

## **420 FAMILY PLANNING SERVICES AND SUPPLIES**

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EFFECTIVE DATE: June 30, 1994

REFERENCES: A.R.S. § 36.2904(L); AMPM Policy 420; Division Operations Policies 404 and 405

### **PURPOSE**

This policy applies to the Division of Developmental Disabilities (Division), its Administrative Services Subcontractors (AdSS), and the Division's fee-for-service Tribal Health Program managed by AHCCCS. This Policy sets forth requirements for covered services related to Family Planning Services and Supplies for Division Members.

Further, this policy establishes requirements for Division oversight and monitoring of duties delegated to the AdSS specific to this policy and as specified in contract and AdSS Medical Policy 420.

### **DEFINITIONS**

1. "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.

2. “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.
3. “Hysterosalpingogram” means an X-ray procedure used to confirm sterility (occlusion of the fallopian tubes).
4. 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 implantable contraceptives.
5. “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 implantable contraceptives.
6. “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.
7. "Member" means the same as "Client," a person receiving developmental disabilities services from the Division, as specified in A.R.S. § 36-551.
8. "Provider" means any individual or entity registered with AHCCCS that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State.
9. "Reproductive Age" means Division Members, regardless of gender, from 12 to 55 years of age.
10. "Responsible Person" means an adult with a developmental disability who is a Member or an applicant for whom no guardian

has been appointed, the parent or guardian of a minor with a developmental disability, or the guardian of an adult with a developmental disability.

11. "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, regardless of gender, who voluntarily choose to delay or prevent pregnancy when provided by the appropriate Family Planning Providers and within their training and scope of practice.
2. The Division shall require Family Planning Services and Supplies to include covered medical, surgical, pharmacological, and laboratory benefits specified in this Policy.

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 require Members enrolled in a Division subcontracted health plan have 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 not require prior authorization for Members to obtain Family Planning Services and Supplies from an out-of-network Provider.
6. The Division shall ensure Members enrolled in the Division's Tribal Health Program have the option to select any AHCCCS-registered Family Planning Provider.
7. The Division shall ensure Members whose AHCCCS eligibility continues may remain with their existing Maternity Provider or exercise their option to select another Provider for Family Planning Services and Supplies.

**B. AMOUNT, DURATION, AND SCOPE**

1. The Division shall ensure covered Family Planning Services and

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Supplies include the following medical, surgical, pharmacological, and laboratory services and contraceptive devices 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 within 72 hours after unprotected sexual intercourse; and
- f. Sterilization by Hysteroscopic Tubal Sterilization or

vasectomy.

- i. Providers shall inform Members that the sterilization procedure is not immediately effective and recommend Members continue another form of birth control to prevent pregnancy for up to three months following the Hysteroscopic Tubal Sterilization or vasectomy.
  - ii. Providers shall 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 for Members, regardless of gender;
  - d. Sterilization services, regardless of gender, if the Member

meets the sterilization criteria specified in this policy; and

e. Pregnancy termination only as specified in Division Medical Policy 410.

3. The Division shall not cover the following services 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 Division Medical Policy 410; and
- d. Hysterectomy for the purpose of sterilization.

**C. 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 following Family Planning Services and Supplies information to be provided to Members:

- a. A complete description of available covered Family

- Planning Services and Supplies, including counseling regarding availability, benefits, and risks of LARC and IPLARC;
- 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; and
  - e. A statement that medically necessary transportation services are available as specified in Division Medical Policy 310-BB.
3. The Division shall require that 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 require that Family Planning Services and Supplies are:
- a. Provided in a manner free from coercion or mental pressure;
  - b. Available and easily accessible to Members;

- c. Provided in a manner that 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 have processes in place to meet the following requirements:
- a. Incorporate medical audits for Family Planning Services and Supplies within Quality Management activities to determine conformity with acceptable medical standards;
  - b. Establish quality and utilization management indicators to effectively measure and monitor the utilization of Family Planning Services;
  - c. Have guidelines that detail specific procedures for the provision of LARC and IPLARC that are written in accordance with acceptable medical standards;
  - d. Family Planning Providers and Maternity Care Providers provide counseling to Members 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; and

- e. Monitor, evaluate, and improve Provider compliance to ensure that Members are tested for syphilis at least annually beginning at 15 years of age.

