



# Alabama Medicaid Agency

501 Dexter Avenue  
P.O. Box 5624  
Montgomery, Alabama 36103-5624  
www.medicaid.alabama.gov  
e-mail: almedicaid@medicaid.alabama.gov



KAY IVEY  
Governor

Telecommunication for the Deaf: 1-800-253-0799  
334-242-5000 1-800-362-1504

STEPHANIE MCGEE AZAR  
Commissioner

## PUBLIC NOTICE

### NOTICE OF INTENT TO SUBMIT A FAMILY PLANNING SECTION §1115 DEMONSTRATION WAIVER EXTENSION PROPOSAL-ADDITIONAL PUBLIC HEARING DATES

The Alabama Medicaid Agency (Medicaid) is proposing to extend its Family Planning Section §1115 Demonstration Waiver. Pursuant to 42 C.F.R. § 431.408, notice is hereby given that Medicaid will provide the public the opportunity to review and provide input on the Demonstration Waiver that will be submitted to the Centers for Medicare and Medicaid Services (CMS). This notice provides details about the Waiver submission and serves to extend the public comment period originally set to expire on August 30, 2021. The Agency has extended the comment submission date to Monday, November 1, 2021, at 5:00 PM (CST). Medicaid does not anticipate a change in expenditures due to this Waiver extension.

In addition to the public comment period in which the public will be able to provide written comments to the Agency via the U.S. Postal Service or electronic mail, Medicaid will also host two additional public hearings in which the public may provide verbal comments directly to the Agency. The public hearings will be held on the following dates and times:

Date	Time	To Join Online	To Join by Phone
Tuesday, October 5, 2021	12:00 p.m. - 1:00 p.m.	<a href="https://algov.webex.com/algov/j.php?MTID=m3574da5a54a1a26b18a3c7ae91e30c4e">https://algov.webex.com/algov/j.php?MTID=m3574da5a54a1a26b18a3c7ae91e30c4e</a> Meeting number (access code): 1776 35 4888 Meeting password: Medicaid1	Dial: 1-415-655-0001 (US Toll) Access Code: 1776 35 4888 Attendee number: enter #
Thursday, October 7, 2021	4:00 p.m. - 5:00 p.m.	<a href="https://algov.webex.com/algov/j.php?MTID=me8f59784b1e03abd0334b4a79e1113ae">https://algov.webex.com/algov/j.php?MTID=me8f59784b1e03abd0334b4a79e1113ae</a> Meeting number (access code): 1778 05 0502 Meeting password: Medicaid1	Dial: 1-415-655-0001 (US Toll) Access Code: 1778 05 0502 Attendee number: enter #

Medicaid will be presenting on the renewal at the public hearings. These public hearings will be similar to the public hearings held on August 18, 2021 and August 25, 2021. All information regarding the Demonstration Waiver, including this full public notice, the Waiver application, dial-in instructions for the public hearings, and other documentation regarding the proposal are available at:

[http://www.medicaid.alabama.gov/content/4.0\\_Programs/4.2\\_Medical\\_Services/4.2.4\\_Family\\_Planning.aspx](http://www.medicaid.alabama.gov/content/4.0_Programs/4.2_Medical_Services/4.2.4_Family_Planning.aspx).

### WAIVER PROPOSAL SUMMARY

The Plan First Program is a program designed to extend family planning and birth control services to expanded eligibility groups in Alabama. Approved in July 2000 and implemented in October 2000, the Plan First Program operates under a federally-approved Demonstration Waiver granted by CMS. The Plan First Demonstration Waiver has allowed Medicaid to provide family planning services to over 300,000 male and female recipients in Alabama. Beginning October 2019, the seven Alabama Coordinated Health Network (ACHN) organizations took responsibility for providing all case management and care coordination services for Plan First.

The §1115 Demonstration Waiver extension is seeking continued flexibility in administering and managing family planning services to eligible individuals under the Plan First Program delivery model. The delivery

model is designed to reduce unintended pregnancies and improve the well-being of women, men, and infants in Alabama. Males ages 21 or older meeting the eligibility guidelines can only receive vasectomies, vasectomy-related services, and care coordination services.

## **IMPLEMENTATION**

The Medicaid Plan First Program began on October 1, 2000. The demonstration has been consistently extended since that date. On June 15, 2017, Alabama submitted a request to extend the demonstration for a five-year period with no program changes. CMS approved 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. During this renewal, the ACHNs began providing all case management and care coordination services for Plan First. Previously the Alabama Department of Public Health provided these services, usually in combination with family planning services in Title X clinics. Also during this renewal, CMS altered some policies for Medicaid coverage during the COVID-19 (coronavirus) pandemic, beginning in March 2020. Enrollees who would typically enter Plan First from maternity care coverage under SOBRA retained their SOBRA coverage until the end of the public health emergency period. Some services, particularly case management, and care coordination, were provided telephonically rather than face-to-face.

