



Centers for Medicare & Medicaid Services
Office of Information Services
Information Services Design & Development Group
7500 Security Blvd
Baltimore, MD 21244-1850

Section 1115 Demonstration Program

Section I - Program Description

- 1) Provide a summary of the proposed Demonstration program, and how it will further the objectives of title XIX and/or title XXI of the Social Security Act (the Act).

Mississippi Division of Medicaid (DOM) currently includes the following populations in the family planning demonstration per guidance from the Centers for Medicare and Medicaid Services:

- Women:
 - Ages 13 through 44,
 - Capable of reproducing,
 - Not otherwise enrolled in Medicaid, Medicare, the Children's Health Insurance Program (CHIP) or other creditable health insurance coverage,
 - With income no more than 185 percent of the Federal Poverty Level (FPL) for their household size, and
 - Whose Medicaid eligibility has ended due to the conclusion of their 60-day postpartum period.

Mississippi will continue the Family Planning Waiver (FPW) in the same manner with one proposed change per guidance from the Centers for Medicare and Medicaid Services which include eligibility for:

- Men:
 - Ages 13 through 44,
 - Capable of reproducing,
 - With income no more than 185 percent of the Federal Poverty Level (FPL) for their household size, and
 - Not otherwise enrolled in Medicaid, Medicare, the Children's Health Insurance Program (CHIP) or other creditable health insurance coverage.

The primary objective of the FPW program is to reduce the number of unintended pregnancies and subsequent births paid by MS DOM. The success of the FPW is supported by the following data:

- The demonstration has increased the numbers of women receiving family planning services. Over 300,000 women have accessed family planning services through this demonstration from 2004 through 2013. These women may have otherwise been unable to obtain these family planning services.
- Since 2004, Medicaid savings are well over \$450 million from this demonstration.
- The repeat birth rates for women accessing FPW services have dropped for

most age groups with significant decreases among teens.

The Family Planning Waiver improves access to family planning services by extending eligibility for family planning benefits and expanding outreach and education services.

2) Include the rationale for the Demonstration.

The MS Family Planning Waiver is designed to provide eligibility for family planning services and increase the number of low-income men and women receiving family planning services throughout the state of MS. This increased access to family planning services will continue to increase awareness by waiver participants of the importance and benefits of birth spacing.

3) Describe the hypotheses that will be tested/evaluated during the Demonstration's approval period and the plan by which the State will use to test them.

The hypothesis of the FPW is enrollment of eligible men in the FPW and increasing awareness, importance and benefits of birth spacing reduces the number of unintended pregnancies in the Medicaid and FPW populations.

The evaluation parameters of the demonstration include:

- Number of eligible women who received a Medicaid State Plan pregnancy-related service enrolling in FPW.
- Birth outcomes and length of the inter-pregnancy interval among women in the target population.
- Number of men and women enrolled annually in the FPW.
- Number of teen pregnancies.
- Number of repeat births to teens.
- Number of deliveries reimbursed by the Division of Medicaid.
- Annual Medicaid expenditures for prenatal, delivery, newborn and infant care.
- Savings in annual Medicaid spending attributable to family planning services to women for one year postpartum.

4) Describe where the Demonstration will operate, i.e., statewide, or in specific regions within the State.

MS Family Planning Waiver operates on a state wide basis through a partnership with the MS Department of Health as well as private providers.

- 5) Include the proposed timeframe for the Demonstration.

The proposed demonstration renewal is requested for the period of July 1, 2014 through June 30, 2017.

- 6) Describe whether the Demonstration will affect and/or modify other components of the State’s current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

The demonstration will not affect and/or modify other components of the state’s current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

Section II – Demonstration Eligibility

- 1) Include a chart identifying any populations whose eligibility will be affected by the Demonstration.

Eligibility Group Name	N/A	Income Level
Men and Women 13 years of age or older and under age 44	None	Income Level at or 185% Converted to a MAGI-Equivalent Standard

- 2) Describe the standards and methodologies the state will use to determine eligibility for any populations whose eligibility is changed under the Demonstration, to the extent those standards or methodologies differ from the State plan.

The Division of Medicaid uses a simplified application for the Family Planning Waiver program. Applications may be filed at a MS Department of Health office, Medicaid Regional offices or accessed online at www.medicaid.ms.gov. The completed application may be faxed to enrollment at (601) 576-4164, emailed to application@medicaid.ms.gov, or mailed to the regional office that serves individual’s county of residence. Individuals may also call the DOM at 1-800-421 2408 or contact the regional office that serves individual’s county of residence and request an application to be mailed. Effective March 1, 2014, IRS rules for Modified Adjusted Gross Income (MAGI) are used to determine a household’s income. Presumptive eligibility is not allowed. Women losing Medicaid coverage at the conclusion of their 60 day postpartum period are auto-enrolled without having to complete an application form.

