
MEDICAID FAMILY PLANNING WAIVER

MA-3265: Medicaid Family Planning Waiver

Issued 10/01/05 - Change No. 18-05

I. INTRODUCTION AND OVERVIEW

The Family Planning Waiver is a demonstration waiver under Section 1115(a) of the Social Security Act to extend eligibility for family planning services to women age 19 through 55 and men age 19 through 60 with incomes at or below 185% of the federal poverty level. The purpose of this 5 year waiver is to establish a system by which women and men can more easily access family planning services to reduce the number of unplanned pregnancies. The name of this waiver program is the “Be Smart” program.

To qualify for Medicaid Family Planning Waiver (FPW), the applicant must not be eligible for coverage in another Medicaid aid program/category. The Income Maintenance Caseworker (IMC) must always evaluate eligibility for other Medicaid coverage prior to exploring eligibility for FPW.

II. POLICY FUNDAMENTALS AND ELIGIBILITY REQUIREMENTS

A. To receive FPW, the person must meet the following requirements:

1. Be a citizen of the U.S. or be an alien who meets the requirements in [MA-3330, Citizen/Alien Requirement](#). An undocumented alien is ineligible for this program.
2. Be a resident of NC as defined in [MA-3335, State Residence](#).
3. Not be an inmate of a public institution. See [MA-3360, Living Arrangements](#).
4. Not be in an institution for mental diseases. However, individuals under age 21 receiving inpatient psychiatric care or individuals age 21 through 55 for women and through 60 for men in the medical/surgical unit of the state mental hospitals are eligible for assistance. See [MA-3360, Living Arrangements](#).
5. Meet income criteria according to [MA-3300, Income](#).
6. Not be receiving Medicaid for his own needs from another assistance category, county or state. The applicant/recipient must be ineligible for Medicaid benefits under any other aid/program category or have exhausted the MPW 60 day postpartum period. This includes MAABD as well as F&C aid/program categories. At the point an NCHC child ages out of NCHC or MIC, consider this person for FPW.
7. Provide verification of all health insurance coverage for himself and assign to the State all rights to third party payments from any such insurance coverage.

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(II.A.)

8. Furnish his SSN or apply for a number if he does not already have one or furnish all SSN's which have been used or under which benefits have been received. See [MA-3355, Enumeration Procedures](#).
9. Must cooperate with Child Support Enforcement if he or she is a caretaker of a child receiving Medicaid or 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.
10. Not be sterile. Accept the applicant/recipient's statement.
11. Women must be age 19 through 55 years old and men must be age 19 through 60 years old.
12. Not receive Medicare.

B. FPW REQUIREMENTS

1. Income Limit

The maximum income limit to be eligible for FPW is at or below 185% of the federal poverty level.

- a. The assistance unit consists of only one person.
- b. The budget unit consists of applicant and his or her spouse.
- c. The needs unit consists of the budget unit plus any children living in the home as instructed in [MA-3305, MAF, HSF, MIC Budgeting](#).
- d. Only spouse for spouse financial responsibility exists. Do not count parent's income in determining eligibility for those under age 21.

2. Managed Care

FPW recipients are not required to choose a primary care physician through the Carolina Access program nor will they be required to enroll with an HMO. Do not enter a provider code or exemption code for any applicants approved for FPW.

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

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C. Identification Card

A blue Medicaid identification card will be issued for recipients of FPW with the text “FAMILY PLANNING WAIVER RECIPIENT ELIGIBLE FOR LIMITED FAMILY PLANNING SERVICES ONLY”. The pharmacy stub includes the text “FAMILY PLANNING LIMITED”.

D. Resources

Do not count resources in determining eligibility for FPW.

E. Transportation Services

FPW recipients are eligible for Medicaid funded transportation services for family planning services only. See [MA-3550, Medicaid Transportation](#).

F. Application Processing Standard

The application processing standard is 45 calendar days.

G. Certification Period

The certification period is 12 months for an ongoing case. The certification period can be adjusted to match the family's other Medicaid cases, following instructions in [MA-3425, Certification and Authorization](#).

