

**TO:** All Local District Commissioners, Medicaid Directors, Managed Care Coordinators

**FROM:** Judy Arnold, Director, Division of Coverage and Enrollment  
Kathleen Shure, Director, Division of Managed Care and Program Evaluation

**SUBJECT:** Districts with one Family Health Plus Plan

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Local District Liaison: (518) 474-8887  
Managed Care Field Representative: (518) 486-9015

The purpose of the GIS is to report a change in policy for Local Districts that have only one Family Health Plus plan available.

As described in Administrative Directive 01-OMM/ADM-6 issued on November 2, 2001, and GIS 02 MA/017, an application for Family Health Plus cannot be considered complete unless a plan has been selected and an enrollment form completed.

Effective immediately, the requirement to complete an enrollment form is no longer applicable in districts that have only one Family Health Plus plan available for enrollment of eligible individuals. Applications (DOH-4220 and LDSS-2921) have specific language regarding Family Health Plus and the need to join a health plan to receive health services.

In these districts, we strongly recommend that new applicants and/or recipients transitioning from Medicaid continue to complete Section K of the DOH-4220 Access NY Health Care application or Section 19 of the LDSS-2921 or the Medicaid Managed Care and Family Health Plus enrollment form whenever possible. This enables the applicant/recipient to provide primary care provider or health center choice information.

If the person fails to do so, however, the enrollment should be entered in accordance with procedures outlined in 01 OMM/ADM-6 Section IV. C. 3. Local Districts with only one plan may choose to send manual notices with modified language that states the individual has been enrolled in this plan (rather than chose this plan) or continue to use the notices available through CNS.