

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X- 14-.06

Rule Title: Family Planning Waiver
_____ New Rule; Amend; _____ Repeal; _____ Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? yes

Is there another, less restrictive method of regulation available that could adequately protect the public? no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? yes

Does the proposed rule have any economic impact? no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: 9-20-13

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ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-14-.06 Family Planning Waiver

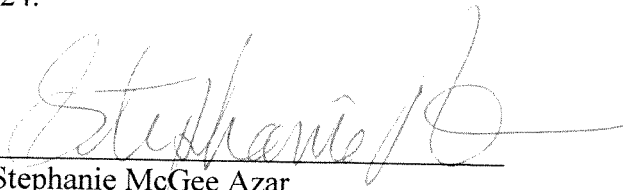
INTENDED ACTION: Amend 560-X-14-.06

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to correct and clarify language in the Administrative Code. The wording Family Planning Waiver has been changed to Plan First Waiver.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than November 5, 2013.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.


Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-14-06 - 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 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% of the federal poverty level who would not otherwise qualify for Medicaid. The waiver ~~has been~~ was initially approved for ~~three (3)~~ 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 ~~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 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 ~~one~~
- (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% 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 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 minute increments. Enrolled providers must refer participants to the Health Department to initiate care coordination.

(11) ~~Family Planning 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 ~~Family Planning 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 September 20, 2013.