



**STATE OF WASHINGTON
WASHINGTON STATE HEALTH CARE AUTHORITY**

September 18, 2017

REVISED NOTICE

(Please note changes to comment period and meetings)

Title or Subject: Section 1115 Extension Application

Effective Date: January 1, 2018

Description: The Health Care Authority (the Agency) published a notice on September 5, 2017, regarding the intent to submit an application to extend the Section 1115 Family Planning Only Demonstration Waiver for 5 years (through December 2022). The Agency has revised the original public comment period to October 2017; a new notice will be posted to announce the new time period.

In addition, the Agency had scheduled meetings for September 19 and 22, 2017. These meetings will be rescheduled at a later date. The new dates and times will be posted on the Agency website.

Previous information: The current waiver expires on December 31, 2017. It covers limited family planning and family planning-related services for women and men who are enrolled in the Agency's two programs -- Family Planning Only Extension and Take Charge.

The purpose, client eligibility requirements, and benefit package will remain the same. The name will change to Family Planning Only to reduce confusion inherent in two program names.

The purpose of the Family Planning Only program is to:

- Assure access to family planning services.
- Decrease unintended pregnancies and births.
- Lengthen intervals between births.
- Reduce state and federal Medicaid expenditures for averted births from unintended pregnancies.

The following groups are eligible for services under the Family Planning Only program:

- Recently pregnant women who lose Medicaid coverage after their pregnancy coverage ends. These women are automatically enrolled for 10 months.
- Uninsured women and men with family incomes at or below 260% federal poverty level (FPL), seeking to prevent an unintended pregnancy.
- Teens and domestic violence victims who need confidential family planning services and are covered under their perpetrator's or parent's health insurance and are at or below 260% (FPL).

Coverage is for 12 months, starting on the first day of the month the application was signed. Applications are available on the Agency website or at specified providers who can assist with completion of the application. Services are currently provided at specified clinics across Washington State (listed on the Agency website).

The Family Planning Only program provides the following services on a fee-for-service basis: all FDA-approved contraceptives; natural family planning; over-the-counter contraception; emergency contraception; sterilization; contraceptive education, counseling, and management; limited STI/STD testing and treatment related to successful use of the chosen contraceptive method; cervical cancer screening according to national clinical guidelines when associated with a family planning visit; office

visits and limited ancillary services related to the above services. There are no cost-sharing requirements to receive services under this program.

Because eligibility and services will remain the same, this extension is anticipated to have no effect on annual aggregate expenditures or enrollment. Based on fiscal year 2016 experience we expect enrollment of approximately 4,000 clients with an expenditure of \$1.5 million for each year of the five year renewal period.

The Demonstration will test the hypotheses that by maintaining the Family Planning Only program 1) access to family planning services will remain available to people who otherwise may not have access and 2) the unintended pregnancy rate in Washington State will remain stable or continue to decrease. The State expects that over the five years of the renewal period the State will have decreased costs due to averted births from unintended pregnancy. These hypotheses will be measured by evaluating enrollment in the Family Planning Only Program, contraceptive methods chosen, Pregnancy Risk Assessment Monitoring System (PRAMS) data, birth certificates, and claims data. Due to the small sample size evaluation may be limited to descriptive analysis.

The Demonstration's expenditure authority falls under the State's title XIX plan and section 1115(a)(2) of the Social Security Act. Requirements not applicable to the expenditure authorities are:

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. Prospective Payment for Federally Qualified Health Centers and Rural Health Centers and Rural Health Clinics: Section 1902(a)(15). To the extent necessary for the State to establish reimbursement levels to these clinics that will compensate them solely for family planning and family planning-related services.
4. Eligibility Procedures: Section 1902(a)(17). To the extent necessary to allow the State to not include parental income when determining a minor's (individual under age 18) eligibility for the family planning demonstration. To the extent necessary to allow the State to not require reporting of changes in income or household size for 12 months, for a person found income-eligible upon application or annual redetermination when determining eligibility for the family planning demonstration.
5. 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 the first of the month in which an application for the demonstration is made.
6. 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.

For additional information, please contact:

Washington State Health Care Authority
Attn. Anaya Balter
Clinical Director for Women's Health
PO Box 45502, Olympia, WA 98504-5502
Phone: 360-725-1652
TDD/TTY: 1-800-848-5429
Fax: 360-725-1152
E-mail address: familyplanning@hca.wa.gov

Web site addresses:

- Take Charge page: www.hca.wa.gov/family-planning
- Public Notice page: <https://www.hca.wa.gov/about-hca/news-data-and-reports-hca/public-notices>