inherent in service areas approved as part of a demonstration. At any time, CMS may request that the state provide a plan detailing the state's systems and safeguards to prevent, detect, and address any FWA relative to this demonstration. Failure to meet program integrity obligations under federal statutes and regulations or under the terms and conditions of this demonstration approval may result in compliance actions or other enforcement measures that could include requirements to develop and implement corrective action plans, withholdings, deferrals, disallowances, and termination of demonstration authority.

We appreciate our continued partnership with Washington on the Washington Family Planning Only 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: 2026.08.11 15:12:20 -04'00'

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Edwin Walaszek, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

Washington State's 1115(a) Medicaid Family Planning Only (FPO) Demonstration Waiver

Evaluation Design Plan

As required by the Centers for Medicare and Medicaid Services (CMS), STC 9.1

Demonstration Approval Period: May 1, 2025 – June 30, 2030

Project Number: 11-W-00134/0

February 3, 2026

Washington State Health Care Authority

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General Background Information

Since July 1, 2001, the Washington State's Family Planning Only (FPO) Demonstration waiver (formerly Take Charge) has been operating continuously state-wide toward the goals of: 1) improving the reproductive health[1] of low-income Washingtonians through appropriate health screens and treatment and 2) reducing state and federal Medicaid expenditures for births from unintended pregnancies. The FPO Demonstration is administered through a fee-for-service (FFS) delivery model and covers every FDA approved birth control method and a narrow range of family planning and family planning-related services that help clients use their contraceptive methods safely and effectively to avoid unintended pregnancy.

From the previous demonstration period there have been changes to eligibility criteria and covered services. FPO formerly offered 10-months of Demonstration services to recently pregnant persons who lost Medicaid coverage 60-days post-pregnancy. However, with the July 2022 implementation of the After-Pregnancy Coverage program extending full-benefits to 12-months post-pregnancy, the FPO waiver no longer enrolls postpartum (formly known as FPO-pregnancy-related) clients. Given these changes to eligbility, the demonstration objectives no longer include evaluation metrics on birth intervals or birth outcomes. Family planning-related covered services were expanded in January 2024 to include screening, testing, and treatment for additional sexually transmitted infections (STIs). Changes to clarification of STI covered services has prompted the evaluation to include objectives on assessing treatment.

The continued approval of WA FPO is based on the determination that the continued demonstration is designed to promote the objectives of Title XIX of the Social Security Act (establishing the Medicaid program), by increasing and strengthening reproductive health, reducing unintended pregnancies, reducing health inequities, and improving maternal and child health outcomes by providing access to family planning services and supplies to eligible, low-income indviduals. On May 1, 2025, the waiver was approved for another five years through June 30, 2030.

Program Eligibility and Enrollment

The eligibility criteria for FPO Demonstration extends benefits for family planning services and family planning-related services to uninsured individuals for these two populations:

- Women and men with family incomes at or below 260% federal poverty level (FPL) who seek family planning coverage to prevent an unintended pregnancy; and
- Individuals up to age 26 years and domestic violence victims who need confidential family planning services and are at or below 260% FPL.

Eligibility will be for a 12-month period and during this time reporting changes to income or household size will not be required. Individuals can re-apply for coverage after the 12-month eligibility period ends and are not limited in how many times they can reapply for coverage.

[1] Reproductive health refers to the physical (e.g., functional condition of reproductive organs), mental (e.g., emotional well-being related to sexuality, reproductive decisions, and parenthood), and social (e.g., access to healthcare, information, and support related to reproductive issues) well-being of individuals related to their reproductive systems and processes.

Demonstration Covered Services

The FPO Demonstration provides health and family planning services at no cost to eligible individuals in Washington state. FPO Demonstration covered services can be categorized into two benefit types outlined in the FPO Demonstration Special Terms and Contiditions (STCs)[2] and clarified in State Medical Director Letter #16-008[3].

Family Planning Benefits. Beneficiaries eligible under this Demonstration will receive family planning services and supplies whose primary purpose is to prevent or delay pregnancy as described in section 1905(a)(4)(c) of the Social Security Act, including:

- Annual comprehensive family planning preventive visit with primary focus to include:
    - Initation and management of contraceptive method management,
    - Patient education and counseling;
- FDA-approved methods of contraception;
- Pelvic examinations and Pap smears with a family planning visit;
- Sterilization procedures and devices;
- Sexually transmitted infections (STI)/sexual transmitted disease (STD) screening services; and
- Drugs, supplies, or devises related to health services desribed above.

