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**FAMILY PLANNING PROGRAM**  
**REVISED 11/3/2021 – CHANGE NO. 10-21**

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**I. Introduction**

The Medicaid Family Planning Program (FPP) establishes a system by which individuals, **regardless of age, gender, or disability status**, more easily access family planning **and family planning related services to prevent/reduce** unplanned pregnancies. **FPP also includes Non-Emergency Medical Transportation (NEMT) for FPP services only.**

**A. Eligibility Requirements**

1. No age restrictions
2. **Not Pregnant**
3. **Have income at or below 195% of the FPL**
4. Meet all financial and non-financial eligibility requirements

**B. Determine Eligibility**

Determine Family Planning Program (FPP) eligibility **when all verifications necessary to determine FPP have been received and authorize if otherwise eligible the first day of the application month.**

**Do NOT** delay processing the FPP application while pending verifications for other Non-MAGI applications. This includes but is not limited to:

1. Pending disability determination,
2. Pending medical bills to meet a deductible or
3. Reserve reduction/verification for applicable programs.

Apply MAGI budgeting methodologies to individuals in the Family Planning Program.

**C. 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.

**D. Retroactive Eligibility**

Retroactive eligibility can be determined for 1, 2 or 3 months prior to the application. If the individual applies for retro coverage and they are determined to be categorically eligible for any program including FPP, authorize the case. The worker is not required to verify need unless the individual would have to meet a deductible in the retro period.

#### **E. Redetermination**

Using the ex parte process, evaluate for all other Medicaid programs prior to authorizing continued Family Planning Program.

#### **F. Change in Circumstance**

Changes include, but are not limited to, changes in:

1. income,
2. household,
3. disability status or
4. ability to meet a deductible.

When a change in circumstance is reported, evaluate for all Medicaid programs. Determine eligibility within 30 days. Refer to MA-3306 MAGI Income, MA-2250 Income, MA-2525 Disability, to determine appropriate action.