

420 FAMILY PLANNING SERVICES AND SUPPLIES

REVISION DATE: 1/10/2024, 9/6/2023, 6/8/2022, 10/1/2021, 10/01/2019, 8/22/2018, 7/3/2015, 9/15/2014

REVIEW DATE: 9/14/2023

EFFECTIVE DATE: June 30, 1994

REFERENCES: A.R.S. §36.2904(L), ACOM Policy 405, AMPM 420

PURPOSE

This policy establishes requirements and describes covered services regarding Family Planning Services and Supplies for Division of Developmental Disabilities (Division) Members.

DEFINITIONS

1. "Business Days" means Monday, Tuesday, Wednesday, Thursday, or Friday unless a legal holiday falls on Monday, Tuesday, Wednesday, Thursday, or Friday.
2. "Family Planning Provider" means individuals who are involved in providing family planning services to individuals and may include physicians, physician assistants, nurse practitioners, nurse midwives, midwives, nursing staff and health educators.
3. "Family Planning Services and Supplies" means the provision of accurate information, counseling, and discussion with a

healthcare provider to allow Members to make informed decisions about the specific family planning methods available that align with the Member's lifestyle and provision of indicated supplies. Family Planning Services and Supplies include covered medical, surgical, pharmacological, and laboratory benefits specified in this policy.

4. "Hysterosalpingogram" means an X-ray procedure used to confirm sterility (occlusion of the fallopian tubes).
5. Immediate Postpartum Long-Acting Reversible Contraceptives" or "IPLARC" means immediate postpartum placement of reversible methods for family planning that provide effective contraception for an extended period of time with little or no maintenance or user actions required, including intrauterine devices and subdermal and implantable contraceptives.
6. "Long-Acting Reversible Contraceptives" or "LARC" means reversible methods for family planning that provide effective contraception for an extended period of time with little or no maintenance or user actions required, including intrauterine devices and subdermal and implantable contraceptives.

7. “Maternity Care Provider” means the following provider types who may provide maternity care when it is within their training and scope of practice:
 - a. Arizona licensed allopathic or osteopathic physicians who are obstetricians or general practice or family practice providers who provide maternity care services,
 - b. Physician Assistant,
 - c. Nurse Practitioners,
 - d. Certified Nurse Midwives, and
 - e. Licensed Midwives
8. “Member” means the same as “Client” as defined in A.R.S. § 36-551.
9. “Reproductive Age” means Division Members, regardless of gender, from 12 to 55 years of age.
10. “Second Level Review” means a review performed by a Division Medical Director who has the appropriate clinical expertise in managing a Member’s condition or disease. Second Level Review is used to screen for medical necessity and compare the findings to clinical data in the Member’s medical record to ensure Division

Members are receiving medically appropriate and high quality care.

POLICY

A. GENERAL REQUIREMENTS

1. The Division shall require Family Planning Services and Supplies to be covered for Members when provided by the appropriate Family Planning Providers or Maternity Care Providers, regardless of gender, who voluntarily choose to delay or prevent pregnancy.
2. The Division shall require that Family Planning services provided are within each provider's training and scope of practice.
3. The Division shall require the provision of medically accurate information and counseling to allow Members to make informed decisions about specific family planning methods available.
4. The Division shall ensure Members enrolled with a health plan maintain the option to choose Family Planning Services and Supplies from any appropriate provider regardless of whether or not the Family Planning Service Providers are network providers.

5. The Division shall ensure Members enrolled with DDD Tribal Health Program (THP) have the option to select any AHCCCS-registered Family Planning Provider.
6. The Division shall ensure pregnant or postpartum Members whose AHCCCS eligibility continues, may remain with their assigned maternity provider, or may select another provider for Family Planning Services and Supplies.

