

**Application Template for Family Planning § 1115 Demonstration**

State Montana

Department Department of Public Health and Human Services

Name of Demonstration Program Montana Plan First

| Date Proposal Submitted ~~June 27, 2008~~ June 1, 2014

| Projected Date of Implementation ~~July 1, 2009~~ January 1, 2015

Authorizing Signature & Title \_\_\_\_\_  
| ~~John Chappuis~~ Mary E. Dalton, State Medicaid Director

Primary Family Planning Program Contact:

| Name ~~Mary Noel~~ Jo Thompson

| Title Chief, ~~Medicaid Managed Care~~ Member Health Management  
Bureau

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**Application Template for Family Planning § 1115 Demonstration**

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

Date Proposal Submitted: ~~June 27, 2008~~ June 1, 2014

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**I. Enrollment Projections and Goals**

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

Demonstration Year 1 **1,500 women**  
Demonstration Year 2: **4,000 women**  
Demonstration Year 3: **4,000 women**  
Demonstration Year 4: **4,000 women**  
Demonstration Year 5: **4,000 women**

Please describe the goals of the demonstration.

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

**Goal 2: Reduce number of unintended pregnancies for Montana women ages ~~14~~19 through 44 who live at or below ~~185~~211 percent FPL.**

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

**II. Family Planning Demonstration Standard Features**

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

The Family Planning demonstration iswill-be subject to Special Terms and Conditions (STCs).

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The core set of STCs is included in the application package. Depending upon the design of the State’s family planning demonstration, additional STCs may apply.

- The State has utilized a public process to allow interested stakeholders to comment on its proposed family planning demonstration.
- Family Planning demonstrations are intended to provide family planning services to low-income ~~men and~~ women who ~~would might~~ not otherwise have access to services for averting pregnancy. Eligible individuals are those who are age 19-44, whose income is at or below 211% of FPL, able to bear children and not presently pregnant~~uninsured, and are not eligible for~~enrolled in Medicare, Medicaid, the State Children’s Health Insurance Program (SCHIP), or who do not have creditable health insurance coverage.

Signature: \_\_\_\_\_  
 Title: **John Chappuis Mary E. Dalton**  
**Montana State Medicaid Director**

**III. Eligibility**

**A. Eligible Populations**

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

- Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum.  
12 months: Period for which individuals would have coverage
- Individuals losing Medicaid coverage with gross income up to and including ~~185~~211 % FPL.  
 Men  Women
- Individuals losing SCHIP coverage at age 19 with gross income up to and including ~~185-211~~211 % FPL.  
 Men  Women
- Uninsured individuals eligible based solely on income, with gross income from ~~4733~~4733 % FPL up to and including ~~185~~211 % FPL.  
 Men , Ages \_\_\_\_\_

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Women, Ages ~~14~~19 through 44

A. Initial Eligibility Process

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

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

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

- Not ~~eligible/enrolled for in~~ Medicaid ~~or CHIP~~,
- US citizen or qualified alien,
- Montana resident,
- Female,
- Able to bear children,
- Countable income of ~~185~~211 percent FPL or less, and
- Age ~~14~~19 through 44,
- ~~No other family planning health coverage~~

There ~~is~~will be no asset or resource test for this waiver.

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~~An eligibility system currently used by two state programs, CHIP and Big Sky Rx, will be used for eligibility determination. The system, known as KIDS, is designed to reduce human error by taking information as entered and using precise algorithms to determine a person’s eligibility. A new module for the system will be developed to determine eligibility for Plan First.~~

The eligibility system ~~will~~ authorizes eligibility for Plan First in the appropriate category, program, and waiver code. The eligibility data is will be sent to the Medicaid Management Information System (MMIS), so claims can be processed, matched daily with individuals in the TEAMS Medicaid eligibility system to ensure waiver eligible individuals are not enrolled in Medicaid. The eligibility system is also used for CHIP; therefore, the person entering information

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~~into the system will know immediately if the applicant is enrolled in CHIP. If so, the applicant will be determined ineligible for Plan First.~~

Women determined eligible for Plan First ~~will~~ receive a letter from Medicaid verifying eligibility ~~and will receive an identification card and providing a member ID number~~ specific to the family planning waiver. The individual ~~will~~ also receive a brochure describing covered services and how to access services. Women who apply for Plan First may choose to receive correspondence by alternate means, such as email, and ~~will~~ have the option to choose not to receive an ID ~~lettercard~~.

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

- Outreach to postpartum women and recipients of other public programs, ~~such as~~ (food stamps ~~or WIC, parents of children enrolled in CHIP~~).
- Targeted outreach to high risk women
- Education to case managers and care managers in community based settings
- Culturally and linguistically tailored outreach materials
- Community based centers and events
- Provider recruitment (bulletins, web portal, provider associations)
- Provider training (in-person, video conferencing, webinars)

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

- Yes  
 No

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

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

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

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~~Providers and provider staff will be trained to inform women losing Medicaid about the Plan First program.~~

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

4. Where is the initial application accepted?

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

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

- Simplified
- Same as full Medicaid

A draft application is included as Attachment F.

