

TO: Local District Commissioners, Medicaid Directors, Temporary Assistance Directors, and CNS Coordinators

FROM: Betty Rice, Director, Division of Consumer and Local District Relations

SUBJECT: Renewal Procedures for Family Planning Benefit Program

EFFECTIVE DATE: July 19, 2004

CONTACT PERSON: Bureau of Local District Support
Upstate (518) 474-8216 NYC (212) 268-6855

Eligibility for the Family Planning Benefit Program (FPBP) began October 1, 2002. As noted in 02 OMM/ADM-7, "Family Planning Benefit Program", individuals who are determined eligible for the FPBP are eligible for 24 months. After the district authorizes the first 12 months of FPBP coverage, a systemic extension provides the second 12 months of coverage. FPBP recipients who were authorized soon after program implementation need to renew eligibility in the near future.

Effective July 19, 2004, FPBP-only cases will fall into a renewal cycle and FPBP recipients who are part of a mixed household will be listed on the renewal sent for other family members. Systems instructions are summarized below and are included in the July WMS/CNS Coordinator letter.

Upstate

FPBP-only recipients: The renewal package will include a renewal cover letter (attached), FPBP documentation checklist (attached), FPBP application and instructions, and a voter registration form. **FPBP-only cases will come up on a regular renewal list to the district after 2 years. In these instances, a unique identifying number is generated (FPBP-county code-month). The unique identifying number will be on the report so that the worker will know that it is FPBP; however, that number will NOT appear if any action has been taken on the case after the extension (e.g., address change). The worker can identify these cases by looking at coverage code 18.** Renewal code Z48 should be entered on the CNS recertification batch screen. Use of Z48 will generate the FPBP renewal package. If the FPBP recipient(s) is determined eligible for continued FPBP coverage, Client Notices System (CNS) reason code C15 must be used. If the recipient(s) fails to return the renewal form, CNS reason code U14 must be used. Please note that the renewal cover letter tells the recipient to contact their worker if the individual would like eligibility for Medicaid or Family Health Plus to be determined.

FPBP/Medicaid Mixed Households: FPBP recipients will be included and identified as FPBP recipients on the renewal forms for those households which include Medicaid recipients. Renewal reason code Z61 will include FPBP/Medicaid mixed households.

The following procedures apply:

1. If all household members are determined eligible, all must be authorized 12 months of coverage, at which point another renewal package will be sent.
2. If only the FPBP recipient(s) is determined eligible, FPBP coverage must be authorized by the worker for 12 months to initiate a new 24-month coverage period.
3. If the non-FPBP individuals are removed from the case for failing to return the renewal form, the FPBP individual should be given the remainder of the 24 months, i.e., generally the following 12 months, if he or she has not already received the full 24 months.
4. For a mixed household case in which the non-FPBP individuals are deleted because they did not return the renewal form and the FPBP individual(s) has not received the full 24 months, the district should extend coverage for the FPBP individual for the remainder of the 24 months (usually 12 months). The system will be able to prevent the automatic extension of an additional 12 months in these instances so that the now FPBP-only case will fall into the correct renewal cycle.

New York City

FPBP-only recipients: New York City has approved local equivalents of the forms noted above. The FPBP renewal package will be identified and sent systemically. If the recipient(s) fails to return the renewal form, MRT based reason code 846 will be generated, or code G56 can be worker-initiated. If the recipient(s) fails to return all required renewal documentation, MRT based closing reason code 847 will be generated, or code U61 can be worker-initiated for this reason. The renewal cover letter tells the recipient to go to the Service Desk at any Medical Assistance Program office if the individual would like eligibility for Medicaid or Family Health Plus to be determined.

New York City does not have mixed households since FPBP recipients have been authorized as separate cases.

Direct questions concerning this release to your local district representative as noted above.