MISSISSIPPI DIVISION OF MEDICAID

FAMILY PLANNING WAIVER DEMONSTRATION EXTENSION REQUEST

FULL PUBLIC NOTICE AND COMMENT PERIOD

October 28, 2026

Pursuant to 42 C.F.R. Section 431.408, public notice is hereby given to the submission of a Medicaid proposed demonstration extension request of the Family Planning Waiver (FPW), effective January 1, 2028, through December 31, 2037.

The current extension of the Mississippi Family Planning Waiver 1115 Demonstration Waiver 11-W-00157/4 will expire on December 31, 2027.

Program Description, Goals and Objectives

Currently, the Division of Medicaid's (DOM) Family Planning Waiver (FPW) is designed to provide family planning and family planning related services to eligible women and men throughout the state of MS. With this demonstration renewal request, the DOM will continue FPW services in the same manner to ensure access to family planning and family planning-related services for low-income individuals who are not otherwise eligible for Medicaid and to improve or maintain health outcomes for the targeted population though access to family planning and related services.

Goals and Objectives for the renewal are listed below:

Goals:

1. To increase access to family planning services
2. Reduce unintended pregnancies
3. Improve maternal and infant health outcomes
4. Improve cost effectiveness of the Medicaid program
5. Improve preventive health care utilization

Objectives:

1. To improve access to and use of Medicaid family planning services by women and men who are not otherwise eligible for Medicaid.
2. To improve birth outcomes and the health of women in the demonstration population.
3. To increase the child spacing interval among female FPW enrollees.

4. To reduce the number of unintended pregnancies among women enrolled in the FPW.
5. To reduce overall pregnancy among teenage women in the demonstration population.
6. To reduce the number of repeat births among teenage women in the demonstration population.
7. To decrease the number of Medicaid deliveries which will reduce the annual expenditures for prenatal, delivery and newborn services.

The Proposed Health Care Delivery System and Eligibility Requirements, Benefit Coverage and Cost Sharing

The Division of Medicaid's FPW operates on a statewide basis through a partnership with the MS Department of Health (MSDH) as well as private Medicaid providers. FPW enrollment applications are available at MSDH clinics, Medicaid Regional Offices or online at Mississippi Division of Medicaid. The completed application can be faxed to (601) 576-4164, emailed to application@medicaid.ms.gov, or delivered to the Regional Office serving the applicant's county of residence. Individuals may also call the Division of Medicaid toll-free at 1-800-421-2408 or contact a Regional Office to request an application be mailed. Effective March 1, 2014, IRS rules for Modified Adjusted Gross Income (MAGI) are used to determine a household's income.

MS DOM used an auto-enrollment process for women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum until March 31, 2023. Effective April 1, 2023, these individuals received twelve (12) months of postpartum coverage eliminating the need for the auto-enrollment process into the Family Planning Waiver. Currently, the following population is eligible for the FPW:

Women and men:

- Ages thirteen (13) through forty-four (44),
- Who are capable of reproducing,
- Not otherwise enrolled in Medicaid, Medicare, the Children's Health Insurance Program (CHIP) or other creditable health insurance coverage, and
- Have income no more than one hundred and eighty-five percent (185%) of the Federal Poverty Level (FPL) for their household size.

The services provided through this demonstration are paid on a fee for service (FFS) basis. There are no required premiums, co-payments or deductibles for individuals enrolled in the FPW.

Estimated Expected Annual Enrollment and Annual Aggregate Expenditures

The estimated increase in annual enrollment is 767 individuals, representing a 2.78% increase from the projected average annual enrollment of 27,605 to approximately 28,372 participants. The estimated increase in annual expenditures is $129,885, reflecting a 2.78% increase from $4,672,159 to approximately $4,802,044 in annual aggregate expenditures.

The Hypothesis and Evaluation Parameters

The evaluation will address the following hypotheses:

1. **Access to and utilization of services:** Eligible FPW beneficiaries will access and utilize covered family planning and family planning-related services. The State will assess enrollment, service utilization, continuity of coverage, and utilization patterns by age, race and ethnicity, geographic area, and other relevant beneficiary characteristics.
2. **Health and birth outcomes:** Access to family planning and family planning-related services will contribute to improved or maintained health outcomes, improved birth outcomes, increased intervals between pregnancies, and reductions in unintended pregnancies and repeat births among adolescent beneficiaries.
3. **Medicaid expenditures:** Increased access to family planning services will be associated with reductions in Medicaid-financed deliveries and related prenatal, delivery, and newborn expenditures.

The DOM will assess these hypotheses using available Medicaid administrative, eligibility, claims, encounter, and pharmacy data; Mississippi State Department of Health vital statistics; and beneficiary survey data, as applicable. Evaluation measures may include the proportion of enrolled beneficiaries who utilize covered services, duration and continuity of enrollment, contraceptive and other covered service utilization, selected pregnancy and birth outcomes, beneficiary-reported access and satisfaction, Medicaid delivery rates, and expenditures associated with prenatal, delivery, and newborn services.

The evaluation will use descriptive statistics, trend analyses, and subgroup analyses, with comparisons to appropriate benchmarks where feasible. The DOM will identify relevant measurement periods and data sources and will assess findings in accordance with the demonstration's approved evaluation design and applicable reporting requirements.

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

Copies of the demonstration application may be requested from the Division of Medicaid, Office of the Governor, Office of Health-Related Programs and Benefits, P.O. Box 2222, Jackson, Mississippi 39225. The application may also be viewed online at www.medicaid.ms.gov, and comments may be submitted to DOMPolicy@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, Office of Policy, P.O. Box 2222, Jackson, Mississippi 39225, or emailed to, DOMPolicy@medicaid.ms.gov for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.

Public Hearings

First public hearing and teleconference: **Wednesday, November 4, 2026, at 10:00 a.m.**

War Memorial Building
Auditorium
120 N State St, Jackson, MS 39201
Teleconference number: 1 769-230-0549

Phone conference ID: 367 574 532#

Second public hearing and teleconference: **Wednesday, November 18, 2026, at 10:00 a.m.**
Walter Sillers Building
Cobb Conference Room, 8th floor
550 High Street, Jackson, MS 39201
Teleconference number: 1 769-230-0549
Phone conference ID: 860 110 988#

The Specific Waiver and Expenditure Authorities

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Mississippi 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.

These following approved authorities and the provisions specified as "not applicable" will continue in the renewal period.

- Expenditures for extending Medicaid eligibility for family planning and family planning related services to women and men, ages 13 through 44, with income up to 194 percent of the federal poverty level (FPL) that are not otherwise eligible for Medicaid, Medicare, the Children's Health Insurance Program (CHIP), or other creditable health insurance coverage that provides family planning services.

Medicaid Requirements Not Applicable to the Medicaid Expenditure Authorities:
All Medicaid requirements apply, except the following:

Medicaid Requirement	Expenditure Authority	Waiver Request
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.
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.
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.
Early and Periodic Screening, Diagnostic, and Treatment	Section 1902(a)(43)(A) (EPSDT)	To the extent it is necessary to enable the state to not furnish or arrange for EPSDT services to the demonstration populations.