Alabama's Application Certification Statement - Section 1115(a) Extension 2021

This document, together with the supporting documentation outlined below, constitutes Alabama's application to the Centers for Medicare & Medicaid Services (CMS) to extend the 1115 Family Planning Waiver Demonstration for a period of five (5) years pursuant to section 1115(a) of the Social Security Act.

Type of Request (*select one only*):

____X___ Section 1115(a) extension with program changes

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration with programmatic changes. The state is requesting to extend approval of the demonstration subject to the same Special Terms and Conditions (STCs), waivers, and expenditure authorities currently in effect for the period November 27, 2017 through September 30, 2022 (i.e., Demonstration Years 18, 19, 20, 21 and 22).

The state is submitting the following items that are necessary to ensure that the demonstration is operating in accordance with the objectives of title XIX and/or title XXI as originally approved. The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information as requested in the below appendices.

- **Section A:** A historical narrative summary of the demonstration project, which includes the objectives set forth at the time the demonstration was approved, evidence of how these objectives have or have not been met, and the future goals of the program.

- **Section B:** A narrative of the changes being requested along with the objective of the change and desired outcomes.

- **Section C:** A list and programmatic description of the waiver and expenditure authorities that are being requested for the extension period, or a statement that the State is requesting the same waiver and expenditure authorities as those approved in the current demonstration.

- **Section D:** Summaries of External Quality Review Organization (EQRO) reports, managed care organization (MCO) and State quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration, such as the CMS Form 416 EPSDT/CHIP report.

- **Section E:** Financial data demonstrating the State's historical and projected expenditures for the requested period of the extension, as well as cumulatively over the lifetime of the demonstration. This includes a financial analysis of changes to the demonstration requested by the State.

- **Section F:** An evaluation report of the demonstration, inclusive of evaluation activities and findings to date, plans for evaluation activities during the extension period, and if changes are requested, identification of research hypotheses related to the changes and an evaluation design for addressing the proposed revisions.

- **Section G:** Documentation of the state's compliance with the public notice process set forth in 42 CFR 431.408 and 431.420.

Please list all enclosures that accompany this document constituting the state's whole submission.

1. Section 1115(a) Extension Application Attestation
2. **Attachment A** Covered Services
3. **Attachment B** Covered Nicotine Products
4. **Attachment C** AL FP Extension STCs
5. **Attachment D** AL FP Extension Expenditure Authority
6. **Attachment E** EQRO Report
7. **Attachment F** Annual Plan First Evaluation Report Demonstration Year 20
8. **Attachment G** Tribal Government Notice
9. **Attachment H** Six (6) Month Post Award Public Forum Questions and Answers
10. **Attachment I** Annual Public Forum Presentation
11. **Attachment J** Full Public Notice

The state attests that it has abided by all provisions of the approved STCs and will continuously operate the demonstration in accordance with the requirements outlined in the STCs.

Signature:_________________________________ **Date:**_____________________
[Governor]

CMS will notify the state no later than 15 days of submitting its application of whether we determine the state's application meets the requirements for a streamlined federal review. The state will have an opportunity to modify its application submission if CMS determines it does not meet these requirements. If CMS reviews the state's submission and determines that any proposed changes significantly alter the original objectives and goals of the existing demonstration as approved, CMS has the discretion to process this application full scope pursuant to regular statutory timeframes for an extension or as an application for a new demonstration.

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Section A: Historical Narrative

A historical narrative summary of the demonstration project, which includes the objectives set forth at the time the demonstration was approved, evidence of how these objectives have or have not been met, and the future goals of the program.

The current Plan First 1115 Demonstration Waiver was approved for five (5) years, effective December 27, 2017 through September 30, 2022.

Historical Narrative of the Demonstration Project

Historical Narrative Summary

The Alabama Medicaid Agency (Medicaid) Plan First demonstration was initially approved on July 1, 2000, and implemented October 1, 2000. The demonstration has been consistently extended since that date. At its inception, the Alabama Plan First Program was implemented to provide family planning services to women whose Medicaid eligibility for pregnancy had ended and for those women who would not otherwise qualify for Medicaid unless pregnant, with an income at or below 141 percent of the Federal Poverty Level (FPL).

With the December 2014 extension of the demonstration, the State was approved to provide two new services: 1) removal of migrated or embedded intrauterine devices in an office setting or outpatient surgical facility, and 2) coverage of vasectomies for males 21 years of age or older with income at or below 141 percent of the FPL.

On November 29, 2016, Alabama submitted a request to amend the demonstration to provide an enhanced family planning counseling benefit referred to as "care coordination" to males enrolled in the demonstration receiving vasectomy services. The purpose of adding care coordination services is to help qualifying Plan First males with established Medicaid eligibility, locate an appropriate doctor to perform the vasectomy procedure, and assist with making and keeping appointments for initial consultations and follow-up visits. CMS approved this amendment to the demonstration on June 28, 2017.

On June 15, 2017, Medicaid submitted a request to extend the demonstration for a five-year period with no program changes. CMS is approving this extension request through September 30, 2022, as agreed upon with the State, to realign Plan First's annual demonstration cycles back to the original date of implementation. The Special Terms and Conditions (STCs), accompanying the CMS approval letter, permit section 1115 demonstration authority for the Plan First demonstration through September 30, 2022. The program's overall goal is to reduce unintended pregnancies.

Inception

The Plan First Program was predicated on the recognized need for continued family planning services once Medicaid eligibility for pregnancy ended and for those women who would not

otherwise qualify for Medicaid unless pregnant. Women were able to obtain family planning services during their pregnancy related eligibility period, but often lost benefits when postpartum eligibility ended. The Plan First Program afforded the state the ability to extend Medicaid eligibility after the birth of the baby and provided an avenue for extending eligibility to women who may not otherwise qualify for Medicaid.

Recipients have freedom of choice in deciding to receive or reject family planning services. Acceptance of any family planning service must be voluntary without any form of duress or coercion applied to gain such acceptance. Recipients are required to give written consent prior to receiving family planning services. Medicaid recipients and Plan First beneficiaries are exempt from co-payment requirements for family planning services. There are to be no co-payments on prescription drugs/supplies that are designated as family planning.

When the program began, approximately 60,000 women were automatically enrolled. Enrollment increased steadily for the first five years of the program to over 100,000 women, after which there was a decline. The requirement to re-enroll annually, which was implemented in the beginning of the second demonstration period, caused enrollment initially to decline, as did the requirement for citizenship and identification in 2006. The Alabama Medicaid Agency (AMA) implemented a Social Security Administration data match, effective January 2010, to verify citizenship. This has helped streamline the enrollment process. In February 2013, AMA implemented automated Express-Lane Eligibility (ELE) renewals for Plan First women as well as children. This expedited renewal process, completed by the system, requires no participation from the case worker or recipient, enhancing the enrollment process.

Enrollment Process

AMA uses the Federal hub services (IRS, SSA, Equifax), SSN, citizenship and alienage, Department of Homeland Security (DHS) as well as other sources (SVES, SDX, PARIS, SNAP, TANF, EDB, vital statistics, etc.) to verify income and other points of eligibility as listed in the Alabama verification plan.

