

## Family Planning Waiver Notices

### ELIG

995 – Option A      SelectPlan for Women – Elig

You are eligible for family planning services. A PA ACCESS card will be mailed to you unless you have one. If you have any questions or changes to report, please contact the Department of Public Welfare's Office. The box above lists how to contact the Office. When contacting the Office, please provide your record number. It is located in boxes at the top and bottom of this notice.

Citation: 55 PA Code 181.1; Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.2

995 – Option B      SelectPlan for Women – Elig

You are eligible for family planning services. A PA ACCESS card will be mailed to you unless you have one. If you have any questions or changes to report, please contact the Department of Public Welfare's Office. The box above lists how to contact the Office. When contacting the Office, please provide your record number. It is located in boxes at the top and bottom of this notice.

Your application for other Medical Assistance benefits has been reviewed. Based on the information that you provided, you do not meet the eligibility requirements for any other Medical Assistance benefits. If you have questions, please contact your caseworker.

Citation: 55 PA Code 181.1 & 178.1; Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.2

995 – Option C      SelectPlan for Women – Elig

You are eligible for family planning services. These services begin after the closing of your Medical Assistance coverage at the end of your postpartum period. Please use the PA ACCESS card that you have to pay for these services. If you have any questions or changes to report, please contact the Department of Public Welfare's Office. The box above lists how to contact the office. When contacting the Office, please provide your record number. It is located in boxes at the top and bottom of this notice.

Citation: Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.2

### INEL

995 – Option D      SelectPlan for Women – Inel

To qualify for family planning services provided by Medical Assistance, you must meet all of the following requirements. You do not meet those items that are checked below:

- 1. Be age 18 through 44.  
Citation: Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.1
- 2. Be female.  
Citation: Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.1
- 3. Not be pregnant.  
Citation: Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.3
- 4. Be uninsured or have no family planning insurance coverage.  
Citation: Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.1
- 5. Have not had a treatment or procedure that prevents pregnancy.  
Citation: Pennsylvania's Family Planning waiver 12/29/05, Section III, 3.3
- 6. Be a U.S. citizen or have legal immigration status for Medicaid.  
Regulations and/or law: 8 USC 1611; 55 Pa. Code 150.1(b)(1)&(2); 42 CFR 435.406 & 435.407
- 7. Be a resident of Pennsylvania.  
Regulations and/or law: 55 Pa. Code 148.1 & 148.3
- 8. Provide proof of identity.  
Regulations and/or law: Public Law: 109-171 Deficit Reduction Act of 2005, Section 6036; 42 U.S.C. & 1396b(i)(22); 42 CFR 435.406 & 435.407
- 9. Have income that does not exceed 185% of the Federal Poverty level.  
Citation: PA 55 Code 181.1; Pennsylvania's Family Planning Waiver 12/29/05, Section V

## STOP/DISC

995 – Option E SelectPlan for Women – Stop/Disc

To qualify for family planning services provided by Medical Assistance you must meet all of the following requirements. You no longer meet those items checked below:

- 1. Be age 18 through 44.  
Citation: Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.1
- 2. Be female.  
Citation: Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.1
- 3. Not be pregnant.  
Citation: Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.3
- 4. Be uninsured or have no family planning insurance coverage.  
Citation: Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.1
- 5. Have not had a treatment or procedure that prevents pregnancy.  
Citation: Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.3
- 6. Be a U.S. citizen or have satisfactory immigration status for Medicaid.  
Regulations and/or law: 8 USC 1611; 55 Pa. Code 150.1(b)(1)&(2); 42 CFR 435.406 & 435.407
- 7. Be a resident of Pennsylvania.  
Regulations and/or law: 55 Pa. Code 148.1 & 148.3
- 8. Provide proof of identity.

Regulations and/or law: Public Law: 109-171 Deficit Reduction Act of 2005, Section 6036; 42 CFR 435.406 & 435.407

9. Have income that does not exceed 185% of the Federal Poverty level.

Citation: 55 PA Code 181.1; Pennsylvania's Family Planning Waiver 12/29/05, Section V

**ELIG**

995 – Option F      SelectPlan for Women – Elig

You are eligible for family planning services. Proof of your income is required. Proof of your income was not received with your application. It must be received by MM/DD/YYYY. If proof of your income is not received, your benefits will be discontinued on MM/DD/YYYY.

A PA ACCESS card will be mailed to you unless you have one. If you have any questions or changes to report, contact the Department of Public Welfare's Office. The box above lists how to contact the Office. When contacting the Office, please provide your record number. It is located in boxes at the top and bottom of this notice.

Citation: 55 PA Code 181.1, 140.103(a, b), 201.1; Pennsylvania's Family Planning Waiver 12/29/05, Section III, 3.2

## HEALTHCARE BENEFITS PACKAGE #15

This benefits package is limited to family planning services for women ages 18 through 44. Family planning services include medically necessary services and supplies related to birth control, pregnancy prevention and preventive services. The following is a list of limited services that are available in the package through a Medical Assistance (MA) enrolled provider.

### Services:

- Medical history and physical exam
- Family planning counseling and/or coordination of care
- Limited pharmacy services including birth control supplies and medication, and supplies to treat sexually transmitted disease (STD's) and vaginal infection
- Limited laboratory services, including testing for STD's, cervical cancer, HIV, anemia and sickle cell disease

### Service Providers:

- Certified Registered Nurse Practitioner
- Physician (Medical Doctor, Doctor of Osteopathy)
- Physician's Assistant
- Nurse Midwife
- Pharmacy
- Laboratory

### Outpatient Settings:

- Physician's Office
- Outpatient Family Planning Clinic
- Outpatient Hospital Clinic
- Federally Qualified Health Center
- Rural Health Center

### Inpatient Settings:

- None

## **IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE BENEFITS PLEASE READ THIS NOTICE CAREFULLY**

You have been enrolled in Pennsylvania's family planning program, known as **Select Plan For Women** and are eligible for family planning services. Based on the information that you submitted in order to qualify for these services, it appears that you may be eligible for additional health care coverage, for example -- Medicaid, Children's Health Insurance Program (CHIP) or adultBasic (aB) coverage.

### **WHAT YOU SHOULD DO**

If you would like to apply for additional health care coverage, you may:  
Contact the DPW Help Line at 1-800-692-7462 for an application

or

Apply on-line at [www.compass.state.pa.us](http://www.compass.state.pa.us).