

**2003-04 SESSION
COMMITTEE HEARING
RECORDS**

Committee Name:

Senate Committee on
Health, Children,
Families, Aging and
Long Term Care
(SC-HCFALTC)

Sample:

Record of Comm. Proceedings ... RCP

- 03hrAC-EdR_RCP_pt01a
- 03hrAC-EdR_RCP_pt01b
- 03hrAC-EdR_RCP_pt02

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

➤ **

➤ Committee Hearings ... CH

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Hearing Records ... HR

➤ 03hr_sb0186_pt03

➤ Miscellaneous ... Misc

➤ **

➤ Record of Comm. Proceedings ... RCP

➤ **

JB 186

Jermstad, Sara

From: Roessler, Carol
Sent: Monday, February 10, 2003 3:17 PM
To: Jermstad, Sara
Subject: FW: Notification of Emergency Rule Pertaining to Medicaid Family Planning



Fiscal_Estimate_FinMA_FamPlgWaiver_
al_020603.d... EmergOrder_Fin... CR email



Karen Asbjornson
Office of Senator Carol Roessler
(608) 266-5300/1-888-736-8720
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-----Original Message-----

From: Hartzke, Larry
Sent: Monday, February 10, 2003 2:38 PM
To: Doyle, Donna; Stigler, Ken; *Legislative Representatives;
*Legislative Senators
Cc: Dunlap, Louis
Subject: Notification of Emergency Rule Pertaining to Medicaid Family Planning

Attached is an emergency rulemaking order the Department issued on January 31, 2003 relating to implementation of a federal Medicaid waiver for family planning services. The fiscal estimate associated with the rulemaking order is also attached. Please contact me if you have any questions about it.

Larry Hartzke
Administrative Rules Manager
Office of Legal Counsel
Wisconsin Department of Health & Family Services
608.267.2943

ORDER OF THE
DEPARTMENT OF HEALTH AND FAMILY SERVICES
AMENDING AND CREATING RULES

FINDING OF EMERGENCY

The Department of Health and Family Services finds that an emergency exists and that the rules are necessary for the immediate preservation of the public peace, health, safety or welfare. The facts constituting the emergency are as follows:

On June 25, 1999, the Department submitted a request for a waiver of federal law to the Centers for Medicare and Medicaid Services (CMS), the agency within the United States Department of Health and Human Services that controls states' use of Medicaid funds. On June 14, 2002, the Centers for Medicaid and Medicare granted the waiver, effective January 1, 2003. The waiver allows the state to expand Medicaid services by providing coverage of family planning services for females of child-bearing age who would not otherwise be eligible for Medicaid coverage. Under the waiver, a woman of child-bearing age whose income does not exceed 185% of the federal poverty line will be eligible for most of the family planning services currently available under Medicaid, as described in s. HFS 107.21. Through this expansion of coverage, the Department hopes to reduce the number of unwanted pregnancies in Wisconsin.

Department rules for the operation of the Family Planning Demonstration Project must be in effect before the program begins. The program statute, section 49.45 (24r) of the statutes, became effective on October 14, 1997. It directed the Department to request a federal waiver of certain requirements of the federal Medicaid Program to permit the Department to implement the Family Planning Demonstration Project not later than July 1, 1998, or the effective date of the waiver, whichever date was later. After CMS granted the waiver, the Department determined that the Family Planning Demonstration Project could not be implemented prior to January 1, 2003, and CMS approved this starting date. Upon approval of the waiver, the Department began developing policies for the project and subsequently the rules, which are in this order. The Department is publishing the rules by emergency order so the rules take effect in February 2003, rather than at the later date required by promulgating permanent rules. In so doing, the Department can provide health care coverage already authorized by CMS as quickly as possible to women currently not receiving family planning services and unable to pay for them. The Department is also proceeding with promulgating these rule changes on a permanent basis through a proposed permanent rulemaking order.

ORDER

Pursuant to the authority vested in the Department of Health and Family Services by ss. 49.45 (10) and 227.24 (1), Stats., the Department of Health and Family Services hereby amends and creates rules interpreting s. 49.45 (24r), Stats.

SECTION 1. HFS 101.03 (63m) is created to read:

HFS 101.03 (63m) "Family planning demonstration project" means the medical assistance waiver program approved by the federal centers for medicare and medicaid services to provide family planning services to women of child-bearing age who are not otherwise eligible for and receiving medical assistance benefits which would include family planning services.

SECTION 2. HFS 102.01 (5) (e) and (6) are amended to read:

HFS 102.01 (5) (e) When a childperson is under the age of 18 and is a parent or is pregnant, but is not married and is not under the care of a relative as specified in s. 49.19 (1) (a), Stats., the agency shall determine individually the eligibility of the childperson. When a person applies solely for benefits under the family planning demonstration project, the department shall determine the eligibility of the person without regard to the person's parent or parents.

(6) PROVIDING CORRECT AND TRUTHFUL INFORMATION. The applicant, recipient, or person described in sub. (7) who is acting on behalf of the applicant or recipient is responsible for providing to the agency, the department or the department's delegated agent, full, correct and truthful information necessary for eligibility determination or redetermination and for disclosing assets which the agency determines may affect the applicant's or recipient's eligibility, including but not limited to health insurance policies or other health care plans and claims or courses of action against other parties on the part of the applicant or recipient. Changes in income, assets or other circumstances which may affect eligibility shall be reported to the agency within 10 days of the change, except that changes in household income will not have to be reported for persons receiving benefits under the family planning demonstration project.

SECTION 3. HFS 102.04 (3) (c) is amended to read:

HFS 102.04 (3) (c) Within 12 months after the date initial eligibility is determined for AFDC-related persons and persons eligible for BadgerCare or for the family planning demonstration project;

SECTION 4. HFS 103.01 (1) (a) is amended to read:

HFS 103.01 Introduction. (1) PERSONS ELIGIBLE. (a) Eligibility for medical assistance (MA) shall be determined pursuant to ss. 49.45 (24r), 49.455, 49.46 (1), 49.47 (4), 49.472 and 49.665, Stats., and this chapter, except that MA shall be provided without eligibility determination to persons receiving SSI or those persons who would currently be eligible under the AFDC program that was in place on July 16, 1996 in this state pursuant to s. 49.19, Stats.

SECTION 5. HFS 103.03 (1) (title) and (a) are amended to read:

HFS 103.03 (1) AFDC-RELATEDNESS, SSI-RELATEDNESS, OR BADGERCARE ELIGIBILITY OR FAMILY PLANNING WAIVER. (a) *Requirement.* To be non-financially eligible for MA, an applicant shall be AFDC-related, SSI-related or meet the non-financial requirements under par. (f) for BadgerCare, or par. (i) for the family planning demonstration project for as long as the waiver is in effect.

SECTION 6. HFS 103.03 (1) (i) is created to read:

HFS 103.03 (1) (i) *Family planning demonstration project non-financial eligibility.* To be non-financially eligible for the family planning demonstration project, a person shall:

1. Be a woman at least 15 years old and no older than 44 years.
2. Not be receiving Medicaid, unless the person is eligible for medical assistance under s. 49.46 (1) (a) 15. or 49.468, Stats.
3. Meet the other non-financial criteria in subs. (2) through (7).

4. Cooperate with providing information to assist in pursuing third parties who may be liable to pay for services covered under medical assistance as required under 42 CFR 433.147, except for persons receiving medical assistance benefits only under the family planning demonstration project.

SECTION 7. HFS 103.03 (8) and (9) are amended to read:

HFS 103.03 (8) NOT AN INELIGIBLE CARETAKER RELATIVE. A caretaker relative enumerated in s. 49.19 (1) (a), Stats., with whom a dependent child as defined in s. 49.19 (1) (a), Stats., is living when the income and resources of the MA group or fiscal test group exceed the limitations of ss. 49.19 and 49.77, Stats., or title XVI of the social security act of 1935, as amended, is not eligible unless the caretaker relative is SSI-related in accordance with sub. (1) (c), ~~or~~ is a woman who is medically verified to be pregnant, or is eligible for services under the family planning demonstration project under s. 49.45 (24r), Stats.

(9) NOT A STRIKER. A person on strike is not eligible. When the striker is a caretaker relative, all members of the MA group who are 18 years of age or older shall be ineligible except that if the member of the MA group who is on strike is medically verified as pregnant or, if the MA group includes a medically verified pregnant woman, the pregnant woman continues to be eligible during her pregnancy and through the month in which the 60th day following the end of pregnancy falls or is eligible for services under the family planning demonstration project under s. 49.45 (24r), Stats. In this subsection, "striker" means anyone who on the last day of the month is involved in a strike or a concerted effort with other employees to stop work, including a stoppage of work due to the expiration of a collective bargaining agreement, or any concerted slowdown or other concerted interruption of operations by employees.

SECTION 8. HFS 103.04 (10) and (11) are created to read:

HFS 103.04 (10) FAMILY PLANNING DEMONSTRATION PROJECT. (a) A person that meets the requirements of s. HFS 103.03 (1) (i) and (2) to (7) and the income limits of par. (b) or (c) or the criteria under par. (d) is eligible for the family planning services demonstration project.

(b) The income for a family planning demonstration project fiscal test group may be no greater than 185% of the poverty line for a family the size of the group.

(c) The income for a family planning demonstration project family fiscal unit may be no greater than an amount based on 185% of the poverty line for a family the size of the family fiscal unit, or a prorated amount based on criteria in sub. (11) (e).

(d) Women who lose eligibility for medical assistance within 90 days of the end of their pregnancy are financially eligible for the family planning demonstration project for the 12 calendar months following the end of their eligibility for pregnancy-related medical assistance regardless of their income.

(11) FAMILY PLANNING DEMONSTRATION PROJECT BUDGETING PROCEDURES. (a) *Initial and subsequent determination.* To determine whether a person meets the income limits in sub. (10), the net income of the members of the fiscal test group described in par. (b) will first be compared to the income limit in sub. (10) (b). If the net income of the fiscal test group exceeds the limit, the net income of the family fiscal unit described in par. (c) will also be compared to the income limit in sub. (10) (c).

