

**NOTICE OF INTENT**

**Department of Health  
Bureau of Health Services Financing**

**Family Planning Waiver  
Program Termination  
(LAC 50:XXII.Chapters 21-27)**

The Department of Health, Bureau of Health Services Financing proposes to repeal LAC 50:XXII.Chapters 21-27 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing implemented a family planning research and demonstration project under the authority of a §1115 waiver (*Louisiana Register*, Volume 32, Number 8). The Department of Health and Hospitals, Bureau of Health Services Financing adopted provisions to establish a new optional eligibility group under the Medicaid State Plan to provide coverage for family planning services and supplies (*Louisiana Register*, Volume 40, Number 6). Eligible participants in the Family Planning Waiver were transitioned into the new family planning eligibility group under the Medicaid State Plan. The §1115 waiver authority for the Family Planning Waiver expired on December 31, 2014. Hence, the

Department of Health, Bureau of Health Services Financing now proposes to repeal the provisions governing the Family Planning Waiver due to the expiration of the §1115 waiver authority.

## Title 50

### PUBLIC HEALTH-MEDICAL ASSISTANCE Part XXII. 1115 Demonstration Waivers Subpart 3. Family Planning Waiver

#### Chapter 21. General Provisions

##### §2101. Purpose

~~A. The family planning waiver, called Take Charge, will increase access to family planning services for women who currently are not eligible for such services, but who would be eligible for Medicaid coverage, based on their income, if they became pregnant.~~

~~B. The primary goals of this family planning waiver are to:~~

~~1. increase access to services which will allow management of reproductive health;~~

~~2. reduce the number of unintended pregnancies; and~~

~~3. decrease Medicaid expenditures from prenatal and delivery related services for women in the targeted population.~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006), repealed by the Department of Health, Bureau of Health Services Financing, LR 43:

**§2103. Enrollment**

~~A. Family planning waiver services will be available to eligible women according to the following enrollment caps.~~

~~1. For the first year, priority will be set to enroll up to 25,000 women whose pregnant woman certifications are being closed.~~

~~a. On a first approved basis, up to 50,000 additional women who are not eligible for participation in the priority group established in Paragraph A.1 above may be enrolled until a cap of 75,000 enrollees has been reached for the first waiver year. Enrollment caps cannot be exceeded.~~

~~2. For the second year, priority will be set to enroll up to 22,250 women whose pregnant woman certifications are being closed.~~

~~a. On a first approved basis, additional enrollees, including those established in Paragraph A.2 above, will be allowed to enroll until a cap of 110,250 enrollees has been reached for the second waiver year. Enrollment caps cannot be exceeded.~~

~~B. Additional enrollment caps for subsequent years will be published in Potpourri notices.~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006), repealed by the Department of Health, Bureau of Health Services Financing, LR 43:

## **Chapter 23. Eligibility**

### **§2301. Recipient Qualifications**

~~A. Family planning waiver services shall be provided to women who:~~

~~1. are 19 through 44 years of age;~~

~~2. have family income at or below 200 percent of the federal poverty level;~~

~~3. are not eligible for inclusion in any other Medicaid program or State Children's Health Insurance Program (SCHIP), with the exception of participants in the Greater New Orleans Community Health Connection Waiver; and~~

~~4. do not have Medicare or other private health insurance coverage other than a single coverage policy which provides limited benefits, such as a dental or vision policy.~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:3027 (October 2011), repealed by the Department of Health, Bureau of Health Services Financing, LR 43:

**Chapter 25. Services**

**§2501. Covered Services**

~~A. Services provided in this family planning waiver include:~~

- ~~1. annual physical exams;~~
- ~~2. necessary lab tests; and~~
- ~~3. contraceptive services, including sterilizations and Food and Drug Administration (FDA) approved family planning pharmaceuticals, devices, methods or supplies.~~

~~Repealed.~~

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006), repealed by the Department of Health, Bureau of Health Services Financing, LR 43:

**§2503. Service Limits**

~~A. There is a limit of four visits per calendar year for services rendered by a physician, nurse practitioner, physician assistant, or nurse.~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006), repealed by the Department of Health, Bureau of Health Services Financing, LR 43:

**§2505. Service Delivery**

~~A. Family planning waiver services may be delivered through any enrolled Medicaid provider whose scope of practice includes family planning services.~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006), repealed by the Department of Health, Bureau of Health Services Financing, LR 43:

**Chapter 27. Reimbursement**

**§2701. Reimbursement Methodology**

~~A. All Medicaid providers, including federally qualified health centers, rural health clinics and tribal 638 facilities, shall be reimbursed for family planning waiver services at the Medicaid fee-for-service rates.~~

~~B. Effective for dates of service on or after January 22, 2010, the reimbursement rates for services provided in the family planning waiver shall be reduced by 5 percent of the rates in effect on January 21, 2010.~~

~~C. Effective for dates of service on or after August 1, 2010, the reimbursement rates for services provided in the family planning waiver shall be reduced by 4.6 percent of the rates in effect on July 31, 2010.~~

~~D. Effective for dates of service on or after July 1, 2012, the reimbursement rates for the following family planning waiver services shall be adjusted to be consistent with the reimbursement rates paid on the established Medicaid fee schedule for family planning services covered under the Medicaid State Plan in the Professional Services Program.~~

~~1. Rate adjustments shall be made to the following procedure codes:~~

~~a. current procedural terminology (CPT) codes 00851, 36415, 58300, 58301, 58600, 58670, 58671, 71020, 80048, 80050, 80051, 82962, 86631, 86703, 87480, 87481, 87490, 87491, 87590, 87591, 87621, 87810, 87850, 88141, 88175, 88174, 93000,~~

~~99212, 99241, and 99242, 71010, 80061, 81000, 81001, 81002, 81003, 81005, 81025, 82948, 84520, 84550, 84702, 84703, 85014, 85018, 86592, 86593, 86689, 86701, 87070, 87075, 87081, 87110, and 87210.~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:1461 (August 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2280 (October 2010), LR 37:2156 (July 2011), LR 39:506 (March 2013), repealed by the Department of Health, Bureau of Health Services Financing, LR 43:

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability or autonomy as described in R.S. 49:972.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual or family poverty in relation to individual or community asset development as described in R.S. 49:973.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, March 30, 2017 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Rebekah E. Gee MD, MPH

Secretary