

TO: Local Commissioners, Medicaid Directors

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

SUBJECT: Family Health Plus Resource Test Effective Date

EFFECTIVE DATE: Immediately

CONTACT PERSON: Medicaid - Local District Support Unit
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This GIS message is to inform local districts that on August 2, 2005, the Centers for Medicare and Medicaid Services (CMS) approved the requested changes to the Family Health Plus program: the resource test, co-payments, the change to the vision benefit, and the prohibition regarding government employees and their family members.

Effective immediately, local districts must consider countable resources when determining Family Health Plus eligibility for **applications filed on or after August 1, 2005 that have signature dates of August 1, 2005 or later, and for renewals and undercare transactions with authorization "from" dates of August 1, 2005 or later.** The CNS notices available for Family Health Plus excess resources may now be used for denials in Upstate districts for applications filed or pending on August 1, 2005 with signature dates of August 1, 2005 or later. They may also be used for closings statewide.

Because we had anticipated CMS approval of a July 1, 2005 implementation date, MBL programming to support denials/closings for excess resources became available on July 18 for budget "from" dates of 7/1/05 or later. This will now be changed to "from" dates of 8/1/05 or later in a migration on August 22nd. In the meantime, districts should follow the instructions in GIS 05 MA/027, and continue to process Family Health Plus applications with signature dates before August 1, 2005 and Family Health Plus renewals/undercare transactions with authorization "from" dates before August 1 without regard to resources.

MBL Resource Code "91" (Resources above the Medicaid Level/Determination FHP) was disabled by the July 18 migration for MBL budget "from" dates of 7/1/05 or later. It will be restored on August 22nd for the MBL budget "from" date of 7/1/05, but will no longer be a valid code for MBL "from" dates of 8/1/05 or later.

The provisions prohibiting government employees and their family members from enrolling in Family Health Plus, requiring recipients to pay co-payments for certain services and changing the vision benefit are effective September 1, 2005. Denial notices for individuals who are ineligible for Family Health Plus due to their employment or family member's employment with a government agency must only be used for applications/renewals filed on or after September 1, 2005, the effective date of this policy change.

An Administrative Directive with instructions on how local districts must implement the Family Health Plus resource test and other Family Health Plus changes released in draft will be revised to reflect the 8/1/05 CMS approval date.