(b) *Family planning demonstration project fiscal test group.* Except for SSI recipients, the following shall be included in the fiscal test group:

1. The applicant.
2. The applicant's spouse who resides in the home with the applicant.
3. Natural or adoptive children under age 18 of the applicant who reside in the home with the applicant.
4. A fetus the applicant or a child specified in subd. 3. has been medically verified as carrying.

(c) *Family planning demonstration project family fiscal unit.* The family fiscal unit shall include all of the following:

1. The applicant.
2. The applicant's spouse who is residing in the home with the applicant, unless the spouse is an SSI recipient.
3. A fetus the applicant has been medically verified as carrying.

(d) *Inclusion of net income.* After applying the income disregards and deductions found in s. HFS 103.07 (2) and (3) to the gross income, the net income of anyone included in the fiscal test group in par. (b) or in the family fiscal unit in par. (c) will be included when determining the financial eligibility of the applicant after applying the income disregards and deductions found in s. HFS 103.07 (2) and (3) to the gross income.

(e) *Family fiscal unit budgeting procedures.* 1. The amount of the applicant's net income determined in par. (d) counted in determining financial eligibility for the family planning demonstration project shall be divided by the number of persons living in the home for whom the applicant is financially responsible in accordance with s. 49.90 (1m), Stats., including the applicant.

2. The amount of net income determined in par. (d) of an applicant's spouse, who is in the family fiscal unit, counted in determining the financial eligibility of the applicant shall be divided by the number of persons living in the home for whom the spouse is financially responsible in accordance with s. 49.90 (1m), Stats., including the spouse.

3. Financial eligibility is determined using the following process:
 - a. Start with the amount that is 185% of the poverty line for a family the size of the applicant's family fiscal unit.
 - b. Multiply the amount in subd. 3. a. by the total of the number of fetuses in par. (c) 3. plus one.
 - c. Divide the amount in subd. 3. b. by the total number in the family fiscal unit. The result is the income limit for this family fiscal unit.

d. The total of the income amounts derived from subds. 1. and 2. shall be less than or equal to the income limit from subd. 3. c., for the applicant to be considered to have met the income limit in sub. (10) (c).

SECTION 9. HFS 103.08 (1) is amended to read:

HFS 103.08 Beginning of eligibility. (1) DATE. Except as provided in subs. (2) to ~~(5)~~(6), eligibility shall begin on the date on which all eligibility requirements were met, but no earlier than the first day of the month 3 months prior to the month of application. Retroactive eligibility ~~of up to 3 months~~ for any of the 3 previous months may occur even though the applicant is found ineligible in the month of application.

SECTION 10. HFS 103.08 (6) is created to read:

HFS 103.08 (6) FAMILY PLANNING DEMONSTRATION PROJECT. Eligibility for the family planning demonstration project shall begin on the first day of the month in which all eligibility requirements are met, but no earlier than the first day of the month of application.

SECTION 11. HFS 103.089 is created to read:

HFS 103.089 Conditions for continuation of eligibility under family planning demonstration project. (1) Changes in income or in the size of the fiscal test group or family fiscal unit that result in the income exceeding the project's income limit shall not affect the recipient's eligibility for the remainder of the 12-month certification period.

(2) Notwithstanding sub. (1), eligibility for the family planning demonstration project shall terminate when the recipient no longer meets the non-financial eligibility requirements under s. HFS 103.03 (1) (i).

(3) When eligibility is reviewed at the end of the 12-month certification period, the recipient shall meet the requirements under s. HFS 103.04 (10) for eligibility under the family planning demonstration project to continue.

SECTION 12. HFS 103.11 (title) and (1) (intro) are amended to read:

HFS 103.11 Presumptive eligibility for pregnant women. (1) REQUIREMENTS. Pregnant women may be determined presumptively eligible for MA on the basis of verification of pregnancy and preliminary information about family income. Women also may be determined presumptively eligible under the family planning demonstration project. That determination shall be made by providers designated by the department who are qualified in accordance with this section. A provider qualified to make determinations of presumptive eligibility for pregnant women shall meet the following requirements:

SECTION 13. HFS 103.11 (3) is created to read:

HFS 103.11 (3) PRESUMPTIVE ELIGIBILITY FOR FAMILY PLANNING DEMONSTRATION PROJECT. (a) Women may become eligible for the family planning demonstration project initially through presumptive eligibility determined by a certified MA provider who the department determines to be qualified and is any of the following:

1. A service provider under sub. (1) (b).

2. A family planning clinic or agency under s. HFS 105.36.

(b) A qualified provider shall determine presumptive eligibility on the basis of preliminary information that:

1. The woman is 15 years of age or older and under age 45.
2. The woman is a Wisconsin resident.
3. The woman is a citizen of the U.S.
4. The woman is not a recipient of presumptive eligibility under this subsection during the 12 months preceding the date of application.
5. The woman is not otherwise receiving MA.
6. The woman's family income meets the applicable income limits.

(c) A woman may qualify for no more than one period of presumptive eligibility under this subsection per 12-month period. The presumptive eligibility period will extend from the date a qualified provider determines presumptive eligibility to the last day of the second calendar month following the date the provider makes the determination.

(d) The provider shall inform the woman, in writing, of the determination of presumptive eligibility and that if she fails to file an application for MA eligibility with the agency in the county in which the woman resides by the last day of the second calendar month following the month of the presumptive eligibility determination, her presumptive eligibility will end no later than that day.

(e) In the event that the provider determines that a woman is not presumptively eligible, the provider shall inform her that she may file an application for MA eligibility at the agency in the county in which she resides.

SECTION 14. HFS 104.02 (7) is amended to read:

HFS 104.02 (7) FINANCIAL RESPONSIBILITY OF SPOUSE OR RESPONSIBLE RELATIVE. Within the limitations provided by s. 49.90, Stats., and this chapter, the spouse of an applicant of any age or the parent of an applicant under 18 years of age, except for the parent of an applicant under 18 years of age when that applicant is eligible for services under the family planning demonstration project, shall be charged with the cost of medical services before MA payments shall be made. However, eligibility may not be withheld, delayed or denied because a responsible relative fails or refuses to accept financial responsibility. When the agency determines that a responsible relative is able to contribute without undue hardship to self or immediate family but refuses to contribute, the agency shall exhaust all available administrative procedures to obtain that relative's contribution. If the responsible relative fails to contribute support after the agency notifies the relative of the obligation to do so, the agency shall notify the district attorney in order to commence legal action against that relative.

SECTION 15. HFS 107.21 (4) is created to read:

HFS 107.21 (4) SERVICES UNDER THE FAMILY PLANNING DEMONSTRATION PROJECT. (a) Except as provided in par. (b), the services identified in this section are covered for

persons eligible for the family planning demonstration project under s. 49.45 (24r), Stats., to the same extent and subject to the same conditions and limitations as specified in this section.

(b) A laboratory and other other diagnostic service under s. HFS 107.21 (1) (c) is covered for persons eligible for the family planning demonstration project under s. 49.45 (24r), Stats., only if the primary purpose of the office visit is contraceptive management.

(c) The following services not otherwise identified under this section are covered for persons eligible for the family planning demonstration project under s. 49.45 (24r), Stats.:

1. Specialized motor vehicle services, as described in and subject to the restrictions under s. HFS 107.23 (1) (c).

2. Common carrier transportation services, as described in and subject to the restrictions under s. HFS 107.23 (1) (d).

3. Other than for the treatment of acquired immune deficiency syndrome, contraceptives and prescription drugs for sexually-transmitted diseases under s. HFS 107.10 (1).

4. The intramuscular injection of an antibiotic.

Note: Recipients of benefits under both the family planning demonstration project and the tuberculosis services benefit may receive medications, procedures, services and supplies relating to tuberculosis treatment.

The rules contained in this order shall take effect as emergency rules upon publication in the official state newspaper as provided in s. 227.24 (1) (c), Stats.

Wisconsin Department of Health
and Family Services

Dated: January 30, 2003

By: _____
Helene Nelson
Secretary

SEAL:

Fiscal Estimate — 2001 Session

- Original Updated
 Corrected Supplemental

LRB Number	Amendment Number if Applicable
Bill Number	Administrative Rule Number HFS 101 to 104 and 107

Subject
 Family planning waiver.

Fiscal Effect

State: No State Fiscal Effect

Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.

- Increase Existing Appropriation Increase Existing Revenues
 Decrease Existing Appropriation Decrease Existing Revenues
 Create New Appropriation

- Increase Costs — May be possible to absorb within agency's budget.
 Yes No
 Decrease Costs

Local: No Local Government Costs

1. Increase Costs
 Permissive Mandatory
2. Decrease Costs
 Permissive Mandatory
3. Increase Revenues
 Permissive Mandatory
4. Decrease Revenues
 Permissive Mandatory

5. Types of Local Governmental Units Affected:
 Towns Villages Cities
 Counties Others
 School Districts WTCS Districts

Fund Sources Affected

- GPR FED PRO PRS SEG SEG-S

Affected Chapter 20 Appropriations

20.435(4)(b) and 20.435(4)(o)

Assumptions Used in Arriving at Fiscal Estimate

The administrative rule would allow the implementation of a Medicaid expansion of family planning services to single women aged 15 to 44 that have annual incomes below 185% of the federal poverty level. As directed by statute, the Department applied and received federal approval for this expansion of MA eligibility.

Currently, Medicaid and BadgerCare cover women below 185% of the federal poverty level who are either pregnant or have children. However, low-income women without children are not eligible for Medicaid or BadgerCare. Low-income women who do not qualify for these programs are unlikely to have either employer-provided insurance coverage, or sufficient personal funds to purchase family planning and reproductive health services in the private sector. They are therefore at a higher risk of unintended pregnancy. If a woman with an income below 185% federal poverty level becomes pregnant, Medicaid or BadgerCare would pay for birth costs, first year costs of the child, and other costs for the child and mother.