6. Is point-of-service eligibility granted?

- Yes
- No

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

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

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

~~Income disregards:~~

- ~~• The first \$120 of each person’s earned income (work expense)~~

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- ~~Child or adult dependent care paid, up to \$200 per dependent per month~~
- ~~Child support paid by applicant or her husband~~

~~Income disregards are the same for all groups. As of January 1, 2014, Montana Medicaid uses MAGI methodology and substitutes 5% of 100% of FPL for income disregards.~~

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

- Yes—the same as the disregards for the Family Medicaid eligibility category  
 No

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

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

a. Proof of Income:

- Self-declaration  
~~Ten percent of applicants enrolled will be randomly selected for a quality assurance audit. These applicants will be asked to submit proof of income, for example, pay stubs for the previous month, within 30 days of the request. Applicants who do not produce the requested documents will be disenrolled from Plan First. There are no differences in this requirement by age group.~~

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

Income Verification and Eligibility System (IEVS)

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

- Self-declaration  
 Documentation required
- What documents are sufficient to document resources?
    - o No resource test for waiver services.
  - When are documents required?

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- Are there differences by eligibility group or age?

**c. Social Security Number:**

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

Documentation required

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

**d. Citizenship Status:**

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

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

- State agency  
 County Agency

**B. Eligibility Redetermination Process**

- Please assure (with a check mark) that the State ~~will~~conducts an eligibility redetermination at a minimum of every 12 months.
- Is the eligibility redetermination process identical to the initial eligibility process?**
  - Yes – This section is now complete. Please go to Section III: Program Integrity.
  - No – Please complete question number 3 below.

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

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

4. **Please describe the process for verifying the information that applicants provide at redetermination.**

~~As with initial application, 10 percent of renewing applicants will be randomly selected to provide income documentation. Documents will need to be received by Medicaid within 30 days of request. Applicants who furnish requested documents will be notified within 30 days of receipt of the documents that their eligibility for Plan First will continue. Applicants who do not furnish requested documents, or who furnish requested documents that reverse their eligibility, will be disenrolled from Plan First and notified of the action. ——— Plan First will use the Administrative Renewal process that is used for all Medicaid enrollees. There is no verification process but the members are subject to random PERM audits.~~

### IV. Program Integrity

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

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

- Not ~~eligible~~enrolled for Medicaid ~~or CHIP~~,
- US citizens or qualified aliens,
- Montana residents,
- Females,
- ~~Living with~~Ceountable incomes of ~~185~~211 percent FPL or less, ~~and~~
- Ages ~~14~~19 through 44.

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- Do not have other family planning health coverage

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The eligibility system has date and time markers and identifying information regarding system users.

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

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

- Please assure (with a check mark) that the State assures that all claims made for Federal financial participation under this demonstration, if approved by CMS, will meet all Medicaid financial requirements.
Please describe the process the State will use to monitor and ensure that eligibility determinations are conducted according to State and Federal requirements.

- Medicaid Eligibility Quality Check (MEQC)
Other (Please specify.)

Medicaid staff will randomly select a percentage of applications, both eligible and not eligible, to review for assurance that eligibility was determined according to Federal and State rules and regulations and the Medicaid State Plan and waiver approval. Members enrolled in Plan First are subject to the same PERM audit procedures as all the other Medicaid members.

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

Montana's family planning clinics do not currently bill fee for service for Title X funds. They will continue to submit claims to Medicaid, CHIP, and other insurance plans such as Blue Cross Blue Shield of Montana and New West Insurance Plan. All Title X clinics are required to bill third party payers and maximize insurance revenue. Montana's Title X program, administered by the Women's and Men's Health Section (WMHS) of DPHHS, provides grants to 134 Title X family planning clinics in 298 locations in Montana. Title X clinics provide services on a sliding fee scale to people with incomes up to 250 percent FPL. Each clinic provides a monthly report to WMHS detailing clinic activities, income, and expenses. With/After implementation of Plan First, Title X clinics will continue be able to devote to dedicate additional resources to serving additional women and men with incomes between 186 and 250 percent FPL, ineligible for Plan First, and expand

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~~services to additional men.~~ Montana's Title X family planning clinics are able to show, during chart audits, that they do not receive reimbursement for services from more than one payment source.

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

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

~~Montana Plan First enrollees will be are sent daily to the MMIS Medicaid eligibility system. If Plan First enrollees have open Medicaid or CHIP spans, they will be disenrolled from Plan First immediately. If eligibility overlap occurs, (such as in the case of retroactive full Medicaid eligibility), MMIS system hierarchy does will not pay claims under Plan First, if Medicaid is open. The eligibility system used for Plan First is also used for two other state programs. The system will not allow a person to be enrolled in both CHIP and Plan First at the same time.~~

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

~~MMIS processes claims for both regular Medicaid State Plan services and Plan First. If eligibility overlap occurs, such as in the case of retroactive full Medicaid eligibility, MMIS system hierarchy does not pay claims under Plan First if Medicaid is open. Because a woman will not be eligible for Plan First and Medicaid or CHIP at the same time (see #5 above), if a claim is submitted to regular Medicaid for a woman enrolled in Plan First, MMIS will deny the claim because the woman is not eligible for State Plan Medicaid services.~~

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

### 7. How does the State ensure that the enrollee does not have creditable health insurance coverage?

~~Section 3 on the application requires the applicant to verify that she does not have creditable health insurance coverage. Please see the draft application included as Attachment F. Montana allows women to have third party coverage. Plan First only reimburses service amounts when the third party coverage is not up to the Medicaid allowed amount. Plan First does not cover the copay or deductible required by the the woman's third party coverage.~~

