
MEDICAID FAMILY PLANNING WAIVER

MA-3265 MEDICAID FAMILY PLANNING WAIVER

REVISED 07/01/10 - CHANGE NO. 08-10

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. Recipients receiving services under the Family Planning Waiver will receive a Medicaid identification card.

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-3332, US Citizenship Requirements](#) or [MA-3330 Alien Requirements](#). 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.

MEDICAID FAMILY PLANNING WAIVER

REISSUED 07/01/10 – CHANGE NO. 08-10

(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. If the child is an SSI recipient do not make a referral to Child Support Enforcement.
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.

A. 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. 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 provider list of local doctors accepting Medicaid in his county. Refer to [Figure 3](#).

MEDICAID FAMILY PLANNING WAIVER

REVISED 11/01/09 – CHANGE NO. 12-09

(II.)

C. Identification Card

A Medicaid identification card will be issued for recipients of FPW. The card does not indicate that coverage is limited under this program. It is up to the provider to check program limitations along with eligibility for each date of service.

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

Retroactive coverage is not allowed under the FPW program.

MEDICAID FAMILY PLANNING WAIVER

REISSUED 11/01/09– CHANGE NO. 12-09

(II.)

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

See MA-3365, Child Support, to determine when to send a child support referral.

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.

MEDICAID FAMILY PLANNING WAIVER

REVISED 12/01/05 – CHANGE NO. 27-05

(II.)

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 Adult Medicaid application forms, DMA-5008 and DMA-5000, may be used if an applicant applied for MAABD and it was determined he was ineligible for ABD. The worker then evaluates for FPW. See III.E. below.

Evaluate eligibility for full Medicaid benefits and if ineligible for another Medicaid program, consider coverage under FPW. Give the applicant the DMA-3150, Family Planning Waiver Brochure.

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

MEDICAID FAMILY PLANNING WAIVER

REVISED 12/01/05 – CHANGE NO. 27-05

(III.)

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) or the Spanish version DMA-5063As 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/DMA-5063As, 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/DMA-5063As, 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/DMA-5063As, Medicaid Family Planning Waiver (FPW) Application Addendum, is not required.

MEDICAID FAMILY PLANNING WAIVER**REISSUED 12/01/05 – CHANGE NO. 27-05**

(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/DMA-5063As](#), Medicaid Family Planning Waiver (FPW) Application Addendum, must be completed.
5. The DMA-5063A/DMA-5063As, 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.

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.

MEDICAID FAMILY PLANNING WAIVER

REVISED 12/01/05 – CHANGE NO. 27-05

(III.)

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/DMA-5063As](#), 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/DMA-5063As, 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. Give the applicant the DMA-3150, Family Planning Waiver Brochure. 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.):

MEDICAID FAMILY PLANNING WAIVER**REISSUED 11/01/06 – CHANGE NO. 17-06****(III. G. 4)**

- a. Annual family planning exam that includes pap smear and breast exam for women and a testicular exam for men,
- b. Counseling 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/DMA-5063As, Medicaid Family Planning Waiver (FPW) Application Addendum for each applicant requesting FPW. If the mailed DMA-5063A/DMA-5063As is not returned, deny the FPW application.

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

MEDICAID FAMILY PLANNING WAIVER

REVISED 11/01/06 – CHANGE NO. 17-06

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, 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.
5. 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.
6. 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. Re-verify 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.

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.

MEDICAID FAMILY PLANNING WAIVER

REVISED 11/01/06 – CHANGE NO. 17-06

(IV. B.)

2. Potential Eligibility In More Than One Medicaid Category At Application

When an applicant is potentially eligible for Medically Needy and FPW, authorize him for Medically Needy only if medical expenses to meet the deductible have been incurred as of the date of application.

If the deductible is not met as of the date of application, follow these instructions

- a. Key a new application for Medically Needy (MAF-M or MAD-M) and pend the application until the individual meets his deductible.
- b. Approve a second new application for Family Planning (MAF-D).