The family planning waiver is a five-year demonstration project that will provide family planning services and ancillary family planning services, on a fee-for-service basis, to any woman between the ages of 15 and 44 whose family income does not exceed 185% of the federal poverty level. Funding for the family planning services will be funded 90% FED and 10% GPR. Funding for covered ancillary family planning services will be funded at the Medicaid matching rate.

By preventing unintended pregnancies and therefore preventing low-income women from becoming eligible for Medicaid or BadgerCare, the cost to Medicaid and BadgerCare is reduced. In the first three years years of operation, it is projected that the cost of providing the family planning services will exceed the savings. However, over the five-year period, allowing low-income women access to family planing services, will save BadgerCare and Medicaid \$8,897,500 AF (\$1,557,100 GPR). The net cost is \$742,100 AF (\$129,900 GPR) in FY03; \$1,638,100 AF (\$286,700 GPR) in FY04; and \$1,786,000 AF (\$312,500 GPR) in FY05. Projected costs for FY04 and FY05 were included in the Departments's 03-05 biennial budget request for the MA Benefits Re-estimate item. It is estimated that enrollment at the end of the five year demonstration period will reach approximately 47,000 women.

Long-Range Fiscal Implications

Over a five year period the family planning waiver program is projected to save the Wisconsin Medicaid program \$8,897,500.

Prepared By:	Telephone No.	Agency
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Authorized Signature	Telephone No.	Date (mm/dd/ccyy)
		01/30/03


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Consequences and Costs of Adolescent Childbearing

A 1996 comprehensive study commissioned by the Robin Hood Foundation, *Kids Having Kids*, looked at the consequences for the adolescent parents and their children. (The study focused on roughly 175,000 adolescents who had their first baby before the age of 18, and compared their outcomes with women who delayed having their first child until the age of 20 or 21. (This is still two to three years younger than the national average for women having their first child.) Findings from this research follow¹³.

Consequences for Children of Adolescent Mothers

"The odds are stacked against the offspring of adolescent mothers and fathers from the moment they enter the world. As they grow, they are more likely than children of later childbearers to have health and cognitive disadvantages and to be neglected or abused. The daughters of adolescent mothers are more likely to become adolescent moms themselves, and the sons are more likely to wind up in prison."

- Children of adolescent mothers are more likely to be premature and 50% more likely to be low birth weight babies.
- As they grow, the children of adolescent mothers tend to suffer poorer health.
- They are much less likely to grow up in homes with fathers.
- Children of adolescent mothers are two to three times more likely to be runaways.
- They are far more likely to be physically abused, abandoned or neglected.
- In school, the children of adolescent mothers tend to do much worse than other students and they are far more likely to drop out.
- Daughters of adolescent mothers are 83% more likely themselves to become mothers before age 18.
- The sons of adolescent mothers are 2.7 times more likely to be

incarcerated than are their peers.

Consequences for Adolescent Mothers

In absolute terms, adolescent mothers face poor life prospects.

- Adolescent mothers drop out of high school at a staggering rate and they are less likely to return to school. Only about three of 10 adolescent mothers earn a high school diploma by age 30.
- During their first 13 years of parenthood, adolescent mothers earn an average of \$5,600 annually, less than half the poverty level.
- The majority of adolescent mothers live in poverty during the years their children are growing up. More than 70 percent of them end up on welfare.
- Currently, only 15 percent of never-married teen mothers are ever awarded child support, and those with court orders receive, on average, only one third of the amount originally awarded¹⁴.

Table 2. High School Dropout Rates¹⁵. Among young women who had a high school age birth (a birth within four years of eighth grade), the majority (62%) had dropped out at some point, according to analyses of the National Educational Longitudinal Study. A sizeable percentage of women (25%) dropped out prior to pregnancy, suggesting that they were already disengaged from school before they became pregnant. An additional 37% dropped out after the pregnancy, while only 38% did not drop out at any time.

	Total	Hispanics	Non-Hispanic Blacks	Non-Hispanic Whites
Did not drop out	38%	29%	46%	36%
Dropped out prior to pregnancy	25%	39%	10%	29%
Dropped out after pregnancy	37%	32%	44%	35%

Consequences for Adolescent Fathers

Boys are one-third as likely as girls to become adolescent parents. Men over 25 account for twice as many teen births as do boys under 18. In one fifth of the cases, they are at least six years older¹⁶.

Research also suggests that the incidence of pregnancy among adolescent girls often is the result of sexually predatory behavior of

older men. Although the Kids Having Kids scholars found that the consequences of adolescent childbearing on both young and older fathers are not as sharp as the effects on mothers and their children, they did discover some impacts, especially for younger dads.

Like teenage mothers, the boys and men who father their children tend to be poor and are often continuing an intergenerational practice (many are from families who experienced teenage childbearing and welfare receipt). They tend to live in low-income communities, and have low educational achievement¹⁷.

Society, research and individuals tend to assume that the issue of adolescent pregnancy is a female issue. This perception needs to change. Males must be held accountable and programs need to focus on males, as well as females.

In addition, like early motherhood, early fatherhood appears to have negative consequences on future functioning, although this issue needs more study. Boys who father a child during adolescence appear to work more hours and earn more money in the first years following birth, but perhaps due to this commitment, they obtain less education, and thus have lower long-term labor market activity and earnings than their counterparts who delay parenthood.

Adolescent fathers will finish an average of 11.3 years of school by the age of 27, compared with the nearly 13 years completed by their counterparts who delayed fathering until age 21.

Over the 18 years following the birth of their first children, the fathers of children born to adolescent mothers earn, on average, \$3,000 less per year than their counterparts.

While teen fathers have a dismal record of paying child support, it is estimated that they have incomes sufficient for them to contribute support at a level that would offset as much as 40 to 50 percent of the welfare costs to the adolescent mothers and their families.

Consequences for Society/Cost of Adolescent Childbearing for the Nation

It is estimated that the annual cost of adolescent childbearing and the social problems that confront adolescent mothers and fathers and lead to the sometimes devastating outcomes for their children is about \$29 billion.

Researchers estimate that adolescent childbearing itself costs taxpayers \$2.2 billion for higher public assistance benefits, \$1.5 billion for increased medical care expenses, \$1 billion for

If every birth to a teen mother in 1990 had been delayed until the

increased incarceration expenses, \$1.3 billion for loss tax revenue and \$.09 billion for increased foster care costs for a total of \$6.9 billion.

mother was in her 20s, the federal government would have saved about \$10 billion¹⁸.

Social costs - Beyond taxpayer expense, another important consequence of adolescent child bearing is lost productivity. Based largely on the diversion of its resources toward the increased health care, foster care and incarceration rates associated with adolescent childbearing, researchers calculated a social cost to the nation of just under \$9 billion.

- [Defining the Issues](#)
- [Factors Linked to Adolescent Pregnancy](#)

Last Revised: June 05, 2001

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Wisconsin Department of Health and Family Services
Making Wellness and Safety Happen!

SB1860

MAR 03 2003



Mar. 2003

To: Interested Legislators

From: Lisa Boyce, Vice President Public Affairs
Chris Taylor, Legislative Director

Date: March 4, 2003

Re: LRB 0292/3 and LRB 2018/2 Dismantling of Wisconsin Family Planning Program

Today, Senators Joe Leibham, Ted Kanavas and Representative Scott Suder are circulating LRB 0292/3 and LRB 2018/2 which would dismantle Wisconsin's cost-effective family program at the expense of the health of Wisconsin families and the Wisconsin state budget.

The state's successful family planning program provides low-income individuals with access to breast and cervical cancer screening, contraceptive services and supplies, pregnancy counseling, as well as testing and treatment of sexually transmitted infections. **Studies conducted by the Alan Guttmacher Institute (AGI) show that each dollar spent on family planning services saves an estimated \$3.00 that would otherwise be spent in medical care and other social services to women who by law would be eligible for such services if they became pregnant.** According to the most recent statistics from AGI, Wisconsin's family planning clinics serve 150,860 women and avert 35,200 unintended pregnancies and 17,600 abortions each year.

It is important to note that state statutes already prohibit the use of state funds for the promotion of performance of abortion [s. 253.07(1)(b)]. LRB 0292/3 and LRB 2018/2 would deny state funding to health care agencies, including county health departments, hospitals, and Planned Parenthood of Wisconsin if they: provide all-options pregnancy counseling; provide patients with information on abortion providers (even in life threatening situations); advocate for reproductive freedom; engage speakers who advocate for reproductive freedom; pay dues to a group that advocates for reproductive freedom; or offer abortion services using their own private funds.

According to a fiscal analysis of this issue last session, these bills would threaten Wisconsin's ability to receive millions of dollars in federal assistance through the Maternal and Child Health Block Grant and Title X funds. Funds committed to family planning are an integral part of the base match for our state's \$12 million dollar Maternal and Child Health block grant. A reduction in Wisconsin's commitment to publicly supported family planning programs would be seen as a reduction in the maintenance of effort requirement for the MCH block grant and according to the fiscal estimate, could trigger the loss of all federal funding for these programs. **LRB 0292/3 and LRB 2018/2 even explicitly endorse the loss of federal funding by repealing statute 20.9275 (3m),** which provides an exemption to the state restrictions on pregnancy programs if such restrictions result in the loss of federal funds.

We urge you to resist this senseless attack on Wisconsin's responsible family planning programs and health care services that work to reduce unintended pregnancies and the need for abortion. If you have any questions, please call Lisa Boyce or Chris Taylor at 608-256-7549.

