

CHANGE NOTICE FOR MANUAL NO. 18-05, MEDICAID FAMILY PLANNING WAIVER

DATE: AUGUST 8, 2005

Manual: Family and Children's Medicaid
Change No: 18-05
To: County Directors of Social Services
Effective: October 1, 2005

I. BACKGROUND

North Carolina has received approval to implement a Medicaid waiver program targeting family planning services only. The Family Planning Waiver is a 5 year demonstration waiver that intends to reduce unintended pregnancies and improve the well being of children and families in North Carolina by offering family planning services. The name of this waiver program is the "Be Smart" program.

The 1998 Pregnancy Risk Assessment Monitoring System (PRAMS) data indicate that 44% of women report their pregnancy was unintended. In addition, North Carolina has one of the highest infant mortality rates in the nation. By helping women to time and space their pregnancies, appropriate contraceptive use may help avoid adverse health, social and economic consequences associated with unintended pregnancies.

The target population for the Family Planning waiver is

- women age 19 through 55 and men age 19 through 60 and
- with income at or below 185% of the federal poverty level.

Medicaid eligibility for family planning services to men and women will:

- A. Allow affected women and men the opportunity to choose if and when to have children;**
- B. Provide comprehensive reproductive health care for low-income women and men who otherwise do not have access to such services; and**
- C. Improve the well being of children and families in North Carolina.**

II. HIGHLIGHTS OF POLICY

A. APPLICATION/REDETERMINATIONS

The DMA-5063, Health Check/NC Health Choice for Children Application, is the primary application used to apply for this program. Any adult application or redetermination form may also be used to apply for family planning services.

A question has been added to the DMA-5063, Health Check/NC Health Choice for Children Application. Question 3.c. asks if any individuals ages 19 and older listed on the application are interested in applying for family planning services. If the applicant answers "yes" to this question, you must complete a DMA-5063A, Medicaid Family Planning Waiver (FPW) Application Addendum (Figure 1). This information is needed to complete an eligibility determination for FPW.

The 5063R, Health Check/NC Health Choice Re-enrollment Form, does not include a question asking if an individual is interested in applying for family planning services. If it appears the recipient is only eligible for FPW, you must ask if he or she is interested in applying for these services. If the response is "yes", then complete a DMA-5063A, Medicaid Family Planning Waiver (FPW) Application Addendum.

The DMA-5063A, Medicaid Family Planning Waiver (FPW) Application Addendum, may be completed by telephone contact with the applicant/recipient (a/r) or by mail. If the form is mailed to the a/r and it is not returned by the deadline given, send the appropriate notice and terminate or deny Medicaid.

A question asking if an individual is interested in applying for family planning services and the additional question from the DMA-5063A, Medicaid Family Planning Waiver (FPW) Application Addendum, has been added to adult applications and redetermination forms. The DMA-5063A, Medicaid Family Planning Waiver (FPW) Application Addendum, is not required when these forms are used.

Until supplies are depleted you may receive an application or redetermination form without the question asking if the a/r is interested in applying for family planning services. In this case you must ask the a/r if he or she is interested in applying for these services and if the response is "yes", then a DMA-5063A, Medicaid Family Planning Waiver (FPW) Application Addendum, must be completed.

B. PRINCIPLES

The Income Maintenance Caseworker (IMC) must evaluate the applicant/recipient for full Medicaid before Medicaid Family Planning Waiver (FPW). Both women and men can apply for FPW. Individuals age 19 and over will be covered under this program.

FPW applicants can apply for up to 3 months retroactive coverage. The application processing time is 45 calendar days.

The aid program/category is MAF and the Medicaid class is 'D'.

C. MEDICAID TERMINATIONS and DENIALS

Before denying an application, evaluate for FPW. At every Medicaid (Adult and F & C) termination, evaluate for FPW. MPWs are potentially eligible for FPW after the 60 days postpartum period. This is not an automatic entitlement; the IMC must evaluate for ongoing eligibility in other programs.

Terminate or deny FPW when an individual is determined to be sterile or pregnant.

D. BUDGETING PROCEDURES

The assistance unit consists of only one person. However, financial responsibility exists as outlined in MA-3305, MAF, MIC, HSF Budgeting. Do not count parent's income in determining eligibility for those under age 21.

E. RESOURCES

Do not count resources in determining eligibility for FPW.

F. CHILD SUPPORT REFERRALS

If the FPW applicant/recipient is a caretaker of children receiving Medicaid, he or she must cooperate with Child Support Enforcement. Also, referrals to child support are required if the child is 19 or 20 years old, has an existing support order established before age 18 and is attending primary or secondary school.

G. MANAGED CARE

While Managed Care does not apply to FPW applicant/recipients (a/r), you may assist in helping them find a doctor. Provide the a/r a Carolina Access provider list of local doctors accepting Medicaid.

H. DUAL ELIGIBILITY

When an applicant is potentially eligible for MAF-M or MAD and FPW, and the deductible has not been met or disability has not been approved as of the date of application, the applicant/recipient can receive FPW until the deductible is met or the disability is approved. The FPW certification period should match the deductible certification period. If the FPW recipient does not meet his or her deductible in the 6 month deductible period, determine if a new deductible can be met for the second 6 month certification period, matching the FPW 12 month certification period.

I. REPORTS

MAF, MPW, and FPW applications received by mail will be included in the renamed report "NCHC and Family and Children's Medicaid Approved Applications by Source". This report contains a list of the total of each MIC-N, MAF, MPW, and MAF-D by source. The NCXPTR name for this report remains "DHREJ NCHC/MED APPR APPS BY SOUR".

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective October 1, 2005. Apply this policy to redeterminations started and applications taken on or after October 1, 2005. Do not apply this policy to any pending applications or redeterminations.

Applications for FPW will be accepted beginning 10-01-05. Retroactive eligibility can begin no earlier than 10-01-05.

IV. MAINTENANCE OF MANUAL

Insert [MA-3265, Medicaid Family Planning Waiver](#), pages 1-14, and [DMA-3265 Figures 1 and 2](#), effective October 1, 2005.

If you have any questions regarding this information, please contact your Medicaid Program Representative.

L. Allen Dobson, Jr., M.D., Assistant Secretary
for Health Policy and Medical Assistance

(This material was researched and written by Susan Ryan, Policy Consultant, Medicaid Eligibility Unit.)