AMA also has a hub waiver through which we use The SAVE web system (Systematic Alien Verification for Entitlements) for the VLP (Verify Lawful Presence) Steps 2 and 3 as needed. VLP 1 is completed through the federal hub. Alabama uses the hub service for on-line identity verification.

For income, AMA uses the following reasonable compatibility model:

1. If available databases find no match, self-attestation will be accepted.
2. If individual self-attestation of income and data match are both below the Medicaid/Children's Health Insurance Program (CHIP) MAGI (Modified Adjusted Gross Income) eligibility level, individual will be determined eligible for Medicaid/CHIP benefits.
3. If individual self-attestation of income and data match are both above the Medicaid/CHIP MAGI eligibility level, individual will be determined ineligible, and account will be

transferred to Federally-facilitated Marketplace (FFM) for Advance Payments of the Premium Tax Credit (APTC) eligibility.

4. If individual self-attestation of income is above Medicaid/CHIP MAGI level, but data match puts applicant below the Medicaid/CHIP MAGI eligibility level, individual will be determined ineligible based on attestation and account will be transferred to FFM for APTC eligibility.
5. If individual self-attestation of income is below Alabama Medicaid/CHIP MAGI level, but data match puts applicant above the Medicaid/CHIP MAGI eligibility level, reasonable compatibility level of 10% will be applied. If less than 10% difference, data is considered reasonably compatible, and individual will be determined eligible for Medicaid/CHIP benefits based on attestation. If more than 10% difference and individual can provide a reasonable explanation (either already indicated on the application, or after formal request from the state), the individual will be determined eligible for Medicaid/CHIP benefits. If more than 10% difference and individual cannot provide a reasonable explanation documentation, the individual will be determined ineligible for Medicaid/CHIP, and account will be transferred to FFM for APTC eligibility.

Individuals may also renew on-line and receive a real-time eligibility renewal without worker intervention with real time eligibility verification through the federal hub. Upon eligibility approval, recipients receive an award letter informing them of their Medicaid coverage. A letter is also generated if the recipient's services are denied, terminated, suspended, or changed. Appeal rights are included in the letter.

Population Groups Impacted by the Demonstration

Services under this Demonstration are designed to improve the well-being of children and families in Alabama by extending Medicaid eligibility for family planning services to eligible women between the ages of 19-55 whose income is at or below 141% of the Federal Poverty Level (FPL). A standard income disregard of 5% of the FPL is applied if the individual is not eligible for coverage due to excess income.

Eligible individuals are also men ages 21 or older who meet the eligibility criteria described below. Men can receive vasectomies/vasectomy related services only under this Demonstration. Below describes the population groups impacted by the Demonstration.

Group 1. Women 19 through 55 years of age who have Medicaid eligible children (poverty level), who become eligible for family planning without a separate eligibility determination.

> They must answer "Yes" to the Plan First question on the application. Income is verified at initial application and re-verified at recertification of their children. Eligibility is re-determined every 12 months.

Group 2**.** Poverty level pregnant women 19 through 55, whose pregnancy ends while she is on Medicaid.

> The Plan First Waiver system automatically determines Plan First eligibility for every female Medicaid member entitled to Plan First after a pregnancy has ended. Women

automatically certified for the Plan First Program receive a computer-generated award notice by mail. If the woman does not wish to participate in the program, she can notify the caseworker to be decertified. Women who answered "No" to the Plan First question on the application and women who do not meet the citizenship requirement do not receive automatic eligibility. Income is verified at initial application and re-verified at recertification of their children. Eligibility is re-determined every 12 months.

Group 3**.** Other women age 19 through 55 who are not pregnant, postpartum or who are not applying for a child must apply using a simplified shortened application.

A Modified Adjusted Gross Income (MAGI) determination will be completed using poverty level eligibility rules and standards. Recipient declaration of income will be accepted unless there is a discrepancy. AMA will process the information through data matches with state and federal agencies. If a discrepancy exists between the recipient's declaration and the income reported through data matches, the recipient will be required to provide documentation and resolve the discrepancy. Eligibility is re-determined every 12 months.

For Groups 1-3: Women can check on their initial application whether they want to renew their eligibility automatically up to 5 years using income data from tax returns.

Group 4. Males, ages 21 and older, wishing to have a vasectomy may complete a simplified shortened Plan First application (Form 357).

An eligibility determination must be completed using poverty level eligibility rules and standards. Eligibility will only be for a 12-month period; therefore, retro-eligibility and renewals are not allowed. If the individual has completed the sterilization procedure but has not completed authorized follow-up treatments by the end of the 12-month period, a supervisory override will be allowed for the follow-up treatments. If the individual does not receive a vasectomy within the 12-month period of eligibility, then he will have to reapply for Medicaid eligibility.

Services and Supplies Provided

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

a) FDA-approved methods of contraception, and vasectomy services for men;

b) Laboratory tests completed during an initial family planning visit for contraception, including Pap smears, screening tests for STIs/STDs, blood counts and pregnancy tests. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the clinic, program or provider. Additional laboratory tests may be needed to address a family planning problem or need during an inter-periodic family planning visit for contraception;

c) Drugs, supplies, or devices related to women's health services described above that are prescribed by a health care provider who meets the state's provider enrollment requirements (subject to the national drug rebate program requirements);

d) Contraceptive management, patient education, and counseling, including care coordination services that provide enhanced education on appropriate use of the chosen family planning method and further assurance of correct and continued usage to address impediments to successful family planning. These care coordination services will be provided to female enrollees identified by providers as "high risk" or "at risk" for an unintended pregnancy and male enrollees seeking vasectomy services. Care coordination services include:
   i. Assistance with arranging a family planning visit;
   ii. Locating appropriate Medicaid doctor to perform sterilization procedures;
   iii. Assistance with referrals, making appointments, and follow-up to ensure appointments are kept, including subsequent family planning visits;
   iv. Provision of answers to general questions about family planning;
   v. Family planning education utilizing the standardized educational model (PT+3) for providing information in a manner that meets the recipients' level of understanding; and,
   vi. Counseling regarding problems with the selected family planning method.

Eligible men qualify for doctor/clinic visits related to vasectomy services only as a waiver service. The Plan First Program does not cover any other medical services, and individuals who have been previously sterilized are not eligible to participate in this program. Reference Attachment A: Covered Services for a listing of covered services for the Plan First Program.

Individuals eligible under this demonstration are also eligible to receive smoking cessation services and products as authorized in Alabama's approved Medicaid State Plan and provided by the Alabama Department of Public Health, through partnership with the Alabama Medicaid Agency. Recipients may also receive smoking cessation services through the Alabama Tobacco Quitline. The Quitline offers online and telephone counseling services at QuitNowAlabama.com for any Alabamian who is ready to quit tobacco use. Those who begin counseling can receive, if medically eligible, a free, eight-week supply of the nicotine patch to assist in their attempt to quit. The Quitline is not a waiver service. Reference Attachment B: Covered Nicotine Products for a listing of covered smoking cessation (nicotine) products.

Cost-sharing

Recipients are exempt from co-payment requirements for family planning services. There are no co-payments on prescription drugs or supplies that are designated as family planning.