## **GOALS & OBJECTIVES**

The Alabama Medicaid Agency seeks to accomplish the following goals/objectives for the Demonstration Waiver:

Objective 1. Increase the enrollment of women eligible for Plan First and reduce racial/ethnic 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.

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.

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.

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

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.

Objective 6. Increase male enrollment and vasectomy service use.

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.

## **ELIGIBILITY**

Childbearing women, ages 19-55, and males ages 21 or older meeting the income limit at or below 141% of the Federal Poverty Level (FPL) may qualify for services under this Waiver. A standard income disregard of 5% of the FPL is applied if the individual is not eligible for coverage due to excess income.

The Plan First Program enrollees must meet one of the eligibility criteria described below.

### **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 years of age 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 re-certification of their children. Eligibility is re-determined every 12 months.

### **Group 3**

Other women age 19 through 55 years of age 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. The Agency 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.

### **Group 4**

Plan First men, 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.

## **ENROLLMENT & FISCAL PROJECTIONS**

It is anticipated that enrollment in the Plan First Program will fluctuate for a variety of reasons. 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 projections by total member months and historical expenditures.

### Enrollment Projections

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

ELIGIBILITY GROUP	DY 22	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 23	DY 24	DY 25	DY 26	DY 27	

Family Planning								
Pop Type:	Hypothetical							
Eligible Member Months	0.0%	853,953	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	\$ 26.76
Total Expenditure		\$ 22,851,782	\$ 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	853,953	
PMPM Cost		\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	
Total Expenditure		\$ 426,977	\$ 426,977	\$ 426,977	\$ 426,977	\$ 426,977	\$ 426,977	\$ 2,134,883

Exp Pop 1								
Pop Type:	Expansion							
Eligible Member Months								
PMPM Cost								
Total Expenditure		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Exp Pop 2								
Pop Type:	Expansion							
Eligible Member Months								
PMPM Cost								
Total Expenditure		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**NOTES**

1 - For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting.

2 - With Waiver equals Without Waiver.

### Historical Expenditures

		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
<b>Total</b>		<b>\$ 27,327,762</b>	<b>\$ 23,475,444</b>	<b>\$ 22,851,910</b>	<b>\$ 22,222,885</b>	<b>\$ 22,851,910</b>

**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

**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 Medical Assistance Percentage (FMAP) 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 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;
- 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 the 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 "low risk" for 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.

Individuals eligible under this demonstration are also eligible to receive smoking cessation services and products as authorized in Alabama's approved Medicaid State Plan. 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 FMAP rate.

### MEMBER 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.

### HYPOTHESES & EVALUATION

This Section §1115 Demonstration Waiver will investigate the following research hypotheses related to each program goal:

<b>Goal</b>	<b>Hypothesis</b>	<b>Selected Outcome Measures &amp; Analytic Measures</b>	<b>Data Sources</b>	<b>Evaluation Approach</b>
<p>Increase the enrollment of women eligible for Plan First and reduce racial/ethnic and geographic disparities in enrollment. The program goal is to enroll 80% of eligible women under age 40 into Plan First.</p>	<p>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.</p>	<p>Analyze eligibility and enrollment outcomes</p>	<ul style="list-style-type: none"> <li>• Eligibility and enrollment data</li> <li>• Recipient survey data</li> <li>• ACHN case management data</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct analysis of eligibility and enrollment data (ethnic backgrounds and geographical areas for Plan First recipients)</li> <li>• Analyze recipient responses to survey questions</li> <li>• Conduct analysis of ACHN case management data (ethnic backgrounds and geographical areas for Plan First recipients)</li> </ul>
<p>Maintain a high level of awareness of the</p>	<p>Since Plan First is a well-established program, we expect</p>	<p>Analyze recipient outreach and</p>	<ul style="list-style-type: none"> <li>• Eligibility and</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct analysis of eligibility and enrollment data</li> </ul>