Family Planning-Related Benefits. Beneficiaries 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. 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 provided under this Demonstration include:

- STI/STD diagnosis and treatment services;
- Drugs for vaginal infections/disorders, other lower genital tract or genital skin infections/disorders, and urinary tract infections;
- Other medical diagnosis, treatment, and preventive services that are routinely provided pursuant to family planning services in a family planning setting;
- Treatment of major complications arising from a family planning procedure such as:
    - Treatment of a perforated uterus due to an intraurtine device insertion;
    - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
    - Treatment of surgical or anesthesia-related complications during a sterilization procedure.

2 https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/wa-family-planning-only-program-ca-04302025.pdf
3 https://www.medicaid.gov/federal-policy-guidance/downloads/sho16008.pdf

Evaluation Questions and Hypotheses

Demonstration Goals

The goals of the FPO Demonstration are to:

1) increase access and utilization to family planning services via person-centered contraceptive care to avert unintended pregnancies, positively impacting reproductive health outcomes,
2) increase access and utilization to family planning-related services, including screenings and treatment to prevent severe health complications from untreated STIs/STDs, positively impacting reproductive health outcomes,
3) Reduce the overall cost of publicly funded health care by providing low-income Washingtonians access to safe, effective services that are consistent with these goals.

The Driver Diagram and Evaluation Design include evaluation questions and hypotheses examining all goals of the FPO Demonstration.

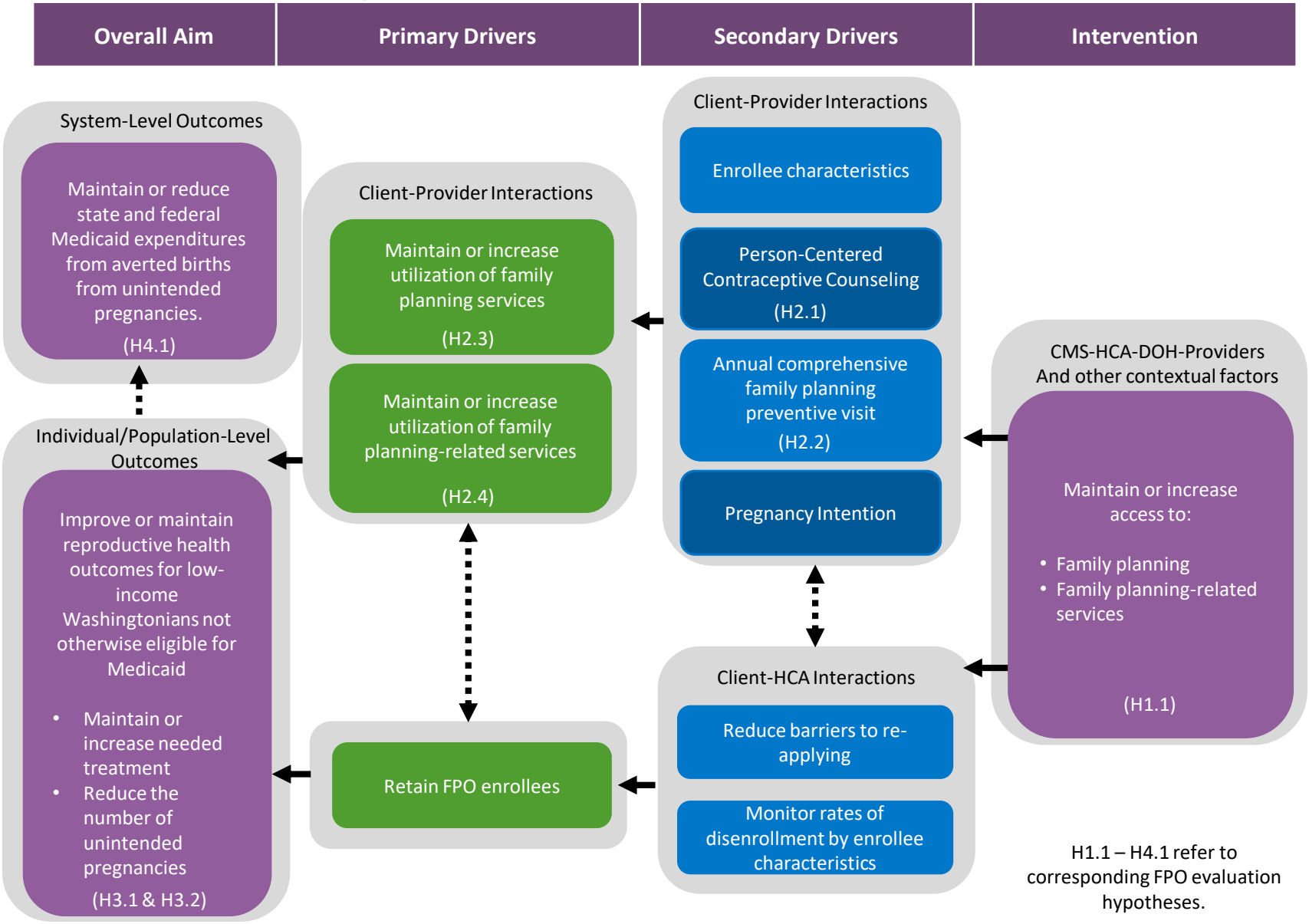
Driver Diagram

The design and implementation of an intervention demonstration are usually based on a set of explicit or implicit assumptions by stakeholders about what action is required to solve a social problem and why the problem will respond to this action. The driver diagram explains why the intervention demonstration is expected to work, focusing on the causal pathways to the overarching aim of demonstration.