When the individual's deductible is met, terminate the Family Planning (MAF-D) case and approve the pended medically needy application for full Medicaid.

The applicant/recipient may choose to either receive or not to receive FPW while the application/redetermination is pending to meet a deductible. If the a/r chooses FPW he will be locked into a 6 month certification period and cannot apply for a 1 month retroactive period. Explain to the a/r expenses that can be used toward a deductible. An a/r may have one active case and one pending application in EIS.

Follow EIS procedures in EIS 2012 when the a/r meets the deductible. Send an adequate notice to determinate the FPW case.

3. Medicaid Class Change and Aid Program/Category Transfers

When the Medicaid Class changes within MAF, use the appropriate change code. Medicaid changes from MAF-D to a greater benefit can be retroactive, but not prior to the Certification From Date on the MAF-D case.

- a. Based on the certification period established for the Family Planning Waiver case, determine in which 6 month period of the 12 month certification period for FPW that the 6 month deductible is met. Change the Medicaid Class in EIS to approve full Medicaid through the end of that 6 month certification period. When that certification period ends, evaluate for other Medicaid coverage including FPW. If again eligible for FPW, authorize for the remainder of the original FPW certification period.
- b. If an application is taken for the Family Planning Waiver only and later the applicant's situation changes so that he is eligible for full Medicaid (MAF), change the Medicaid Class, using the appropriate change code, to approve the full MAF coverage. This is a change in situation on an active case with an established certification period.

MEDICAID FAMILY PLANNING WAIVER

REVISED 11/01/06 – CHANGE NO. 17-06

(IV.B.3. b)

The exception is when the recipient meets his deductible in the last month of the certification period after pull and the Medicaid card will be going out for FPW. In this situation, complete a new administrative application and an open/shut approval for the days that need to be authorized, leaving the MAF-D active for the next 6 month certification period if appropriate.

4. An application for retroactive coverage cannot be taken during the 12 month FPW certification period. The recipient is locked into the certification period.

For example: Mary Jones applies for FPW in January and is approved with a 12 month certification period. She returns in May because she has medical bills that total \$3,214 for April. A retroactive application cannot be taken for April. She must meet a 6 month deductible for January through June to be authorized for Medicaid.

5. When transferring coverage from MAF-D to MPW, use the appropriate transfer code. The transfer can be retroactive, but not prior to the Certification From Date on the MAF-D case.

EIS allows the caseworker to key the certification period to coincide with the pregnancy after the pregnancy has been verified. It allows the Certification From Date to be the month of conception (but not prior to the Certification From Date on the MAF-D case) and the Certification Through Date to end at the end of the post-partum period.

In each of the situations defined above, EIS will automatically overlay the MAF-D with the greater benefit.

V. DISPOSITION OF APPLICATION

Refer to EIS 2254 for instructions and EIS 4000, 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."

MEDICAID FAMILY PLANNING WAIVER**REISSUED 11/01/06 – CHANGE NO. 17-06****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.

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.

MEDICAID FAMILY PLANNING WAIVER

REISSUED 11/01/06 – CHANGE NO. 17-06

(VI.B.)

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.
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.

MEDICAID FAMILY PLANNING WAIVER**REVISED 08/01/07 – CHANGE NO. 11-07**

(VI.)

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.

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.

When changing from full MAF benefit to MAF-D at review, use the appropriate timely change code.

VII. Medicaid Family Planning Waiver Freeze Procedures

Family Planning Waiver is a demonstration waiver. If federal and state matching funds are insufficient to cover the number of eligible persons, states must limit enrollment or pay for the unmatched program costs using all state funds. Follow procedures below when a Family Planning Waiver enrollment freeze is implemented.

A. Implementation of the Freeze

DMA monitors the funding of the Medicaid Family Planning Waiver (FPW) program and notifies the Division of Information Resource Management (DIRM) and the counties when funding is no longer adequate to support additional enrollments. A freeze is then implemented. DIRM establishes a waiting list based on actions taken by the counties. As funds become available, DMA notifies DIRM and DIRM reactivates applications using the waiting list in EIS. DMA notifies counties of the reactivated applications. Counties then process the reactivated applications.