B. SECOND LEVEL REVIEW

1. The Division shall review the following services prior to approval or denial by the AdSS:
 - a. Hysterectomy,
 - b. Sterilization, or
 - c. Termination of pregnancy.
2. The Division shall ensure the AdSS submits the following clinical documentation to support medical necessity for requested services:
 - a. Medical records related to the request;
 - b. AHCCCS Certificate of Necessity for Pregnancy Termination, if applicable;

- c. Verification of diagnosis by contractor for a Pregnancy Termination, if applicable; and
 - d. Consent to Sterilization, if applicable.
3. The Division shall require the AdSS to submit requests in a timely manner, at minimum, seven Business Days, for review and response for standard service authorization requests.
4. The Division shall require the AdSS to submit expedited service requests within two Business Days and clearly label these requests as expedited.
5. The Division may request a peer-to-peer review with the AdSS Medical Director if there is a disagreement regarding a service authorization.
6. The Division shall make the final decision on prior authorization requests elevated for Second Level Review.

C. AMOUNT, DURATION, AND SCOPE

1. The Division shall require the AdSS to cover the following Family Planning Services and Supplies for Members:
 - a. Contraceptive counseling, medication, and supplies:
 - i. Oral and injectable contraceptives;

- ii. LARC;
 - iii. IPLARC;
 - iv. Diaphragms;
 - v. Condoms;
 - vi. Foams; and
 - vii. Suppositories.
- b. Associated medical and laboratory examinations and radiological procedures, including ultrasound studies related to family planning;
 - c. Treatment of complications resulting from contraceptive use, including emergency treatment;
 - d. Natural family planning education or referral to other qualified health professionals;
 - e. Post-coital emergency oral contraception, excluding Mifepristone (Mifeprex or RU-486) within 72 hours after unprotected sexual intercourse; and
 - f. Sterilization by Hysteroscopic Tubal Sterilization or Vasectomy

- i. The Division shall require the provider counsels and recommends the Member continue another form of birth control to prevent pregnancy for up to 3 months following the Hysteroscopic Tubal Sterilization or Vasectomy.
 - ii. The Division shall require the provider to perform a Hysterosalpingogram or sperm count according to the current standard of care for the sterilization procedure to confirm the Member is sterile following the Hysteroscopic Tubal Sterilization or Vasectomy.
2. The Division shall ensure the following Family Planning Services and Supplies are covered:
 - a. Pregnancy screening;
 - b. Pharmaceuticals when associated with medical conditions related to family planning or other medical conditions;
 - c. Screening and treatment for Sexually Transmitted Infections (STI) for Members, regardless of gender;
 - d. Sterilization, regardless of Member's gender, when the requirements for sterilization services are met; and

- e. Pregnancy termination only as specified in AMPM Policy 410.
3. The Division shall ensure service providers are aware the following services are not covered for the purpose of Family Planning Services and Supplies:
- a. Infertility services including diagnostic testing, treatment services and reversal of surgically induced infertility;
 - b. Pregnancy termination counseling;
 - c. Pregnancy terminations, except as specified in AMPM Policy 410; and
 - d. Hysterectomy for the purpose of sterilization.

D. REQUIREMENTS FOR PROVIDING FAMILY PLANNING SERVICES AND SUPPLIES

- 1. The Division shall monitor required Member outreach per AMPM Exhibit 400-3 to notify Members of Reproductive Age, regardless of gender, of the specific covered Family Planning Services and Supplies available and how to request them.
- 2. The Division shall require the AdSS to ensure the following information is provided to Members:

- a. A complete description of available covered Family Planning Services and Supplies,
 - b. Information advising how to request or obtain these services,
 - c. Information that assistance with scheduling is available,
 - d. A statement that there is no copayment or other charge for Family Planning Services and Supplies as specified in ACOM Policy 431, and
 - e. A statement that medically necessary transportation services as specified in AMPM 310-BB are available.
3. The Division shall require the AdSS to have policies and procedures in place to ensure Family Planning Providers are educated regarding covered and non-covered services, Family Planning Services and Supplies, including LARC and IPLARC options.
 4. The Division shall ensure Family Planning Services and Supplies are:
 - a. Provided in a manner free from coercion or behavioral or mental pressure;

- b. Available and easily accessible to Members;
 - c. Provided in a manner which assures continuity and confidentiality;
 - d. Provided by, or under the direction of, a qualified physician or practitioner; and
 - e. Documented in the medical record that each Member of Reproductive Age was notified verbally or in writing of the availability of Family Planning Services and Supplies.
5. The Division shall require the AdSS to ensure providers incorporate medical audits for Family Planning Services and Supplies within Quality Management activities to determine conformity with acceptable medical standards.
6. The Division shall require the AdSS to establish quality or utilization management indicators to effectively measure and monitor the utilization of Family Planning Services.
7. The Division shall require the AdSS to ensure that guidelines detail specific procedures for the provision of LARC or IPLARC and are written in accordance with acceptable medical standards.