Recent Program Changes

Care Coordination Transition

Family Planning Care Coordination was transitioned from the Alabama Department of Public Health (ADPH) to seven Alabama Coordinated Health Networks (ACHNs) organizations in October 2019. ACHNs receive monthly assignment file reports of all Plan

First/Family Planning eligible individuals (EIs). Care Coordinators utilize these reports to attempt outreach to EIs and to offer Family Planning Care Coordination services.

Although the care coordination was transitioned to the ACHNs, currently all counties within the State continue to have public provider options for Plan First services.

PHE Impact

As a result of the Center for Medicaid and Medicare Services (CMS) adjusting some policies for Medicaid due to the COVID-19 Public Health Emergency (PHE) beginning in March 2020, many services, particularly case management and care coordination services, were provided telephonically rather than face to face In accordance with the policy adjustments, AMA allowed a shift to telephonic service delivery instead of the required face-to-face visit(s) for both care coordination services and contraceptive visits. AMA will continue to allow the telephonic service delivery option for some of these services after the expiration of the PHE.

Additionally, enrollees who would typically enter Plan First from maternity care coverage under SOBRA, retained their SOBRA coverage during the PHE.

Dual Enrollment

Medicaid began allowing dual enrollment for care coordination services. However, family planning services can only be provided to maternity EIs during the month of delivery and after to facilitate early engagement with the family planning service options. Dual enrollment allows family planning care coordination to begin at the hospital after the birth which helps in the continuity of care as well as positively impacts enrollment.

Evaluation Design Changes

In March 2021, CMS approved Evaluation Design changes to better reflect the data now being captured for services provided by the ACHNs. This resulted in a partial DY 20 Annual Monitoring Report being submitted to CMS in June 2021.

Approved Demonstration Objectives and Evaluation (Findings)

AMA identified six objectives, goals and corresponding hypotheses for Demonstration Years 18, 19, 20, 21 and 22. The objectives, goals and findings (how these goals were met /not met) are outlined below.

Objective 1. Increase the enrollment of women eligible for Plan First and reduce race/ethnicity and geographic disparities in enrollment.

Goal: The program goal is to enroll 80% of eligible women under age 40 into Plan First.

Hypotheses: We anticipate that the composition of the enrolled population will be demographically similar to the population of eligible participants because of programmatic features designed to reduce barriers to enrollment, such as automatic enrollment following delivery and allowing re-enrollment through Express Lane Eligibility. However, we do not

expect the enrolled population to reflect the exact distribution of eligible women because enrollment in the program is voluntary. For example, based on past evaluations of Plan First, we anticipate lower enrollment rates among older women compared to younger women.

Findings: During this demonstration period, most of the women who enrolled in Plan First the previous year, renewed their enrollment the following year. However, Alabama Medicaid has not reached its program goal to enroll 80% of eligible women under age 40 into Plan First.

A factor to consider that may have impacted this is that family planning care coordination services transitioned to the ACHNs on October 1, 2019. The ACHNs are not as established in care coordination service provision as the previous provider. Prior to this transition, these services were provided by the Alabama Department of Public Health (ADPH). The table below provides the evaluation summary for the previous demonstration years. However, with this transition, the ACHNs have developed region specific care coordination communications, (e.g., brochures, one-page informationals) that have placed throughout the community and, in many instances, been in physician's offices. This information has also been made available in electronic formats to increase accessibility to the information.

The table below lists this goal's findings summary for each completed year included in the current demonstration period as stated in each of the Plan First Program's Annual Monitoring Reports.

Table 1.1. Annual Monitoring Reports Summary Findings Related to Enrollment Increase of Women Eligible for Plan First and Race/Ethnicity and Geographic Disparities Reduction in Enrollment

Demonstration Year (DY)	**Evaluation Summary** Source: Plan First Program Annual Monitoring Reports
DY18	Among the population of potentially eligible women in Alabama, Plan First enrollment falls short of the enrollment goal. Enrollment is lower than the statewide average for women ages 45 and older, women who are not Black or identify as more than one race, and women living in the Northern public health district. However, nearly two-thirds of women who enrolled in Plan First in DY17, renewed their enrollment the following year.
DY19	Among the population of potentially eligible women in Alabama, Plan First enrollment falls short of the enrollment goal. The goal for enrollment is that 80% of potentially eligible women enroll. We estimate that about 30% of eligible women did so. About 60% of women who enrolled in Plan First in DY18, renewed their enrollment the following year, and this is lower than the

	re-enrollment rate in the previous year. New enrollments in Plan First were also lower than in previous years.
DY20	Enrollment in Plan First remains significantly below the goal of 80% of eligible women. Enrollment declined 12.5% between DY 19 and DY 20. This was primarily due to a 53% decline in new enrollees. Many new enrollees in Plan First are flips from other Medicaid eligibility categories, particularly SOBRA coverage during pregnancy. Changes in enrollment and disenrollment policies in place in 2020 in response to the PHE Maintenance of Effort requirements are likely explanations for much of this change in enrollment.

Objective 2. Maintain a high level of awareness of the Plan First Program.

Goal: The program goal is that 90% of surveyed enrollees will have heard of Plan First and 85% will be aware that they are enrolled in the program.

Hypotheses: Since Plan First is a well-established program, we expect that the majority of women enrolled will have heard of it and will be aware that they are enrolled.

Findings: As of DY19, AMA has met its goal of 85% of the Plan First Program enrollees surveyed were aware that they were enrolled. (The survey data DY20 is not available.)

The table below lists this goal's findings summary for each year included in the current demonstration period as stated in each of the Plan First Program's Annual Monitoring Reports.

Table 2.1. Annual Evaluation Summary Findings of Number of Plan First Enrollees with Program Awareness

Demonstration Year (DY)	**Evaluation Summary** Source: Plan First Program Annual Monitoring Reports
DY18	Overall awareness of Plan First remains quite high (>90%) among enrollees. However, just over 20% of enrollees are not aware of their enrollment status, including the 9% who report they have never heard of Plan First, and another 13% who have heard of the program but did not know they were enrolled. Some of these are women who are concerned about the safety and effectiveness of contraception and thus may not have an incentive to learn about Plan First. However, others are women who do use contraception, and have concerns about affordability and access to services, which reflect the fact that they are not aware of their enrollment status.
DY19	807 current Plan First enrollees were surveyed in the Fall of 2019 and the Winter of 2020. All respondents to the survey were aware of Plan First. The percentage of those who are aware of Plan First and know that they are enrolled in program meets the 85% target, although 12% of respondents were not aware that they were enrolled.
DY20	Survey data to assess this program goal is not yet available.

The table below is a summary of care coordination activities provided by ADPH for Demonstration Years 17-19.

Table 2.2. Summary of Care Coordination Activities Provided by ADPH for DYs 17-19

Plan First Care Coordination Activities Provided Summary Provider: Alabama Department of Public Health (ADPH) Time Period: DY2017-2019									
	Care Coordination Activity Completed								
DY	Recruitment	Unduplicated Patients	Face to Face	Phone	Documentation	Total Assessments	Low-Risk Assessments	High-Risk Assessments	Cases Closed
2017	10,483	53,323	9,253	7,195	124,276	23,750	8,306	15,444	8,797
2018	4,014	47,543	7,618	16,477	98,580	20,389	6,738	13,651	7,938
2019	0	41,866	6,965	13,269	88,573	17,656	6,415	11,241	12,834
Totals	**14,497**	**142,732**	**23,836**	**36,941**	**311,429**	**61,795**	**21,459**	**40,336**	**29,569**

The table below is a summary of care coordination activities provided by ACHNs for DY 20 and DY 21 (3rd quarter data).