MEDICAID FAMILY PLANNING WAIVER**ISSUED 08/01/07 – CHANGE NO. 11-07**

(VII.)

B. Applications Dated Prior to the Freeze Implementation Date are Not Affected by the Enrollment Freeze

Process the application using current policies and procedures.

1. First, evaluate the case for Medicaid. If eligible, approve the case under the appropriate Medicaid program.
2. If ineligible for Medicaid, evaluate the case for Medicaid Family Planning Waiver (FPW) and, if eligible, approve for Medicaid Family Planning Waiver. The individual can be approved for FPW even if the disposition is after the enrollment freeze implementation date. If ineligible, deny the case using the appropriate denial code.
3. Advise applicants requesting to withdraw their Family Planning Waiver application that due to the enrollment freeze, they may not be able to receive the Family Planning Waiver services at a later date.

C. Applications Dated on or After the Freeze Implementation Effective Date are Affected by the Enrollment Freeze

1. First, evaluate the application for Medicaid. If the case is eligible for Medicaid, approve it under the appropriate Medicaid program.
2. If ineligible for Medicaid, evaluate the case for Medicaid Family Planning Waiver. Change the FPW indicator on the DSS-8124 to “Y” if not previously done.

There are two possible outcomes for the Medicaid Family Planning Waiver (FPW) applications taken on or after the freeze implementation date:

- a. The first possibility is that the case is ineligible for FPW due to failure to meet eligibility requirements. In this case, deny the application using the appropriate denial code for FPW.
- b. The second possibility is that the individual is determined to be eligible for FPW.

Follow the instructions in VII.E. for adding cases to the waiting list.

- c. Advise the applicant requesting to withdraw his FPW application that:
 - (1) If he proceeds with the application, if otherwise eligible for FPW, he would be placed on the waiting list due to the enrollment freeze. The applicant will be notified when the FPW application is reactivated.

MEDICAID FAMILY PLANNING WAIVER

ISSUED 08/01/07 – CHANGE NO. 11-07

(VII.C.2.c.)

- (2) By withdrawing the application, he is forfeiting his position on the waiting list. To protect his position on the waiting list, he must decide to continue with the application.

Edits in EIS will not allow the approval of FPW applications with application dates on or after the enrollment freeze.

D. Re-Enrollment Prior To A Freeze

1. If the case was due for a re-enrollment prior to the freeze, but the DMA-5063R is not returned within the first 10 days of the next month and the individual is eligible for FPW, do not approve the case. Register a FPW application with a date of application after the freeze and deny with a F9.
2. If during the re-enrollment process, the county does not register a FPW application or does not change the classification prior to the freeze and the individual is eligible for FPW, he will be placed on the waiting list. Register a FPW application with a date of application after the freeze and deny with a F9.
3. Medicaid Family Planning Waiver Re-enrollments – Case Remains Eligible for FPW.
 - a. Re-enrollments for FPW will not be affected by the enrollment freeze provided the DMA-5063R is returned by the established deadline (Refer to MA-3420, Re-enrollments). Re-enroll individuals already enrolled in FPW provided they continue to meet the eligibility requirements. Individuals listed on the DMA-5063R received on or after the freeze implementation date who are not currently enrolled cannot be enrolled.
 - b. Do not re-enroll the individual in FPW if the FPW case is terminated for failure to provide the DMA-5063R and the form is received after the 10th calendar day of the month following the month of termination. This is considered a new enrollment and no new individual will be enrolled during the enrollment freeze.
 - c. Follow current procedures for re-enrollments when the DMA-5063R is received timely but the information to process it is received after the 10th calendar day of the month following the month of termination.
 - (1) The individual is required to provide a new DMA-5063. The DMA-5063R is not accepted as the application in these cases.
 - (2) This is considered a new enrollment and no new individual will be enrolled during the enrollment freeze. If the DMA-5063 is returned, follow instructions in VII.C.

