

## WSR 22-13-089

## HEALTH CARE AUTHORITY

[Filed June 13, 2022, 3:14 p.m.]

## NOTICE

Title or Subject: Section 1115 Family Planning Only Demonstration Waiver Extension Application.

Effective Date: July 1, 2023.

Description: The health care authority (agency) intends to submit an application to extend the Section 1115 Family Planning Only Demonstration Waiver for five years (through July 2028). The current waiver expires on June 31, 2023. It covers limited family planning and family planning-related services for people who identify as women, men, and gender fluid who are in need of contraceptive care and are enrolled in the family planning only programs.

The purpose, client eligibility requirements, and benefit package will remain the same. The only potential change is the elimination of the family planning pregnancy-related program, due to the implementation of the after-pregnancy coverage program. This change will take effect when the end of the federal public health emergency (PHE) is declared. There is currently no established end date for the PHE.

The purpose of the family planning only program is to:

- Assure [Ensure] access to family planning services.
- Decrease unintended pregnancies and births.
- Lengthen intervals between births.
- Reduce state and federal medicaid expenditures for averted births from unintended pregnancies.

The following groups are eligible for services under the family planning only program:

- Recently pregnant people who lose medicaid coverage after their pregnancy coverage ends. These people are automatically enrolled for 10 months.<sup>1</sup>
- Uninsured people with family incomes at or below 260 percent federal poverty level (FPL), seeking to prevent an unintended pregnancy.
- Teens and domestic violence victims who need confidential family planning services and are covered under their perpetrator's or parent's health insurance and are at or below 260 percent FPL.

<sup>1</sup> This eligibility group will be eliminated once the PHE ends and then this group will be eligible for the after-pregnancy coverage benefit which provides 12 months of full-scope apple health (medicaid) benefits to people who have had a pregnancy within 12 months.

Family planning coverage under the waiver is for a 12-month duration starting on the first day of the month the application was signed. Applications are available on the agency website or any apple health provider that offers family planning services who can assist with the completion of the application.

The family planning only program provides the following services on a fee-for-service basis: FDA-approved contraceptives; natural family planning; over-the-counter contraception; emergency contraception; sterilization; contraceptive education, counseling and management; limited STD testing and treatment related to the safe and effective use of the chosen contraceptive method; cervical cancer screening according to the national clinical guidelines when associated with a family planning visit; and office visits and limited ancillary serv-

ices related to the above services. There are no cost-sharing requirements to receive services under this program.

There may be decreases in annual aggregate expenditures or enrollment due to the end of the PHE and implementation of the after-pregnancy coverage program. Based on demonstration year (DY) 2020, we expect approximately 8,000 enrollees and 1,400 participants with an expenditure of \$300,000 (DY 2021) for each year of the five-year renewal period.<sup>2</sup>

<sup>2</sup> These totals do not consider the loss of the family pregnancy-related group due to the implementation of the after-pregnancy coverage program.

The demonstration waiver will test the hypotheses that by maintaining the family planning only program: (1) Access to family planning services will remain available to people who otherwise may not have access; (2) health outcomes will improve or maintain for the waiver population; and (3) the unintended pregnancy rate in Washington state will remain stable or continue to decrease. The state expects that over the five years of the renewal period, the state will have decreased costs due to averted births from unintended pregnancy.

These hypotheses will be measured by evaluating enrollment in the family planning only program, contraceptive methods chosen, Pregnancy Risk Assessment Monitoring System (PRAMS) data, birth certificates, and claims data. Due to small sample sizes, the evaluation may be limited to descriptive analysis.

The demonstration's expenditure authority falls under the state's Title XIX medicaid state plan and Section 1115 (a)(2) of the Social Security Act. Requirements not applicable to the expenditure authorities are:

1. Methods of Administration: Transportation: Section 1902 (a)(4) insofar as it incorporates 42 C.F.R. 431.53. To the extent necessary to enable the state to not assure [ensure] transportation to and from providers for the demonstration population.