1. The certification period begins the first day of the month of application if the individual(s) is eligible in that month, or the first day of the month in which the applicant meets all eligibility requirements within the 45 day processing period.
2. If the individual(s) received Medicaid in another aid program/category, the FPW period begins the first day of the following month in which he did not receive Medicaid.
3. If the individual is eligible for FPW as a result of an ex parte review due to a change in situation causing ineligibility for Medicaid or Work First, continue with the remainder of the current certification period unless it has expired. See [MA-3410, Terminations and Deletions](#).

H. Retroactive Coverage

FPW applicants may apply for up to 3 months retroactive coverage. The applicant must have had family planning services during the retroactive months. Coverage cannot begin prior to October 1, 2005.

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I. Case Composition

The assistance unit can only be one person even when there are more in the budget/needs unit.

J. Automated Inquiry and Match Procedures

Family Planning applicants/recipients are subject to IEVS requirements and automated matches. Refer to [MA-3515, Automated Inquiry and Match Procedures](#).

K. Child Support Referrals

If the applicant/recipient is a caretaker of children receiving Medicaid, refer to Child Support Enforcement per [MA-3365, Child Support](#). Complete a referral on the child's case. Refer to Child Support Enforcement 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.

If a child is later approved while the caretaker is active FPW, complete a Child Support referral on the child's case.

A referral screen is displayed only when the individual is between 19 and 21 years of age for the FPW case. Do not send a referral on this case to Child Support unless the individual is a caretaker of a child receiving Medicaid. See [MA-3365, Child Support](#).

L. Appeals

Follow procedures in [MA-3350, Notice and Hearing Process](#), for hearings and appeals.

M. Co-payments

There is no co-payment for FPW services.

N. Open and Shut Coverage is Allowed

FPW applications may be approved as open/shut if necessary. For example a woman turns age 56 in the month she applies. Complete an open/shut for the month the woman turns age 56.

O. TPR

The applicant/recipient must report Third Party coverage information.

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P. Buy-in

A person on Medicare is ineligible for this program.

Q. Covered Services

Services included as part of the family planning waiver include (Not all inclusive.):

1. Annual family planning exam that includes pap smear and breast exam for women and a testicular exam for men,
2. Counseling and contraceptive supply visits to support the effort to continue a pregnancy spacing plan,
3. Most methods of birth control,
4. Screening and treatment for STI (Sexually Transmitted Infections),
5. Screening for HIV (Human Immunodeficiency Virus),
6. Sterilizations for men and women over age 21.

III. INTAKE PROCEDURES

The application form to be used by outreach organizations, the county departments of social services and for mail-in applications is the [DMA-5063, Health Check/NC Health Choice for Children Application](#). The [DMA-5008, Verification/Eligibility Determination For Medical Assistance Applications Adult Categories](#), may be used if an applicant applied for MAABD and it was determined he was ineligible for ABD. The worker then evaluates for FPW. Do not use the DMA-5008 as a mail-in application. Complete the DMA-5008 during a face-to-face interview. See III.E. below.

Evaluate eligibility for full Medicaid benefits and if ineligible for another Medicaid program, consider coverage under FPW.

- A. An application may be made at the Department of Social Services using the DMA-5063 or an adult application, or**

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B. An individual may obtain the DMA-5063 application or request an application by telephone, mail, or the DMA internet home page. The DMA-5063 application may then be completed and mailed in, or

C. Individuals may obtain the DMA-5063 application at the Health Department or other outreach locations determined by county dss.

D. Who May Be Eligible

1. Women who are age 19 through 55, or
2. Men who are age 19 through 60; and
3. Are at or below 185% of the federal poverty level.

E. The Application and Redetermination Form

Any application or redetermination form may be used to apply or be evaluated for FPW.

1. The primary application for FPW is the [DMA-5063, Health Check/ NC Health Choice Application](#). If needed, use the supplements to evaluate for MAF eligibility. A question, 3.c., on the application asks if any individuals are interested in applying for family planning services.