Figure 1 describes the relationship between each waiver goal and the primary and secondary drivers necessary to achieve the **overall aim**, to maintain or improve reproductive health outcomes for low-income Washingtonians as a result of access to family planning and/or family-related services. Consistent with other CMS Driver Diagrams, the projected causal pathway moves from right to left, beginning with the **intervention**, the provision of services, maintaining or increasing access to family planning and/or family planning-related services. The intervention (i.e., access) is expected to motivate utilization of family planning/family planning-related services (i.e., **primary drivers**), however **secondary drivers** (e.g. person-centered contraceptive care, immediate and long-term pregnancy goals), actions necessary to achieve primary drivers, were also chosen to be evaluated.

Driver diagrams are included for the demonstration goal to provide a summary and rationale behind the cause and effect of various waiver components and intended outcomes. The driver diagram demonstrates the provision of coverage for family planning and family planning-related services under the FPO Demonstration.

FIGURE 1: FPO Demonstration Driver Diagram



Evaluation Questions and Hypotheses

Four evaluation questions guide this study. The proposed evaluation questions are designed to assess the goals of the FPO Demonstration. Each evaluation question is addressed through a minimum of one corresponding hypothesis that aligns with the interventions, drivers, and outcomes in the FPO Demonstration Driver Diagram (Figure 1). Subsequent sections operationalize the evaluation hypotheses through a series of measures, study populations, data sources, and analytic methods intended to translate the evaluation questions into quantifiable targets of program performance.

Evaluation Question 1*: Did the FPO Demonstration maintain or increase access to family planning and/or family planning-related services for low-income individuals not otherwise eligible for Medicaid?*

- Hypothesis 1.1: The FPO Demonstration will maintain or increase access to family planning and/or family planning-related services.

Evaluation Question 2*: Did the FPO Demonstration maintain or increase utilization of family planning and/or family planning-related services for the target population.*

- Hypothesis 2.1: The FPO Demonstration will maintain or increase person-centered contraceptive care.
- Hypothesis 2.2: The FPO Demonstration will maintain or increase annual comphrensive family planning visits.
- Hypothesis 2.3: The FPO Demonstration will maintain or increase utilization to family planning services.
- Hypothesis 2.4: The FPO Demonstration will maintain or increase utilization to family planning-related services.

Evaluation Question 3**:** *Did the FPO Demonstration maintain or improve reproductive health outcomes for the target population as a result of access to family planning and/or family planning-related services.*

- Hypothesis 3.1: The FPO Demonstration will maintain or increase the treatment rate for waiver participants diagnosed with treatment need.
- Hypothesis 3.2: The FPO Demonstration will maintain or reduce the number of unintended pregnancies among enrollees.

Evaluation Question 4*: Did FPO Demonstration maintain or reduce state and federal Medicaid expenditures for averted births from unintended pregnancies.*

- Hypothesis 4.1: The FPO Demonstration will remain at or below the CMS-specified annual expenditure limits and total expenditures will be significantly lower than the cost of pregnancies averted for the FPO population.

Methodology

The evaluation of the FPO Demonstration is guided by four evaluation questions and eight hypotheses that examine the impact of the FPO Demonstration on access, utilization, and reproductive health outcomes. This section summarizes the evaluation design, study populations, and evaluation period for the FPO evaluation. Subsequent sections provide detailed information for each evaluation question, including study populations, data sources, analytic methods, evaluation measures, and methodological limitations.

Data, analytic methods, and reporting will meet the traditional standards of scientific and academic rigor, as appropriate and feasible for each aspect of the FPO evaluation.

Evaluation Design

A general challenge to Washington's FPO Demonstration evaluation is the similarity of the current renewal to previous waiver periods. Washington State has offered waiver services for more than two decades; while the FPO Demonstration seeks to expand access to these services, it currently does not substantively change them or the populations receiving them. The proposed evaluation design attempts to capture changes resulting from the FPO Demonstration Waiver but observed changes are likely to be modest given the similarity of the counterfactual condition.