In the initial eligibility process, the applicant submits a completed application to the DOM along with a copy of their last paycheck stub, if applicable. The paycheck stub must be dated no more than one month prior to the date of the application. If the stub is not for a whole month's pay, the amount will be used to calculate a monthly income. Additionally, the Income Verification and Eligibility System (IVES) is used to determine other possible income. Documentation for proof of income is required with the initial application and each renewal application. No proof of income is required for applicants ages 13-15, nor for women who are auto-enrolled. For all auto-enrollees, the Medicaid file does include a copy of the birth certificate and social security card received from the prior enrollment process. Basic information that is not subject to change, such as age, citizenship and Social Security Number does not have to be re-verified at the time of renewal of eligibility.

An applicant is only required to present an original birth certificate if they were born in a state that does not utilize the birth certificate database known as Electronic Verification of Vital Events (EVVE). In the event an applicant was not born in a state that utilizes this electronic verification system, the applicant is notified to present an original birth certificate at one of the Medicaid Regional offices or one of the out stationed Medicaid enrollment offices for verification. Verification of an original birth certificate with a completed application may also be obtained by MS Department of Health staff for those applicants receiving their services at the Health Department.

The applicant is not required to present the original Social Security card as Mississippi validates all social security numbers electronically with the Social Security Administration in the same manner as regular State Plan applicants. If the social security number on the application is not validated via the electronic match, the applicant will be notified for a correct number. If a correct number is not supplied the application will be denied.

The Division of Medicaid is in compliance with the citizenship requirements of the Deficit Reduction Act of 2005 in its Medicaid State Plan and therefore is in compliance for the Family Planning Demonstration. If no birth certificate is submitted with the initial application, the Division of Medicaid will utilize and electronic verification process through the State Department of Health, Vital Statistics Division to obtain this information. If no match is found in this process then the application is returned to the applicant to provide the appropriate documentation.

There is an automatic redetermination process for individuals losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum. These individuals are auto-enrolled on the first day of the month following the conclusion of the 60 days postpartum. Eligibility for the individual is systematically rolled over into the

Family Planning Waiver program. Since the eligibility requirements for the Medicaid pregnancy coverage have already been verified, no other verification takes place with this auto enrollment. The individual is notified via mail that she is now eligible for services through the Family Planning Waiver program. She is issued a separate Medicaid card to indicate to providers that this beneficiary is now eligible for services related to the Family Planning Waiver program.

All enrollees of the Family Planning Waiver are coded as a separate category of eligibility. The MMIS includes edits to prevent enrollment in more than one category of eligibility at the same time by validating name, social security number and date of birth against any other matches. Medicaid Eligibility Quality Check (MEQC) is used to monitor and ensure that eligibility determinations are conducted according to State and Federal requirements.

The Division of Medicaid will conduct eligibility redeterminations every 12 months. At redetermination, Family Planning Waiver participants are required to complete a new application form. The application is the same as used for initial eligibility determination. The applicant will check a box to indicate it is a redetermination. As previously stated, verification of income is required to be submitted with the renewal application, but no other documentation is required. Because a copy of the birth certificate, social security card and photo identification are provided with the initial application, verified and kept on file, resubmission is not required. The application also asks for current insurance information.

All applications are reviewed for private insurance by self-declaration of coverage and as they are for the regular Medicaid enrollment process. The MS Division of Medicaid sends notices to all women identified with third party coverage who apply for the Family Planning Waiver advising them that they are not eligible under this program. Applicants must provide documentation from their insurance company indicating that coverage has lapsed in order to be reconsidered for processing.

- 3) Specify any enrollment limits that apply for expansion populations under the Demonstration.

The Division of Medicaid does not apply enrollment limits for eligible populations under the Family Planning Waiver.

- 4) Provide the projected number of individuals who would be eligible for the Demonstration, and indicate if the projections are based on current state programs.

The estimate in the expected increase in the annual enrollment is 798 individuals which represents an increase of three percent (3%) increase in the average

enrollment of 26,600 participants. The estimate of the expected increase in annual expenditures is \$150,000 which represents a three percent (3%) increase in the average annual expenditure of \$5,000,000.

- 5) To the extent that long term services and supports are furnished (either in institutions or the community), describe how the Demonstration will address post-eligibility treatment of income, if applicable.

Long term care services and supports do not apply to the MS Family Planning Waiver.

Section III – Demonstration Benefits and Cost Sharing Requirements

- 1) Indicate whether the benefits provided under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:

Yes No (if no, please skip questions 3-7)

- 2) Indicate whether the cost sharing requirements under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan:

Yes No (if no, please skip questions 8-11)

There is no cost sharing requirements under the MS Family Planning Waiver.