If the applicant answers “yes” to question 3.c., then the [DMA-5063A, Medicaid Family Planning Waiver \(FPW\) Application Addendum \(Figure 1\)](#), must be completed before an evaluation for FPW can be completed. This addendum asks the applicant if he or she meets the age and sterilization requirements.

2. 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](#).
3. Any adult application or redetermination document may be used to apply or be evaluated for FPW. A question asking if an individual is interested in applying for family planning services and the question on the DMA-5063A, Medicaid Family Planning Waiver (FPW) Application Addendum, are included on the adult applications and all redetermination forms. If one of these applications or forms is used to evaluate for FPW, the DMA-5063A, Medicaid Family Planning Waiver (FPW) Application Addendum, is not required.

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(III.E.)

4. If any application or redetermination form is submitted which does not include the question asking if the applicant/recipient (a/r) would like to apply for FPW, the Income Maintenance Caseworker (IMC) must contact the a/r and ask if he would like to apply for FPW. If he answers “yes” then the [DMA-5063A, Medicaid Family Planning Waiver \(FPW\) Application Addendum](#), must be completed.
5. 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.
6. At review, mail a DMA-5063R, NC Health Check/Health Choice Re-enrollment Form, to the FPW recipient and file the completed form in the case record.

F. Family Planning Waiver Applications and the Eligibility Information System (EIS)

Register applications for FPW in EIS as MAF. Eligibility for FPW Medicaid is reflected by a different Medicaid classification code of “D”. If eligible for FPW Medicaid, use the Medicaid class code of “D”.

1. Family Planning Indicator

The Family Planning Indicator on the DSS-8124 Application Screen in EIS must be marked Y for Yes, they want FPW or N for No, they do not want FPW. The indicator may be changed at any time prior to the disposition of the application.

2. Source Field Indicator

Enter the appropriate code to indicate the source from which the application was received: “D” for County DSS; “H” for Public Health department; “M” by mail.

3. Automated Notices

The notice codes and text are contained in [EIS 4000, Appendix B](#).

4. Medicaid Handbooks

A Consumer's Guide to North Carolina Medicaid Health Insurance Programs for Families and Children Handbook will be mailed at the disposition of the application if the application was received by mail or from the Health Department and is coded as such on the DSS-8124 Application Screen in EIS. The worker must give the handbook to the applicant during a face-to-face interview.

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G. Applications Taken at the DSS

Intake procedures are not changed for in-house applications. Process all applications as if the applicant is applying for full Medicaid.

If the applicant specifies that he or she only wants to apply for coverage through Family Planning Waiver, explain that the applicant must be evaluated for regular Medicaid first.

If the application used requires the completion of a [DMA-5063A, Medicaid Family Planning Waiver \(FPW\) Application Addendum](#), this must be completed by either telephone contact or by mail before completing an application or review. (See III.E.)

1. Log Procedures

Follow procedures in [MA-3200, Initial Contact](#), to log requests for assistance.

2. Inquiries

Complete the [DMA-5095/5095S, Notice of Inquiry](#), only if no application is taken for any program.

3. Complete a [DMA-5063](#) following procedures in [MA-3205, Conducting a Face to Face Intake Interview](#). If the applicant answers “yes” to question 3.c., complete a [DMA-5063A, Medicaid Family Planning Waiver \(FPW\) Application Addendum](#).

If the applicant answers “yes” to the question on the DMA-5063A, continue with the application process. If the applicant answers “no” to the question, deny the application.

4. Medicaid Family Planning Waiver Services

Explain services available to the Medicaid recipient. Use the [MA-3265 Figure 2, Medicaid Family Planning Waiver fact sheet](#), as a guide to give an overview of the program. Do not give this fact sheet to the client. Advise the applicant that if approved for FPW, the Division of Public Health or health care providers will provide more detailed information about covered services and how to obtain them at the initial family planning office visit. Information also may be obtained from The Division of Medical Assistance. Services include (Not all inclusive.):

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- a. Annual family planning exam that includes pap smear and breast exam for women and a testicular exam for men,
- b. Counselling and contraceptive supply visits to support the effort to continue a pregnancy spacing plan,
- c. Most methods of birth control,
- d. Screening for STI (Sexually Transmitted Infections),
- e. Screening for HIV (Human Immunodeficiency Virus),
- f. Sterilizations for men and women over age 21.