With this methodological challenge in consideration, most FPO Demonstration measures are evaluated using a **one-group posttest only** design due to the longstanding nature of the FPO Demonstration. While the one-group posttest design is the most vulnerable to threats to validity, it is only used when pre-Demonstration and comparison group data are unavailable. Table 1 lists which measures will be evaluated through a one-group posttest design using descriptive trend analysis (DTA). Benchmark and subgroup analyses will be leveraged where feasible to support interpretation of findings. The timeframe for the post-only period will begin when the current demonstration period begins on 05/01/2025 and ends when the current demonstration period ends on 06/30/2030.

In the event of approved FPO Demonstration waiver amendments and/or state/federal exogenous events/policy changes affecting the demonstration population, the FPO evaluation will explore the feasibility of an additional quasi-experimental design: **one-group pretest-posttest design** to evaluate the impact of interventions (i.e., policies, programs). A one-group pretest-posttest design relies on repeated observations to monitor changes before and after waiver amendments and/or state/federal exogenous events/policy changes. Table 1 lists which measures may be evaluated through a one-group pretest-posttest design using descriptive trend analysis (DTA). To strengthen DTA, the evaluation will also leverage benchmarks and subgroup analyses where feasible to substantiate and contextualize observed trends. At minimum, FPO eligible beneficiaries/utilization measures under Hypothesis 2.3 will be evaluated using interrupted time series (ITS) analysis if a minimum of data points each for the pretest-posttest periods is reached. Further details on quasi-experimental methods can be found under Quantitative Analysis.

Evaluation Populations

The target population for the FPO evaluation includes all clients enrolled in the FPO Demonstration. If feasible, each measure will be stratified by different program income eligibility populations. However, given the program majority is women, we may exclude some sub-populations (e.g., males, teens, and

domestic violence victims) due to data availability and small sample sizes which would lead to less power to detect statistical differences.

The FPO evaluation includes client-, provider-, and system-level analyses. For most measures, population-level data (rather than a sample) will be used to assess process and outcome measures. These data are available at the individual level for both clients and providers, which are the primary units of analyses. Measures relating to clients and providers may be stratified into key demographic subgroups, such as age, race/ethnicity, region, or provider type, where applicable.

In addition to population-level client and provider data, the evaluation will draw on survey data from the FPO Client Survey, which was pilot tested last year (Washington State Institutional Review Board (WSIRB) Project #2024-006). There were no statistically significant differences between survey respondents and non-respondents, suggesting results are representative to the FPO Demonstration population.

Evaluation Measures

TABLE 1: Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

Demonstration Goal 1: Maintain or increase access to family planning and/or family planning-related services					
Evaluation Question	**Evaluation Hypotheses**	**Measures (to be reported for each Demonstration Year)**	**Data Source**	**Analytic Approach**	**Time Periods**
Did demonstration increase access to family planning and/or family planning-related services?	1.1 Enrollees will maintain or increase access to family planning and/or family planning-related services.	Provider-to-enrollee ratio = Total number of participating providers: Total number of beneficiaries	ProviderOne	Descriptive statistics (frequencies and percentages); time trend analysis; subgroup analysis	Compute for each year of the demonstration extension and calculate for each measure specified.
		Network adequacy of beneficiaries to providers		Descriptive statistics of drive time and distance (frequencies and percentages); time trend analysis; subgroup analysis	

Demonstration Goal 2: Maintain or increase utilization of family planning and/or family planning-related services for the target population.						
Evaluation Question	**Evaluation Hypotheses**	**Measures (to be reported for each Demonstration Year)**		**Data Source**	**Analytic Approach**	**Time Periods**
		Numerator	**Denominator**			
Did the FPO Demonstration maintain or increase utilization of family planning and/or family planning-related services for the target population.	2.1: The FPO Demonstration will maintain or increase person-centered contraceptive care.	Number of FPO Waiver participants rating all four PCCC-RS items as "Excellent" (i.e., topbox score)	Total number of survey female respondents	FPO Client Survey	Descriptive statistics (frequencies and percentages); time trend analysis; subgroup analysis; benchmark comparison to FPO pilot results	Administer survey monthly for at least 3 demonstration years
	2.2: The FPO Demonstration will maintain or increase annual comprehensive family planning visits.	Number of annual comprehensive family planning visits	Total number of beneficiaries	ProviderOne	Descriptive statistics (frequencies and percentages); time trend analysis; subgroup analysis; benchmark comparison to CMS Core Set	Compute for each year of the demonstration extension and calculate annual rates for each measure specified.
	2.3: The FPO Demonstration will maintain or increase utilization to family planning services.	Number of family planning services utilized	Total number of beneficiaries			
		Number of beneficiaries who utilized any contraceptive in each year of the demonstration	Total number of beneficiaries			
		Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration	Total number of female beneficiaries			
	2.4: The FPO Demonstration will maintain or increase utilization to family	Number of beneficiaries tested for any sexually transmitted infection or disease	Total number of beneficiaries	ProviderOne	Descriptive statistics (frequencies and percentages); time trend analysis;	Compute for each year of the demonstration extension and calculate annual rates for each measure specified.