To:

- Ambulatory Surgery Centers
- County or Tribal Human or Social Services Departments
- Family Planning Clinics
- Federally Qualified Health Centers
- HealthCheck Providers
- HMOs and Other Managed Care Programs
- Independent Labs
- Inpatient Hospital Providers
- Nurse Midwives
- Nurse Practitioners
- Outpatient Hospital Providers
- Pharmacies
- Physician Assistants
- Physician Clinics
- Physicians
- Rural Health Clinics
- Specialized Medical Vehicle Providers

Introducing the Medicaid Family Planning Waiver benefit

Effective January 1, 2003, Wisconsin will implement the new Medicaid Family Planning Waiver Program (FPWP). The FPWP provides family planning services and supplies for women age 15 through 44 who are at or below 185% of the federal poverty level (FPL). The main goal of this family planning project is to help women avoid unintended pregnancy. Through the program, eligible women applying for family planning services may receive services immediately through Family Planning Waiver presumptive eligibility (FPW PE).

This Wisconsin Medicaid and BadgerCare Update addresses the following aspects of the Family Planning Waiver benefit:

- The Medicaid Family Planning Waiver Program.
 - ✓ Application and eligibility.
 - ✓ Covered services.
 - ✓ Submitting claims.
 - ✓ Reimbursement.
- Family Planning Waiver presumptive eligibility.
 - ✓ Presumptive eligibility determinations.
 - ✓ Length of coverage.
 - ✓ Identification card.
 - ✓ Submitting claims.

The Medicaid Family Planning Waiver Program

Wisconsin will implement the new Medicaid Family Planning Waiver Program (FPWP), a Medicaid benefit, effective January 1, 2003.

The FPWP will provide services and supplies to women who meet the program's eligibility criteria. Women who may be eligible:

- Are at least 15 years old but not older than 44.
- Have an income that is at or below 185% of the federal poverty level (FPL).
- Are not currently receiving Wisconsin Medicaid, including BadgerCare or Healthy Start.

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a complete list of eligibility criteria. Refer to Attachment 2 for a table listing annual incomes at 185% of the FPL.

Application and eligibility

When a woman applies for family planning services through the FPWP, she can apply in person, by telephone, or by completing a mail-in application. The application collects the information necessary for a county/tribal economic support worker to determine whether the woman is eligible for Medicaid coverage under the FPWP. The applicant may receive services immediately through Family Planning

Waiver presumptive eligibility (FPW PE) if she is determined eligible (refer to the Family Planning Waiver presumptive eligibility section of this *Update* for more information on FPW PE). Providers are encouraged to assist patients who are pregnant to apply for other Medicaid programs such as Healthy Start.

Women who apply for both full-benefit Medicaid and the FPWP will be required to give information about other insurance they may have. However, women who apply *only* for FPWP benefits will not be required to give other insurance information.

If the woman is determined eligible for family planning waiver services through Wisconsin Medicaid, she will receive family planning services for a 12-month eligibility period, unless one of the following occurs:

- She moves out of state.
- She turns 45 years of age during the eligibility period.
- She becomes eligible for Wisconsin Medicaid, BadgerCare, or Healthy Start.

Once a woman has been determined eligible for the FPWP, she will receive a Medicaid Forward card within a week after she completes the application and the information is sent to Wisconsin Medicaid.

Covered services

Under the FPWP, eligible women receive selected family planning services and supplies through Medicaid-certified providers. Services and supplies that are covered under the FPWP are reimbursed fee-for-service. There is no copayment for the services and supplies covered in this benefit.

Coverage of services and supplies under the FPWP are less inclusive than the full Medicaid

family planning benefit. Abortions and hysterectomies are not covered benefits of the FPWP. Specialized Medical Vehicle services are covered for disabled persons under the FPWP. All other FPWP enrollees may utilize common carrier transportation, which should be arranged through their county. Providers must follow all Medicaid policies and procedures applying to FPWP covered services and supplies, including prior authorization. Refer to Attachment 3 for a complete listing of family planning services covered under the FPWP.

Submitting claims

When submitting claims to Wisconsin Medicaid, providers are required to indicate, by use of an appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code in either the first or second position, those services that are related to family planning (Element 21 of the CMS 1500 claim form). The V25 series is the core set of diagnosis codes providers must use for evaluation and management office visits associated with contraceptive management. Refer to Attachment 4 for diagnosis codes pertinent to contraceptive management.

Reimbursement

Reimbursement rates for services and supplies under the FPWP are the same as the rates for Wisconsin Medicaid family planning services. To view the Medicaid maximum fee schedule for family planning services¹, visit the Medicaid Web site at www.dhfs.state.wi.us/medicaid/. Once at the site, do the following:

- Select "Providers" from the Medicaid main menu.

Providers are encouraged to assist patients who are pregnant to apply for other Medicaid programs such as Healthy Start.

¹ This is the fee schedule for family planning providers only. Other providers should access their service-specific fee schedule.

- Select "Fee Schedules" under the "Reference/Tools" section.
- Select "Family Planning."

Family Planning Waiver presumptive eligibility

Women who meet the eligibility criteria may receive family planning services immediately through FPW PE. Services and supplies covered under the FPW PE are the same as those covered under the FPWP.

Providers are encouraged to make women aware of the availability of FPWP benefits so that they may request services. When a woman requests family planning services through FPW PE, she may apply through a Medicaid-certified family planning agency. A certified FPW PE provider will help the applicant fill out the Family Planning Waiver Presumptive Eligibility Form and will mail in or fax the application to Wisconsin Medicaid.

Presumptive eligibility determinations

Providers who are currently certified to perform Healthy Start PE are also approved to perform FPW PE. Refer to the Provider Certification section of the All-Provider Handbook for information on PE certification. Wisconsin Medicaid will provide training on FPW PE for providers before implementation of the FPWP in January of 2003.

No FPW PE determinations may be made by a provider prior to January 1, 2003.

To receive an application to become certified to make FPW PE determinations, please contact Provider Services at (800) 947-9627 or (608) 221-9883.

Length of coverage

Once a woman is determined to be presumptively eligible for FPW PE, she may receive services for up to three months, depending upon her application date.

The period of FPW PE coverage ends on the *earliest* of either:

- The first day of the month on which the woman submits the application for the FPWP and is determined eligible by her county/tribal social or human services department or W-2 agency.
- The end of the second calendar month following the month in which the woman was determined presumptively eligible, unless she is found ineligible prior to the end of the FPW PE period.

Once Wisconsin Medicaid receives the FPW PE application from the certified PE provider, the woman's eligibility is usually established on the Medicaid system within 48 hours. Providers may then verify the eligibility of a recipient through the Eligibility Verification System (EVS).

Identification card

Included with the FPW PE application is a white paper identification card that the woman uses to access family planning waiver services until she receives her Forward card. The white identification card identifies the woman as eligible for FPW PE, and providers should accept it for the dates indicated on the card as proof of eligibility, even though eligibility may not be on Wisconsin Medicaid's file for 48 hours after the completed application is received. Once the woman's FPW PE eligibility is on the Medicaid system, a Forward card is issued.

Providers that are currently certified to perform Healthy Start PE are also approved to perform FPW PE.

A woman is allowed to receive only one FPW PE determination within a twelve-month period.

Submitting claims

If a provider performs services for a woman eligible under FPW PE, her eligibility information may not yet be available through the EVS. To avoid delays in reimbursement, providers who provide FPW PE services to a woman before her Medicaid eligibility can be verified should do the following:

- Make a photocopy of the temporary white card to be used, if necessary, for Good Faith claims processing. Refer to the Claims Submission section of the All-Provider Handbook for more information on Good Faith claims.
- Wait until eligibility has been verified through the EVS and then submit the claim.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

Information regarding Medicaid HMOs

Women who are eligible for the FPWP are not enrolled in Medicaid HMOs; therefore, services provided to these women are reimbursed through Medicaid fee-for-service.

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only.

ATTACHMENT 1

Medicaid Family Planning Waiver eligibility requirements

Applicants for the Medicaid Family Planning Waiver Program must meet all of the following requirements:

1. Be at least 15 years old but not older than 44.
2. Have an income that is at or below 185% of the federal poverty level (FPL).
3. Provide information on health insurance coverage.
4. Do not currently receive Wisconsin Medicaid, BadgerCare, or Healthy Start benefits.
5. Provide a Social Security number (SSN) or be willing to apply for one.
6. Be a Wisconsin resident.
7. Be a U.S. citizen or qualified immigrant.
8. Be in compliance with any child support judgements made through the legal system. Minors are not subject to this requirement.
9. Cooperate with verification requests when information is deemed questionable.

ATTACHMENT 2 Federal poverty level table

The following table shows 185% of the 2002 federal poverty level, determined by family size and annual income.

Family Size	Annual Income
1	\$16,391.04
2	\$22,089.00
3	\$27,786.96
4	\$33,485.04
5	\$39,183.00
6	\$44,880.96
7	\$50,579.04
8	\$56,277.00
9	\$61,974.96
10*	\$67,673.04

*For family units with more than 10 members, add \$5,698.00 for each additional member. These rates are updated annually.

Joint Committee on Administrative Rules (A
Chairman (Rep.) Grothman and (Sen.) Leibhar

Apr 2003

Overview of the Family Planning Waiver Pr

- The Family Planning Waiver Project is part of a comprehensive approach to improving women's health in Wisconsin.
- The comprehensive approach includes programs such as BadgerCare, Healthy Start, the Medicaid Well-Woman Program, the breast and cervical cancer initiatives and the Wisconsin Adolescent Pregnancy Prevention Plan.
- Through a Section 1115 (a) Medicaid waiver, Wisconsin intends to provide reproductive health care for 47,000 low-income women over five years.
- The FPWP will also increase Federal revenue for the Wisconsin Medicaid program. **For every dollar Wisconsin Medicaid spends on family planning services, the Federal government will match it with nine.**

Key Aspects of the FPWP

- The FPWP is a new Wisconsin Medicaid expansion program, which provides reproductive health care and contraceptive services and supplies to low-income women without children, [ages 15 through 44 who are at or below 185% of the federal poverty level.]
- This program specifically targets women who do not qualify for Healthy Start, BadgerCare or AFDC. The primary goal of the FPWP is to avert unintended pregnancies for low-income women thereby reducing the number of births and birth-related

costs paid for by Medicaid. The Family Planning Waiver was projected to save Wisconsin Medicaid *million of dollars annually* over the five years of the project.