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

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**described in Attachment B (note: the State should fill out the template in Attachment B).  
Specifically:**

- For services whose primary purpose is family planning (i.e., contraceptives and sterilizations), FFP ~~is will be~~ available at the 90-percent matching rate. Procedure codes for office visits, laboratory tests, and certain other procedures must carry a primary diagnosis that specifically identifies them as family planning services.
- Family planning-related services reimbursable at the Federal Medical Assistance Percentage (FMAP) rate are defined as those services generally performed as part of, or as follow-up to, a family planning service for contraception. Such services are provided because a “family planning-related” problem was identified ~~or~~ diagnosed during a routine/periodic family planning visit. ~~Services/surgery, which are generally provided in an ambulatory surgery center/facility, a special procedure room/suite, an emergency room, an urgent care center or a hospital for family planning-related services, are not considered family planning-related services and are not covered under the demonstration.~~
- FFP ~~is will~~ not be available for the costs of any services, items or procedures that do not meet the requirements specified above, even if family planning clinics or providers provide them.

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VI. Delivery System

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

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> Managed Care Organizations         | <b>Estimated Percentage of Patients:</b>      |
| <input checked="" type="checkbox"/> All Medicaid Providers  | <b>Estimated Percentage of Patients:</b> 100% |
| <input checked="" type="checkbox"/> Health Departments      | <b>Estimated Percentage of Patients:</b> 10%  |
| <input checked="" type="checkbox"/> Family Planning Clinics | <b>Estimated Percentage of Patients:</b> 40%  |
| <input checked="" type="checkbox"/> FQHCs/RHCs              | <b>Estimated Percentage of Patients:</b> 30%  |
| <input checked="" type="checkbox"/> Private Providers       | <b>Estimated Percentage of Patients:</b> 20%  |

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

A.  Please assure (with a check mark) that the State ~~will provide~~ing primary care referrals. (Please attach a letter of support from your State Primary Care Association in Attachment A.)

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

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

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

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

As part of the renewal process, renewing applicants will receive a survey used to gauge satisfaction with Montana Plan First. In addition to asking questions about the process of applying for Plan First and receipt of family planning services, the survey will ask participants if they received referrals for primary care, if they followed through with the referrals, and where they received their primary care services. Each member receives a brochure that notifies members that primary care services are available at community health centers on sliding fee schedules.

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

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

MPCA has 184 current members: one migrant health center, ~~one rural health clinic~~one community health center look-alike, ~~one pending membership application (Kalispell—state-funded center)~~, and 162 community health centers with an additional 12 ~~community health satellite~~community clinics (please see map included in Attachment A).

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

VII. Program Administration and Coordination

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

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

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

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

### 3. How ~~does~~will the State provide training/monitoring to providers?

Medicaid and Title X ~~will offer~~ training sessions across Montana on the waiver for providers ~~before the implementation date of the waiver during the annual Medicaid Provider Trainings and are delivered either in person or via webconference technology.~~ The training sessions ~~will~~ address:

- Eligible women
- Eligibility span
- How to apply for eligibility
- Covered services
- Claims submission
- ~~Confidentiality~~

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

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

Medicaid ~~will~~ promotes efficient and accurate billing and educates providers about what services are covered and on the rights and obligations of providers and their patients. ~~Six initial training sessions will be offered throughout the state by state Medicaid and Title X personnel before Plan First is implemented. Videos of training sessions materials are~~will be available on the Medicaid ~~s~~ provider website, along with provider bulletins and lists of covered drugs and services, examples of how to fill out forms (such as patient consent forms and referrals), ~~and~~ lists of billing codes, ~~and order forms for family planning materials.~~ Ongoing provider training ~~is~~will be offered ~~four times annually~~ annually in conjunction with statewide Medicaid provider trainings and to individual providers upon request.

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

- Yes  
 No

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

Providers who deliver services to family planning waiver participants ~~will~~ receive provider manuals, provider notices, and notifications of training sessions ~~by mail~~, in the Medicaid provider

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newsletter, through the Medicaid provider website, and from the Medicaid's provider relations call center. Providers who need assistance in submitting claims may also receive personal visits from provider field representatives.

### VIII. Evaluation

#### A. Demonstration Purpose, Aim, and Objectives

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

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

Hypothesis 1: The demonstration ~~will~~ results in an increase in the number of female Medicaid ~~clients-members~~ ages 1419 through 44 receiving family planning services paid by Medicaid.

Measure: The number of women ages 1419 through 44 who receive Medicaid family planning services each waiver year.

Data required: The number of women ages 1419 through 44 who receive Medicaid family planning services.

Data source: MMIS

Hypothesis 2: The demonstration ~~will~~ results in a decrease in the annual number of births paid by Medicaid for women ages 1419 through 44.

Measure: The fertility rate for Medicaid ~~clients-members~~ ages 1419 through 44.

Data required: The number of births to Medicaid ~~clients-members~~ ages 1419 through 44.  
The total number of female Medicaid ~~clients-members~~ ages 1419 through 44.

Data source: MMIS

Hypothesis 3: The demonstration ~~will~~ reduces annual Federal and State Medicaid expenditures for prenatal, delivery, and newborn and infant care.