Table 2.3. Summary of Care Coordination Activities Provided by ACHNs for DYs 20-21 (Q3)

Plan First Care Coordination Activities Provided Summary Provider: Alabama Coordinated Health Networks (ACHNs) Time Period: DY2020-DY2021 Q3									
	Care Coordination Activity Completed								
DY	Screened (Not Enrolled)	Unduplicated Patients	Face to Face	Telephonic	Total Encounters	Low-Risk Assessments	High-Risk Assessments	Total Assessments	Cases Closed
2020	1,664	1,874	1,973	672	2,645	1,306	1,339	2,645	3,041
2021	3,426	4,688	5,157	1,487	6,644	2,965	3,679	6,644	7,243
Totals	**5,090**	**6,562**	**7,130**	**2,159**	**9,289**	**4,271**	**5,018**	**9,289**	**10,284**

Objective 3. Increase Family Planning Service use among Plan First enrollees. Increase the proportion of Plan First enrollees who use family planning services in the initial year of enrollment and in subsequent years.

Goal: The program goal is to achieve 70% in the initial year and increase service use to 60% in subsequent years.

Hypotheses: Based on prior evaluations of Plan First, we expect service use to be more common among younger women than among older women since younger women tend to rely on shorter-acting hormonal methods for contraception and are recommended for routine STI and cervical cancer screening, both of which require more regular contact with providers. Because Plan First offers no-cost contraception, we also expect more than half of women using services to have a claim for a moderate or highly effective contraceptive method.

<u>Findings:</u> AMA has not met the goal of 70% of Plan First enrollees using family planning services in the first year of enrollment and 60% using services in the subsequent years.

The table below lists the annual evaluation summary for each year within this demonstration period.

Table 3.1. Annual Evaluation Summary Related To Use of Family Planning Services Used By Enrollees in the Initial Enrollment Year and Subsequent Years

Demonstration Year (DY)	**Evaluation Summary** Source: Plan First Program Annual Monitoring Reports
DY18	Approximately 25% of women enrolled in Plan First had a claim for services, which is similar to the percentage using services in prior years of the program. Nearly two-thirds (64.8%) of women who were enrolled in Plan First and used clinical services in DY18 had a claim for a moderately or highly effective contraceptive method.
DY19	Overall, 35,180 enrollees in Plan First, or 34% of those enrolled, had a claim for services. This is similar to the percentage using services in prior years of the program. Overall, 21,466 Plan First enrollees had a claim for any moderately or highly effective contraceptive method in DY19. This was about 20% of the 103,281 DY19 Plan First enrollees, and 58% of the 35,180 Plan First users of any clinical services.
DY20	Claims data showing DY 20 use of care coordination services is not yet available.

Objective 4. Increase use of smoking cessation modalities. Increase the portion of Plan First enrollees who receive smoking cessation services or nicotine replacement products.

<u>Goal:</u> The program goal is to have 85% of smokers receiving these services. Smoking cessation related coverage has been available in Plan First since 2012.

<u>Hypothesis:</u> Data from recent surveys of Plan First enrollees indicate that approximately 25% are smokers. We expect that the majority of enrolled smokers will report that their health care provider advised them to quit smoking and about half will report they were provided with information about smoking cessation services.

<u>Findings:</u> As of DY19, at least 85% of smokers were asked about smoking at family planning visit and 70% plans to quit smoking in the next year. The survey data related to the content of smoking cessation discussions at family planning visits is not yet available for DY 20. However, the table below shows the cumulative data available.

Table 4.1. Smoking Among Plan First Participants and Content of Smoking Cessation Discussions at Family Planning Visits (Cumulative)

Survey Questions	**DY17*** N (%)	**DY18** N (%)	**DY19** N (%)	**DY20** N (%)
	baseline			
Reported Smoking	534 (26.0)	190 (24.2)	179 (22.8)	Not available
Asked about smoking at FP visit	488 (91.4)	174 (91.6)	160 (89.4)	Not available
Advised to quit by FP provider	402 (82.4)	133 (76.4)	124 (69.3)	Not available
Received NRT	233 (47.7)	--	--	Not available
Referred to Quit Line	265 (54.3)	88 (50.6)	76 (42.4)	Not available
Received either NRT or Quit Line referral	316 (64.7)	--	--	Not available
Paid out of pocket for NRT products	57 (11.7)	25 (14.4)	22 (12.2)	Not available
Provider recommended NRT^	--	76 (43.7)	87 (48.6)	Not available
Discussed how to quit with FP provider^	--	--	88 (49.2)	Not available
Plans to quit smoking in the next year^	--	139 (72.8)	127 (70.9)	Not available

-- Not asked in Enrollee Survey
* Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.
^Among women who reported smoking

However, the provisional table below, Table 4.2 assumes that the same proportion of individuals used services in DY 20 as in DY 19 (34%), and the same portion of these service users are smokers as found in DY 19 (22.8%). Based on these provisional assumptions, only half a percent of clinical service users had a claim filed for a Nicotine Replacement Therapy (NRT) product.

Table 4.2. Smoking cessation based on claims

	DY17 (Baseline)		DY 18		DY 19		DY 20	
	N	%	N	%	N	%		
Plan First service users	52,359		39,196	--	35,180	--	31,267*	--
Estimated number of smokers (based on survey data)	13,613		9,485	24.2	8,021	22.8	7,129	22.8*
Service users with claims for covered NRT products (% of estimated number of smokers)	167		102	1.1%	63	0.8%	38	0.5%

Objective 5. Maintain low birth rates among Plan First users.

Goal: Maintain birth rates among Plan First participants that are lower than the estimated birth rates that would have occurred in the absence of the Plan First demonstration. A rate of about 100 births per 1000 enrollees is estimated to be sufficient to achieve budget neutrality for Plan First.

Hypothesis: Based on prior evaluations of Plan First, we hypothesize that the birth rate among program participants will be less than the expected birth rate in the absence of the program. We also anticipate that birth rates will be lower among women who used Plan First services than those who enrolled but did not have a clinical encounter.

Findings: Birth rates remain much lower with the Plan First program than estimated to be, based on pre-program birth rates. Birth rates were lower for clinical service users than for enrollees who did not use services. The tables below shows the related historical data.

Table 5.1. Averted Births Data

Demonstration Year (DY)	Plan First Enrollees	Estimated Births At Pre-Waiver Fertility Levels	Actual Births	Births Averted with Waiver
DY 14	148,060	30,071	10,720	19,351
DY 15	128,473	25,271	8,055	17,216
DY 16	131,302	23,949	7,966	15,983

DY 17	119,432	21,128	5,542	15,586
DY 18	116,671	18,692	4,161	14,531
DY 19	103,281	16,484	5,257	11,227

Note: DY 20 information is not available yet because births are counted through 9 months after the end of the year.