- The purpose of the waiver is to help low-income women gain access to family planning and primary health care services. And, although the primary focus of the waiver is on the prevention of unintended pregnancies, the real benefit of the program is that it will deliver reproductive health care to low-income women who might otherwise have limited or no access to such care. This includes basic reproductive health care such as pap and pelvic exams, the detection of cancer and the detection and treatment of STDs.
- The waiver allows women to obtain services immediately through Presumptive Eligibility (PE). With PE, women may receive services the same day they come into a family presumptive eligibility clinic or qualified health center. Women are covered under PE for up to three months and during that time may apply for continuous waiver coverage.
- The Family Planning Provider may also assist woman in applying for continuous waiver coverage through a mail-in or phone-in application, so that a face-to-face contact with a county economic support worker is not required.
- Both presumptive eligibility and the mail-in/phone-in applications increase access for low-income women for reproductive health services.
- *The FPWP Benefit* provides less services than the full Medicaid family planning benefit. Examples of covered services include:
 - ✓ Routine preventive primary care services

- ✓ Office visits
- ✓ Pap Tests
- ✓ Contraceptive Services and Supplies
- ✓ STD tests and some other lab tests
- ✓ Colposcopy
- ✓ Abortions and hysterectomies are not covered

Brief Timeline of FPWP Implementation

- The legislation for Wisconsin's Medicaid Family Planning Waiver Program (FPWP) was passed in 1997. (during the Thompson administration)
- The department applied for waiver in June of 1999. (during the Thompson administration)
- The waiver program proposal was approved by CMS on June 14, 2002.
- Implementation of the program took place January 1, 2003, under the McCallum administration.
- As of February 16, 2003, 6,470 women are enrolled in the FPWP.

Current 31,158 9/30/03
enrollees

≈ \$20/yr exam + birth control for year
state \$

≈ \$200 total All funds

Joint Committee on Administrative Rules (April 30, 2003)
Chairman (Rep.) Grothman and (Sen.) Leibham

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Sept. 30

31,158

25% were under 18



Wisconsin Medicaid Fact Sheet

The Family Planning Waiver

What is the Family Planning Waiver?

The Family Planning Waiver (FPW) is a Medicaid Program for women between 15 and 44 years of age. It covers selected family planning services and supplies. The Family Planning Waiver and the Wisconsin Medicaid program are administered by the Department of Health and Family Services (DHFS).

What Services are Covered Under the Family Planning Waiver?

If you are determined eligible for the FPW you will have coverage for family planning related services, some of which include:

- Initial family planning office visits
- Contraceptive services and supplies
- Natural family planning supplies
- Family planning pharmacy visits
- Pap tests
- Test and treatment for Sexually Transmitted Diseases (STD) and other select lab tests
- Tubal ligation
- Annual and routine preventative primary care services

Who is Eligible for the Family Planning Waiver?

To be found eligible for the FPW, you must:

- Be a U.S. citizen or a qualified immigrant.
- Be a Wisconsin resident
- Be a woman between 15 and 44 years of age (including women 15 and 44 years of age).
- Have a family gross income that does not exceed 185% of the federal poverty level. (For minors, a parent's income is not counted).
- Not be receiving Medicaid.
- Cooperate with all requirements of the Medicaid Program.

There is no asset test for the FPW.

How Do I Become Eligible for the Family Planning Waiver Program?

You must apply for FPW through your county/tribal social or human services department, W-2 agency, or Medicaid outstation site. An application can be made by mail, telephone, or in person at a county/tribal social or human services department, W-2 agency or Medicaid outstation site.

What is "Presumptive Eligibility" for the Family Planning Waiver?

Qualified Medicaid providers can find women "presumptively eligible" for FPW. A woman found to be presumptively eligible can receive covered family planning services immediately, even before she has applied for the FPW at a county/tribal social or human services department, W-2 agency, or Medicaid outstation site.

Your own doctor may be a qualified provider. You should first call your doctor or provider and ask if he or she can determine your presumptive eligibility for the FPW. If the provider you see is not a "qualified provider," it is easy to find one. Recipient Services at 1-800-362-3002 can provide you with a list of qualified FPW providers in your area.

Presumptive eligibility for FPW only lasts until the end of the second month after the month FPW presumptive eligibility started. You can only be found presumptively eligible for one 3 month period in a 12 month period. For additional information on presumptive eligibility for the FPW please consult the "Presumptive Eligibility for the Family Planning Waiver" fact sheet.

For example, Jane goes to the clinic and her provider determines that she is presumptively eligible on March 10. If Jane does not file a Medicaid/BadgerCare/FPW application through her local county/tribal social or human services department, the presumptive eligibility ends on May 31st.

Do I Need to be Found Presumptively Eligible to Apply for the Family Planning Waiver?

You do not need to be found presumptively eligible to apply for FPW.

If I am Determined to be Eligible for the Family Planning Waiver, How will My Services be Paid?

You will be mailed a plastic "Forward" card and information on how to use the Forward card to pay for FPW services. Remember to keep your Forward card for future use, in case you are found to be eligible for Medicaid at a later date. If you later apply for Medicaid, or the FPW, and your application is approved you will continue to use the same Forward card for all covered services.

Note: You must use Wisconsin Medicaid Certified Providers.

Are All Services Provided Under the Family Planning Waiver Confidential?

The FPW has the same confidentiality protections as Medicaid. In addition, women applying for or receiving FPW benefits will have the following additional protections:

- If requested, you can have written communications sent to an alternate address instead of your home address.
- Minors (women under 18 years of age) will not be referred to the child support agency.
- Eligibility of women under 18 years of age will not be based on the income of parents. Local agencies will not contact parents or other caretakers when determining the eligibility of minors applying for the FPW.

For More Information Call:

- Recipient Services at 1-800-362-3002 (TTY and translation services are available).
- The county/tribal social or human services department, W-2 agency or Medicaid outstation site in your county.

Information provided in this document is general. To find out more detailed information regarding the Family Planning Waiver, please contact your local county/tribal social or human service agency.

DHFS is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-3465 or (608) 266-2555 TTY (toll free). All translation services are free of charge.

For civil rights questions call (608) 266-3465 or (608) 266-2555 TTY (toll free).

DHFS

Joint Committee on Administrative Rules (April 30, 2003)
Chairman (Rep.) Grothman and (Sen.) Leibham

Overview of the Family Planning Waiver Project (FPWP)

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Sept. 30 31,158

Representative Ourada

HEALTH AND FAMILY SERVICES

Medical Assistance Family Planning

Motion:

Move to direct DHFS to develop a proposal to expand access to family planning services currently covered under the MA program to all women between the ages of 15 and 44 who live in families with income under 185% of the federal poverty level. Direct DHFS to seek approval, by January 1, 1998, of a demonstration waiver from the U.S. Department of Health and Human Services, Health Care Financing Administration to implement this proposal.

Specify that, if DHFS receives approval of the demonstration waiver proposal, DHFS will submit legislation authorizing the implementation of this proposal to the appropriate standing committee of the Senate and General Assembly.

X

Note:

The State of Michigan developed a demonstration project which extends MA coverage for family planning services to all women of childbearing age living in families with income up to 185% of the federal poverty level. In addition, under this demonstration project, Michigan expanded its current MA family planning benefit. Under this motion, DHFS would develop a similar demonstration project, except the Wisconsin project would only include family planning services which are currently covered by the Wisconsin MA program.

The demonstration project would be designed to test the effectiveness of innovative intervention strategies aimed at reducing the number of unintended pregnancies and improving birth outcomes among low-income women.

NO#	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)	(Y)
	BURKE	DECKER	GEORGE	JAUCH	WINEKE	SHIBILSKI	COWLES	PANZER	JENSEN	OURADA	HARSDORF	ALBERS	GARD	KAUFERT	LINTON	COGGS		
	AYE 15 NO 0 ABS																	

UNOFFICIAL TEXT

Chapter 49

49.45

49.45(24r)



49.45(24r)



(24r) Family planning demonstration project. The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to conduct a demonstration project to provide family planning services, as defined in s. 253.07 (1) (b), under medical assistance to any woman between the ages of 15 and 44 whose family income does not exceed 185% of the poverty line for a family the size of the woman's family. If the waiver is granted and in effect, the department shall implement the waiver no later than July 1, 1998, or on the effective date of the waiver, whichever is later.

49.45(25)

**(25) Case management services.**

49.45(25)(a)



(a) In this subsection, "severely emotionally disturbed child" means an individual under 21 years of age who has emotional and behavioral problems that:

49.45(25)(a)1.



1. Are severe in degree;

49.45(25)(a)2.



2. Are expected to persist for at least one year;

49.45(25)(a)3.



3. Substantially interfere with the individual's functioning in his or her family, school or community and with his or her ability to cope with the ordinary demands of life; and

49.45(25)(a)4.



4. Cause the individual to need services from 2 or more agencies or organizations that provide social services or services or treatment for mental health, juvenile justice, child welfare, special education or health.

49.45(25)(am)



(am) Except as provided under pars. (be) and (bg) and sub. (24), case management services under s. 49.46 (2) (b) 9. and (bm) are reimbursable under medical assistance only if provided to a medical assistance beneficiary who receives case management services from or through a certified case management provider in a county, city, village or town that elects, under par. (b), to make the services available and who meets at least one of the following conditions:

49.45(25)(am)1.



1. Has a developmental disability, as defined under s. 51.01 (5) (a).

49.45(25)(am)2.



2. Has a chronic mental illness, as defined under s. 51.01 (3g).

AB 383 / SB 186

Repealing the Family Planning Waiver

SAVE THE FAMILY PLANNING WAIVER
OPPOSE AB 383 AND SB 186

The Family Planning Waiver (FPW) is a Medicaid program through which low-income women ages 15-44 receive diagnostic and preventative health services. AB 383 and SB 186 seek to dismantle this important program by excluding young women ages 15-17 from the program.

