

Rule No. 560-X-14-.06 - Plan First Waiver

(1) The 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 55), (who do not have creditable health insurance coverage as defined by the Health Insurance Portability and Accountability Act (HIPAA) and have not had a sterilization procedure performed) with incomes at or below ~~133%~~141% of the federal poverty level who would not otherwise qualify for Medicaid. A standard income disregard of 5% of the federal poverty level is applied if the individual is not eligible for coverage due to excess income.

The waiver was initially approved for five (5) years and may be renewed every two (2) years with CMS's approval.

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

(3) The 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 Plan First Waiver:

- (a) Women 19 through 55 years of age who have SOBRA-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 redetermined every 12 months.
- (b) SOBRA poverty level pregnant women 19 through 55 years of age are automatically eligible for family planning services after 60 days postpartum without a separate eligibility determination if they meet all eligibility criteria. Income is verified at initial application and re-verified at recertification of their children. Eligibility is redetermined every 12 months.
- (c) Other women age 19 through 55 who are not pregnant, postpartum or who are not applying for a child must apply using a simplified shortened application. An eligibility determination will be completed using poverty level eligibility rules and standards. Client 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 client's declaration and the income reported through data matches, the client will be required to provide documentation and resolve the discrepancy. Eligibility is redetermined every 12 months.

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 a Social Security number.
 - (b) Be a female resident of Alabama age 19 through 55
 - (c) Meet citizenship and alienage requirements
 - (d) Have family income at or below ~~133%~~141% of the federal poverty level. A standard income disregard of 5% of the federal poverty level is applied if the individual is not eligible for coverage due to excess income
 - (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%~~141% of the federal poverty level. A standard income disregard of 5% of the federal poverty level is applied if the individual is not eligible for coverage due to excess income
- (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 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.

(10) 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 5-15 minute increments up to one hour for telephone or other interaction and in 15 minutes increments up to two hours for face-to-face interaction.~~ Enrolled providers must refer participants to the Health Department to initiate care coordination.

(11) Plan First Care Coordination will only be available for women eligible through the Family Planning 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.

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

Author: Yulonda Morris, Program Manager, Managed Care Division.

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

History: New Emergency Rule filed August 28, 2000; effective October 1, 2000. **Amended:** Filed September 21, 2000, effective December 11, 2000. **Amended:** Filed September 21, 2001, effective December 14, 2001. **Amended:** Filed October 20, 2009, effective January 15, 2010. **Amended:** Filed November 12, 2013, effective December 17, 2013. **Amended:** Filed March 20, 2014.