MEDICAID FAMILY PLANNING WAIVER

ISSUED 08/01/07 – CHANGE NO. 11-07

(VII.)

E. Waiting List

1. A statewide waiting list is created using information from EIS for individuals who would be otherwise eligible for FPW except for the lack of funding.
2. Once the cases are identified, individuals are sequenced chronologically on the waiting list based on the application number in EIS. The application number is assigned sequentially.
3. FPW applications must be keyed timely and the appropriate denial code must be used to ensure the waiting list is accurate. **Individuals will not be enrolled in FPW unless they are on the waiting list.**
4. Any individual who is determined to be eligible for FPW during the enrollment freeze, either as the result of a new application, reapplication, or an ex parte review, must be added to the waiting list.
 - a. Key the DSS-8124. The FPW indicator must be entered as “Y.”
 - b. Deny the application using the denial code “F9”. The DSS-8109 will state, “You are eligible for FPW but the program is not funded to cover more individuals at this time. If additional funds are made available you will be contacted about enrolling in FPW.”
5. Applications must be keyed into EIS and denied using the “F9” code for these reasons.
 - a. The waiting list is built using the application number of the application dispositioned with a denial code of “F9.”
 - b. Based on the “F9” code, FPW applicants will receive a DMA-5121, North Carolina Medicaid Family Planning Waiver Enrollment and Waiting List letter ([figure 5](#)) informing them of the waiting list due to the freeze. The letter will be mailed separately from the denial notice.

VIII. Reactivating Individuals on the Waiting List

When additional funding is available, individuals can be reactivated from the waiting list. The state notifies counties via a terminal message that individuals may be reactivated. Follow these steps to reactivate individuals on the waiting list.

MEDICAID FAMILY PLANNING WAIVER**ISSUED 08/01/07 – CHANGE NO. 11-07****VIII.****A. Reactivating Applications in EIS**

1. Reactivated applications are identified using the waiting list database. EIS reactivates the applications using the information in the database.
2. The reactivated application contains the same individuals who were listed on the original “F9” denied application.
3. Reactivated applications are opened as new applications and have a new case ID number.
4. Reactivated applications have an indicator for identification purposes that is invisible to the county. The indicator allows the identified cases to be approved at the county level once eligibility is established.
5. These applications appear on the county application management report but are administrative applications.
6. A DMA-5120, Medicaid Family Planning Waiver Program, (Figure 4) is mailed by the State to each casehead in a reactivated application.
7. A NCXPTR report titled DHRWDB FAM PLAN APPS REACTIVATED lists reactivated applications by county. The report is sorted alphabetically by casehead. The State mails one copy of the report to each county.

B. Notifying Clients and Requesting Information

Income and basic information must be re-evaluated for reactivated applications. The information is obtained from the reactivation notice the applicant completes. DMA notifies counties via terminal message when applications are reactivated.

1. Mailing the Reactivation Notice [DMA-5120](#), Medicaid Family Planning Waiver Program (Figure 4).
 - a. The State mails to each casehead in a reactivated application a DMA-5120, Medicaid Family Planning Waiver Program (Figure 4). The letter notifies the case head about the reactivation of the application. It asks the casehead:

MEDICAID FAMILY PLANNING WAIVER

ISSUED 08/01/07 – CHANGE NO. 11-07

(VIII.B.1.a)

- (1) If there has been a change in income since he applied. The applicant's statement of income on the letter is acceptable if he indicates a change in income.
 - (2) To confirm his current address and whether or not the a/r is pregnant or has the ability to have children.
- b. The applicant has 12 calendar days to return the letter. If the 12th day falls on a weekend or holiday, allow until the end of the first business day following the weekend or holiday for the return of the letter. If the applicant does not respond by the deadline:
- (1) Research agency records, both paper and computer, to ensure the letter was mailed to the most current address.
 - (2) Mail a second [DMA-5120](#), Medicaid Family Planning Waiver Program (Figure 4). Mark "Second Request" at the top of the letter. Attach a [DMA-5097/DMA5097S](#), Request for Information, to the letter.
 - (3) Allow twelve calendar days from the date mailed for return of the second letter.
- c. If the letter is returned to the agency because the applicant no longer lives at the address:
- (1) If a forwarding address is provided, mail the notice to that address.
 - (2) If no forwarding address is provided, check the original application for a phone number. Attempt to contact the applicant by phone to verify the current address.
 - (3) If no forwarding address or phone number is available, search all agency records, both paper and computer, for a current address. See [MA-3410](#), Terminations and Deletions, for the definition of current address.
- d. If no current address or phone number can be located, document all attempts to locate the applicant and deny the application.