• **THE FPW PROVIDES NEEDED HEALTH CARE TO WOMEN**

- The FPW provides basic diagnostic and preventative health care services to low-income women, such as:
 - cancer screens and breast exams
 - sexually transmitted infection diagnosis and treatment
 - access to family planning services, such as birth control. No public monies can be used to provide abortion services.
- Publicly supported family planning programs reduce the number of unintended pregnancy, abortion, and the transmission of sexually transmitted infections, and promote early detection of cancer.
 - Wisconsin's family planning program averts 24,200 unintended pregnancies and 12,100 abortions each year.
- The FPW helps alleviate the health care crisis in our state
 - Since January, 2003, over 25,000 women have been enrolled in the FPW
 - It is estimated that 47,000 women will receive family planning services under the FPW. These women who would not have these services otherwise.

• **THE FPW PREVENTS TEEN PREGNANCY**

- FPW is estimated to reduce teen pregnancy by 15%
- Most recent studies on teen pregnancy (by the National Campaign for the Prevention of Teen Pregnancy) confirm that access to birth control is a key component to preventing teen pregnancy.
- Minors have a legally recognized right to confidential reproductive health services under all Medicaid programs. State parental consent laws for access to family planning services under Medicaid have been struck down by courts throughout the country.

• **THE FPW SAVES WISCONSIN TAXPAYERS MILLIONS OF DOLLARS**

- The federal government pays 90% of the FPW program, attracting \$7.6 million in federal funds into our state;
- The FPW saves Wisconsin taxpayers \$17 million dollars over the five year life of the program.

- The Waiver saves taxpayers' money by preventing teen pregnancy:
 - 85% of teen births in Wisconsin are paid for by Wisconsin taxpayers. In 2000, there were 7,081 teen births in WI. The national average cost per teen birth is \$79,320.

- **THE FPW HAD BI-PARTISAN SUPPORT**

- In 1997, the FPW was approved by the Legislature on a bi-partisan vote. Assembly Speaker John Gard and Senate Leader Mary Panzer voted for the program, as did Senators Robert Cowles, Sheila Harsdorf and Representatives Cheryl Albers, John Gard, Scott Jensen and Dean Kaufert. Then Governor Tommy Thompson signed the bill into law.
- Last year, U.S. Health and Human Services Secretary Tommy Thompson announced final approval of the FPW for Wisconsin.

- **AB 383/SB 186 ARE BEING IMPROPERLY ADVANCED BY JCRAR**

- The proponents of these bills are advancing them according to an expedited process under 227.26(2)(f). These bills however, do not legally qualify for being advanced on a fast track.
- The public was not afforded a public hearing on these bills. Citizens deserve to be heard on this issue.

- **AB 383/SB 186 THREATEN THE CONTINUATION OF THE ENTIRE FPW**

- The goal of these bills, as stated by primary proponent Representative Glenn Grothman, is to get rid of the entire program.
- Excluding teens from the program renders Wisconsin out of compliance with the state's waiver application, as a large part of the cost savings and incentive for the federal government's approval of Wisconsin's FPW was to prevent teen pregnancy and the attendant costs. The State would have to seek a new or amended waiver. It is uncertain whether this would be granted.
- No state has attempted to exclude eligible women from this program, as that is essentially rejecting federal dollars at a time when many states are bankrupt.



Family Planning Waiver Talking Points

- **The Waiver allows low-income women to have health care they would not have otherwise.** Under the waiver at least 47,000 additional women would be served.
- **Expanding family planning services will help WI reduce rates of unintended pregnancy and abortion.** Half of all pregnancies in Wisconsin are unintended, and half of those end in abortion. Family planning services, including contraception, are an essential part of basic health care for women and are credited with preventing 24,200 unintended pregnancies and 12,100 abortions in Wisconsin each year
 - **Contraception is an essential component of women's health care.** By helping women to plan and space births, contraceptives help women to support themselves and their families and facilitate participation in the workforce, thereby reducing welfare dependency and encouraging self-sufficiency
 - **Unintended pregnancies have significant implications for a woman's health and well-being.** The consequences of unintended pregnancies disproportionately affect low-income women.
 - **The waiver program will reduce teen pregnancy by an estimated 15%.**
- **The family planning waiver will attract an estimated \$38 million in federal funds to Wisconsin over a 5 year period to enhance health care coverage for low income women.** The federal government has committed to paying 90% of the cost to implement this expanded program.
- **The family planning waiver is cost-effective.** Each public dollar spent to provide family planning services saves an estimated \$3.00 that would otherwise be spent on Medicaid costs for pregnancy-related care and medical care for the newborn.
 - **38 % of births in the United States and 36% of births in Wisconsin are born into families at or below 185% of poverty and therefore paid for by the Medicaid program.**
 - **The waiver will save taxpayers millions.** By working to reduce the number of unintended pregnancies among low income women, the waiver is estimated to save Wisconsin taxpayers approximately \$17 million over a 5 year period.
- **The Waiver has bi-partisan support.** In 1997, the waiver was approved by the Legislature on a bi-partisan vote. Assembly Speaker John Gard (R-Peshtigo) and Senate Leader Mary Panzer (R-West Bend) supported the program, which was signed into law by then Governor Tommy Thompson. Last year, U.S. Health and Human Services Secretary Tommy Thompson announced final approval of the Waiver for Wisconsin.
- **To exclude 15-17 year olds from the program would result in failing to comply with our waiver application. This could potentially mean loss of the entire program.**
 - **One of the important goals of the program and basis of Wisconsin's application to the federal government was to reduce teen pregnancy.** If we repeal this committee, we are not in compliance with the program, which could result in the loss of federal funds for the program.


- **Minors need confidential access to contraceptive care.** Constitutional law and federal courts have repeatedly held that minors have the right to reproductive privacy and contraceptive care without parental notification or consent.
 - **Teen are sexually active.** Statistics estimate that about 25% of 15 year olds and 55% of 17 year olds have had sex.
 - **Laws can't enforce good family communication**
 - **Forcing teens to get parental consent will not stop them from having sex – it will stop them from getting needed sexual health care.**
 - **Parental consent requirements will lead to an increase in unintended pregnancies, STD's and abortion.**
 - **Government should not erect barriers to teens who are trying to act responsibly by seeking information, assistance and medical care.**
- It is the height of hypocrisy for a legislator who opposes a woman's right to choose to also limit a woman's access to the very tools that help prevent unintended pregnancies and make abortions less necessary.
- According to polling of voters by Snell Perry & Associates, 74 percent favor increased public funding for family planning services to reduce the number of unintended pregnancies.
- **Family planning clinics involved in the waiver do not perform abortions.** Under federal and state law, no family planning clinic receiving state and/or federal funding may perform abortions or counsel in favor of abortions. Federally supported clinics, however, are required to provide women with nondirective information on all of their health care options including, adoption and pregnancy termination.

UNOFFICIAL TEXT


Chapter 49

49.45


49.45(24r)

49.45(24r) 


(24r) Family planning demonstration project. The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to conduct a demonstration project to provide family planning services, as defined in s. 253.07 (1) (b), under medical assistance to any woman between the ages of 15 and 44 whose family income does not exceed 185% of the poverty line for a family the size of the woman's family. If the waiver is granted and in effect, the department shall implement the waiver no later than July 1, 1998, or on the effective date of the waiver, whichever is later.

49.45(25) 


(25) Case management services.

49.45(25)(a) 


(a) In this subsection, "severely emotionally disturbed child" means an individual under 21 years of age who has emotional and behavioral problems that:

49.45(25)(a)1. 


1. Are severe in degree;

49.45(25)(a)2. 


2. Are expected to persist for at least one year;

49.45(25)(a)3. 

3. Substantially interfere with the individual's functioning in his or her family, school or community and with his or her ability to cope with the ordinary demands of life; and

49.45(25)(a)4. 


4. Cause the individual to need services from 2 or more agencies or organizations that provide social services or services or treatment for mental health, juvenile justice, child welfare, special education or health.

49.45(25)(am) 

(am) Except as provided under pars. (be) and (bg) and sub. (24), case management services under s. 49.46 (2) (b) 9. and (bm) are reimbursable under medical assistance only if provided to a medical assistance beneficiary who receives case management services from or through a certified case management provider in a county, city, village or town that elects, under par. (b), to make the services available and who meets at least one of the following conditions:

49.45(25)(am)1. 

1. Has a developmental disability, as defined under s. 51.01 (5) (a).

49.45(25)(am)2. 

2. Has a chronic mental illness, as defined under s. 51.01 (3g).

PROPOSED ORDER OF THE
DEPARTMENT OF HEALTH AND FAMILY SERVICES
AMENDING AND CREATING RULES

The Wisconsin Department of Health and Family Services proposes an order to amend ss. HFS 102.01 (5) (e) and (6), 102.04 (3) (c), 103.01 (1) (a), 103.03 (1) (title) and (a), (8) and (9), 103.08 (1), 103.11 (title) and (1) (intro) and 104.02 (7), and to create ss. HFS 101.03 (63m), 103.03 (1) (i), 103.04 (10) and (11), 103.08 (6), 103.089, 103.11 (3) and 107.21 (4), relating to the Department's operation of the Family Planning Demonstration Project.

Analysis Prepared by the Department of Health and Family Services

Section 49.45 (24r) of the Wisconsin statutes, which took effect on October 14, 1997, directed the Department to request a federal waiver of certain requirements of the federal Medicaid Program to permit the Department to implement the Family Planning Demonstration Project not later than July 1, 1998, or the effective date of the waiver, whichever date was later. On June 25, 1999, the Department submitted a request for a waiver of federal law to the Centers for Medicare and Medicaid Services (CMS), the agency within the United States Department of Health and Human Services that controls states' use of Medicaid funds. On June 14, 2002, the Centers for Medicare and Medicaid Services granted the waiver, effective January 1, 2003. The waiver allows the state to expand Medicaid services by providing coverage of family planning services for females of child-bearing age who would not otherwise be eligible for Medicaid coverage. Under the waiver, a woman of child-bearing age whose income does not exceed 185% of the federal poverty line will be eligible for most of the family planning services currently available under Medicaid, as described in s. HFS 107.21.