Demonstration Goal 2: Maintain or increase utilization of family planning and/or family planning-related services for the target population.						
Evaluation Question	**Evaluation Hypotheses**	**Measures (to be reported for each Demonstration Year)**		**Data Source**	**Analytic Approach**	**Time Periods**
		Numerator	**Denominator**			
	planning-related services.	Number of female beneficiaries who obtained a cervical cancer screening	Total number of female beneficiaries		subgroup analysis; benchmark comparison to CMS Core Set	

Demonstration Goal 3: Maintain or improve reproductive health outcomes for the target population as a result of access to FP services and/or FP-related services.						
Evaluation Question	**Evaluation Hypothesis**	**Measures (to be reported for each Demonstration Year)**		**Data Source**	**Analytic Approach**	**Time Periods**
		Numerator	**Denominator**			
Does the demonstration improve reproductive health outcomes?	3.1: Maintain or increase the treatment rate for waiver participants diagnosed with treatment need.	Number of beneficiaries receiving treatment	Beneficiaries diagnosed for any sexually transmitted infection or disease	ProviderOne	Descriptive statistics (proportions) and significance testing (chi-squared of the proportions); trend analysis when applicable.	Calculate annual and biannual rates for each measures specified and conduct a trend analysis after year three.
		Number of female beneficiaries receiving follow-up visits	Number of female beneficiaries who obtained a cervical cancer screening diagnosis			
	3.2: Reducing the number of unintended pregnancies among FPO Demonstration enrollees.	Number of births	Total number of survey respondents stratified by pregnancy and fertility goals	FPO Client Survey and FSDB		

Demonstration Goal 4: Maintain or reduce state and federal Medicaid expenditures for averted births from unintended pregnancies.					
Evaluation Question	**Evaluation Hypothesis**	**Measures (to be reported for each Demonstration Year)**	**Data Source**	**Analytic Approach**	**Time Periods**
Did FPO Demonstration maintain or reduce state and federal Medicaid expenditures for averted births from unintended pregnancies.	4.1: The FPO Demonstration will remain at or below the CMS-specified annual expenditure limits and total expenditures will be significantly lower than the cost of pregnancies averted for the FPO population.	Cost benefit analysis to Medicaid from expenditures related to prenatal, delivery, and newborn services up to 1-year of age	ProviderOne, FPO Client Survey, and FSDB	Descriptive statistics (proportions) and significance testing (chi-squared of the proportions); trend analysis when applicable.	Estimate savings cost for the waiver period; benchmark comparison when benchmark is available

Potential Comparison Group

Because the FPO Demonstration is available statewide and clients are placed in the most comprehensive program for which they are eligible, there are no truly comparable clients in other HCA programs. However, in keeping with the rigor of the proposed evaluation design, HCA assessed the viability of the Apple Health (AH) Medicaid clients as a potential comparison group. AH includes a potential comparison group of clients of reproductive age (and non-pregnant) with benefits that include family planning and family planning-related services. However, AH as a comparison group have lower incomes (up to 133% FPL) than FPO Demonstration and receive more comprehensive services under the Medicaid state plan. Therefore, positive outcomes observed in the FPO population would likely be due to population characteristics (i.e., selection bias) rather than the FPO benefits. Due to substantial validity issues arising from these differences (i.e., different eligibility requirements, program structures, and funding mechanism) and technical challenges related to client identification and selection bias – no viable comparison group exists for the FPO evaluation as a whole.

Evaluation Period

The study period for the FPO Demonstration evaluation is May 1, 2025 through June 30, 2030. This timeframe corresponds to the current FPO Demonstration waiver period and ensures the population, services, and data sources are comparable. WA State HCA has decided to exclude waiver extension years (July 1, 2023 – April 31, 2025) from the current evaluation period and include them in the previous evaluation period (May 9, 2018- June 30, 2023) (Summative Evaluation Report due December 31, 2026).

Data Sources and Collection

Data Sources

The FPO Demonstration will leverage several administrative data sources collected by HCA for reporting and payment purposes to assess the impact of the FPO Demonstration. Primary data collection will also be used to explore client perspectives on patient-centered contraceptive care and pregnancy intention related to the FPO Demonstration

Secondary Data Collection

Administrative data for the evaluation will be collected retrospectively quarterly, annually, and at the end of the demonstration period.

Data for evaluation are based on eligibility, birth certificates, and linked claims file with vital records also known as the First Steps Database (FSDB) (WSIRB Project #D-092711-A). Claims and eligibility data are available for all Medicaid clients.

ProviderOne-Enrollment: The client-level enrollment files contain information about clients' age, race/ethnicity, county, and beginning and end dates of FPO eligibility.