MEDICAID FAMILY PLANNING WAIVER

ISSUED 08/01/07 – CHANGE NO. 11-07

(VIII.B.)

2. Reactivation Notice Returned Complete

When the [DMA-5120](#), Medicaid Family Planning Waiver Program, (Figure 4) is returned complete (all questions, except date, are answered, income statements are complete and not questionable and the form is signed), process the reactivated application.

- a. If the applicant reports no change in income, process the application using the income on file.
- b. If the applicant reports a change in income and includes a complete statement regarding the changed income, use that statement to process the reactivated application.
 - (1) If the individual is eligible for Medicaid using the changed income, approve the application under the appropriate Medicaid program.
 - (2) If the individual is eligible for FPW using the changed income, approve for FPW.
 - (3) If the individual is ineligible for FPW based on the changed income, deny the reactivated application using the appropriate denial code.
- c. An applicant may have moved since the original application was filed, and he may no longer live in the county where he applied. The county on whose report the applicant appears is responsible for dispositioning a reactivated application.

After approving the case, follow transfer procedures in [MA-3340](#), County Residence.

3. Reactivation Notice Returned Incomplete

If the [DMA-5120](#), Medicaid Family Planning Waiver Program, (Figure 4) is returned but is incomplete (not all questions are answered, income statement is incomplete or questionable or the form is not signed), use the [DMA-5097/DMA-5097S](#), Request for Information, to request the missing information. Make at least two requests with at least 12 calendar days between the requests.

MEDICAID FAMILY PLANNING WAIVER**ISSUED 08/01/07 – CHANGE NO. 11-07**

(VIII. B.)

4. [DMA-5120](#), Medicaid Family Planning Waiver Program (Figure 4), Reactivation Notice Indicates Individual Got Married. It is possible that an individual has gotten married since the original application was made. If the individual has gotten married:
 - a. Research the case. See VIII.C. below.
 - b. Request income from any new responsible person in the new household using the [DMA-5097/DMA-5097S](#).
 - c. Based on the new household's income, evaluate eligibility first for Medicaid. If ineligible for Medicaid, the individual must be evaluated for FPW. Because this income was never verified, a statement of income is not acceptable to process these FPW cases. Income in these cases must be verified following policy in [MA-3300](#), Income.
 - d. Before disposing of the case, update the current address on the DSS-8124 to the current address for the individual.

C. Researching Cases

Using the information from the NCXPTR report, DHRWDB FAM PLAN APPS REACTIVATED, and information in EIS, research the reactivated applications prior to disposition to determine if the individual on the original application has been subsequently approved in another aid program/category.

1. Individual on the original application approved in another aid program/category
 - a. Deny the application if the individual on the reactivated application is now authorized in an ongoing Medicaid case, or
 - b. The individual termination date is the same as the date of the reactivated application.
2. Reactivated Individual in Another Pending Application (Not A Reactivated Application)
 - a. Individual in Pending FPW Application
 - (1) If the reactivated FPW application is approved prior to the 45th day of the pending application, deny the pending application.
 - (2) If the reactivated FPW application is denied prior to the 45th day of the pending application, process the pending application. If the freeze is still in effect for new enrollments and the individual is ineligible for FPW, deny with a F9.

MEDICAID FAMILY PLANNING WAIVER**ISSUED 08/01/07 – CHANGE NO. 11-07**

(VIII.C.a.)

