What are Medicaid Family Planning Programs?

Medicaid Family Planning programs (MFPPs) allow people who are ineligible for full Medicaid coverage to access benefits for specified family planning and related services. They may be established through a permanent State Plan Amendment (SPA), or through a temporary demonstration project known as an 1115 Waiver.

SPA

- Permanent change to the state's Medicaid plan that creates a new eligibility group under the plan. Made possible by 42 USC § 1396a(a)(10)(A)(ii)(XXI).
- Coverage must be open to non-pregnant people of reproductive age of any gender with incomes that do not exceed a limit set by the state. The income eligibility limit cannot exceed the income eligibility limit for pregnant people under the state plan.
- CMS must approve, deny, or request additional information about a SPA within 90 days of a state's SPA application submission or the SPA is approved. CMS may only restart the 90-day clock by requesting additional information once.
- Cannot be unilaterally terminated by CMS.

1115 Waiver

- Temporary program intended for states to test new ideas and policies under the state's Medicaid program, made possible by § 1115 of the Social Security Act.
- The state, with approval from CMS, can determine eligibility criteria, including income limits. Some state waivers limit their family planning programs to people within a certain age range or extend coverage only to women.
- Waivers are not required to be approved or denied on any specific timeline and can be pending for years.
- Can be withdrawn or amended by CMS at any time if CMS determines the waiver is no longer in the public interest or would not promote the objectives of Medicaid.