2. Amount, Duration, and Scope of Services (Comparability): Section 1902 (a)(10)(B). To the extent necessary to allow the state to offer the demonstration population a benefit package consisting only of family planning services and family planning-related services.

3. Prospective Payment for Federally Qualified Health Centers and Rural Health Centers and Rural Health Clinics: Section 1902 (a)(15). To the extent necessary for the state to establish reimbursement levels to these clinics that will compensate them solely for family planning and family planning-related services.

4. Eligibility Procedures: Section 1902 (a)(17). To the extent necessary to allow the state to not include parental income when determining a minor's (a person under age 18) eligibility for the family planning demonstration. To the extent necessary to allow the state to not require reporting of changes in income or household size for 12 months, for a person found income-eligible upon application or annual redetermination when determining eligibility for the family planning demonstration.

5. Retroactive Coverage: Section 1902 (a)(34). To the extent necessary to enable the state to not provide medical assistance to the demonstration population for any time prior to the first of the month in which an application for the demonstration is made.

6. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): Section 1902 (a)(43)(A). To the extent necessary to enable the state to not furnish or arrange for EPSDT services to the demonstration population.

A link to the full public notice for the family planning only demonstration waiver extension application can be found at [www.hca.wa.gov/family-planning](http://www.hca.wa.gov/family-planning). The agency updates this web page regularly.

Public comment period: The public comment period for the family planning only demonstration waiver extension application is from **June 30** through **July 29, 2022**. During this time, people can share their feedback on the waiver renewal application, the change that the program may experience, or share any other comments about the waiver renewal.

Public comment is open to anyone who [would] like to share feedback. The agency encourages health care and social service providers, accountable communities of health, tribal nations, Indian health care providers, hospitals and health systems, medical associations, community-based organizations, and the public to provide feedback.

You can email comments to [familyplanning@hca.wa.gov](mailto:familyplanning@hca.wa.gov) or mail comments to the address below. **The deadline to provide public comment is Friday July 29, 2022, at 5 p.m. PDST.** A copy of the draft application will be available by June 30, 2022, at [www.hca.wa.gov/family-planning](http://www.hca.wa.gov/family-planning) by June 30.

Two public webinars are scheduled. The agency will accept verbal and written comments at these webinars. Details of the webinars are below and can also be found at [www.hca.wa.gov/family-planning](http://www.hca.wa.gov/family-planning).

**Thursday, June 30, 2022, from 12 to 1 p.m. via Zoom** <https://us02web.zoom.us/j/81274431420>, Meeting ID 812 7443 1420, dial by your location +1 253 215 8782 US (Tacoma), +1 346 248 7799 US (Houston), +1 669 900 6833 US (San Jose), +1 301 715 8592 US (Washington DC), +1 312 626 6799 US (Chicago), +1 929 205 6099 US (New York), Meeting ID: 812 7443 1420. Find your local number <https://us02web.zoom.us/j/ku0tvtuGcV>.

**Friday, July 29, 2022, from 10 to 11 a.m. via Zoom** <https://us02web.zoom.us/j/89782865366>, Meeting ID 897 8286 5366, dial by your location +1 253 215 8782 US (Tacoma), +1 346 248 7799 US (Houston), +1 669 900 6833 US (San Jose), +1 312 626 6799 US (Chicago), +1 929 205 6099 US (New York), +1 301 715 8592 US (Washington DC), Meeting ID: 897 8286 5366. Find your local number <https://us02web.zoom.us/j/kNUO2JBDB>.

For additional information, contact Christine Quinata, Family Planning Only Program, 626 8th Avenue S.E., Olympia, WA 98501, phone 360-725-1652, fax 360-725-1152, email [FamilyPlanning@hca.wa.gov](mailto:FamilyPlanning@hca.wa.gov), website <https://www.hca.wa.gov/health-care-services-and-supports/apple-health-medicaid-coverage/family-planning-only>.