ProviderOne-FFS claims data: FFS claims data contain information on client diagnoses, procedures provided under the FFS delivery model, including Current Procedure Terminology (CPT) codes; International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes, provider identification numbers (National Provider Identifier (NPI)); and other information necessary to calculate individual-level measures.

Contraceptive methods will be grouped by efficacy into clinically meaningful tiers: 1) most effective, 2) moderately effective, and 3) least effective. For clients using multiple methods concurrently, the method with the highest effectiveness will be selected.

1) Most effective contraception consists of reversible methods (e.g., implants or intrauterine devices) and permanent methods (e.g., sterilization) that have experienced less than 1 pregnancy per 100 women within the first year of use.

2) Moderately effective contraception consists of hormonal or barrier reversible methods (e.g., oral contraceptive pill, injectables, etc.) that rely on correct use and where women have experienced approximately 6-12 pregnancies per 100 women within the first year of use.

3) Least effective contraception consists of barrier reversible methods (e.g., female/male condom, natural family planning, etc.) that rely on correct use or abstinence and where women have experienced approximately 18 or more pregnancies per 100 women within the first year of use.

LARC effectiveness years vary by type (e.g., copper IUD (~10 years) versus implants (~3 years)) and brand. The utilization measure is "Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/total beneficiaries", the proposed measure is intended to evaluate long-term use of contraceptive methods. Continuous use of IUDs has been shown to be cost-neutral at 2.1 years and it is of interest to other states and CMS to report continuation rates and characteristics of women who continue versus discontinue.

ProviderOne-Pharmacy claims data: Client-level pharmacy claims contain information about filled prescriptions, including drug code name, dose, date filled, number of days prescribed, and refill information. Even though these data are highly reliable and valid, claims data are subject to more interpretation as providers submitting claims do not necessarily conform to uniform standards for the finer details describing services provided; in some cases, claims may reflect contraceptive methods provided, not the method in use by the client as clients may discontinue methods.

First Steps Database (birth certificates linked to Medicaid clients): All Washington birth certificates are linked at the individual level to Medicaid claims and eligibility history. FSDB begins with births in August 1988 and currently contains linked birth certificates through 2024. The annual unduplicated count of FPO eligible clients is linked to the FSDB by ProviderOne ID. The First Steps Database is maintained biannually.

External Data Sources

Benchmark data. The evaluation leverages ongoing reporting of state and national benchmarks. Importantly, benchmarks at the state or national level may not be representative of FPO clients and may not be available at the subgroup level (e.g., race/ethnicity, or age) or at the same time intervals as the FPO Demonstration. The sources below may be used to develop evaluation-specific benchmarks, where available and applicable.

- National Survey of Family Growth (NSFG)
- Pregnancy Risk Assessment Monitoring System (PRAMS) survey
- CMS Core Set of Health Care Quality Measures for Children/Adults in Medicaid and CHIP

Primary Data Collection

The perspectives of FPO Demonstration participants offer valuable insight into the FPO Demonstration client-provider interaction not otherwise available through administrative or publicly available data sets.

The FPO Client Survey will include the Retrospective Person-Centered Contraceptive Counseling (PCCC-RS) scale and items assessing pregnancy and fertility goals. The PCCC-RS[4] is a validated[5] four-item patient reported outcome measure designed to assess if the contraceptive counseling and contraceptive methods were person-centered, or focused on the patient's own needs, values, and preferences. The FPO Client Survey will be administered monthly to any waiver participant meeting inclusion criteria via text with an online survey link or via telephone interview. PCCC-RS is intended to be administered within six months from the date of a waiver service. Based on the FPO waiver pilot test (WSIRB Project #2024-006) a 30 percent response rate was achieved and there were no statistically significant differences between survey respondents and non-respondents, suggesting responses are representative of the broader FPO Demonstration population.

Data Analysis Strategy

Access, utilization, and reproductive health outcomes will be evaluated using a series of quantitative and qualitative methods. This section describes the proposed analytic strategies for examining the measures presented in Table 1. Subgroup analyses (i.e., age, race/ethnicity, FPO Demonstration income groups, and geography) will focus on identifying any changes to FPO eligible and participant populations over the waiver period that would impact access, utilization, and reproductive health outcomes. If statistically significant subgroup changes are observed for FPO eligible and participant populations, these results could contextualize observed trends in measures where subgroup analysis may not be currently feasible (e.g., LARC utilization and Cervical Cancer screening).

