

## 2186-PLANNING FOR HEALTHY BABIES (P4HB)

<b>POLICY STATEMENT</b>	Planning for Health Babies (P4HB) is a Medicaid program that offers family planning services for eligible women in Georgia between the ages of 18 and 44. This program is effective January 1, 2011.
<b>BASIC CONSIDERATIONS</b>	
<b>Background</b>	<p>Planning for Healthy Babies is a demonstration waiver (1115) that covers family planning services to women ages 18 through 44 who are at or below 220% FPL, not otherwise covered by insurance (including Medicare), and not receiving coverage under another Medicaid category. P4HB also covers inter-pregnancy care (IPC) services, including primary care case management, for eligible women who have delivered a very low birth weight baby (VLBW) AS OF January 1, 2011. The primary goals of the P4HB program are to reduce Georgia's low birth weight (less than 2500 grams or 5 lbs. 8 oz) and very low birth weight (less than 1500 grams or 3 lbs. 5 oz) rates; reduce the number of unintended and high risk pregnancies in Georgia; and to reduce Medicaid costs by reducing the number of unintended pregnancies. There are three levels of service under P4HB: Family Planning services; Inter-Pregnancy Care services; and Resource Mother services.</p>
<b>Family Planning Services</b>	<p>Family Planning services are provided to all women ages 18 through 44 who are at or below 220% of the FPL. Family planning services include medically necessary services and supplies related to birth control and pregnancy prevention; contraception management with a variety of methods, patient education, counseling and referral to other social services and health care providers as needed. Women enrolled in P4HB who are not otherwise eligible for Medicaid are eligible for family planning services only, including:</p> <ul style="list-style-type: none"> <li>• Family planning exams</li> <li>• Birth control services and supplies, including tubal ligations</li> <li>• Health education and counseling</li> <li>• Follow up visits with a family planning doctor or nurse</li> <li>• Counseling and referrals to community agencies and health care providers</li> <li>• Family planning lab tests such as pregnancy tests and pap smears</li> <li>• Screening, treatment and follow up for sexually transmitted diseases (STDs) (Except HIV/AIDS and Hepatitis) discovered during your family planning exam</li> <li>• A Tetanus, Whooping Cough, and Diphtheria booster if the member is age 20 or younger and due for a booster</li> <li>• Hepatitis B vaccine if the member is age 20 or younger and has not received the vaccine before.</li> </ul>

<b>BASIC CONSIDERATIONS</b>	
<b>Family Planning Services (cont'd)</b>	<p>Women receiving Family Planning services must enroll in a care management organization (CMO) prior to obtaining services. They may change their CMO within the first 30 days of approval. If selected by the 23<sup>rd</sup> of the month, the change will be effective the following month.</p>
<b>Inter-Pregnancy Care Services</b>	<p>The Inter-Pregnancy Care (IPC) component is for women ages 18 through 44 at or below 220% of the FPL who have delivered a very low birth-weight (VLBW) baby on or after January 1, 2011 and not otherwise eligible for Medicaid. Women eligible for IPC may receive all Family Planning services as well as:</p> <ul style="list-style-type: none"> <li>• Primary care (5 office/outpatient visits)</li> <li>• Substance abuse treatment</li> <li>• Resource Mother services (care management)</li> <li>• Limited dental services</li> <li>• Prescription drugs for the treatment of chronic diseases (non-family planning)</li> </ul>
<b>Resource Mother Services</b>	<p>Resource Mother Services are for women with active Medicaid benefits and who give birth to a VLBW baby on or after January 1, 2011. The “Resource Mother” mentors women who give birth to babies weighing less than 3 pounds, 5 ounces. She offers support to mothers and provides them with information on parenting, nutrition and healthy lifestyles. Resource Mothers also offer the following services:</p> <ul style="list-style-type: none"> <li>• Primary Care Medicaid appointments</li> <li>• Arrangement of non-emergency medical transportation</li> <li>• Healthy eating choices and smoking cessation</li> <li>• Medications to treat chronic health conditions</li> <li>• Coordination of social services support</li> <li>• Obtaining regular preventive health visits</li> <li>• Obtaining immunizations for children</li> <li>• Finding local resources in the community</li> </ul>
<b>Cards</b>	<p>PH4B recipients will receive specific color CMO cards for each category and will have specific Aid Categories listed in GAMMIS as follows:</p> <ul style="list-style-type: none"> <li>• Family Planning-181, pink CMO card</li> <li>• Inter-Pregnancy Care-180, purple CMO card</li> <li>• Resource Mother Family Medicaid-182, yellow CMO card</li> <li>• Resource Mother ABD/SSI Medicaid-183, yellow CMO card</li> </ul>