Upon approval of the waiver in 2002, the Department began developing policies for the project and subsequently administrative rules, which were necessary and had to be in effect before the program began. The Department issued an emergency rulemaking order containing identical rules on January 30, 2003. The rules took effect on January 31, 2003. In promulgating the rules on an emergency basis, the Department has been able to provide health care coverage already authorized by CMS as quickly as possible to women currently not receiving family planning services and unable to pay for them.

Through this expansion of coverage, implemented initially by emergency rules and permanently through this rulemaking order, the Department hopes to reduce the number of unwanted pregnancies in Wisconsin.

The Department's authority to amend and create these rules is found under ss. 49.45 (10) and 227.11 (2), Stats. The rules interpret s. 49.45 (24r), Stats.

SECTION 1. HFS 101.03 (63m) is created to read:

HFS 101.03 (63m) "Family planning demonstration project" means the medical assistance waiver program approved by the federal centers for medicare and medicaid services to provide family planning services to women of child-bearing age who are not otherwise eligible for and receiving medical assistance benefits which would include family planning services.

SECTION 2. HFS 102.01 (5) (e) and (6) are amended to read:

HFS 102.01 (5) (e) When a childperson is under the age of 18 and is a parent or is pregnant, but is not married and is not under the care of a relative as specified in s. 49.19 (1) (a), Stats., the agency shall determine individually the eligibility of the childperson. When a person applies solely for benefits under the family planning demonstration project, the department shall determine the eligibility of the person without regard to the person's parent or parents.

(6) PROVIDING CORRECT AND TRUTHFUL INFORMATION. The applicant, recipient, or person described in sub. (7) who is acting on behalf of the applicant or recipient is responsible for providing to the agency, the department or the department's delegated agent, full, correct and truthful information necessary for eligibility determination or redetermination and for disclosing assets which the agency determines may affect the applicant's or recipient's eligibility, including but not limited to health insurance policies or other health care plans and claims or courses of action against other parties on the part of the applicant or recipient. Changes in income, assets or other circumstances which may affect eligibility shall be reported to the agency within 10 days of the change, except that changes in household income will not have to be reported for persons receiving benefits under the family planning demonstration project.

SECTION 3. HFS 102.04 (3) (c) is amended to read:

HFS 102.04 (3) (c) Within 12 months after the date initial eligibility is determined for AFDC-related persons and persons eligible for BadgerCare or for the family planning demonstration project

SECTION 4. HFS 103.01 (1) (a) is amended to read:

HFS 103.01 Introduction. (1) PERSONS ELIGIBLE. (a) Eligibility for medical assistance (MA) shall be determined pursuant to ss. 49.45 (24r), 49.455, 49.46 (1), 49.47 (4), 49.472 and 49.665, Stats., and this chapter, except that MA shall be provided without eligibility determination to persons receiving SSI or those persons who would currently be eligible under the AFDC program that was in place on July 16, 1996 in this state pursuant to s. 49.19, Stats.

SECTION 5. HFS 103.03 (1) (title) and (a) are amended to read:

HFS 103.03 (1) AFDC-RELATEDNESS, SSI-RELATEDNESS, OR-BADGERCARE ELIGIBILITY OR FAMILY PLANNING WAIVER. (a) *Requirement.* To be non-financially eligible for MA, an applicant shall be AFDC-related, SSI-related or meet the non-financial requirements under par. (f) for BadgerCare, or par. (i) for the family planning demonstration project for as long as the waiver is in effect

SECTION 6. HFS 103.03 (1) (i) is created to read:

HFS 103.03 (1) (i) *Family planning demonstration project non-financial eligibility.* To be non-financially eligible for the family planning demonstration project, a person shall:

1. Be a woman at least 15 years old and no older than 44 years.
2. Not be receiving Medicaid, unless the person is eligible for medical assistance under s. 49.46 (1) (a) 15. or 49.468, Stats.
3. Meet the other non-financial criteria in subs. (2) through (7).

4. Cooperate with providing information to assist in pursuing third parties who may be liable to pay for services covered under medical assistance as required under 42 CFR 433.147, except for persons receiving medical assistance benefits only under the family planning demonstration project.

SECTION 7. HFS 103.03 (8) and (9) are amended to read:

HFS 103.03 (8) NOT AN INELIGIBLE CARETAKER RELATIVE. A caretaker relative enumerated in s. 49.19 (1) (a), Stats., with whom a dependent child as defined in s. 49.19 (1) (a), Stats., is living when the income and resources of the MA group or fiscal test group exceed the limitations of ss. 49.19 and 49.77, Stats., or title XVI of the social security act of 1935, as amended, is not eligible unless the caretaker relative is SSI-related in accordance with sub. (1) (c), or is a woman who is medically verified to be pregnant, or is eligible for services under the family planning demonstration project under s. 49.45 (24r), Stats.

(9) NOT A STRIKER. A person on strike is not eligible. When the striker is a caretaker relative, all members of the MA group who are 18 years of age or older shall be ineligible except that if the member of the MA group who is on strike is medically verified as pregnant or, if the MA group includes a medically verified pregnant woman, the pregnant woman continues to be eligible during her pregnancy and through the month in which the 60th day following the end of pregnancy falls or is eligible for services under the family planning demonstration project under s. 49.45 (24r), Stats. In this subsection, "striker" means anyone who on the last day of the month is involved in a strike or a concerted effort with other employees to stop work, including a stoppage of work due to the expiration of a collective bargaining agreement, or any concerted slowdown or other concerted interruption of operations by employees.

SECTION 8. HFS 103.04 (10) and (11) are created to read:

HFS 103.04 (10) FAMILY PLANNING DEMONSTRATION PROJECT. (a) A person that meets the requirements of s. HFS 103.03 (1) (i) and (2) to (7) and the income limits of par. (b) or (c) or the criteria under par. (d) is eligible for the family planning services demonstration project.

(b) The income for a family planning demonstration project fiscal test group may be no greater than 185% of the poverty line for a family the size of the group.

(c) The income for a family planning demonstration project family fiscal unit may be no greater than an amount based on 185% of the poverty line for a family the size of the family fiscal unit, or a prorated amount based on criteria in sub. (11) (e).

(d) Women who lose eligibility for medical assistance within 90 days of the end of their pregnancy are financially eligible for the family planning demonstration project for the 12 calendar months following the end of their eligibility for pregnancy-related medical assistance regardless of their income.

(11) FAMILY PLANNING DEMONSTRATION PROJECT BUDGETING PROCEDURES. (a) *Initial and subsequent determination.* To determine whether a person meets the income limits in sub. (10), the net income of the members of the fiscal test group described in par. (b) will first be compared to the income limit in sub. (10) (b). If the net income of the fiscal test group exceeds the limit, the net income of the family fiscal unit described in par. (c) will also be compared to the income limit in sub. (10) (c).

(b) *Family planning demonstration project fiscal test group.* Except for SSI recipients, the following shall be included in the fiscal test group:

1. The applicant.
2. The applicant's spouse who resides in the home with the applicant.
3. Natural or adoptive children under age 18 of the applicant who reside in the home with the applicant.
4. A fetus the applicant or a child specified in subd. 3. has been medically verified as carrying.

(c) *Family planning demonstration project family fiscal unit.* The family fiscal unit shall include all of the following:

1. The applicant.
2. The applicant's spouse who is residing in the home with the applicant, unless the spouse is an SSI recipient.
3. A fetus the applicant has been medically verified as carrying.

(d) *Inclusion of net income.* After applying the income disregards and deductions found in s. HFS 103.07 (2) and (3) to the gross income, the net income of anyone included in the fiscal test group in par. (b) or in the family fiscal unit in par. (c) will be included when determining the financial eligibility of the applicant after applying the income disregards and deductions found in s. HFS 103.07 (2) and (3) to the gross income.

(e) *Family fiscal unit budgeting procedures.* 1. The amount of the applicant's net income determined in par. (d) counted in determining financial eligibility for the family planning demonstration project shall be divided by the number of persons living in the home for whom the applicant is financially responsible in accordance with s. 49.90 (1m), Stats., including the applicant.

2. The amount of net income determined in par. (d) of an applicant's spouse, who is in the family fiscal unit, counted in determining the financial eligibility of the applicant shall be divided by the number of persons living in the home for whom the spouse is financially responsible in accordance with s. 49.90 (1m), Stats., including the spouse.

3. Financial eligibility is determined using the following process:

a. Start with the amount that is 185% of the poverty line for a family the size of the applicant's family fiscal unit.

b. Multiply the amount in subd. 3. a. by the total of the number of fetuses in par. (c) 3. plus one.

c. Divide the amount in subd. 3. b. by the total number in the family fiscal unit. The result is the income limit for this family fiscal unit.

d. The total of the income amounts derived from subds. 1. and 2. shall be less than or equal to the income limit from subd. 3. c., for the applicant to be considered to have met the income limit in sub. (10) (c).

SECTION 9. HFS 103.08 (1) is amended to read:

HFS 103.08 Beginning of eligibility. (1) DATE. Except as provided in subs. (2) to ~~(5)~~(6), eligibility shall begin on the date on which all eligibility requirements were met, but no earlier than the first day of the month 3 months prior to the month of application. Retroactive eligibility of up to 3 months for any of the 3 previous months may occur even though the applicant is found ineligible in the month of application.

SECTION 10. HFS 103.08 (6) is created to read:

HFS 103.08 (6) FAMILY PLANNING DEMONSTRATION PROJECT. Eligibility for the family planning demonstration project shall begin on the first day of the month in which all eligibility requirements are met, but no earlier than the first day of the month of application.