- 3) If changes are proposed, or if different benefit packages will apply to different eligibility groups affected by the Demonstration, please include a chart specifying the benefit package that each eligibility group will receive under the Demonstration:

Benefits Not Provided

Benefit	Description of Amount Duration and Scope	Reference
Inpatient Hospital	Only family planning services and family planning related services are covered.	Mandatory 1905(a)(1)
Outpatient Hospital	Only family planning services and family planning related services are covered.	Mandatory 1905(a)(2)
Rural Health Agency	Only family planning	Mandatory 1905(a)(2)

	services and family planning related services are covered.	
FQHC	Only family planning services and family planning related services are covered.	Mandatory 1905 (a)(2)
Laboratory and X-Ray	Only family planning services and family planning related services are covered.	Mandatory 1905(a)(3)
Nursing Facility Services age 21 and older	Not Covered	Mandatory 1905(a)(4)
EPSDT	Not Covered	Mandatory 1905(a)(4)
Family Planning Services	Covered if both the procedure code and diagnosis code are both on the approved list of FPW covered services.	Mandatory 1905(a)(4)
Tobacco Cessation for Pregnant Women	Not Covered. Ineligible for FPW if pregnant.	Mandatory 1905(a)(4)
Physician's Services	Only family planning services and family planning related services are covered.	Mandatory 1905(a)(5)
Medical or Surgical Services by a Dentist	Not Covered	Mandatory 1905(a)(5)
Medical Care and Remedial Care-Podiatrist Services	Not Covered	Optional 1905(a)(6)
Medical Care and Remedial Care-Optometrists Services	Not Covered	Optional 1905(a)(6)
Medical Care and Remedial Care-Chiropractors Services	Not Covered	Optional 1905(a)(6)
Medical Care and Remedial Care-Other Practitioners	Only family planning services and family planning related services are covered.	Optional 1905(a)(6)
Home Health Services- Intermittent	Not Covered	Mandatory for certain individuals 1905(a)(7)
Home Health Services- Home Health Aide	Not Covered	Mandatory for certain individuals 1905(a)(7)
Home Health Services-	Not Covered	Mandatory for certain

Medical Supplies, Equipment and Appliances		individuals 1905(a)(7)
Home Health Services- Audiology, Physical, Occupational and Speech Therapy	Not Covered	Optional 1905(a)(7), 1902(a)(10)(D), 42CFR 440.70
Private Duty Nursing	Not Covered	Optional 1905(a)(8)
Agency Services	Not Covered	Optional 1905(a)(9)
Dental Services	Not Covered	Optional 1905(a)(10)
Physical Therapy	Not Covered	Optional 1905(a)(11)
Occupational Therapy	Not Covered	Optional 1905(a)(11)
Services for Individuals with Speech, Hearing, and Language Disorders	Not Covered	Optional 1905(a)(11)
Prescribed Drugs	Only family planning services and family planning related services are covered. Comprehensive drug therapy for all diagnosis and medical needs are not covered.	Optional 1905(a)(12)
Dentures	Not Covered	Optional 1905(a)(12)
Prosthetic Devices	Not Covered	Optional 1905(a)(12)
Eyeglasses	Not Covered	Optional 1905(a)(12)
Diagnostic Services	Covered if both the procedure code and diagnosis code are both on the approved list of FPW covered services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Optional 1905(a)(13)
Screening Services	Covered if both the procedure code and diagnosis code are both on the approved list of FPW covered services. Comprehensive services available to the Medicaid population are not covered under the	Optional 1905(a)(13)

	waiver.	
Preventative Services	Covered if both the procedure code and diagnosis code are both on the approved list of FPW covered services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Optional 1905(a)(13)
Rehabilitative Services	Not Covered	Optional 1905(a)(13)
Services for Individuals over 65 in IMDs-Inpatient Hospital	Not Covered	Optional 1905(a)(14)
Services for Individuals over 65 in IMDs-Nursing Facility	Not Covered	Optional 1905(a)(14)
Intermediate Care Facility Services for Individuals in a Public Institution for the Mentally Retarded	Not Covered	Optional 1905(a)(15)
Inpatient Psychiatric Service for Under 22	Not Covered	Optional 1905(a)(16)
Nurse- Midwife Services	Not Covered	Mandatory 1905(a)(17)
Hospice Care	Not Covered	Optional 1905(a)(18)
Case Management Services	Not Covered	Optional 1905(a)(19),1914(g)
Special TB Related Services	Not Covered	Optional 1905(a)(19),1902(z)(2)
Respiratory Care Services	Not Covered	Optional 1905(a)(20)
Certified Pediatric or Family Nurse Practitioner's Services	Covered if both the procedure code and diagnosis code are both on the approved list of FPW covered services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Mandatory 1905(a)(21)
Home and Community Care for Functionally Disabled Elderly	Not Covered	Optional 1905(a)(22)