Table 5.2. Estimated and actual birth rates to women enrolled in Plan First (claims data)

Demonstration Year (DY)	Estimated birth rate if fertility rates continued at pre-waiver levels*	Actual birth rates all enrollees – pregnancies starting during DY	Actual birth rates service users – pregnancies starting during DY	Actual birth rates non-service users – pregnancies starting during DY
DY1	189.8	60.0	47.8	72.3
DY2	200.7	87.5	54.3	118.9
DY3	204.7	96.6	56.5	131.1
DY4	205.9	92.0	56.2	122.9
DY5	202.6	98.3	58.6	121.7
DY6	224.1	81.8	31.1	105.4
DY7	215.0	57.2	44.0	69.7
DY8	214.8	75.7	65.0	86.6
DY9	127.1	59.1	43.3	78.2
DY10	202.3	69.1	60.8	97.0
DY11	200.1	73.3	58.3	92.6
DY12	180.1	77.3	60.8	97.0
DY13	199.9	84.0	72.5	88.6
DY14	203.1	72.4	58.3	84.9
DY15	196.7	62.7	61.0	63.9
DY16	182.4	60.9	63.1	59.0
DY17	176.9	46.4	34.5	53.6
DY18	160.2	42.4	40.8	43.1
DY19	159.6	51.0	49.0	52.1

*Adjusted for age and race

Objective 6. Increase male enrollment and vasectomy service use. Increase enrollment of men eligible for Plan First and the portion of the male enrollees undergoing vasectomy services. Activities to achieve this objective includes assisting with the application process for Plan First through AMA, identifying Medicaid approved vasectomy providers, facilitating the initial appointment process, and providing appointment reminders.

Goal: The goal is that the number of men enrolled in Plan First for vasectomies and vasectomy related covered services will increase by 10% annually; 85% of male Plan First enrollees will receive care coordination services; and 75% of male enrollees will undergo the procedure within the enrollment year. This goal will be evaluated based on the number of male enrollees, claims for care coordination and sterilizations performed statewide.

Hypothesis: We anticipate that men's use of vasectomy services will increase over time and that those who receive care coordination services will be more likely to obtain a vasectomy through Plan First than those who do not receive care coordination.

Findings: During DY20, that male enrollment in Plan First increased almost 10% between Demonstration Year 19 and Demonstration Year 20, in line with program goals. Enrollment of males has increased each year since DY15, the inception of male enrollment for family planning services through Plan First. Although the State has not met its 'undergo the procedure' goal, it and care coordination services continue to be benefits offered to enrollees.

Table 6.1. Percentage of men enrolled who obtained care coordination and vasectomy through Plan First (claims and enrollment data)

Demonstration Year (DY)	Activity	Enrolled N (%)	Obtained Vasectomy N (%)
DY15	Enrollment	n/a	0 (0)
DY16	Enrollment	823	14 (1.7)
DY17	Enrollment	1241	29 (2.3)
DY18	Enrollment	1159	34 (2.9)
	Care Coordination Received	21 (1.8)	21 (100)
	Did Not Receive Care Coordination	1138 (98.2)	13 (1.1)
DY19	Enrollment	1500	14 (0.9)
	Care Coordination Received	21 (1.4)	5 (23.8)

	Did Not Receive Care Coordination	1479 (98.6)	9 (0.6)
DY20*	Enrollment	1647	
	Care Coordination Received	14	
	Did Not Receive Care Coordination	1633	

n/a – information on gender was not included in the enrollment files
*-claims data not available to calculate actual vasectomy rates

Future Objectives and Goals of the Program

The State will continue to strive to improve its performance of the current goals. The evaluation objectives and goals for Demonstration Year 23 - Demonstration Year 27 are:

Objective 1. Increase the portion of women eligible for Plan First who enroll and reduce race/ethnicity and geographic disparities in enrollment.

Goal: The program goal is to enroll 80% of eligible women under age 40 into Plan First.

Objective 2. Maintain a high level of awareness of the Plan First Program. Maintain a high level of awareness of the Plan First program among enrollees.

Goal: The program goal is that 90% of surveyed enrollees will have heard of Plan First, and 85% will be aware that they are enrolled in the program.

Objective 3. Increase Family Planning Service use among Plan First enrollees. Increase the proportion of Plan First enrollees who use family planning services in the initial year of enrollment and in subsequent years.

Goal: The program goal is to achieve 70% in the initial year and increase service use to 60% in subsequent years.

Objective 4. Increase use of smoking cessation modalities. Increase the portion of Plan First enrollees who receive smoking cessation services or nicotine replacement products.

Goal: The program goal is to have 85% of smokers receiving these services.

Objective 5. Maintain low birth rates among Plan First users.

Goal: Maintain birth rates among Plan First participants, which are lower than the estimated birth rates that would have occurred in the absence of the Plan First demonstration. A rate of about 100 births per 1000 enrollees is estimated to be sufficient to achieve budget neutrality for Plan First.

Objective 6. Increase male enrollment and vasectomy service use. Increase the number of income-eligible men age ≥21 years who are enrolled in the Plan First program and the proportion of male enrollees undergoing vasectomy.

Goal: The program goal is that male enrollment in Plan First will increase by 10% annually; 85% of male Plan First enrollees will receive care coordination services; and 75% of male enrollees will undergo vasectomy within the enrollment year.

Section B: Narrative Changes

A narrative of the changes being requested along with the objective of the change and desired outcomes.

The Alabama Medicaid Agency will continue the Plan First Waiver in the same manner with the following anticipated change effective with the waiver renewal:

- Add, as a family planning service, the removal of migrated or embedded contraceptive methods, such as implantable contraceptives, in an office setting or outpatient surgical facility.

Currently, in accordance with this Waiver, AMA reimburses providers for family planning services only when rendered to enrolled family planning recipients. This includes the insertion and removal of implantable contraceptives. However, in instances where the implantable contraceptive has migrated or has become embedded, AMA does not reimburse because it is not a service included in the family planning program.

Although the removal is not covered and as required by AMA, the family planning provider refers the recipient to a specialist to determine the best approach for removal. The removal, in these instances, is not covered as a family planning service and because the recipient is a family only enrollee, therefore no additional medical coverage is provided by Alabama Medicaid. The cost of this service is shifted to the recipient because it is not a service covered for family planning only enrollees. This could become a deterrent for acceptance of contraception provided to family planning enrollees.

A prior authorization process could be established to ensure medical necessity when rendered in the office setting. The reimbursement for those provided in an outpatient setting would be essentially cost neutral due to the AMA's current hospital reimbursement model.

AMA is requesting that removal of migrated or embedded implantable contraceptives be covered as a family planning service and therefore, would provide reimbursement to providers in these instances.

Section C: Description of Waiver and Expenditure Authorities

A list and programmatic description of the waiver and expenditure authorities that are being requested for the extension period, or a statement that the State is requesting the same waiver and expenditure authorities as those approved in the current demonstration.

Waiver Description

A list and programmatic description of the waiver is as follows:

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

1. FDA-approved methods of contraception; and vasectomy services for men;

2. Laboratory tests done during an initial family planning visit for contraception, including Pap smears, screening tests for STIs/STDs, blood counts and pregnancy tests. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the clinic, program or provider. Additional laboratory tests may be needed to address a family planning problem or need during an inter-periodic family planning visit for contraception.

