

SECTION: 1 CHAPTER: 200
POLICY: 203, Family Planning Services

1. PURPOSE:

- a. This policy outlines the RBHA and its contracted provider's responsibilities for providing, coordinating, and monitoring the Family Planning services. The Family Planning services are covered when provided by physicians or practitioners to members who voluntarily choose to delay or prevent pregnancy. Family planning services include covered medical, surgical, pharmacological, and laboratory benefits specified in this policy. Covered services also include the provision of accurate information and counseling to allow members to make informed decisions about specific family planning methods available. Members may choose to obtain family planning services and supplies from any appropriate provider within their RBHA provider network.
- b. Family Planning services are available to male and female members who are eligible to receive full health care coverage and enrolled in the RBHA.

2. PROCEDURES:

- a. The RBHA and its contracted providers must ensure that service delivery, monitoring, and reporting requirements for family planning services are met.
- b. The RBHA and its contracted providers must:
 - i. Plan and implement an outreach program to notify members of reproductive age of the specific covered family planning services available and how to request them. Notification must be in accordance with A.R.S. § 36.2904(L). A written notification on the availability of family planning services must be mailed annually to members by November 1st. If the member enrolled with the integrated RBHA after November 1st, notification must be at the time of enrollment. The requirement for written notification is in addition to the member handbook and member newsletter. The information provided to members must include, but is not limited to:
 - (1) A complete description of covered family planning services available;
 - (2) Information advising how to request/obtain these services;
 - (3) Information that assistance with scheduling is available; and
 - (4) A statement that there is no charge for these services.
 - ii. Have policies and procedures in place to ensure that maternity care providers are educated regarding covered and non-covered services, including family planning services, available to AHCCCS members.
 - iii. Have family planning services that are:
 - (1) Provided in a manner free from coercion or mental pressure;
 - (2) Available and easily accessible to members;
 - (3) Provided in a manner which assures continuity and confidentiality;
 - (4) Provided by, or under the direction of, a qualified physician or practitioner; and
 - (5) Documented in the medical record. In addition, documentation must be recorded that each member of reproductive age was notified verbally or in writing of the availability of family planning.

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- iv Provide translation/interpretation of information related to family planning in accordance with [Policy 407, Cultural Competence](#).
 - v Incorporate medical audits for family planning services within quality management activities to determine conformity with acceptable medical standards.
 - vi Establish quality/utilization management indicators to effectively measure/monitor the utilization of family planning services.
 - vii Have written practice guidelines that detail specific procedures for the provision of long-term contraceptives. These guidelines shall be written in accordance with acceptable medical standards.
 - viii Have a process for ensuring that prior to insertion of an intrauterine or subdermal implantable contraceptives, the family planning provider has provided proper counseling to the eligible member to minimize the likelihood of a request for early removal. Counseling information is to include a statement to the member indicating if the implant is removed within two years of insertion, the member may not be an appropriate candidate for reinsertion for at least one year after removal.
 - ix Assist contracted providers in establishing procedures for referral of those members who may lose AHCCCS eligibility to low-cost/no-cost agencies for family planning services.
 - x Assist contracted providers in establishing procedures for referral of those members who may lose AHCCCS eligibility with medical needs to an agency that provides low-cost/no-cost primary care services.
 - xi Develop a process for monitoring whether referrals for low-cost/no-cost primary care services were made for members who lost AHCCCS eligibility
- c. Sterilization
- i The following criteria must be met for the sterilization of a member to occur:
 - (1) The member is at least 21 years of age at the time the consent is signed ([See Exhibit 420-1, AHCCCS Consent for Sterilization](#));
 - (a) For members under the age of 21, the provider must be able to demonstrate medical necessity for the procedure with supporting documentation including Prior Authorization (PA). The medical necessity PA and supporting documentation must be submitted to ADHS/DBHS with the Monthly Sterilization Report.
 - (2) Mental competency is determined;
 - (3) Voluntary consent was obtained without coercion; and
 - (4) Thirty 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 a premature delivery or emergency abdominal surgery. 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. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.
 - ii Any member requesting sterilization must sign an appropriate consent form ([Exhibit 420-1, Consent for Sterilization](#)) with a witness present when the consent is

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- obtained. Suitable arrangements must be made to ensure 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 and/or auditory limitations. Prior to signing the consent form, a member must first have been offered factual information that includes all of the following:
- (1) Consent form requirements;
 - (2) Answers to questions asked regarding the specific procedure to be performed;
 - (3) Notification that withdrawal of consent can occur at any time prior to surgery without affecting future care and/or loss of federally funded program benefits;
 - (4) A description of available alternative methods;
 - (5) A full description of the discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type and possible effects of any anesthetic to be used;
 - (6) A full description of the advantages or disadvantages that may be expected as a result of the sterilization; and,
 - (7) Notification that sterilization cannot be performed for at least 30 days post consent.
- iii Sterilization consents may **NOT** be obtained when a member:
- (1) Is in labor or childbirth;
 - (2) Is seeking to obtain, or is obtaining, a pregnancy termination; or
 - (3) Is under the influence of alcohol or other substances that affect that member's state of awareness.
- iv The RBHA must submit a Monthly Sterilization Report (AHCCCS Exhibit 420-2 to Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) which documents the number of sterilizations performed for all members under the age of 21 years of age during the month. If no sterilizations were performed for members under the age of 21 years of age during the month, the monthly report must still be submitted to attest to that information.
- v Hysteroscopic tubal sterilization is not immediately effective upon insertion of the sterilization device. It is expected that the procedure will be an effective sterilization procedure three months following insertion. At the end of the three months, confirmatory testing, a hysterosalpingogram, will be performed confirming that the member is sterile and reported on the monthly sterilization report.

3. REFERENCES:

- [Social Security Act, Title V, Parts 1 and 4 \[Maternal and Child Health\]](#)
[42 C.F.R. §50.203](#)
[42 C.F.R. § 441.306](#)
[A.R.S. § 36-2907](#)
[AHCCCS Contractor Operations Manual \(ACOM\), Chapter 400, Section 404, Attachment B-Member Handbook Checklist](#)
[AHCCCS Medical Policy Manual \(AMPM\) Chapter 400, 420 Family Planning](#)

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[AHCCCS ADHS/DBHS Contract](#)
[ADHS/RBHA Contract](#)

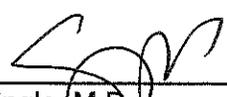
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