Quantitative Analysis

For administrative (i.e., eligibility enrollment, claims), vital records, and survey quantitative results will be analyzed using descriptive statistics, descriptive trend analysis (DTA), and interrupted time series (ITS) to examine most of the evaluation questions. **Descriptive statistics** assess the characteristics of FPO eligible and participant populations. Descriptive statistics include estimates of central tendency and dispersion. Potential inferential analyses include bivariate statistics, parametric tests (e.g., *t*-tests or chi-squared tests), and non-parametric tests (e.g., McNemar's test, Wilcoxon signed-ranked test). **Descriptive trend analysis (DTA)** will be used if there are no intervention/changes observed for the measure and the recommended minimum measurement time points for ITS are not available. (i.e., eight pre- and eight post-FPO Demonstration measurement time points). Univariate or bivariate statistics will be calculated on the measure population at two or more points in time to determine if a trend exists. Unadjusted trend analyses will be used to present the change of process and impact outcomes measures over time. The analyses may be further stratified by subgroups (e.g., age, race/ethnicity, sex, income groups, and geography). Generalized linear and/or logistic regressions may be used to test the variations in the trends for the entire demonstration population and across different subgroups. Finally, **ITS analysis**, which uses aggregate data collected over equally spaced intervals before and after an intervention/policy change (including state/federal exogenous events/policy changes), may be used to evaluate the success, failure, or unintended consequences of interventions/policies on measures. A key assumption of ITS is that data trends before the intervention/change can be extrapolated to predict trends had the intervention/policy

[4] University of California San Francisco Person-Centered Contraceptive Counseling Measure https://pcccmeasure.ucsf.edu/retrospective-pccc

[5] Partnership for Quality Measurement validation endorsement status https://p4qm.org/measures/4825

change not occurred. A major advantage of ITS methodology is that a control site or comparison group is not required, both conditions which are not feasible due to the statewide FPO Demonstration. The ITS method allows the target population to serve as its own comparison group in the pre/post analysis.

Qualitative Analysis

Thematic content analysis will be used to evaluate salient responses to open-ended questions from the FPO Client Survey. Through this method, evaluators will begin with a detailed and systematic reading of the responses, making brief notes about analytic ideas and reflections. Evaluators will code the responses independently and identify patterns of meaning across codes that represent central, coherent ideas and coalesce coded segments together. The grouping of these codes may use inductive or deductive reasoning as initial themes emerge. Evaluators will review and discuss divergences, and the questions below (modified from Braun & Clarke[6]) will be used to review and refine initial themes into final core themes:

1. Is this a theme that represents a pattern across participants?
2. Does this theme tell us something about the needs of FPO clients?
3. Does this theme include or exclude many coded segments?
4. Is there enough data to support that this is a strong theme?

Methodological Limitations and Considerations

Limitations inherent to the evaluation design can be divided into two categories: methodological concerns such as bias in survey responses; and contextual and environmental concerns such as changes to provider participation and other external pressures on access to care.

Survey responses. Several of our key outcomes rely on self-report data from the FPO client Survey. Bias can be introduced into survey analysis in a few distinct ways, two of which are particularly relevant to this survey. First, sample selection and survey response rates can lead to bias if the eventual survey respondent sample is not representative of the FPO enrollee population. As mentioned, pilot test respondents were statistically compared to non-respondents demographic information, eligibility characteristics, and FPO waiver utilization. No statistically significant differences between respondents and non-respondents were found, suggesting survey respondents were representative of the FPO Demonstration female population. Second, given the highly sensitive survey questions around contraceptive care and pregnancy intentions, responses may be subject to social desirability bias, whereby respondents give answers that they believe to be more socially acceptable, rather than those that are accurate. Again, pilot test respondents were compared to benchmarks for the PCCC-RS scale. Evaluators will continue to test for biases.

Provider participation. The network of clinics providing services to FPO enrollees includes Local Public Health Agencies (LPHAs), Federally Qualified Health Centers (FQHCs), stand-alone family planning clinics (e.g., Planned Parenthood), and school-based or university health centers. In recent analysis, Planned Parenthood provides a majority of FPO services. Any exogenous changes impacting the number and feasibility of the FPO Demonstration provider network could affect some evaluation outcomes of interest,

[6] Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.

such as enrollment rates, churn, and continuity of care, and could diminish the value of pre-demonstration period FPO enrollees as a potential comparison group.

Client acceptability and utilization of contraceptives. While pharmacy claims data will be used to analyze contraceptive methods prescribed, it cannot measure acceptability or adherence.

External pressures on access to care. Several current health care infrastructure, policy, and political issues may impact access to care for FPO enrollees in ways that are difficult to isolate from the effects of the demonstration. As with impacts from COVID-19, evaluators included federal and state policy dates, noting contextual data in trend analysis to help interpret and contextualize FPO Demonstration utilization changes in the prior waiver period.

