

# **DEPARTMENT OF HEALTH AND SOCIAL SERVICES**

## **DIVISION OF MEDICAID AND MEDICAL ASSISTANCE**

Statutory Authority: 31 Delaware Code, Section 512 (31 **Del.C.** §512)

### **PROPOSED**

### **PUBLIC NOTICE**

### **Family Planning**

In compliance with the State's Administrative Procedures Act (APA - Title 29, Chapter 101 of the **Delaware Code**) and under the authority of Title 31 of the **Delaware Code**, Chapter 5, Section 512, Delaware Health and Social Services (DHSS) / Division of Medicaid and Medical Assistance (DMMA) / is proposing to amend the Division of Social Services Manual (DSSM) regarding the eligibility requirements for Family Planning.

Any person who wishes to make written suggestions, compilations of data, testimony, briefs or other written materials concerning the proposed new regulations must submit same to Sharon L. Summers, Planning & Policy Development Unit, Division of Medicaid and Medical Assistance, 1901 North DuPont Highway, P.O. Box 906, New Castle, Delaware 19720-0906 or by fax to 302-255-4425 March 4, 2009.

The action concerning the determination of whether to adopt the proposed regulation will be based upon the results of Department and Division staff analysis and the consideration of the comments and written materials filed by other interested persons.

### **SUMMARY OF PROPOSAL**

#### **Statutory Authority**

Social Security Act §1115, Demonstration Projects

#### **Background**

Family Planning is a category of eligibility created under the Section 1115 Demonstration Waiver that was approved by CMS on May 17, 1995. Family Planning services are extended 24 months to women who lose Medicaid (categorical or expanded population) for non-fraudulent reasons.

The intention is to promote the reduction of unintended pregnancies, low birth weight infants, fetal death, and improve women's health and strengthen family functioning by spacing children and tracking related gynecological problems and sexually transmitted diseases. Coverage for this group of eligibles became effective January 1, 1996.

#### **Summary of Proposal**

In the latest renewal of the Demonstration Waiver under Section 1115 of the Social Security Act, CMS required a reduction of the income standard from 300% Federal Poverty Level (FPL) to 200% FPL and requires the woman to be uninsured. The waiver renewal was effective January 1, 2007.

#### **DMMA PROPOSED REGULATION #09-02**

#### **REVISIONS:**

**16500 Family Planning**

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### **16500.1 Eligibility Requirements**

Women may receive Family Planning services if they meet the following conditions:

1. age 16 through age 50
2. were receiving Medicaid but lost Medicaid eligibility on or after 12/31/95 for non fraudulent reasons. ~~Females~~ Women who lose eligibility as a QMB, SLMB, or QI or who were eligible for emergency services and labor and delivery only, are not eligible for the family planning extension. Fraud is defined by Section 1128B of the Social Security Act. The individual must be convicted of fraud by a court of competent jurisdiction.
3. continue to meet Delaware residency requirements
4. do not have comprehensive health insurance coverage. Comprehensive health insurance covers hospital, physician, laboratory, and radiology services.
45. are not inmates of a public institution such as a correctional facility or mental health institution
56. for the second year of the extension, have countable family income at or below ~~300%~~ 200% of the Federal Poverty Level.

Family income will be determined using the methodology of the Federal Poverty Level related programs. Resources are not counted.

**12 DE Reg. 1047 (02/01/09) (Prop.)**