5. Processing the Application

Register the application in EIS as MAF.

- a. Use the DMA-5097/5097S, Request for Information, to request information necessary to determine eligibility.
- b. Follow existing procedures in [MA-3302, Verification Requirements](#), and [MA-3303, Application Processing](#), for requests for information, pending periods, etc.
- c. If it is established that the application is for FPW, complete the application no later than the 45th day.

H. Mail-In Applications

For processing purposes, a "mail-in" application is defined as any application in which there is no face to face interview completed by the IMC. This includes applications which are mailed in or completed in another agency (e.g. health department) and routed to the dss. See [MA-3207, Receiving Mail in Applications](#).

If the applicant answers "yes" to question 3.c. on the DMA-5063, contact the applicant via mail or telephone to complete a [DMA-5063A, Medicaid Family Planning Waiver \(FPW\) Application Addendum](#) for each applicant requesting FPW. If the mailed DMA-5063A is not returned, deny the FPW application.

If the applicant answers "yes" to the question on the DMA-5063A, continue with the eligibility review. If the applicant answers "no" to the question, deny the application.

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IV. EVALUATING MEDICAID FAMILY PLANNING WAIVER ELIGIBILITY

A. Budgeting Procedures - Initial and Redetermination

1. Determine each applicant ineligible for Medicaid benefits under any category before considering coverage under FPW. Follow procedures as outlined in [MA-3305, MAF, HSF, MIC Budgeting](#), for evaluating FPW Medicaid eligibility.
2. If a family includes MAF/MIC and NC Health Choice eligibles, include them in the FPW needs unit. This is necessary to ensure that the appropriate family income level is applied. Refer to [MA-3305, MAF, HSF, MIC Budgeting](#), for instructions for establishing the needs unit for the MIC/MAF applicants.
3. Do not count the income of the parent(s) as available to an applicant under the age of 21.
4. Count spouse for spouse income.

B. Evaluate Medicaid Eligibility

Do not authorize FPW if the applicant is eligible for other Medicaid benefits.

1. Evaluate initially for any Family and Children's and any Adult Medicaid program. If any recipients are eligible, authorize in the appropriate aid program/category.

For example, if a child turns age 19 in the month of application, complete an open/shut MIC for the application month, provided all other requirements are met. Evaluate for all other programs, including FPW, in the second month.

2. Dual Eligibility

When an applicant is potentially eligible for Medically Needy and FPW, authorize him for Medically Needy if medical expenses to meet the deductible have been incurred as of the date of application. If not, authorize for FPW until the deductible is met or the applicant is approved for disability.

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 certification period, determine if a new deductible can be met for the second 6 month period, matching the FPW 12 month certification period.

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(IV.B.2.)

The applicant/recipient may choose to either receive or not to receive FPW while the application/redetermination is pending to meet a deductible. Explain to the a/r expenses that can be used toward a deductible. An a/r may have one active and one pending application in EIS.

Follow EIS procedures in [EIS USER'S MANUAL Section 2012](#) when the a/r meets the deductible or is approved for disability. Send an adequate notice to terminate the FPW case.

3. If an individual fails to provide information to determine eligibility for another aid program/category, you cannot authorize for FPW since you cannot determine whether the individual is eligible for other Medicaid.
4. If individual becomes ineligible for Medicaid or Work First due to a change in situation, complete an ex parte review to evaluate for eligibility in any possible programs, including FPW. Reverify those eligibility factors that are subject to change, such as income. Use current information available for the agency. If the information is not current or not available to the agency, the information may be requested. See [MA-3410, Terminations and Deletions](#).