**D. REQUIREMENTS FOR MEMBER NOTIFICATION OF FAMILY PLANNING SERVICES AND SUPPLIES**

- 1. The Division shall require the following minimum requirements for notification of covered Family Planning Services and Supplies:
  - a. Members of Reproductive Age shall be notified either directly or through the Responsible Person of the specific covered Family Planning Services and Supplies available to them, and a plan to deliver those services and supplies to Members who request them, by provisions for written notification other than the Member handbook, Member newsletter, and verbal notification during a Member's visit with the primary care provider.
  - b. Family Planning notification is sent by the end of the second trimester for pregnant Members and includes

- information on LARC and IPLARC;
- c. Conform to confidentiality requirements as specified in 45 C.F.R. 164.522(b) (i and ii);
  - d. 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;
  - e. Notification of the covered Family Planning Services and instructions given to Members regarding how to access these services;
  - f. Written notification at a sixth-grade reading level and easily understood as specified in Division Operations Policy;
  - g. Notification in accordance with cultural competency requirements as specified in Division Operations Policy 405;
  - h. Maternity Care Providers verbally notify Members of the availability of Family Planning Services during office visits; and
  - i. All communications and correspondence are approved by the Division.

## **E. STERILIZATION**

1. The Division shall ensure all Members under 21 years of age, undergoing a procedure that renders the Member sterilized, are reported using the AHCCCS Sterilization Reporting Form, AMPM 420 Attachment B, and documentation submitted supporting medical necessity for the procedure.
2. The Division shall require the following criteria be 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 AMPM 420 Attachment A;
  - b. The Member has not been declared mentally incompetent;
  - c. Consent was obtained voluntarily and without coercion;
  - d. The Consent to Sterilization form was signed voluntarily and in the presence of a witness;
  - e. At least 30 days but not more than 180 days have passed between the date of informed consent and the date of sterilization, except in cases of premature delivery or emergency abdominal surgery.
    - i. Members may consent to be sterilized at the time of a premature delivery or emergency abdominal

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- 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.
3. The Division shall require that 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 Division Operations Policy 404 and 405.
  4. The Division shall require Providers to ensure that the Member receives a copy of the consent form and is offered factual information prior to signing the consent form that includes:
    - 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. Notification 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;
  - g. A description of the discomforts and risks that may occur during or following the procedure, including an explanation of the types and possible effects of any anesthetic to be used;
  - h. A description of the advantages or disadvantages that may be expected as a result of the sterilization; and
  - i. Notification that sterilization cannot be performed for at least 30 days after consent is obtained.
5. The Division shall not allow sterilization consents to be obtained when a Member is:
- a. In labor or childbirth;
  - b. Seeking to obtain, or is obtaining, a pregnancy termination; or
  - c. Under the influence of alcohol or other substances that may affect the Member's state of awareness.

**F. SECOND LEVEL REVIEW**

1. The Division shall conduct a Second Level Review of service requests submitted for the following services:
  - a. Hysterectomy,
  - b. Sterilization, and
  - c. Termination of pregnancy.
2. The Division shall include review of the following clinical documentation to support medical necessity for requested services:
  - a. Medical records related to the request;
  - b. 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 complete a Second Level Review and respond, at a minimum, within seven business days for standard authorization requests and within two business days for expedited authorization requests.
4. The Division may request a peer-to-peer review with the health

plan’s Medical Director if there is a disagreement regarding a service authorization.

5. The Division shall make the final decision on authorization requests elevated for Second-Level Review.

**G. DIVISION OVERSIGHT AND MONITORING**

1. The Division shall provide ongoing oversight and monitoring of the AdSS, as specified in Division Operations Policy 438, to ensure the AdSS’ compliance with duties delegated specific to this policy.
2. The Division shall meet with the AdSS at least quarterly to provide ongoing evaluation, including data analysis and recommendations to refine processes; identify successful interventions, and care pathways to optimize results.
3. The Division shall conduct an Operational Review of the AdSS on an annual basis that includes a review of compliance.

*Vicki Copeland, MD*

Signature of Chief Medical Officer

Vicki Copeland

Name

Jan 25, 2026

Date