

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO  <i>Supia</i>	DATE  <i>4-18-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>000363</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Mr. Keck, Host, Deps, CMS file</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			<i>Bren - Pls log The - ken * all Deps rec'd electron</i>
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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**SMDL#14-003**  
**ACA# 31**

April 16, 2014

**RE: Family Planning and Family Planning Related  
Services Clarification**

Dear State Medicaid Director:

This letter is intended to provide clarification regarding the coverage of family planning-related services provided to individuals eligible under the optional categorically needy state plan group created by section 2303 of the Affordable Care Act. Individuals who would qualify under this new family planning eligibility group, if the state elects to offer it, are defined as individuals (men and women) who are: 1) not pregnant, and 2) whose income does not exceed the income eligibility level established by the state plan. This state option was effective March 23, 2010.

**Background**

Family planning services receive Federal financial participation at an enhanced rate of 90 percent, while family planning *related* services are matched at the states' regular Federal medical assistance percentage. The Affordable Care Act indicates that family planning related services are considered those medical, diagnosis and treatment services provided "pursuant to" a family planning visit. The Centers for Medicare & Medicaid Services (CMS) issued earlier guidance on family planning related services in a letter to State Medicaid Directors on July 2, 2010, which indicated that these services were to be provided as part of or as follow up to a family planning visit. We are providing additional clarification on how family planning related services are to be provided "pursuant to" a family planning service.

**Clarification of Family Planning-Related Services**

Sound clinical practice and the provision of high-quality, comprehensive care dictates that specific family planning services are provided along with certain family planning-related services. The United States Preventive Services Task Force recommends "high-intensity behavioral counseling to prevent sexually transmitted infections (STI) for all sexually active adolescents and for adults at increased risk for STIs" (where increased risk includes patients with an active STI).<sup>1</sup> In addressing the needs of a patient with an active STI, providers will, as a matter of course, provide behavioral counseling on contraceptives. Contraceptive counseling is a family planning service. Therefore, CMS has determined that services such as the diagnosis and

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<sup>1</sup> <http://www.uspreventiveservicestaskforce.org/uspstf/uspstds.htm>

treatment of an STI are always provided “pursuant to” a family planning service. These services will be eligible for Medicaid coverage as family planning related services, regardless of the initial purpose of the visit.

States continue to have the authority to adopt reasonable definitions of the scope of family planning-related services for purposes of the coverage available to this eligibility group. In addition, states must ensure that providers of family planning services use correct billing procedures to properly code claims, and that states use the correct federal reimbursement rate when claiming for family planning and family planning related services.

**Clarification of Family Planning Visits for Men**

In our 2010 SMD letter, CMS noted that one example of a family planning-related service would be a family planning visit for men. This family planning visit may include a physical and laboratory tests, as well as contraceptive counseling. CMS is clarifying that a visit for contraceptive counseling for men should be considered a family planning visit, not family planning-related. CMS does not believe there is any reason to make a distinction between contraceptive counseling for men versus women. Therefore, these services for men would also be eligible for the enhanced Federal Financial Participation (FFP) available for a family planning service.

States may begin to claim FFP based on this policy clarification effective with the date of issuance of this letter. CMS will not consider retrospective claims for additional FFP.

Prior letters on this subject were issued on July 2, 2010 and can be accessed at <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD10013.pdf>.

If you have any questions regarding this information, please contact Barbara C. Edwards, Director, Disabled and Elderly Health Programs Group, at 410-786-7089.

Sincerely,

/s/

Cindy Mann  
Director

cc:

CMS Regional Administrators

CMS Associate Regional Administrators  
Division of Medicaid and Children’s Health Operations

Page 3 – State Medicaid Director

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Executive Director  
National Association of Medicaid Directors

Melinda Becker,  
Director, Health and Human Services Committee  
National Governors Association

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