

Instructions for Completing the PE for FPBP Screening Form

Section 1:

- **Name:** Enter the applicant's full legal name as it appears on the birth certificate.
- **Residence Address:** Enter the legal residence address where the applicant lives including house number, street name, apt number, city, and zip code – ask the applicant if it is OK to receive mail related to FPBP at this address. If it is not ok, ask the applicant to provide a confidential mailing address.
- **County:** Enter the County in which the applicant legally resides. If NYC, indicate here.
- **Confidential Mailing Address:** If the applicant provides a confidential mailing address where they can receive FPBP related correspondence due to privacy and confidentiality reasons, enter it here.
- **Home Phone / Contact / Message Numbers:** Enter home phone number and/or a confidential contact or message number where it will be safe to call or leave a message for the applicant if necessary.
- **Social Security Number:** Enter the SSN here. Only the applicant's Social Security Number is required, not the physical card. If no SSN is available, instruct the applicant to go to the Social Security Administration office and request a copy of their card, or to apply for a SSN. Instruct them to obtain proof of this in the form of a receipt from SSA which is required for a determination of ongoing eligibility for the FPBP.
- **Date of Birth:** Record the applicant's date of birth in the MM/DD/YYYY format here.
- **Sex:** Check the appropriate box for male or female in this space.
- **Citizenship/Immigration Status:** Ask the questions for (A) and (B) and check the appropriate box. Read the explanation of citizenship criteria on the screening form to the applicant. If the applicant is unsure of their status, review the citizenship/identity desk aid provided to you, and if they are an undocumented or temporary non-immigrant, the PE for FPBP screening must stop here as they are not eligible until their citizenship/immigration status can be documented and determined as satisfactory.

Section 2:

- **Public Health Insurance:** Ask the applicant if they have applied for Medicaid, Family Health Plus or Temporary Cash Assistance in the last 30 days. If yes, instruct the applicant to follow through on their application at the location where they applied. The screening should stop here if there is a verified application filed within the last 30 days, or if the individual has an active case. If the applicant is under the age of 19 and has applied for Child Health Plus, the screening may continue, as they may receive PE for FPBP and Child Health Plus at the same time for confidentiality/privacy purposes. If the applicant had services in past and knows their CIN, enter here. If the applicant is not sure if he/she is in receipt of Medicaid, Family Health Plus or FPBP, an inquiry using the Medicaid Eligibility Verification System (MEVES) should be made to see if there is existing coverage.
- **Private or Employer Sponsored Health Insurance:** Ask the applicant if they are covered by any other health insurance (such as private health insurance or employer sponsored health insurance) and check the appropriate box. If yes, enter the name of the insurance, the policy holder and their relationship to the applicant.

Section 3:

- **Good Cause Question:** Read the question to the applicant about billing the other health insurance. Ask if it will cause harm to their physical or emotional health or safety to bill this insurance, or if it will interfere with the privacy and confidentiality of their receipt of Family Planning benefits. Check the appropriate box.
- **Good Cause Authorization:** If the applicant's answer to 3(a) is "Yes", call the Good Cause Authorization Request Hotline at 1-800-541-2831, answer the call center representative's questions as appropriate for this applicant. Enter the call date, whether or not good cause was approved, the name of the call center representative who granted it, and the duration of good cause.

Medicaid Presumptive Eligibility (PE) for the
Family Planning Benefit Program (FPBP)
Provider Screening Form

Section 4:

- **Under 21 Income Rule:** Read the statement in this section to the applicant and ask them if they are able to get parental income information. Check the appropriate box.

Section 5:

- **Household Size:** Fill in the blank lines in this section to identify the number of persons other than the applicant who are living in the household. If anyone in the HH is pregnant, count them as 2 (pregnant women plus unborn child). If you count an individual, you must also count their income. Do not count persons who receive Temporary Cash Assistance or SSI Cash Assistance. Enter the total number of household members on line 5(a).

Section 6:

- **Household Income Calculation:** On line 6(a) enter the total amount of the monthly gross household income (before taxes and any deductions). Weekly wages are converted to monthly amounts by multiplying by 4.333333; bi-weekly wages are multiplied by 2.166666. Apply the Under 21 Rule described in Section 4, if applicable. Do not count wages, grants or loans for students, Temporary Cash Assistance or SSI Cash Assistance payments. Enter all applicable deductions on the blank lines in monthly amounts. Employed individuals receive the \$90.00 earned income deduction. Child care expenses must be related to employment or to a search for employment. Only one \$100.00 deduction per household is allowed for child support payments, if the income from child support is included. Enter monthly premium the applicant pays, or parent pays if parental income is included, out of pocket for health insurance premiums. Add all deductions and enter the total on line 6(b). Enter the Net Monthly Income amount on line 6(c). This figure is the total household monthly gross income from line 6(a) minus the total allowable deductions from line 6(b).

Section 7:

- **Presumptive Eligibility Determination:** Compare the Net Monthly Income amount from line 6(c) to 200% of the Federal Poverty Level using the appropriate household size line on 5(a).
 - If the applicant is found to be eligible for PE for FPBP, the corresponding box is checked, and a Presumptive Eligibility for FPBP Screening Determination Letter is given to the applicant. This letter advises the presumptively eligible individual of next steps to take, including completing an FPBP application for ongoing coverage. Complete the FPBP Document Checklist and give the applicant a copy with the due date they must return the documents to you. A DOH-4282 FPBP application must be signed, dated and completed by the applicant by the last day of the month following the month of screening in order to have eligibility determined for ongoing FPBP coverage. The completed screening form, the PE for FPBP screening determination letter, FPBP document checklist, FPBP application (if it is available) and any documentation provided by the applicant must be forwarded to the NYSDOH Designated Agent's office within 5 business days of the screening date.
 - If the applicant is ineligible for PE for FPBP, provide a PE for FPBP Screening Determination Letter and do not send the ineligible PE screening form or determination letter to the NYSDOH Designated Agent.

Section 8:

- **Contact Information and Screening Date:** Fill in the information in this section as appropriate.