3. Drugs, supplies, or devices related to women's health services described above that are prescribed by a health care provider who meets the state's provider enrollment requirements (subject to the national drug rebate program requirements);

4. Contraceptive management, patient education, and counseling, including care coordination services that provide enhanced education on appropriate use of the chosen family planning method and further assurance of correct and continued usage to address impediments to successful family planning. These care coordination services will be provided to female enrollees identified by providers as "high risk" or "at risk" for an unintended pregnancy and male enrollees seeking vasectomy services. Care coordination services include:
   a. Assistance with arranging a family planning visit;
   b. Locating appropriate Medicaid doctor to perform sterilization procedures;
   c. Assistance with referrals, making appointments, and follow-up to ensure appointments are kept, including subsequent family planning visits;
   d. Provision of answers to general questions about family planning;
   e. Family planning education utilizing the standardized educational model (PT+3) for providing information in a manner that meets the recipients' level of understanding; and,

f. Counseling regarding problems with the selected family planning method.

5. **Tobacco Cessation Services.** Individuals eligible under this demonstration are also eligible to receive smoking cessation services and products as authorized in Alabama's approved Medicaid State Plan and provided by the Alabama Department of Public Health, through partnership with the Alabama Medicaid Agency. Smoking cessation services and products are being authorized under this section 1115 demonstration as a separate service provided in addition to family planning services. Tobacco cessation services will be reimbursable at the state's regular Federal Medical Assistance Percentage (FMAP) rate.

6. **Primary Care Referrals.** Primary care referrals to other social service and health care providers as medically indicated will be provided; however, the costs of those primary care services are not covered for enrollees of this demonstration. The state must facilitate access to primary care services for participants, and must assure CMS that written materials concerning access to primary care services are distributed to demonstration participants. The written materials must explain to the participants how they can access primary care services.

7. **Delivery of Services.** Enrollees in the Plan First demonstration will receive services on a fee-for-service (FFS) basis. Beneficiary freedom of choice of family planning provider shall not be restricted.

Special Terms and Conditions (STCs)

Reference Attachment C: AL FP Extension STCs to view the Special Terms and Conditions (STCs) for applicable to the current waiver period of November 27, 2017 through September 30, 2022 (i.e., Demonstration Years 18, 19, 20, 21 and 22).

Expenditure Authority

Reference Attachment D: Expenditure Authority for the applicable expenditure authorities for the current waiver period of November 27, 2017 through September 30, 2022 (i.e., Demonstration Years 18, 19, 20, 21 and 22).

Also, listed below are the expenditure authorities for the current waiver period of November 27, 2017 through September 30, 2022 (i.e., Demonstration Years 18, 19, 20, 21 and 22):

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Alabama for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act shall, for the period of this demonstration extension, be regarded as

expenditures under the state's title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities (including adherence to income and eligibility system verification requirements under section 1137(d) of the Act), except those specified below as not applicable to these expenditure authorities.

The following expenditure authorities and the provisions specified as "not applicable" enable Alabama to operate its demonstration effective through September 30, 2022.

Effective through September 30, 2022, expenditures for extending Medicaid eligibility for family planning services and tobacco cessation services to:

1. Women ages 19 through 55 with income up to 141 percent of the federal poverty level (FPL) who are not otherwise eligible for Medicaid; and,

2. Men age 21 or older with income up to 141 percent of the FPL who are not otherwise eligible for Medicaid.

<u>Medicaid Requirements Not Applicable to the Medicaid Expenditure Authorities:</u>

All Medicaid requirements apply, except the following:

1. Methods of Administration: Transportation; Section 1902(a)(4) insofar as it incorporates 42 CFR §431.53

   To the extent necessary to enable the state to not assure transportation to and from providers for the demonstration population.

2. Amount, Duration, and Scope of Services (Comparability); Section 1902(a)(10)(B)

   To the extent necessary to allow the state to offer the demonstration population a benefit package consisting only of family planning services and tobacco cessation services. Alabama Plan First CMS Approved November 27, 2017; Effective through September 30, 2022 Page 2 of 2

3. Retroactive Coverage; Section 1902(a)(34)

   To the extent necessary to enable the state to not provide medical assistance to the demonstration population for any time prior to when an application for the demonstration is made.

4. Early and Periodic Screening, Diagnostic, and Treatment; Section 1902(a)(43)(A) (EPSDT)

   To the extent necessary to enable the state to not furnish or arrange for EPSDT services to the demonstration populations.

5. Eligibility Procedures and Standards; Section 1902(a)(17)

To the extent necessary to enable the state to use Express Lane eligibility determinations and redeterminations for the demonstration population.

Section D: Summaries of State Quality Assurance Monitoring

Summaries of External Quality Review Organization (EQRO) reports, managed care organization (MCO) and State quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration, such as the CMS Form 416 EPSDT/CHIP report.

AMA has a consistent and coordinated framework for authority and oversight to deliver timely, appropriate quality family planning services to Medicaid recipients. The services under this Demonstration Waiver are administered by various providers; however, AMA maintains authority over monitoring and oversight of the Plan First Program.

The Demonstration Waiver has the following major goals for quality assurance and monitoring:

- To assure accessibility of family planning services to eligible recipients
- To assure that recipient assessments include the assessment and care plan appropriate for the risk level
- To assure that the family planning encounters provided through enrolled providers follows the guidelines in the Alabama Medicaid Provider Manual as well as Appendix C: Family Planning of the Provider Manual and the approved Waiver Demonstration.
- To ensure that an effective complaint and grievance system is in place for both providers and recipients
- To ensure quality and utilization management
- To ensure satisfaction of family planning services

State Quality Assurance Monitoring

Alabama Medicaid has several entities involved in its quality assurance monitoring strategy. Listed below are the descriptions of quality activities performed by the University of Alabama at Birmingham (UAB), Alabama Department of Public Health (ADPH), the Alabama Coordinated Health Networks (ACHNs) and the Alabama Medicaid Agency (AMA).

University of Alabama at Birmingham (UAB)

The Demonstration Waiver has provisions for UAB to assist in providing outcome and summary reports to support effectiveness of the Program. This will enable comparisons between different sectors of populations and historical data.

UAB conducts ongoing internal evaluations for this Demonstration Waiver. The primary contact person is Dr. Martha Wingate, Health Care Organization & Policy, University of Alabama at Birmingham. Her responsibility is to evaluate the program. UAB has designed data collection tools that collect, compile and analyze data, providing feedback annually to AMA and the Department of Public Health on program operation and outcomes. With UAB's assistance, a yearly Demonstration progress report that illustrates progress, goal achievement, and other areas for continued improvement. UAB is not involved in direct patient care for the Plan First Program.

Alabama Department of Public Health (ADPH)
As before mentioned, ADPH provided family planning care coordination services to AMA's Plan First enrollees until September 30, 2019. A component of their monitoring process related to this care coordination was to conduct audits.

ADPH's monitoring process is as follows: Public Health Area supervisors audit Plan First care coordination patient records quarterly utilizing a standardized audit tool. These audits are submitted to the Public Health Central Office and are available for review by Medicaid. All care coordination patient records are documented electronically, and the Central Office conducts an annual desk review of the patient records for each Care Coordinator, submitting a written report to supervisors. Six weeks after Care Coordinators complete certification training, the Central Office training staff reviews their documentation and submits a written report to their supervisor. The Public Health Program Integrity staff randomly reviews patient records in county health departments for compliance with travel reimbursement, billing of appropriate time for services, and ensuring that all time coded to Plan First has appropriate documentation to justify billing.