8. The Division shall require that the Family Planning or Maternity Care Provider has provided proper counseling to the eligible Member prior to insertion of intrauterine and subdermal implantable contraceptives to increase the Member's success with the device according to the Member's reproductive goals.

E. PROTOCOL FOR MEMBER NOTIFICATION OF FAMILY PLANNING SERVICES

1. The Division requires the AdSS to have a process to ensure the sterilization reports specified in this policy comply with the procedural guidelines for encounter submissions.
2. The Division shall ensure the following minimum requirements are met specific for notification of covered Family Planning Services and Supplies:
 - a. Members of Reproductive Age shall be notified either directly or through the Responsible Adult of the specific covered Family Planning Services and Supplies available to them, and a plan to provide those services and supplies to Members who request them by:

- i. Provisions for written notification, other than the Member handbook;
 - ii. Member newsletter; and
 - iii. Verbal notification during a Member's visit with the PCP.
- b. Family Planning notification is sent by the end of the second trimester for pregnant Members and includes information on LARC or IPLARC;
 - c. The AdSS shall conform to confidentiality requirements as specified in 45 C.F.R. 164.522(b) (i and ii);
 - d. Communications and correspondence shall be approved by the Division;
 - e. Distribution at least once per year by November 1st. For Members who enroll with the AdSS after November 1st, notification is sent at the time of enrollment;
 - f. Notification of the covered Family Planning Services and instructions given to Members regarding how to access these services;

- g. Written notification at reading level and easily understood as specified in ACOM 404;
- h. Notification in accordance with cultural competency requirements as specified in ACOM Policy 405;
- i. The AdSS shall ensure Maternity Care Providers verbally notify Members of the availability of Family Planning Services during office visits; and
- j. The AdSS shall report all Members under 21 years of age, undergoing a procedure that renders the Member sterilized, using the AHCCCS Sterilization Reporting Form, AMPM 420 Attachment B and submitting documentation supporting the medical necessity for the procedure.

F. STERILIZATION

- 1. The Division shall ensure the following criteria are met for the sterilization of a Member to occur:
 - a. The Member is at least 21 years of age at the time the consent is signed, using AHCCCS Consent to Sterilization AMPM 420 Attachment A;
 - b. The Member has not been declared mentally incompetent;

- c. Voluntary consent was obtained by the Member or Responsible Person without coercion;
- d. 30 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery.
 - i. Members may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since they gave informed consent for the sterilization.
 - ii. Consent is given at least 30 days before the expected date of delivery in the case of premature delivery.
- 2. The Division shall ensure any Member requesting sterilization signs the AHCCCS Consent to Sterilization form with a witness present when the consent is obtained as specified in AMPM 420.
- 3. The Division shall ensure suitable arrangements are made to ensure the information in the consent form is effectively communicated to Members with limited English proficiency or

reading skills and those with diverse cultural and ethnic backgrounds, as well as Members with visual or auditory limitations as specified in ACOM 404 and ACOM 405.

4. The Division shall ensure the Member receives a copy of the consent form and is offered factual information prior to signing the consent form that includes the following:
 - a. Consent form requirements as specified in 42 CFR 441.250;
 - b. Answers to questions asked regarding the specific procedure to be performed;
 - c. Notification that withdrawal of consent can occur at any time prior to surgery without affecting future care or loss of federally funded program benefits;
 - d. Advice that the sterilization procedure is considered to be irreversible;
 - e. A thorough explanation of the specific sterilization procedure to be performed;
 - f. A description of available alternative methods;

- b. Recommendations to refine processes,
 - c. Identify successful interventions, and
 - d. Care pathways to optimize results.
2. The Division shall perform an Operational Review of the AdSS that includes review of compliance on an annual basis.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Jan 5, 2024 13:00 MST\)](#)
Anthony Dekker, D.O.