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Measure: Estimated Medicaid savings from births averted by the family planning waiver less the cost of family planning services paid under the waiver.

Data required: The difference between the expected number of Medicaid births and the actual number of Medicaid births for Medicaid ~~clients~~members ages 1419 through 44 each waiver year. The estimated cost of each birth including prenatal care, delivery, and newborn and infant care costs. The cost of providing family planning services to the waiver population.

Data source: MMIS

Hypothesis 4: The demonstration ~~will improve~~s birth outcomes and the health of women by increasing the child spacing interval among women in the target population.

Measure: The proportion of women ages 1419 through 44 with a Medicaid paid birth in a waiver year, and who have a subsequent Medicaid paid birth within 18 months.

Data required: The number of Medicaid paid births to Medicaid ~~clients~~members ages 1419 through 44 each waiver year and the number of subsequent Medicaid paid births for those women within 18 months.

Data source: MMIS

### B. Evaluation Design

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

~~The Montana Department of Public Health and Human Services (DPHHS) Office of Planning, Coordination, and Analysis (OPCA) The Department will manage the evaluation of Montana Plan First. At the end of each waiver year, the OPCA Department will complete the evaluation and will deliver a report within 90 days of waiver year end. The evaluation will include the rate in expenditure growth for family planning services on a per capita basis, using total expenditures recorded during the first year of the demonstration as a baseline. OPCA will also compare the annual rate of growth of actual expenditures with the baseline amount trended forward using the Medical Consumer Price Index (MCPI).~~

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

- Specific performance measures and the rationale for selection, including statistical reliability and validity;

Date \_\_\_\_\_

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**Application Template for Family Planning § 1115 Demonstration**

1. The percent increase in the number of women ages ~~1914~~ through 44 receiving family planning services paid by Medicaid. Rationale for selection: High statistical reliability and validity because claims data for actual services received ~~are~~will be used (not sample data).
  2. The percent decrease in the annual number of births paid by Medicaid for women ages ~~1914~~ through 44. Rationale for selection: High statistical reliability and validity because actual claims data for births paid by Medicaid ~~are~~will be used to compare to previous years' data (not sample data).
  3. The percent decrease in the amount of Federal and State Medicaid expenditures for prenatal, delivery, and newborn and infant care. Rationale for selection: High statistical reliability and validity because claims data for actual services ~~will be~~ are used to compare to previous years' data (not sample data).
  4. The percent decrease in the number of subsequent births to Medicaid enrollees ages ~~1914~~ through 44 who gave birth in the past 18 months. Rationale for selection: High statistical reliability and validity because claims data for actual services ~~will be~~ are used to compare to previous years' data (not sample data).
- **Measurement methodology and specifications, including eligible/target populations and time period of study for the specific measure;**  
Number of Montana women ages ~~1914~~ through 44 with incomes at or below ~~211485~~ percent FPL with access to family planning services over the life of the waiver
  - **Data sources, method for data collection, rationale for the approach, and sampling methodology.**  
Data source—MMIS; method for data collection—Medicaid decision support system; rationale for approach—identification of service codes received by women ages ~~1914~~ through 44 for family planning services, prenatal care, delivery, and newborn and infant care costs for the infant's first year, over the life of the waiver

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

Measure	Number	Percentage Change
<b>Enrollment</b>		
<b>Averted Births</b>		

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

## Application Template for Family Planning § 1115 Demonstration

~~As part of the renewal process, renewing applicants receive a survey used to gauge satisfaction with Montana Plan First. In addition to asking questions about the process of applying for Plan First and receipt of family planning services, the survey will ask participants if they received referrals for primary care, if they followed through with the referrals, and where they received their primary care services. Primary care referrals are not tracked.~~

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

~~Not applicable~~

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

### Montana Plan First Evaluation Plan

#### Evaluation of Performance

- Executive summary
- Information about the project

#### Outcomes

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

#### Limitations, Challenges, Opportunities

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

#### Successes, Best Practices

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

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**Application Template for Family Planning § 1115 Demonstration**

Interpretations, Conclusions

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

Revisions to Strategy, Goals

- Were revisions made to the project’s strategy or goals?
- Discuss the reasons revisions were made to the project’s strategy or goals.

Recommendations and Implications

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

---

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

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

A. Regular FMAP—SFY blended rates:

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

B. Family Planning FMAP: 90.00%  

C. Medical Consumer Price Index cost trend: 4.06%, based on U.S. City Average, not seasonally adjusted, using monthly percent change blended for State Fiscal Year  

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**Application Template for Family Planning § 1115 Demonstration**

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

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

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

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

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

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

**X. Waivers and Authority Requested**

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

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

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

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

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

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

Date \_\_\_\_\_

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**Application Template for Family Planning § 1115 Demonstration**

**XI. Attachments**

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

- Attachment A: Letter of Support from State Primary Care Association
- ~~Attachment B: Service Codes~~
- Attachment C: Budget Neutrality Worksheet
- ~~Attachment D: Implementation Schedule~~
- Attachment E: Interim Evaluation Report (for renewals only)
- Attachment F: Draft Application
- Other Attachments (Please indicate subject of attachment.)

