

CHAPTER 87
STATE-FUNDED FAMILY PLANNING PROGRAM

PREAMBLE

This chapter defines and structures the state-funded family planning program administered by the department pursuant to 2008 Iowa Acts, chapter 1187. The purpose of this program is to provide family-planning-related services to women who are ineligible for medical assistance under 441—subrule 75.1(41). The department is not receiving federal financial participation for state expenditures under the state-funded family planning program. Therefore, this chapter shall remain in effect only as long as state funding is available.

441—87.1(82GA,ch1187) Definitions.

“*Applicant*” means a person who applies for medical assistance under the state-funded family planning program described in this chapter.

“*Department*” means the Iowa department of human services.

“*Family planning agency*” means any Iowa Title X family planning agency or any family planning agency that was under contract with the department for the social services block grant family planning program as of July 1, 2004.

“*Family planning services*” means pregnancy prevention and related reproductive health services.

These services shall not include abortion services.

[ARC 7544B, IAB 2/11/09, effective 1/14/09]

441—87.2(82GA,ch1187) Eligibility. Eligibility for the state-funded family planning program shall be determined according to the provisions of this rule.

87.2(1) *Persons covered.* Subject to funding as described in subrule 87.2(3), medical assistance for family planning services shall be available to a woman who:

- a. Is seeking pregnancy prevention services;
- b. Is capable of bearing children but is not pregnant;
- c. Is a resident of Iowa as defined in rule 441—75.10(249A);
- d. Has income that does not exceed 200 percent of the federal poverty level as determined according to 441—paragraph 75.1(41) “c”;
- e. Has been determined ineligible for medical assistance under 441—subrule 75.1(41) after having cooperated with the application process; and
- f. Is eligible under 441—subrule 75.1(41) except for:
 - (1) Documentation of citizenship and identity pursuant to 441—paragraph 75.11(2) “c,” “d,” or “e”;
 - (2) Enrollment in credible health insurance coverage; or
 - (3) Age.

87.2(2) *Citizenship.* To be eligible for state-funded family planning assistance, a woman must declare that she meets the requirements in 441—paragraph 75.11(2) “a.” A woman who claims a qualified alien status shall provide documentation of this status.

87.2(3) *Funding contingency.* Initial and continuing eligibility for family planning services under this program is subject to the availability of funding appropriated for this purpose.

a. When appropriated funding is exhausted, ongoing eligibility shall be terminated and new applications shall be denied.

b. When appropriated funding becomes available, applications submitted thereafter will be considered on a first-come, first-served basis, based on the date of approval.

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441—87.3(82GA,ch1187) Application. A woman who requests assistance for family planning services shall file an application for medical assistance as required in rule 441—76.1(249A). An application that is denied for medical assistance under 441—subrule 75.1(41) shall be considered an application for this coverage group.

87.3(1) *Place of filing.* An application may be filed at any family planning agency.

87.3(2) *Time limit for decision.* An application shall be investigated by the family planning agency with which the application was filed. A determination shall be made as defined in rule 441—76.3(249A).

87.3(3) *Notice of decision.* The applicant shall be notified in writing of the decision regarding the applicant's eligibility for the state-funded family planning program.

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441—87.4(82GA,ch1187) *Effective date.* Subject to the availability of funding appropriated for this purpose, assistance for family planning services under this program shall be effective on the first day of the month of application or the first day of the month in which all eligibility requirements are met, whichever is later. Assistance shall not be available under this program for any months preceding the month of application.

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441—87.5(82GA,ch1187) *Period of eligibility and reapplication.* Eligibility for family planning services under this program shall be limited to a period of 12 months from the effective date of eligibility, or the duration of appropriated funding, whichever is less. A new application shall be required for benefits to continue beyond this date.

[ARC 7544B, IAB 2/11/09, effective 1/14/09]

441—87.6(82GA,ch1187) *Reporting changes.*

87.6(1) *Required report.* A woman applying for or receiving family planning services under this program shall report to the family planning agency when she:

- a. Has a change in health insurance coverage;
- b. Is no longer a resident of Iowa;
- c. Is no longer seeking services that prevent pregnancy; or
- d. Is no longer capable of bearing children.

87.6(2) *Timeliness.* Reports shall be considered timely when received by the family planning agency within ten days from the date the change is known to the woman. When these changes are not timely reported, any program expenditures made in error shall be subject to recovery from the woman.

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441—87.7(82GA,ch1187) *Allocation of funds.*

87.7(1) Family planning agencies that wish to participate in this program shall send a letter of application to the department's bureau of health supports:

- a. By January 15, 2009, for state fiscal year 2009; and
- b. By June 1 of the preceding state fiscal year for subsequent fiscal years.

87.7(2) Family planning agencies participating in the state-funded family planning program shall receive no more than a proportionate share of the available funding during any state fiscal year, based on the number of applications filed at the agencies and approved pursuant to 441—subrule 75.1(41) during the preceding state fiscal year.

87.7(3) If a participating agency's allocation is not spent by June 1, the department shall reallocate unspent funds in proportion to the dollar amount of claims submitted under this program by that date in the state fiscal year.

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441—87.8(82GA,ch1187) *Availability of services.* Family planning services are payable for a woman enrolled in this program only when care is received at or authorized by a family planning agency.

87.8(1) Sterilization is a covered service subject to the limitations in 441—paragraphs 78.1(16) "a" through "i."

87.8(2) Covered services shall not include abortion services.

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441—87.9(82GA,ch1187) Payment of covered services. Payment for family planning services covered under this chapter, including services authorized but not provided by a participating family planning agency, shall be made only to participating family planning agencies on a fee schedule determined by the department.

87.9(1) Fee schedule. The fee schedule shall include the amount of payment for each service and any limits on the service (e.g., a routine Pap smear is payable once annually).

87.9(2) Third-party payments. This program is the payer of last resort for services covered in this chapter. Any third-party payment received by the family planning agency or other provider of services plus any payments under this program cannot exceed the fee schedule allowance.

87.9(3) Supplementation. Payment made under this program shall be considered payment in full.
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441—87.10(82GA,ch1187) Submission of claims. Family planning agencies that participate in the program shall submit claims to the department for services rendered no later than 45 days from the last day of the month in which services were provided.

87.10(1) Claims shall be submitted to the department's bureau of health supports on Form 470-4675, State Family Planning Program Claim.

87.10(2) Following a successful review of the claim, the department shall make payments to the family planning agency subject to the availability of funding and the allocation of available funds under rule 441—87.7(82GA,ch1187).

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These rules are intended to implement 2008 Iowa Acts, chapter 1187, section 29.

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