- (3) If the reactivated application is not processed by the 45th day of the pending FPW application, process the pending application. Continue to process the reactivated application.

b. Individual in Pending Medicaid or Work First Application

Unless ineligibility is established, do not dispose of the reactivated FPW application until the pending Medicaid or Work First application has been dispositioned. Reactivated applications may pend for more than 45 days in these situations.

- (1) If the pending Medicaid or Work First application is approved, deny the reactivated FPW application.
 - (2) If the pending Medicaid or Work First application is denied, process the reactivated FPW application.
3. Use the information from the most recent application on record and the Notice of Reactivation to process the reactivated application.
 4. If the same individual appears in multiple reactivated applications, deny all but one of the reactivated applications.

D. Processing the Medicaid Family Planning Waiver Reactivated Application

There are three possible outcomes for the reactivated FPW applications.

1. Withdrawal

Withdraw the application if the applicant contacts the DSS and states he/she no longer wants the assistance. The caseworker must document the reason for withdrawal and the alternatives to withdrawal that were discussed with the applicant. Follow instructions in the application processing sections.

2. Denial

- a. Deny anytime ineligibility is established (for example, changed income exceeds the income limit).
- b. Deny when the applicant fails to provide information on:
 - (1) The 45th day when the reactivation notice and at least one DMA-5097 were sent or two DMA-5097's with at least 12 calendar days between them were sent prior to the 45 day processing standard, or

MEDICAID FAMILY PLANNING WAIVER

ISSUED 08/01/07 – CHANGE NO. 11-07

(VIII.D.2.b.)

- (2) The first work day after the 12th calendar day when the second DMA-5097 is sent requesting the information after the reactivation notice or the first work day after two DMA-5097's with at least 12 calendar days between them and the 12th calendar day exceeds the 45 day processing standard.
- c. Deny when the applicant fails to provide information on:
 - (1) The 45th day when the reactivation notice and at least one DMA-5097 were sent or two DMA-5097's with at least 12 calendar days between them were sent prior to the 45 day processing standard, or
 - (2) The first work day after the 12th calendar day when the second DMA-5097 is sent requesting the information after the reactivation notice or the first work day after two DMA-5097's with at least 12 calendar days between them and the 12th calendar day exceeds the 45 day processing standard.
 - d. Failure to provide information includes:
 - (1) The applicant fails to return the Notice of Reactivation,
 - (2) The applicant reports a change in income but has not provided a complete statement of the changed income,
 - (3) The applicant fails to sign the reactivation notice.
 - e. If the [DMA-5120](#), Medicaid Family Planning Waiver Program letter (Figure 4), or any other information requested is returned after the case is denied, send a [DMA-5063/DMA-5063S](#). Advise the applicant that he/she has been dropped from the waiting list and that he/she must reapply.
3. Approval
 - a. Approve the case if the applicant returns the DMA-5120, Medicaid Family Planning Waiver Program letter (Figure 4) and is eligible.
 - b. Authorize the case when all the eligibility requirements are met but no earlier than the first of the month of the reactivated application. The certification period will begin the same month the case is authorized and will be twelve months.

MEDICAID FAMILY PLANNING WAIVER

ISSUED 08/01/07 – CHANGE NO. 11-07

(VIII.)

E. Reports

In addition to the FPW reports already received by the counties, the following reports will be generated and available in NCXPTR.

1. DHRWDB FAM PLAN CAP ENROL DENIAL

This report lists applications denied with code "F9". The report is run monthly on the 5th work night. Copies of the report are not mailed to the county.

2. DHRWDB FAM PLAN APPS REACTIVATED

This report lists the reactivated applications by county. Each county will receive one paper copy of the report. The report is sorted alphabetically by casehead.

3. DHRWDB FAM PLAN OUTCOME OF REACT

This report shows the outcome of applications that were reactivated and what action was keyed.

4. DHRWDB FAM PLAN ENROLL MGMT REPT

This report will provide information that will enable the State to make decisions regarding a freeze in enrollment.