---

**XII. Contact Information and Signature**

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

**Family Planning Contact:**

Name: ~~Mary Noel~~Jo Thompson

Title: ~~Chief, Medicaid Managed Care~~Member Management Bureau

Phone Number: 406-444-4146

Email: ~~manoel@mt.gov~~jothompson@mt.gov

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~~June 27, 2008~~June 1, 2014  
Director

~~John Chappuis~~Mary E. Dalton, State Medicaid

Name of Authorizing State Official (Typed)

\_\_\_\_\_  
Signature of Authorizing State Official

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Date \_\_\_\_\_

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**Attachment A:  
Letter of Support from  
State Primary Care Association**

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Date \_\_\_\_\_

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**Application Template for Family Planning § 1115 Demonstration**



**Montana Primary Care Association, Inc.**

Alan Strange, Ph.D.  
Chief Executive Officer

May 2, 2008

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

To Whom It May Concern:

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

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

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

Sincerely yours,

Alan W. Strange  
Chief Executive Officer

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

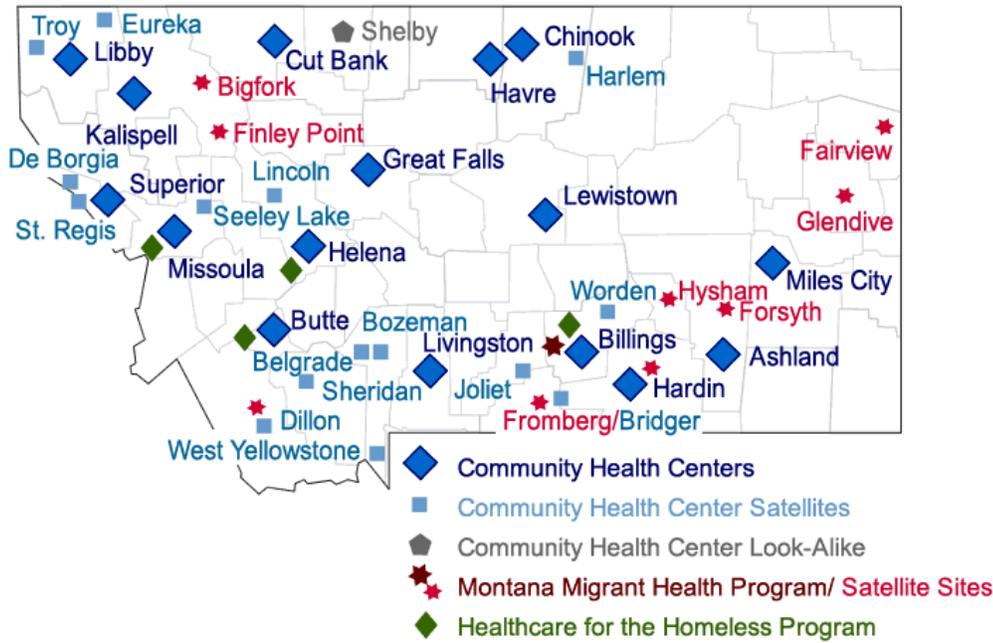
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~~Montana Primary Care Association  
Health Services Sites~~

Application Template for Family Planning § 1115 Demonstration

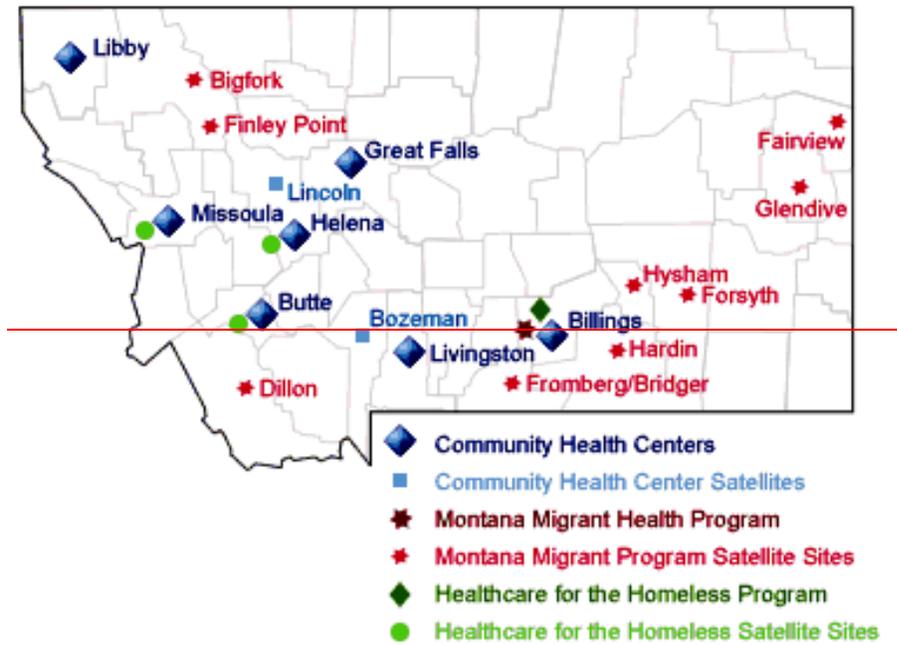


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Application Template for Family Planning § 1115 Demonstration



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**Attachment B:  
Service Codes**

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**Attachment C:  
Budget Neutrality Worksheet**

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**Application Template for Family Planning § 1115 Demonstration**

