

Rule No. 560-X-37-.06 - ~~Family Planning Plan First Waiver~~

(1) The ~~Family Planning Plan First~~ Waiver program operates under an approved Section 1115(a) Research and Demonstration Waiver, which extends Medicaid eligibility for family planning services to all women of childbearing age (19 through 44 55), with incomes at or below 133% of the federal poverty level who would not otherwise qualify for Medicaid. The waiver ~~has been~~ was initially approved for five ~~(5)~~ years and may be renewed every two (2) years with HCFA's CMS's approval.

(2) The program represents a collaborative effort between the Alabama Medicaid Agency and the Alabama Department of Public Health.

(3) The ~~Family Planning Plan First Waiver Program~~ is officially known as the "Plan First Program."

(4) Enrolled Medicaid providers are eligible to provide family planning services but must also enroll as a network provider by completing a Plan First agreement. Upon receipt of the signed agreement, Medicaid's fiscal agent will add the Plan First provider specialty code to the provider's existing record. Those providers that only do tubal ligations do not have to enroll as a Plan First provider nor do anesthesia providers for these procedures. There are no changes to current provider eligibility policies due to this waiver.

(5) The following are the eligible groups for the ~~Family Planning Plan First~~ Waiver:

(a) Women age 19 through 44 55 who have SOBRA eligible children will become automatically eligible for family planning without a separate eligibility determination.

~~(b) Women age 19 through 55 who are not U.S. citizens and are payees of SOBRA Medicaid children will be sent a letter along with an application telling them how to apply for the Plan First Program~~

~~(c) SOBRA poverty level pregnant women age 19 through 44 55 will receive automatic eligibility for family planning services at the expiration of their 60 days postpartum without a separate eligibility determination.~~

~~(d) Other Women age 19 through 44 55 who are not pregnant and are not applying for a child, may apply for family planning services using a simplified shortened application.~~

~~(e) SOBRA females who are turning age 19 and would ordinarily be terminated from Medicaid.~~

Newly awarded family planning recipients will receive a Medicaid plastic card based on the same criteria as other Medicaid recipients. Providers will be informed at the time of eligibility verification that services are limited to family planning only. If a recipient has received a plastic card in the recent past, another card will be sent only upon request.

(6) In order to be eligible for Family Planning Services a woman must:

(a) Furnish a Social Security number or proof they have applied for ~~one~~ a Social Security number

(b) Be a female resident of Alabama age 19 through 44 55

- (c) Meet citizenship and alienage requirements
- (d) Have family income at or below 133% of the federal poverty level
- (e) Cooperate in establishing third party medical benefits; and apply

for all benefits to which she may be entitled

(7) Once determined eligible, a woman will remain eligible for benefits until the termination of the waiver unless she disenrolls or is terminated from the waiver for one of the following reasons:

- (a) The recipient's gross countable family income exceeds 133% of the federal poverty level
- (b) The recipient does not reside in Alabama
- (c) The recipient is deceased
- (d) The recipient has received a sterilization procedure
- (e) The recipient requests her family planning benefits be terminated
- (f) The recipient is outside the family planning age limit of 19 through ~~44~~ 55
- (g) The recipient is eligible for Medicare benefits
- (h) The recipient becomes eligible for another Medicaid program
- (i) The recipient fails to cooperate with the Medicaid Agency in the eligibility process, receipt of services or Medicaid Quality Control Review
- (j) The recipient is determined ineligible due to fraud, misrepresentation of facts, or incorrect information

(8) Medical services covered for the extended eligibles are limited to birth control services and supplies only. This includes:

- (a) All currently covered family planning methods
- (b) Outpatient tubal ligation
- (c) Doctor/clinic visits (for family planning only)
- (d) HIV pre and post test counseling visits

(9) Eligible participants have freedom of choice in the selection of an enrolled network provider. Oral contraceptives ~~must~~ can be received from an in-network provider, ~~not~~ or from a pharmacy. Network providers may dispense only those oral contraceptives that are on the Alabama Department of Public Health's formulary. Requests from providers for oral contraceptives not on the Health Department's formulary will be reviewed and a decision will be made based on medical necessity of an alternate oral contraceptive.

(10) Oral contraceptives that are dispensed by network providers must be ordered from the Alabama Department of Public Health and must be dispensed only to waiver participants. Stock for waiver participants should be maintained separately from sample stock. Orders should be placed using the "Oral Contraceptives Order Form" provided to network providers and orders should be placed for a three (~~3~~) month period and re-ordered when the provider is down to a 30-day supply. Orders will be processed by the Alabama Department of Public Health within five (~~5~~) working days of receipt of order form. Order forms will be accepted by general mail or fax.

(11) Under this waiver, Medicaid also reimburses for care coordination activities provided by licensed social workers or registered nurses associated with the Alabama

Department of Public Health who have received training on the Family Planning Program. Services are available to all women, regardless of the care site. Care coordination will be reimbursed on a per hour basis in 5 minute increments. Enrolled providers must refer participants to the Health Department to initiate care coordination.

(12) Family Planning Care Coordination will only be available for women eligible through the ~~Family Planning Plan First~~ Waiver. Recipients eligible for other Medicaid eligibility programs will be eligible for the regular benefit packages established for those programs and will not be eligible for the enhanced family planning care coordination services.

(13) The ~~Family Planning Plan First~~ Waiver program operates under approved Terms and Conditions as specified in the waiver and the Operational Protocol Manual.

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Statutory Authority: Section 1115(a): Sections 1902(a) (10) (b), (e) (5) and (6) of the Social Security Act.

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