The table below summarizes the number or audits completed for each Demonstration Year included in this Demonstration's period.

Table D.1. Family Planning Care Coordination Audits Summary (ADPH)

Plan First Family Planning Care Coordination Audits Summary ADPH			
Demonstration Year (DY)	**DY17**	**DY18**	**DY19**
Audits Completed	3,143	3,113	2,855
Compliance Rate	99%	95.25%	99%

Alabama Coordinated Health Networks (ACHN)
Alabama Medicaid implemented the Alabama Coordinated Health Networks (ACHNs) on October 1, 2019. This program was designed to create a single care coordination delivery system that effectively links patients, providers and community resources. This program consolidates the pre-existing case management programs of Maternity Care, Health Homes, and portions of Family Planning into seven Primary Care Coordination Management Entities (PCCM-E) that provide seamless, care coordination that focuses on quality and improved health outcomes of Alabama Medicaid's recipients. However, delivery of medical services is not component of this program.

For more information regarding the ACHNs, visit the Agency's website at: https://medicaid.alabama.gov/content/5.0_Managed_Care/default.aspx

Completion of compliance audits related to service delivery is a requirement for the ACHNs. The table below is a summary of family planning care coordination audits completed by the ACHNs for DY20 and DY21 (Q3).

Table D.2. Family Planning Care Coordination Audits Summary (ACHNs)

Plan First Family Planning Care Coordination Audits Summary ACHNs			
Demonstration Year (DY	**DY20**	**DY21 (Q3)**	**DY22**
Audits Completed	279	830	N/A
Compliance Rate	89%	89%	N/A

Alabama Medicaid Agency (AMA)
Clinical record desk reviews of services provided by the ACHNs, to monitor compliance with program guidelines, have been completed by the Agency's (AMA) Managed Care Operations (MCO) Audit Unit. The ACHN program was implemented on October 1, 2019. These audits monitor the compliance of the paid case management activities of the ACHNs. The recipient populations included were: general, family planning, and maternity. There is also a monitoring medical component of the audit.

The table below summarizes the family planning care coordination related deficiencies identified in the reviews conducted since the initial case management activities review of the ACHNs.

Table D.3. MCO Audit Unit Family Planning Related Deficiencies Identified and Audit Compliance Rate

Deficiencies Identified	Occurrences Per Audit Period			
	Jan-20	Jun-20	Jul-20	Feb-21
No Consent to Receive Services	5	2	5	7
PT+3 Teaching Method not Utilized for Family Planning Counseling	10	3	1	0
Care Plan Not Completed at Initial Encounter	1	0	0	1
No Care Plan	1	0	0	1

Psychosocial Assessment Identified Needs Not Addressed In the Care Plan	**4**	**3**	**2**	**0**
No Psychosocial Assessment	**0**	**0**	**0**	**2**
No Documentation in HIMS for Paid Date of Service (Risk Screening, Psychosocial Assessment & Care Plan)	**0**	**0**	**0**	**1**
Total Deficiencies Identified	**21**	**8**	**8**	**12**
Compliance Rate	**58%**	**77%**	**86%**	**91%**

Prior to the audit conducted in February 2021, education was provided to the ACHNs related to the deficiencies identified. Beginning with the February 2021 audit, development and implementation of corrective action plans (CAPs) to address the deficiencies were requested by AMA and in some instances, recoupment of reimbursement paid for case management activities were recommended. AMA will continue to work to maintain a quality program and educate providers regarding the requirements of the Plan First Program.

Complaints and Grievances

AMA has the primary responsibility of monitoring overall program performance, complaints and grievances. No complaints or grievances were received from recipients during this Waiver Demonstration period.

External Evaluations

As mentioned previously, AMA implemented ACHNs, it's version of a managed care program. An external review to assess quality is a required component of the program. Reference Attachment E: EQRO Report for the external reviews' summary.

Section E: Historical and Projected Expenditures

Financial data demonstrating the State's historical and projected expenditures for the requested period of the extension, as well as cumulatively over the lifetime of the demonstration. This includes a financial analysis of changes to the demonstration requested by the State.

Historical and Projected Expenditures for the Requested Period of the Extension and Prior Demonstration Years

It is anticipated that enrollment in the Plan First Program will fluctuate for a variety of reasons. For instance, recipients have freedom of choice in deciding to receive or reject family planning services. Acceptance of any family planning service must be voluntary without any form of duress or coercion applied to gain such acceptance. In addition, once a recipient receives sterilization, he/she is no longer eligible to receive family planning services under this Demonstration Waiver.

The following tables illustrate the State's enrollment and expenditure projections by total member months and historical expenditures.

Table E.1. Projected Expenditures for the Requested Extension Demonstration Period (DY23-27)

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 22	DEMO TREND RATE	DEMONSTRATION YEARS (DY) DY 23	DY 24	DY 25	DY 26	DY 27	TOTAL WW
Family Planning								
Pop Type:	**Hypothetical**							
Eligible Member Months		0.0%	853,953	853,953	853,953	853,953	853,953	4,269,765
PMPM Cost		0.0%	$ 26.76	$ 26.76	$ 26.76	$ 26.76	$ 26.76	$ 26.76
Total Expenditure			$ 22,851,782	$ 22,851,782	$ 22,851,782	$ 22,851,782	$ 22,851,782	$ 114,258,911
Tobacco Cessation								
Pop Type:	**Hypothetical**							
Eligible Member Months			853,953	853,953	853,953	853,953	853,953	
PMPM Cost			$ 0.50	$ 0.50	$ 0.50	$ 0.50	$ 0.50	
Total Expenditure			$ 426,977	$ 426,977	$ 426,977	$ 426,977	$ 426,977	$ 2,134,883

Table E.2. Historical Expenditures for the Current Demonstration Period- Demonstration Years (DY17-22)

		2017	2018	2019	2020	2021
Family Planning	Total Exp	$ 27,327,762	$ 23,475,183	$ 22,851,782	$ 22,222,762	$ 22,851,782
	PMPM	$ 26.01	$ 26.76	$ 26.76	$ 26.76	$ 26.76
	Mem-Mon	1,050,567	877,249	853,953	830,447	853,953
Tobacco Cessation	Total Exp		$ 261.00	$ 127.50	$ 123.00	$ 127.50
	PMPM		$ 0.50	$ 0.50	$ 0.50	$ 0.50
	Mem-Mon		522	255	246	255
Total		**$ 27,327,762**	**$ 23,475,444**	**$ 22,851,910**	**$ 22,222,885**	**$ 22,851,910**

ANNUAL CHANGE

		2017	2018	2019	2020	2021
Family Planning	Total Exp		-14%	-3%	-3%	3%
	PMPM		3%	0%	0%	0%
	Mem-Mon		-16%	-3%	-3%	3%
Tobacco Cessation	Total Exp			-51%	-4%	4%
	PMPM			0%	0%	0%
	Mem-Mon			-51%	-4%	4%

Note: For 2017, Family Planning and Tobacco Cessation were combined when calculating total expenditures and member months