V. DISPOSITION OF APPLICATION

Refer to [EIS 2254](#) for instructions and [EIS Appendix B](#) for codes for dispositioning applications. EIS can send an automated notice of approval, denial, or withdrawal. For manual approval notices add to the notice the statement "Your partner may be potentially eligible also."

VI. ONGOING CASE MAINTENANCE

Always inform the applicant/recipient to report changes in situation. Evaluate for any other Medicaid coverage prior to termination. See [MA-3410, Terminations and Deletions](#).

A. Changes in Income

If a decrease in income is reported, the IMC must evaluate for all other Medicaid programs.

Never apply a Job Bonus exclusion or transfer to Transitional Medicaid due to increased income as the FPW cases would never include a child in the assistance unit. If an increase in income is reported that causes ineligibility for FPW, evaluate for other Medicaid programs.

B. Changes Which Result in Termination

Remember, before terminating always evaluate for any other coverage. Send the appropriate notice.

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(VI.B.)

Terminate a recipient from FPW coverage who:

1. Moves out of the state.
2. Is deceased.
3. Requests termination of assistance.
4. Becomes eligible for full Medicaid under any aid program/category.
5. Is incarcerated.
6. Becomes eligible for Work First.
7. Is approved for SSI Medicaid.

EIS automatically terminates the a/r and authorizes for MAABD.

8. Is pregnant and eligible for coverage under MPW.
 - a. Complete an eligibility determination to assure that the recipient is eligible for Medicaid. Verify pregnancy and document eligibility in the case record.
 - b. Transfer the case from MAF to MPW.
 - c. Send adequate notice to terminate FPW.
9. Is pregnant and presumptively eligible.
 - a. Follow procedures in [MA-3245, Presumptive Eligibility for Pregnant Women](#), upon receipt of the DMA-5032, Presumptive Eligibility Determination Form.
 - b. Send an adequate notice to terminate FPW.
10. Becomes unable to have a child or father a child.
 - a. When a physician determines/reports an individual is sterile and reports such, send a timely notice to terminate FPW.
 - b. When a recipient reports he/she is sterile, send a timely notice to terminate FPW.

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(VI.B.)

11. Ages out.

When a female reaches age 56 or a male reaches age 61, evaluate for other Medicaid aid program/categories. Send the appropriate notice. Always document the circumstances and reason for termination in the case record.

12. Income increases over 185% of the Federal Poverty Level.
13. Does not cooperate with Child Support.
14. Receives Medicare.

C. Transfer to Another County

1. County 1 (the original county of residence)

Transfer the case following procedures and time frames outlined in [MA-3340, County Residence](#).

2. County 2 (the receiving county)

Review the case when eligibility is redetermined at the end of the 12 month enrollment period unless the recipient reports a change in situation which affects FPW eligibility.

D. Re-enrollment

1. Redetermine eligibility every 12 months. The re-enrollment process is not automated; the IMC must initiate the process. See [MA-3420, Re-Enrollment](#).
2. Evaluate for eligibility for other Medicaid first as family composition and/or income may have changed.
 - a. If the FPW member is now eligible for other Medicaid benefits, authorize under the appropriate category following instructions in [EIS 2012](#).
 - b. If the a/r continues to be eligible for FPW, authorize for another 12 month enrollment period following instructions in the EIS Manual.
3. FPW terminations for not cooperating with the re-enrollment process may be administratively reopened within the first 10 days of the following month. See [MA-3420, Re-Enrollment](#) or [MA-3215, Processing the Application](#).

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E. Medicaid Redeterminations and Terminated Medicaid/Work First Cases

When redetermining eligibility or reviewing terminated Medicaid/Work First cases for ongoing Medicaid, evaluate eligibility for FPW if the case is ineligible for Medicaid or Work First. Also evaluate for FPW when Transitional Medicaid cases terminate due to income or for failure to return the Transitional Benefit Report. Evaluate 19 year olds who age out of NC Health Choice or MIC.

When the a/r was determined eligible for FPW with a redetermination or an adult application, complete a DMA-5063R at the review.