<p>Plan First Program among enrollees. The program goal is that 90% of surveyed enrollees will have heard of the Plan First Program and 85% will be aware that they are enrolled in the program.</p>	<p>that the majority of women enrolled will have heard of it and will be aware that they are enrolled.</p>	<p>education outcomes and utilization trends</p>	<p>enrollment data</p> <ul style="list-style-type: none"> <li>• Recipient survey data</li> <li>• Claims utilization</li> </ul>	<p>(how did the recipient hear about and/or enroll in the Plan First program)</p> <ul style="list-style-type: none"> <li>• Analyze recipient responses to survey questions</li> <li>• Conduct analysis of ACHN case management data (did the recipient receive eligibility assistance from the ACHN)</li> </ul>
<p>Increase Family Planning service use among Plan First enrollees. The program goal is to achieve 70% in the initial year and increase service use to 60% in subsequent years.</p>	<p>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.</p>	<p>Analyze recipient utilization</p>	<ul style="list-style-type: none"> <li>• Claims utilization</li> <li>• Recipient survey data</li> <li>• ACHN case management data</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze claims history to capture utilization of services</li> <li>• Analyze recipient survey responses</li> <li>• Conduct analysis of ACHN case management data (did the recipient utilize Plan First care coordination services with the ACHN)</li> </ul>
<p>Increase use of smoking cessation modalities. The program goal is to have 85% of</p>	<p>Data from recent surveys of Plan First enrollees indicate that approximately 25% are smokers. We expect that the majority of</p>	<p>Analyze recipient outreach and education outcomes</p>	<ul style="list-style-type: none"> <li>• Recipient survey data</li> <li>• Claims utilization (diagnoses)</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze recipient survey responses</li> <li>• Analyze claims history to capture diagnoses and medical history</li> </ul>

<p>smokers receiving these services. Smoking cessation related coverage has been available in Plan First since 2012.</p>	<p>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.</p>		<p>&amp; procedure code data)</p>	
<p>Maintain low birth rates among Plan First users. The program goal is to 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.</p>	<p>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.</p>	<p>Analyze recipient utilization, diagnoses</p>	<ul style="list-style-type: none"> <li>• Claims utilization (diagnoses &amp; procedure code data)</li> <li>• Health outcomes data</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze claims history to capture diagnoses and medical history</li> </ul>
<p>Increase male enrollment and vasectomy service use. The program 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</p>	<p>We anticipate that men's use of vasectomy services will increase over time and that first, 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.</p>	<p>Analyze recipient utilization</p>	<ul style="list-style-type: none"> <li>• Claims utilization (diagnoses &amp; procedure code data)</li> <li>• ACHN case management data</li> <li>• Health outcomes data</li> <li>• Recipient survey data</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze claims history to capture diagnoses and medical history</li> <li>• Conduct analysis of ACHN case management data (did the male recipient utilize Plan First care coordination services with the ACHN)</li> </ul>



<p>enrollees will receive care coordination services, and 75% of male enrollees will undergo the procedure within the enrollment year. We will evaluate this goal based on the number of men enrolled and claims for care coordination and vasectomies.</p>			<ul style="list-style-type: none"> <li>• Eligibility and enrollment data</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze recipient survey responses</li> <li>• Conduct analysis of eligibility and enrollment data (how did the male recipient hear about and/or enroll in the Plan First program)</li> </ul>
---	--	--	---	---

## WAIVER & EXPENDITURE AUTHORITIES

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.

### Medicaid Requirements Not Applicable to the Medicaid Expenditure Authorities:

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 family planning-related services.

**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 (EPSDT)**

**Section 1902(a)(43)(A)**

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)**

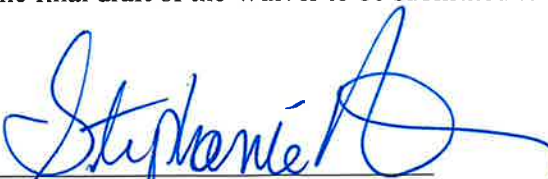
To the extent necessary to enable the state to use Express Lane eligibility determinations and redeterminations, for the Demonstration populations.

**REVIEW OF DOCUMENTS & SUBMISSION OF COMMENTS**

All information regarding the Demonstration Waiver, including this full public notice, an abbreviated public notice, the Waiver application, and other documentation regarding the proposal are available at: [http://www.medicaid.alabama.gov/content/4.0\\_Programs/4.2\\_Medical\\_Services/4.2.4\\_Family\\_Planning.aspx](http://www.medicaid.alabama.gov/content/4.0_Programs/4.2_Medical_Services/4.2.4_Family_Planning.aspx).

A copy of the draft Demonstration renewal application will also be available upon request for public review at each county office of the Department of Human Resources and the State Office of the Alabama Medicaid Agency.

Written comments concerning the §1115 Demonstration Waiver should be submitted on or before 5:00 p.m. on Monday, November 1, 2021, to the following e-mail address: [PublicComment@Medicaid.Alabama.gov](mailto:PublicComment@Medicaid.Alabama.gov) or mailed hardcopy to Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address. Prior to finalizing the proposed Waiver, Medicaid will consider all of the public comments received during the public comment period, both written and verbal. The comments will be summarized and addressed in the final draft of the Waiver to be submitted to CMS.



---

Stephanie McGee Azar  
Commissioner