

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

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

SUBJECT: Change in Eligibility Period for the Family Planning Benefit Program

EFFECTIVE DATE: July 1, 2006

CONTACT PERSON: Medicaid Local District Liaisons:
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The purpose of this GIS is to inform local social services districts that the eligibility period for the Family Planning Benefit Program (FPBP) will be reduced from 24 months to 12 months.

For the FPBP, a 12-month period is currently authorized at the local district when initial eligibility is determined and approved. Near the end of the 12-month period, a systemic extension provides the second 12 months of coverage with no action required on the part of the recipient or the local district, thereby granting a total of 24 months of coverage.

Effective July 1, 2006, the authorization period for the FPBP will be 12 months only. Recertification information must be sent to all FPBP recipients approximately 10 months after their last eligibility determination. Before the end of the initial 12-month authorization period, the recipient will require a full re-determination of eligibility, under all of the applicable eligibility requirements for the FPBP. The eligibility period for all renewals will be no longer than 12 months.

Districts currently extend the FPBP coverage for the remainder of the 24 months for FPBP recipients who are part of mixed households that include FPBP and Medicaid recipients. Effective July 1, 2006, FPBP/Medicaid mixed households who recertify and are found to be ineligible must not have FPBP continued after the FPBP recipient has received 12 months of coverage.

Systems changes are scheduled to take effect with the July 2006 migration Upstate. Notification of the actual date of the system implementation of these changes will be provided in an upcoming WMS/CNS Coordinator Letter. Information regarding the New York City changes will be forthcoming.