SECTION 11. HFS 103.089 is created to read:

HFS 103.089 Conditions for continuation of eligibility under family planning demonstration project. (1) Changes in income or in the size of the fiscal test group or family fiscal unit that result in the income exceeding the project's income limit shall not affect the recipient's eligibility for the remainder of the 12-month certification period.

(2) Notwithstanding sub. (1), eligibility for the family planning demonstration project shall terminate when the recipient no longer meets the non-financial eligibility requirements under s. HFS 103.03 (1) (i).

(3) When eligibility is reviewed at the end of the 12-month certification period, the recipient shall meet the requirements under s. HFS 103.04 (10) for eligibility under the family planning demonstration project to continue.

SECTION 12. HFS 103.11 (title) and (1) (intro) are amended to read:

HFS 103.11 Presumptive eligibility for pregnant women. (1) REQUIREMENTS. Pregnant women may be determined presumptively eligible for MA on the basis of verification of pregnancy and preliminary information about family income. Women also may be determined presumptively eligible under the family planning demonstration project. That determination shall be made by providers designated by the department who are qualified in accordance with this section. A provider qualified to make determinations of presumptive eligibility for pregnant women shall meet the following requirements:

SECTION 13. HFS 103.11 (3) is created to read:

HFS 103.11 (3) PRESUMPTIVE ELIGIBILITY FOR FAMILY PLANNING DEMONSTRATION PROJECT. (a) Women may become eligible for the family planning demonstration project initially through presumptive eligibility determined by a certified MA provider who the department determines to be qualified and is any of the following:

1. A service provider under sub. (1) (b).

2. A family planning clinic or agency under s. HFS 105.36.

(b) A qualified provider shall determine presumptive eligibility on the basis of preliminary information that:

1. The woman is 15 years of age or older and under age 45.
2. The woman is a Wisconsin resident.
3. The woman is a citizen of the U.S.
4. The woman is not a recipient of presumptive eligibility under this subsection during the 12 months preceding the date of application.
5. The woman is not otherwise receiving MA.
6. The woman's family income meets the applicable income limits.

(c) A woman may qualify for no more than one period of presumptive eligibility under this subsection per 12-month period. The presumptive eligibility period will extend from the date a qualified provider determines presumptive eligibility to the last day of the second calendar month following the date the provider makes the determination.

(d) The provider shall inform the woman, in writing, of the determination of presumptive eligibility and that if she fails to file an application for MA eligibility with the agency in the county in which the woman resides by the last day of the second calendar month following the month of the presumptive eligibility determination, her presumptive eligibility will end no later than that day.

(e) In the event that the provider determines that a woman is not presumptively eligible, the provider shall inform her that she may file an application for MA eligibility at the agency in the county in which she resides.

SECTION 14. HFS 104.02 (7) is amended to read:

HFS 104.02 (7) FINANCIAL RESPONSIBILITY OF SPOUSE OR RESPONSIBLE RELATIVE. Within the limitations provided by s. 49.90, Stats., and this chapter, the spouse of an applicant of any age or the parent of an applicant under 18 years of age, except for the parent of an applicant under 18 years of age when that applicant is eligible for services under the family planning demonstration project, shall be charged with the cost of medical services before MA payments shall be made. However, eligibility may not be withheld, delayed or denied because a responsible relative fails or refuses to accept financial responsibility. When the agency determines that a responsible relative is able to contribute without undue hardship to self or immediate family but refuses to contribute, the agency shall exhaust all available administrative procedures to obtain that relative's contribution. If the responsible relative fails to contribute support after the agency notifies the relative of the obligation to do so, the agency shall notify the district attorney in order to commence legal action against that relative.

SECTION 15. HFS 107.21 (4) is created to read:

HFS 107.21 (4) SERVICES UNDER THE FAMILY PLANNING DEMONSTRATION PROJECT. (a) Except as provided in par. (b), the services identified in this section are covered for

persons eligible for the family planning demonstration project under s. 49.45 (24r), Stats., to the same extent and subject to the same conditions and limitations as specified in this section.

(b) A laboratory and other other diagnostic service under s. HFS 107.21 (1) (c) is covered for persons eligible for the family planning demonstration project under s. 49.45 (24r), Stats., only if the primary purpose of the office visit is contraceptive management.

(c) The following services not otherwise identified under this section are covered for persons eligible for the family planning demonstration project under s. 49.45 (24r), Stats.:

1. Specialized motor vehicle services, as described in and subject to the restrictions under s. HFS 107.23 (1) (c).

2. Common carrier transportation services, as described in and subject to the restrictions under s. HFS 107.23 (1) (d).

3. Other than for the treatment of acquired immune deficiency syndrome, contraceptives and prescription drugs for sexually-transmitted diseases under s. HFS 107.10 (1).

4. The intramuscular injection of an antibiotic.

Note: Recipients of benefits under both the family planning demonstration project and the tuberculosis services benefit may receive medications, procedures, services and supplies relating to tuberculosis treatment.

The rule shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, as provided in s. 227.22 (2), Stats.

Wisconsin Department of Health
and Family Services

Dated:

By: _____
Helene Nelson
Secretary

SEAL:

NOTICE OF HEARING

Health & Family Services (Medical Assistance, Chs. HFS 100-)

Notice is hereby given that, pursuant to s. 49.45 (24r), Stats., the Department of Health and Family Services will hold public hearings to consider amendments to chs. HFS 101 to 108, relating to operation of the family planning waiver program. Through its emergency rulemaking authority under s. 224.24, Stats., the Department issued these amendments as an emergency order effective January 31, 2003. These hearings are associated with that emergency rulemaking order and an identical proposed permanent rulemaking order.

Hearing information

The public hearing will be held:

<u>Date & Time</u>	<u>Location</u>
April 25, 2003 Friday From 10:00 a.m. to noon	Portage County Courthouse Annex 1462 Strongs Ave. Conference Room 1 Stevens Point, WI
April 28 Monday From 10:00 a.m. to noon	Wisconsin Department of Transportation Waukesha Transportation District 2 2000 Pewaukee Ave., Room 140 Waukesha, WI

The hearing sites are fully accessible to people with disabilities.

Analysis Prepared by the Department of Health and Family Services

The Department must create and amend selected provisions under chs. HFS 101, 102, 103 and 107, relating to Medical Assistance to implement a waiver of federal regulations that allows the Department to provide family planning coverage for females of child-bearing age. The federal waiver allows for the expansion of Medicaid services for a limited array of services to specific individuals who would not otherwise be eligible for Medicaid coverage. Through this expansion of coverage, the Department hopes to reduce the number of unwanted pregnancies in Wisconsin. Under the waiver, a woman of child-bearing age whose income does not exceed 185% of the federal poverty line will be eligible for most of the family planning services currently available under Medicaid, as described in existing s. HFS 107.21.

Copies of Rule and Contact Person

The rules upon which the Department is soliciting comments and which will be the subject of these hearings are posted at the Department's administrative rules website at http://www.dhfs.state.wi.us/News/Rules/Proposed_Final_Rules/Proposed_Rule_Index.htm

To find out more about the hearings or to request a copy of the proposed rules, you may also write, phone, or e-mail:

Alfred Matano
Division of Health Care Financing
P.O. Box 309, Room 350
Madison, WI 53701-0309
608-267-6848 or, if you are hearing impaired,
608-266-1511 (TTY)
matana@dhfs.state.wi.us

If you are hearing or visually impaired, do not speak English, or have other personal circumstances which might make communication at a hearing difficult and if you, therefore, require an interpreter or a non-English, large-print or taped version of the hearing document, contact the person at the address or phone number above. A person requesting a non-English or sign language interpreter should make that request at least 10 days before the hearing. With less than 10 days notice, an interpreter may not be available.

Written comments on the rules received at the above address no later than **May 1, 2003** will be given the same consideration as testimony presented at the hearing.

Fiscal Estimate

The administrative rule will allow the implementation of a Medicaid expansion of family planning services to single women ages 15 to 44 that have annual incomes below 185% of the federal poverty level. As directed by statute, the Department applied and received federal approval for this expansion of MA eligibility.

Currently, Medicaid and BadgerCare cover women below 185% of the federal poverty level who are either pregnant or have children. However, low-income women without children are not eligible for Medicaid or BadgerCare. Low-income women who do not qualify for these programs are unlikely to have either employer-provided insurance coverage, or sufficient personal funds to purchase family planning and reproductive health services in the private sector. They are therefore at a higher risk of unintended pregnancy. If a woman with an income below 185% federal poverty level becomes pregnant, Medicaid or BadgerCare would pay for birth costs, first year costs of the child, and other child cost and the cost for the mother.

The family planning waiver is a five-year demonstration project that will provide family planning services and ancillary family planning services, on a fee-for-service basis, to any woman between the ages of 15 and 44 whose family income does not exceed 185% of the federal poverty level. Funding for the family planning services will be funded 90% FED and 10% GPR. Funding for covered ancillary family planning services will be funded at the Medicaid matching rate.

By preventing unintended pregnancies and therefore preventing low-income women from becoming eligible for Medicaid or BadgerCare, the cost to Medicaid and BadgerCare is reduced. In the first three years years of operation, it is projected that the cost of providing the family planning services will exceed the savings. However, over the five-year a period, allowing low-income women access to family planing services, will save BadgerCare and Medicaid \$8,897,500 AF (\$1,557,100 GPR). The net cost is \$742,100 (\$129,900 GPR) in FY03 and \$1,638,100 AF (\$286,700 GPR) in FY04. The Department estimates that enrollment at the end of the five year demonstration period will reach approximately 47,000 women.

Initial Regulatory Flexibility Analysis

The rules for the FPW program apply to the Department, to families that are applicants or recipients of the health care coverage provided by the family planning waiver and to county social service or human service departments that take applications and determine eligibility for the family planning waiver. The rules will not directly affect small businesses as "small business" is defined in s. 227.114 (1) (a), Stats.