<b>Budget Neutrality Worksheet for: Montana Plan First</b>		<b>2006</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>Total</b>
<b>All Costs</b>								<b>2009-2013</b>
<b>WITHOUT WAIVER</b>								
<i>BASIC FP-SERVICES</i>	Persons	6,550	6889	7006	7125	7246	7369	
<i>All-current-Medicaid eligibles—State-Plan</i>	Per-Capita	\$ 499	\$ 562	\$ 585	\$ 609	\$ 634	\$ 660	
	Total	\$ 3,268,450	\$ 3,871,618	\$ 4,098,510	\$ 4,339,125	\$ 4,593,964	\$ 4,863,540	
<i>DELIVERIES under Medicaid-State-Plan</i>	Persons	4,106	4512	4589	4667	4746	4827	
	Per-Capita	\$ 5,507	\$ 6,043	\$ 6,288	\$ 6,543	\$ 6,809	\$ 7,085	
	Total	\$ 22,611,742	\$ 27,266,016	\$ 28,855,632	\$ 30,536,181	\$ 32,315,514	\$ 34,199,295	
<i>FIRST-YEAR INFANT COSTS under Medicaid-State-Plan</i>	Persons	4,229	4550	4628	4707	4786	4868	
	Per-Capita	\$ 5,813	\$ 7,449	\$ 7,751	\$ 8,066	\$ 8,393	\$ 8,734	
	Total	\$ 24,583,177	\$ 33,892,950	\$ 35,871,628	\$ 37,966,662	\$ 40,168,898	\$ 42,517,112	
<b>TOTAL-BASE-YEAR</b>		<b>\$ 50,463,369</b>	<b>65,030,584</b>	<b>68,825,770</b>	<b>72,841,968</b>	<b>77,078,376</b>	<b>81,579,947</b>	<b>-365,356,645</b>
<b>WITH WAIVER</b>								
<i>BASIC FP-SERVICES</i>	Persons	6,550	6,889	7,006	7,125	7,246	7,369	
<i>All-current-Medicaid eligibles—State-Plan</i>	Per-Capita	\$ 499	\$ 562	\$ 585	\$ 609	\$ 634	\$ 660	
	Total	\$ 3,268,450	\$ 3,871,618	\$ 4,098,510	\$ 4,339,125	\$ 4,593,964	\$ 4,863,540	
<i>DELIVERIES under Medicaid-State-Plan adj-for-effects-of-waiver</i>	Persons	3,860	4,410	4,314	4,387	4,461	4,537	
	Per-Capita	\$ 5,507	\$ 6,043	\$ 6,288	\$ 6,543	\$ 6,809	\$ 7,085	
	Total	\$ 21,257,020	\$ 26,649,630	\$ 27,126,432	\$ 28,704,141	\$ 30,374,949	\$ 32,144,645	
<i>FIRST-YEAR COSTS adj-for-effects-of-waiver</i>	Persons	4265	4,447	4,351	4,424	4,499	4,576	
	Per-Capita	\$ 5,813	\$ 7,449	\$ 7,751	\$ 8,066	\$ 8,393	\$ 8,734	
	Total	\$ 24,792,445	\$ 33,125,703	\$ 33,724,604	\$ 35,683,984	\$ 37,760,107	\$ 39,966,784	
<i>FAMILY PLANNING SERVICES for-waiver participants</i>	Persons	4,000	1,500	4,000	4,000	4,000	4,000	
	Per-Capita	\$ 556	\$ 650	\$ 676	\$ 703	\$ 732	\$ 762	
	Total	\$ 2,224,000	\$ 975,000	\$ 2,704,000	\$ 2,812,000	\$ 2,928,000	\$ 3,048,000	
<i>SYSTEMS-CHANGES PUBLIC AWARENESS EVALUATION</i>		100,000	100,000					
		\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	
		\$ 25,000	25,000	25,000	25,000	25,000	25,000	
<b>TOTAL WITH WAIVER COSTS</b>		<b>\$ 51,691,915</b>	<b>64,771,951</b>	<b>67,703,543</b>	<b>71,589,250</b>	<b>75,707,020</b>	<b>80,072,969</b>	<b>-359,844,733</b>
<b>DIFFERENCE</b>		<b>\$ (1,228,546)</b>	<b>258,633</b>	<b>1,122,227</b>	<b>1,252,718</b>	<b>1,371,356</b>	<b>1,506,978</b>	<b>5,511,912</b>

Date \_\_\_\_\_

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**Attachment D:  
Implementation Schedule**

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**Montana Plan First  
Implementation Schedule**

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**August 2008 through June 2009**

**Design and implement enhancements to computer systems**

- Modify the Medicaid Management Information System (MMIS)
  - Create new code for family planning waiver eligible women
  - Apply system edits to pay only allowable codes for program eligibles
    - Modify the KIDS eligibility system
    - Create new eligibility module for Plan First

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**March through June 2009**

**Amend Administrative Rules of Montana**

- Publish public notice
- Hold public hearing
- Respond to public comments
  - Publish new rule

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**March 2009**

**Hire and train eligibility determination staff**

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**April through June 2009**

**Revise Medicaid client handbook and update client website**

**April through June 2009**

**Notify and train providers**

- Develop provider manual to provide information on covered services, eligible population, and billing procedures.
- Develop and conduct provider trainings regarding eligibility, services, billing procedures, and primary care referrals

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**April through June 2009**

**Conduct outreach**

- Develop and print client outreach brochure to distribute to local public health departments, Federally Qualified Health Centers, Rural Health Centers, Community Health Centers, hospitals, physician offices, advocacy sights, school and university health clinics
  - Place materials on client web site

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**August through September 2010**

**Conduct evaluation**

**Attachment F:**  
**~~Draft Application~~**

Application Template for Family Planning § 1115 Demonstration

**Logo** **Application for**  
**Montana Plan First**  
**Medicaid Family Planning (Birth Control) Services**

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

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☒ Montana Plan First is a Medicaid family planning health care program for women ages 14 to 44. Plan First covers family planning services (birth control, including natural methods).