Special Methodological Considerations. A general challenge to Washington's FPO Demonstration evaluation is the similarity of the current renewal to previous waiver periods. Washington State has offered waiver services for more than two decades; while the FPO Demonstration seeks to expand access to these services, it does not substantively change them or the populations receiving them. Accordingly, the FPO Demonstration meets the definition of a "long-standing, non-complex, [or] unchanged" program, as described in Attachment A of the STCs (see "Special Methodological Considerations")[7]. The proposed evaluation design attempts to capture changes resulting from the FPO Demonstration Waiver but observed changes are likely to be modest given the similarity of the counterfactual condition.

[7] Section 1115 Demonstrations. Developing the Evaluation Design. https://www.medicaid.gov/medicaid/downloads/developing-the-evaluation-design.pdf

Appendix A - Independent Contractor

All analyses and reporting related to the Washington State HCA Family Planning Demonstration Waiver, Family Planning Only, will be completed using research staff within the HCA DATA First Steps Database (FSDB) Team (in-house), as well as collaboration with the FPO Program Manager, and survey team contracted with the Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) Division. FSDB provides valid, rigorous, and policy-relevant analyses of government-funded social and health services in the State of Washington. Since FSDB staff have performed previous 1115 Family Planning Only waiver evaluations, along with other maternity and family-planning-related studies, they are very knowledgeable about Medicaid programs in general and the family planning waiver program previously called TAKE CHARGE, in particular.

Simplified Evaluation Budget:

As required by CMS STC 9.2, Evaluation Budget, the proposed budget shell includes total estimated cost, estimated staff, administrative, and other costs for all aspects of the evaluation. The estimated budget will cover all evaluation expenses, including salary, fringe, administrative costs, conference calls, as well as indirect costs and those related to quantitative and qualitative data collection and analyses, travel expenses related to primary data collection, results dissemination, and report development. The required budget will consist of the following line items:

TABLE 2

Proposed Evaluation Budget

Category	**DY 2026**	**DY 2027**	**DY 2028**	**DY 2029**	**DY 2030**	**Total (All Years)**
Personnel (evaluation design, project management, data collection, analysis, reporting, WSIRB, and all other tasks) and fringe benefits	$145,000	$145,000	$145,000	$145,000	$164,000	$744,000
FPO Client Survey (DSHS RDA)	$37,025	$40,728	$44,800			$122,553
Other (e.g., software, printing)	$7,385	$7,386	$7,387	$7,388	$7,389	$36,935
Travel	$6,000	$6,000	$6,000	$6,000	$6,000	$30,000
Administrative and indirect costs	$19,000	$19,000	$19,000	$19,000	$22,000	$98,000
Total Evaluation Cost	$214,410	$218,114	$222,187	$177,388	$199,389	$1,031,488

Appendix B - Schedule of Evaluation Deliverables

TABLE 3

Deliverable	Date	STC reference
Draft Evaluation Design	October 28, 2025	9.1
Annual Monitoring Report	December 31, 2025	8.7(d)
HCA receives comments from CMS on Draft Evaluation Design		
HCA submits final Evaluation Design Plan	Provide a final evaluation design plan within 60 calendar days after receipt of CMS's comments.	9.3
Annual Monitoring Report	December 31, 2026	8.7(d)
Annual Monitoring Report	December 31, 2027	8.7(d)
Annual Monitoring Report	December 31, 2028	8.7(d)
Interim Evaluation draft submitted to CMS for comment	June 30, 2029	9.5(a-e)
HCA receives comments from CMS on Interim Evaluation draft		9.5(a-e)
HCA submits final Interim Evaluation Report to CMS (with 60 calendar days of receipt of comments)		9.5(a-e)
Annual Monitoring Report	December 31, 2029	8.7(d)
HCA submits draft Summative Evaluation Report to CMS for comment	Provide a summative evaluation 18 months following the end of the approval period (approval period will end 06/30/2030; summative evaluation due approximately December 31, 2031.	9.7
HCA receives comments from CMS on draft Summative Evaluation Report		9.7(a)
HCA submits final Summative Evaluation Report to CMS	Provide a final evaluation design plan within 60 calendar days after receipt of CMS's comments.	9.7(a)

Appendix C – Document History Log

TABLE 4 – the purpose of this table is to document changes to the evaluation design plan as requested through FPO Demonstration amendments or CMS review and feedback.

Version	Effective Date	Description
Baseline	October 28, 2025	Original Draft Evaluation Design Plan (STC 9.1)
Revision	February 3, 2026	Updated based on CMS feedback received December 4, 2025

Appendix D – Acronyms

AH	Apple Health
CMS	Center for Medicare and Medicaid Services
FDA	U.S. Food and Drug Administration
FFS	Fee-for-service
FPL	Federal Poverty Limit
FPO	Family Planning Only
FQHC	Federally Qualified Health Center
HCA	Health Care Authority
PCCC-RS	Person-centered contraceptive counseling-retrospective survey
STC	Special Terms and Conditions
STD	Sexually transmitted disease
STI	Sexually transmitted infection