

**DEPARTMENT
POLICY****MA Only**

The Plan First! Family Planning Program is a health coverage program operated by the Department of Community Health (DCH).

Plan First! will enable DCH to provide family planning services to women who would not have coverage for these services and do not have other comprehensive health insurance.

All eligibility factors in this item must be met. All nonfinancial eligibility factors must be met in the calendar month being tested.

**TARGETED
POPULATION**

Non-pregnant women who are:

- 19-44 years of age, and
- Not currently covered by Medicaid or Adult Medical Program (AMP), and
- Not covered by any other comprehensive health insurance, and

Note: If the other health insurance does not include family planning services the client may be eligible for Plan First!. Medicare is one example of comprehensive health insurance.

- Have family income at or below 185% of the federal poverty level, and
- Meet Michigan residency requirements, and
- Meet Medicaid citizenship requirements.

**APPLICATION FOR
PLAN FIRST**

Individuals may apply online at www.michigan.gov/mibridges.

The DCH-1426, Application for Health Coverage & Help Paying Costs is used for this program.

QUESTIONS

Refer questions regarding Plan First! to 1-800-642-3195. For persons with hearing difficulties the TTY number is 1-866-501-5656.

**ELIGIBILITY FOR
OTHER PROGRAMS**

Women may receive Plan First! services and be eligible as a Medicaid deductible. A woman may have Plan First! coverage for part of a month, meet the deductible and receive Medicaid coverage for the remainder of the month. Plan First! coverage would resume at the first of the next month.

**COVERAGE
PERIOD**

Once an individual is determined eligible for Plan First! eligibility will be for a 12-month period. The begin date of eligibility for Plan First! is the first day of the month the application is received via U.S. mail, fax, online or interoffice transfer.

**NONFINANCIAL
ELIGIBILITY
FACTORS****Residence**

The individual must be a resident of the State of Michigan. An individual is considered a resident if she lives in Michigan and intends to remain in Michigan.

Age

The woman must be age 19 through 44.

Citizenship

The individual must be a U.S. citizen or have acceptable alien status.

Individuals whose alien status limits them to emergency services Medicaid (ESO) do not have acceptable status.

The MA eligibility factors in the following items must also be met.

- BEM 221, Identity.
- BEM 223, Social Security Numbers.

- BEM 256, Spousal/Parental Support.
- BEM 257, Third Party Resource Liability.
- BEM 265, Institutional Status.

FINANCIAL ELIGIBILITY FACTORS

Assets

There is no asset test.

Divestment

Policy in BEM 405 applies as income can be divested.

Income Eligibility

The adjusted gross income must be at or below 185% of the Federal Poverty Level (FPL).

All income (earned and unearned) of the fiscal group must be reported on the application.

Plan First eligibility is based on MAGI methodology. See MAGI policy for more information.

ONGOING ELIGIBILITY

Once eligible, eligibility continues until renewal unless the woman meets one of the following:

- Reaches age 45.
- Moves out of state.
- Is ineligible due to Institutional Status, see BEM 265.
- Obtains comprehensive health insurance.
- Dies.

COVERED SERVICES

Family planning services are defined as any medically approved means, including diagnostic evaluation, drugs, and supplies, for voluntarily preventing or delaying pregnancy.

LEGAL BASE

Social Security Act, Section 1115 Waiver, Section 1905(a)(4)(C) and Section 1902(a)(10)(A)

**JOINT POLICY
DEVELOPMENT**

Medicaid, Adult Medical Program (AMP), Transitional Medical Assistance (TMA), and Maternity Outpatient Medical Services (MOMS) policy has been developed jointly by the Department of Community Health (DCH) and the Department of Human Services (DHS).