☒ You can find out more about Plan First and get help filling out this application by visiting [www.PlanFirst.mt.gov](http://www.PlanFirst.mt.gov) or by calling 1-800-xxx-xxxx. The call is free. If you use TTY, call 1-800-xxx-xxxx.

☒ If you are pregnant, do not complete this application. Please complete an application for full Medicaid. Medicaid applications are available at your local Office of Public Assistance.

Sections marked with this symbol ☒ let you know you may need to provide documents.

**Section 1. Information about you**

Last name		First name	
Mailing address			Apt/Space #
City	State	Zip	County
Birth date	SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home phone #	Work phone #	Cell phone #	
Email address			
Preferred language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify)			
How do you prefer to be contacted? <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Email <input type="checkbox"/> Other _____			

Date \_\_\_\_\_

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**Application Template for Family Planning § 1115 Demonstration**

**Section 2. Are you pregnant now?**  Yes  No

If you are pregnant now, you are not eligible for Plan First. You may be eligible for Medicaid. You can apply for Medicaid at any county Office of Public Assistance. Call 1-800-332-2272 or email [citizensadvocate@mt.gov](mailto:citizensadvocate@mt.gov) to find locations of Offices of Public Assistance.

**Section 3. Health insurance**

Do you have health coverage now that covers family planning services?  Yes  No

If you have health coverage that covers family planning services, you are not eligible for Plan First.

**Section 4. Ethnic and Race Information**

You do not have to give this section, but this information helps Medicaid to know if we are serving all ethnic groups and races in our state.

Are you of Hispanic or Latino origin?  Yes  No

Race: If more than one race, please mark all that apply.

- American Indian or Native American  Alaska Native
- Asian  Black or African American
- Native Hawaiian or Other Pacific Islander  White/Caucasian
- Unknown

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**Section 5. Residence, Citizenship, and Identity**

Are you a Montana resident?  Yes  No

If you are not a Montana resident, you are not eligible for Plan First.

Important: If you provided proof of citizenship and identity to the Montana Department of Public Health and Human Services since July 1, 2006 (for example, when applying for Medicaid), check here:

I provided proof of citizenship and identity to the Montana Department of Public Health and Human Services since July 1, 2006 (for example, when applying for Medicaid). You do not need to complete Section 5.

If you have not provided proof of citizenship and identity to the Montana Department of Public Health and Human Services since July 1, 2006 (for example, when applying for Medicaid), please complete the following:

Are you a U.S. citizen?  Yes  No

Date \_\_\_\_\_

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## Application Template for Family Planning § 1115 Demonstration

 Please provide one of these three documents:

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

If you do not have a U.S. Passport, a Certificate of Naturalization, or a Certificate of U.S. Citizenship, please provide one of these three documents and one from the list of photo ID documents below:

- Birth certificate from the state or county where you were born
- Final adoption decree
- Official military record that shows place of birth

 Photo ID documents:

- Driver's license (current or not more than three months since expiration)
- State issued ID card
- School ID
- U.S. military ID
- U.S. military dependent card
- Other government ID (city, county, US)
- Native American Tribal document
- Health clinic, doctor, or hospital records showing date of birth, issued near the time of birth or five years or more before date of Plan First application (for women 14, 15, or 16 years old)

*(Note: Federal law requires Medicaid to see the original or a certified copy. Medicaid will make a copy of the document and return the original to you. You do not need to give the document to Medicaid in person; Medicaid will accept an original document or certified copy in person, by mail, or from a person authorized by you to bring or send the document to Medicaid.)*

If you are not a U.S. citizen, enter your Alien Registration Number: \_\_\_\_\_

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

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

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**Application Template for Family Planning § 1115 Demonstration**

Note: Proof of U.S. citizenship and identity or legal immigration status is only needed for the woman who is applying for Plan First (family planning services), not for other family members.

**U. S. Citizenship Documents**

To comply with federal law, Medicaid must ask people who are United States citizens to give us documents that prove they are citizens. The new law affects all children and adults who apply for benefits with Medicaid if they are U. S. citizens.

If you are a U. S. citizen and do not have these documents, you must try to get them. You can get your birth certificate from the state or county where you were born. You may have to pay for an official copy of your birth certificate. You will need to give your name, date of birth, and your parents' names to order your birth certificate.

The National Center for Health Statistics can help you find out where to get your birth certificate if you were born in a state other than Montana. Call 1-866-441-6247. The call is free. You can also visit [www.edc.gov/nehs](http://www.edc.gov/nehs). Click on "Births" and then click on "Links to State Health Departments."