Table E.3. Historical Expenditures for the Demonstration Period-Demonstration Years (DY) 12-16

Medicaid Pop 1	2012	2013	2014	2015	2016	5-YEARS
TOTAL EXPENDITURES	$38,653,857	$40,474,930	$ 36,304,281	$33,658,061	$29,404,472	$ 178,495,601
ELIGIBLE MEMBER MONTHS	1,137,183	1,238,964	1,318,825	1,220,933	1,098,710	
PMPM COST	$ 33.99	$ 32.67	$ 27.53	$ 27.57	$ 26.76	
SMOKING CESSATION EXPENDITURES	N/A	$ 42,517	$ 31,338	$ 17,779	$ 23,261	
ELIGIBLE MEMBER MONTHS	N/A	1,238,964	1,318,825	1,220,933	1,098,710	
SMOKING CESSATION PMPM COST	N/A	$ 0.03	$ 0.02	$ 0.01	$ 0.02	
TREND RATES						**5-YEAR**
		ANNUAL CHANGE				**AVERAGE**
TOTAL EXPENDITURE		4.71%	-10.30%	-7.29%	-12.64%	-6.61%
ELIGIBLE MEMBER MONTHS		8.95%	6.45%	-7.42%	-10.01%	-0.86%
PMPM COST		-3.89%	-15.74%	0.14%	-2.92%	-5.80%
						4-YEAR
		ANNUAL CHANGE SMOKING CESSATION				**AVERAGE**
TOTAL EXPENDITURE		N/A	-26.29%	-43.27%	30.84%	-18.20%
ELIGIBLE MEMBER MONTHS		N/A	6.45%	-7.42%	-10.01%	-3.90%
TREND RATES		N/A	-30.76%	-38.72%	45.39%	-11.37%

Financial Analysis of Changes to the Demonstration Requested by the State

AMA does not anticipate any financial changes during the requested extended demonstration period and maintains that the program will remain budget neutral.

Section F: Evaluation and Projected Expenditures

An evaluation report of the demonstration, inclusive of evaluation activities and findings to date, plans for evaluation activities during the extension period, and if changes are requested, identification of research hypotheses related to the changes and an evaluation design for addressing the proposed revisions.

Reference Attachment F: Annual Monitoring Report for DY20. This report includes evaluation activities and findings for DY20.

The plans for evaluation activities during the extension period will continue as already approved by CMS.

Section G: Public Notice

Documentation of the state's compliance with the public notice process set forth in 42 CFR 431.408 and 431.420.

Public Notices

In accordance with all applicable regulations, the Alabama Medicaid Agency (the Agency), has complied with the full, abbreviated public and tribal notice requirements related to this demonstration's extension application.

Full Public Notice

This extension application's full public notice is available on the Agency's website at https://medicaid.alabama.gov/content/4.0_Programs/4.2_Medical_Services/4.2.4_Family_Planning/4.2.4.2_FP_1115_Waiver.aspx

Additionally, Reference Attachment J to view the full public notice.

Abbreviated Public Notice

This extension application's abbreviated public notices are available on the Agency's website at:

https://medicaid.alabama.gov/documents/4.0_Programs/4.2_Medical_Services/4.2.4_Family_Planning/4.2.4.2_FP_1115_Waiver/4.2.4.2_Abbreviated_Public_Notice_7-28-21.pdf (July 28, 2021)

Tribal Notice

Reference Attachment G: Tribal Government Notice to view the notification sent to the tribal/Indian health providers and urban Indian organizations for consultation and seeking advice related to this extension application.

Post Award Public Forums

The Agency has complied with the monitoring and compliance requirements as they relate to the post award public forums. The chart below lists the public forums held by the Agency during the current demonstration period:

Demonstration Year (DY)	Forum Date	Forum Time	Forum Location	Public Notice Date
6 Month Post Award	May 1, 2018	10:00am	Alabama Medicaid Agency Montgomery, AL	March 28, 2018
DY18	May 1, 2018	10:00am	Alabama Medicaid Agency Montgomery, AL	March 28, 2018

<table>
<tr><td>DY19</td><td>May 1, 2019</td><td>10:00am</td><td colspan="2">Alabama Medicaid Agency
Montgomery, AL</td><td>March 20, 2019</td></tr>
<tr><td>DY20</td><td>May 1, 2020</td><td>1:00pm</td><td colspan="2">Virtual</td><td>March 9, 2020</td></tr>
<tr><td rowspan="3">DY21</td><td>May 11, 2021</td><td>1:00pm</td><td colspan="2">Virtual</td><td>April 5, 2021</td></tr>
<tr><td>Link:

Online:</td><td colspan="4">Notification:
https://medicaid.alabama.gov/news_detail.aspx?ID=15422

Meeting: https://algov.webex.com/algov/j.php?MTID=m0098afa9234426b3355363ce56da30b2
Meeting number (access code): 133 647 9901
Meeting password: Medicaid1</td></tr>
<tr><td>Dial-in Information:</td><td colspan="4">Dial: 1-415-655-0001
Access Code: 133 647 9901
Attendee ID number: enter #</td></tr>
<tr><td rowspan="3">Application Extension DY21-1</td><td>August 18, 2021</td><td>11:00am</td><td colspan="2">Virtual</td><td>July 31, 2021</td></tr>
<tr><td>Link:

Online:</td><td colspan="4">Notification: 4.2.4_Upcoming_Webinar_Family_Planning_8-21.pdf (alabama.gov)

Meeting:
https://algov.webex.com/algov/j.php?MTID=m8fd75929259ce912a61111e04c02e108
Meeting number (access code): 1776 20 8380
Meeting password: Medicaid1</td></tr>
<tr><td>Dial-in Information</td><td colspan="4">Dial: 1-415-655-0001 (US Toll)
Access Code: 1776 20 8380
Attendee number: enter #</td></tr>
<tr><td rowspan="3">Application Extension DY21-2</td><td>August 25, 2021</td><td>10:00am</td><td colspan="2">Virtual</td><td>July 31, 2021</td></tr>
<tr><td>Link:

Online:</td><td colspan="4">Notification: 4.2.4_Upcoming_Webinar_Family_Planning_8-21.pdf (alabama.gov)

Meeting:
https://algov.webex.com/algov/j.php?MTID=meaf9a82d9e8a40f78724b55958903d55
Meeting number (access code): 1777 83 5482
Meeting password: Medicaid1</td></tr>
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Attendee number: enter #</td></tr>
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Access Code: 1778 05 0502
Attendee number: enter #</td></tr>
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Six-Month Post Award Public Forum

Reference Attachment H: Six-Month Post Award Public Forum's Questions and Answers to view the questions and corresponding responses related to the Six-Month Post Award Public Forum presentation conducted by the Agency on May 1, 2018.

Annual Public Forum

An annual public forum was held on May 11, 2021. The Agency published the date, time and location of the forum in a prominent location on its website, at least 30 days prior to the date of the planned public forum. The public notice announcement was posted on Medicaid's website on April 5, 2021. This notice can be viewed by accessing the following link: https://medicaid.alabama.gov/news_detail.aspx?ID=15422

There were 11 attendees and no questions or comments were submitted.

Reference Attachment I: Annual Public Forum Presentation to view the annual public forum's presentation. There were no comments received in reference to this forum.