Personal Care Services	Not Covered	Optional 1905(a)(24), 42CFR 440.170
Primary Care Case Management	Not Covered	Optional 1905(a)(25)
PACE Services	Not Covered	Optional 1905(a)(26)
Sickle-Cell Anemia Related Services	Not Covered	Optional 1905(a)(27)
Free Standing Birth Centers	Not Covered	Optional 1905(a)(28)
Transportation	Not Covered	Optional 1905(a)(29)- 42CFR 440.170. Administrative Required 42CFR 421.53
Services Provided in Religious Non-Medical Health Care Facilities	Not Covered	Optional 1905(a)(29)- 42CFR 440.170(b)
Nursing Facility Services for Patients Under 21	Not Covered	Optional 1905(a)(29)- 42CFR 440.170(d)
Emergency Hospital Services	Covered if both the procedure code and diagnosis code are both on the approved list of FPW covered services. Comprehensive services available to the Medicaid population are not covered under the waiver.	Optional 1905(a)(29)- 42CFR 440.170(e)
Expanded Services for Pregnant Women	Not Covered	Optional 1905(e)(5)
Emergency Services for Certain Legalized Aliens and Undocumented Aliens	Not Covered	Mandatory 1903(v)(2)(A)
Home and Community Based Services for Elderly and Disabled	Not Covered	Optional 1915(i)
Self-Directed Personal Assistance	Not Covered	Optional 1915(k)
Community First Choice	Not Covered	Optional 1905(a)(29)

MS Family Planning Waiver does not use bench-mark equivalent coverage for a population.

Benefit Specifications and Provider Qualifications

Name of Benefit or Service: MS Family Planning Waiver services

Scope of Benefit/Service: Procedure codes are covered only when paired with an approved diagnosis code. This is a limitation not found in the MS Medicaid State Plan for family planning services.

Amount of Benefit/Service: There is a limit of four (4) family planning visits per fiscal Year provided under the FPW.

Duration of Benefit/Service: There are no limitations on the duration of the service under the FPW.

Authorization Requirements: There are no prior, concurrent or post-authorization requirements.

Long term services will not be provided under the MS FPW.

No premium assistance for employer sponsored coverage will be available through the the MS FPW.

Section IV – Delivery System and Payment Rates for Services

The delivery system used to provide benefits to FPW participants will not differ from the Medicaid fee-for-service State Plan.

Section V – Implementation of Demonstration

The renewal of the MS Family Planning Waiver will begin on July 1, 2014.

The current enrollment process will continue to be used.

MS will not be contracting with managed care organizations to provide Family Planning Waiver benefits.

Section VI – Demonstration Financing and Budget Neutrality

Family Planning Waiver financing and budget neutrality forms forthcoming.

Section VII – List of Proposed Waivers and Expenditure Authorities

MS is requesting waiver of selected Medicaid requirements to enable the operation of the MS Family Planning Waiver as a Demonstration that will effectively meet the objectives as well as budget neutrality expectations. All Medicaid requirements apply, except for the following:

Medicaid Requirement	Expenditure Authority	Waiver Request
Proper and Efficient 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.
Comparability: Amount, Duration and Scope of Services	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-related services.
Prospective Payment for Federally Qualified Health Centers and Rural Health Agencies	Section 1902(a)(15)	To the extent necessary for the State to establish reimbursement levels to these agencies that will compensate them solely for family planning and family planning-related services.
Comparability: Eligibility Procedures	Section 1902(a)(17)	To the extent necessary to allow the State to not include parental income when determining eligibility for individuals ages 13 through 15 for the Family Planning Waiver
Comparability: 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 population.

Section VIII – Public Notice

Location and Internet Address of Demonstration Application for Public Comment and Review

Copies of the demonstration application may be requested in writing from the Division of Medicaid, Office of the Governor, Bureau of Policy, Planning and Development, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or at www.medicaid.ms.gov.

Postal and Internet Email Address for Sending and Reviewing Comments

Written comments will be received by the Division of Medicaid, Office of the Governor, Bureau of Policy, Planning and Development, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov for thirty (30) days from the April 14, 2014, public notice in the Clarion Ledger.

Section IX – Demonstration Administration

Please provide the contact information for the state’s point of contact for the Demonstration application.

Name and Title: Dorthy Young, PhD, MHSA, Medical Services Director
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