**BASIC  
CONSIDERATIONS****Policy Requirements**

Applicants for P4HB must meet the following eligibility requirements:

- Age –women ages 18 (month of 18<sup>th</sup> birthday) through 44 (month of 45<sup>th</sup> birthday)
- Georgia resident
- Citizenship/Immigration Status/Identity
  - Reasonable opportunity policy applies (refer to [Section 2215](#))
  - The signed P4HB application meets the declaration of citizenship requirement so a separate declaration is not required. If Medicaid is determined on additional household members, a separate declaration may be required).
- Assignment of Third Party Liability (TPL)-the P4HB application provides the necessary assignment of TPL. A separate DMA285 is not required if there is not a TPL.
- Income-at or below 220% FPL based on family size  
Income Deductions- \$90 earned income disregard, \$50 child support disregard, \$200/\$175 Dependent care deduction (Refer to [Section 2655](#))
- Limited to 24 consecutive months (for P4HB IPC services)
- No retroactive( three months prior) coverage
- Must report changes within 10 days
- A woman enrolled in P4HB that becomes pregnant may have a continuing Medicaid Determination (CMD) to Pregnant Woman Medicaid
- A woman receiving Pregnant Woman Medicaid may be re-enrolled in P4HB after delivery of the child if she is not eligible for any other Medicaid category.
- Cases are subject to an annual renewal

All pregnant women applying for any Medicaid COA should be given the P4HB “postcard”. Pregnant women whose Medicaid cases are closing and who are not eligible for another COA should be referred to apply for P4HB online or provided a P4HB application if requested. All women between the ages of 18-44 should be notified of P4HB when their application for Medicaid has been denied or their Medicaid eligibility has closed as part of the CMD process.

Applications for P4HB may be submitted online at [www.planning4healthybabies.org](http://www.planning4healthybabies.org). Paper applications may also be requested from and submitted to DFCS and Public Health offices. Counties can request application forms, postcards, and posters from their local Right from the Start Medicaid (RSM) Eligibility

**BASIC  
CONSIDERATIONS**  
**Policy Requirements**  
**(cont'd)**

**Applications**

Specialist, Supervisor, or Manager. Each DFCS office should maintain a supply of applications and resource materials on hand at all times. P4HB posters should be clearly displayed for the general public to see in DFCS lobbies.

All applications will be processed by MAXIMUS. Paper applications received by DFCS should be mailed or faxed to:

**MAXIMUS**

P4HB  
P.O. Box 1810  
Atlanta, GA 30301-1810  
FAX: (888)744-2102

MAXIMUS will mail a Health Portability and Accountability Act (HIPAA) notification to the adult who makes application for P4HB. If there are additional adults in the household for whom Medicaid is being requested a separate HIPAA notice must be sent by the agency determining eligibility.

MAXIMUS will forward P4HB referrals to the RSM Project P4HB team, which will review eligibility for all Medicaid COA and P4HB. The RSM Project team will:

- Screen for any active Medicaid case
  - If there is an active Medicaid case on the P4HB applicant, the RSM Project will update P4HB system with eligibility determination for P4HB.
  - If there is no active Medicaid case, the RSM Project will review the following:
    - Documents
    - Account data
    - Citizenship/Immigration Status/identity
    - Income verification
- Determine the applicant's P4HB eligibility, or Medicaid eligibility for the applicant (or anyone else listed on the application for whom coverage is requested)

RSM Project will take the following steps for cases potentially eligible for Medicaid:

- Screen for any related cases with DFCS
  - If there is no related DFCS case, RSM will:
    - Register the case in SUCCESS
    - Complete the Medicaid eligibility determination
    - If eligible, case will transferred to the DFCS office in the county of residence
    - If not eligible for Medicaid, the RSM Project will determine P4HB eligibility and update P4HB

**Applications**  
(cont.)

- If there is a related case with DFCS:
  - RSM Project will send the referral to county DFCS office with the related case, including all verification obtained for the initial P4HB applicant
  - DFCS will:
    - ❖ Register the case in SUCCESS
    - ❖ Obtain any additional verification needed for other potential AU members
    - ❖ Complete the eligibility determination, including determining Medicaid for any other individuals on the application

No additional update or report back is required as this will be captured in the Medicaid match in GAMMIS.