If you are unable to get the documents you need, please call us at 1-800-xxx-xxxx and let us know why. (For TTY, call 1-800-xxx-xxxx.) The call is free. There may be other documents you can show us to prove you are a U. S. citizen.

**Section 6. Information about people who live with you.**

Include only your husband, children, and stepchildren 18 years or younger, but not yourself.

List names, dates of birth, and relationship to you.

<b>Name</b> (first, middle, last)	<b>Date of birth</b> (month/day/year)	<b>Relationship to you</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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Application Template for Family Planning § 1115 Demonstration

Section 7. Employment income

Are you employed?  Yes  No

If yes, what is your pay each pay period before taxes?

\$ \_\_\_\_\_

How often are you paid?  Weekly  Every 2 weeks  Twice a month

Once a month  Other (explain) \_\_\_\_\_

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If you are married, is your husband employed?  Yes  No  Not married

Don't live together

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If yes, what is your husband's pay each pay period before taxes? \$ \_\_\_\_\_

How often is your husband paid?  Weekly  Every 2 weeks  Twice a month

Once a month  Other (explain) \_\_\_\_\_

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If you or your husband are self-employed, what is the annual self-employment income?

Your annual self-employment income \$ \_\_\_\_\_

Your husband's annual self-employment income \$ \_\_\_\_\_

Section 8. Other income

Do you or your husband (if you are married and he is living with you) receive money from any other source such as Social Security, spousal support, child support, rental property, unemployment benefits, pensions, trusts?  Yes  No

If yes, please complete the following:

Name \_\_\_\_\_ Source of income \_\_\_\_\_

Income amount \$ \_\_\_\_\_ How often paid \_\_\_\_\_

Name \_\_\_\_\_ Source of income \_\_\_\_\_

Income amount \$ \_\_\_\_\_ How often paid \_\_\_\_\_

Section 9. Child support paid

Do you or your husband (if you are married and he is living with you) pay child support?

Yes  No

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If yes, how much is paid? \$ \_\_\_\_\_ How often paid? \_\_\_\_\_

Date \_\_\_\_\_

## Application Template for Family Planning § 1115 Demonstration

### Section 10. Signature — Please read and sign:

- ~~Medicaid will keep what you tell us private as required by law.~~
- ~~Montana Plan First services are limited to family planning and birth control services for women ages 14 through 44 years of age who need family planning services.~~
- ~~If you want medical benefits, cash assistance, or food stamps, you must complete a different application. Applications for these programs are at all Offices of Public Assistance.~~
- ~~Be sure to answer the questions correctly. Montana Plan First may check all information you give us. You must help us if we ask you to prove that your information is right.~~
- ~~Anyone who knowingly misuses the Montana Plan First program may be committing a crime.~~
- ~~You can be penalized if you knowingly give false information.~~

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~~I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct, and complete to the best of my knowledge. I understand I can be penalized if I knowingly give false information.~~

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

### Final checklist

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

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~~Sections marked with this symbol  let you know you may need to provide documents.~~

### Next steps

- ~~If information on your application changes after you send the application, call 1-800-xxx-xxxx or email PlanFirst@mt.gov within 10 days of the change to tell us what changed. If you use a TTY, call 1-800-xxx-xxxx. The call is free.~~
- ~~We will review your application as quickly as possible. Please allow up to three weeks for us to make a decision.~~
- ~~If information is missing, we will send you a letter telling you what else you need to send.~~
- ~~We will send you a letter to tell you if you get Plan First services. If you are not eligible, we will send you a letter to tell you why. (You may choose to be contacted another way—see page 1.)~~

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Date \_\_\_\_\_

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## Application Template for Family Planning § 1115 Demonstration

### Other important information

#### Complaints:

If you are not satisfied with the actions taken on your application for Plan First, you have the right to a fair hearing. You can ask for a fair hearing by calling 1-800-362-8312. If you use a TTY, call 1-800-xxx-xxxx. The call is free. You can also ask for a fair hearing by writing to:

\_\_\_\_ Department of Public Health and Human Services  
\_\_\_\_ Office of Fair Hearings  
\_\_\_\_ PO Box 202953  
\_\_\_\_ Helena MT 59620-2953

#### Effective date

Plan First becomes effective on the first day of the month in which Plan First receives your application. For example, if Plan First receives your application on October 25 and you are found eligible, your family planning coverage begins October 1. You are covered for 12 months from the date your coverage begins unless you get other family planning coverage. You will receive a renewal application to renew your coverage before the end of the 12 month coverage period.

#### Proof of information

Plan First will randomly select some applications every month to verify the information on the applications. If your application is chosen, we will ask you to send the following documents:

 If either you or your husband work, or if you both work, you will provide a copy of one pay stub received in the last 30 days from each job for each person. If one of you is self-employed, you will provide 30 days of detailed business records that include income and expenses.

 If you or your husband pays child support, you will be asked to send proof of one payment made in the last 30 days.

 You may be asked to send other documents that support the information on your application.

\_\_\_\_ You will have 30 days to send the requested information to Plan First.

#### Submit completed application to:

**Plan First**  
**Address**  
**City State Zip**

Or you may apply online at: [www.PlanFirst.mt.gov](http://www.PlanFirst.mt.gov).

For more information or to receive assistance completing the application, call 1-800-xxx-xxxx.

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Date \_\_\_\_\_

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Expiration Date