

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.

CNS Paragraph Form

Date: 03.08.04

Program Area 03 (01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number R0033
Version Number 00001
Effective Date 2004 (YMMMDD)
Title Cover Letter For FPBP Renewal Form
Comment
Reason Code

**FAMILY PLANNING BENEFIT PROGRAM
RENEWAL FORM**

THIS NOTICE CONTAINS IMPORTANT RENEWAL INFORMATION FOR THE FAMILY PLANNING BENEFIT PROGRAM. FAILURE TO RETURN THIS INFORMATION WILL MEAN YOU WILL LOSE YOUR HEALTH CARE COVERAGE.

Every 24 months, you or your representative must renew your eligibility for the Family Planning Benefit Program. You must provide the information that follows and return it **with this letter** and certain documentation to the following address by **(date)**.

You must send proof of your current income, childcare costs, if any, and other changes that have occurred in your household in the past two years, such as someone started to get other health insurance coverage from an employer. The enclosed "Documentation Checklist" shows you the things you can use as proof of these items.

If you want to be evaluated for Medicaid and Family Health Plus coverage, contact your worker.

You may call the social services office for help with this form. The telephone number is at the top of this form.

Please write your case number, which is at the top of this form, on the application form, in the box at the top that says "Tell us who you are and how to contact you".

MAKE SURE YOU ANSWER EVERY QUESTION NEEDED FOR THE FAMILY PLANNING BENEFIT PROGRAM AND SIGN THE FORM. RETURN THE FORM , THIS LETTER, AND THE DOCUMENTATION BY MAIL OR IN PERSON TO THE SOCIAL SERVICES OFFICE. YOU DO NOT NEED TO COME IN FOR AN INTERVIEW.

BE SURE TO COMPLETE THE BACK OF THE FORM.

FORMULARIO DE RENOVACION DE BENEFICIOS DEL PROGRAMA DE PLANIFICACION FAMILIAR

ESTA NOTIFICACION CONTIENE INFORMACION IMPORTANTE SOBRE LA RENOVACION DE SU PARTICIPACION EN EL PROGRAMA DE BENEFICIOS DE PLANIFICACION FAMILIAR. SI USTED NO NOS DEVUELVE EL FORMULARIO CON LA INFORMACION REQUERIDA, PERDERA SU COBERTURA DE ASISTENCIA MEDICA.

Cada 24 meses, usted (o su representante) debe renovar su habilitacion para seguir participando en el Programa de Beneficios de Planificacion Familiar. Debe proporcionarnos la informacion indicada a continuacion, la que deberemos tener de regreso, junto con **esta carta** y otros documentos, en la siguiente direccion, a mas tardar el dia **(fecha)**.

Debe enviarnos comprobantes de sus ingresos actuales, gastos por cuidado de niños, si los tiene, y cualquier otro cambio ocurrido en su hogar en los últimos dos años, desde el como por ejemplo, que alguien haya comenzado a recibir cobertura medica por parte de un empleador. La "Lista de verificacion de documentacion" le indica lo que puede usar como comprobante.

Si desea que se le evalúe para cobertura de Medicaid y Family Health Plus, pongase en contacto con su trabajador(a) de casos.

Si necesita ayuda para llenar este formulario, puede llamar a la oficina de servicios sociales. El número de teléfono aparece en la parte superior de este formulario.

Por favor, escriba su número de caso (que aparece en la parte superior de este formulario) en el formulario de solicitud, en el casillero donde dice "Díganos quien es usted y como contactarnos con usted".

ASEGURESE DE CONTESTAR TODAS LAS PREGUNTAS NECESARIAS PARA EL PROGRAMA DE BENEFICIOS DE PLANIFICACION FAMILIAR Y FIRME EL FORMULARIO. DEVUELVA EL FORMULARIO, ESTA CARTA Y LA DOCUMENTACION, POR CORREO O EN PERSONA, A LA OFICINA DE SERVICIOS SOCIALES. NO ES NECESARIO QUE USTED VENGA PARA UNA ENTREVISTA.

FAVOR DE COMPLETAR EL REVERSO DEL FORMULARIO.

CNS Paragraph Form

Date: 08.23.04

Program Area 03 (01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number R0034
Version Number 00003
Effective Date 2004 (YYMMDD)
Title Documentation Checklist for FPBP Renewal
Comment
Reason Code

DOCUMENTATION CHECKLIST

This is a list of documents that the Medical Assistance Programs accept. Please review the enclosed "Family Planning Benefit Program Application" to determine what documents you need to provide in order to continue your health care coverage. Photocopies are allowed.

PROOF OF INCOME (Everyone renewing must send proof of income.)

Earned Income from Employer.....	Current paycheck/stubs or letter from employer
Self-Employment Income.....	Current signed income tax return or record of earnings and expenses
Rental/Roomer-Boarder Income.....	Letter from roomer, boarder, tenant or check stub
Unemployment Benefits.....	Award letter/certificate, benefit check, correspondence from NYS Dept. of Labor
Private Pensions/Annuities.....	Statement from pension/annuity
Social Security.....	Award letter/certificate, benefit check, correspondence from Social Security Administration
Child Support/Alimony.....	Letter from person providing support, letter from court, child support/alimony check stub
Worker's Compensation.....	Award letter, check stub
Veteran's Benefits.....	Award letter, benefit check stub, correspondence from Veterans Administration
Military Pay.....	Award letter, check stub
Interest/Dividends/Royalties.....	Statement from bank, credit union, or financial institution. Letter from broker. Letter from agent
Support from other Family Members.....	Signed statement or letter from family member
Income from a trust.....	Trust document

CITIZENSHIP OR CURRENT IMMIGRATION STATUS (Must be provided for any person who has not previously documented status and is now age 21 or over)

U.S. Birth Certificate
U.S. passport

Naturalization certificate
United States Citizenship and
Immigration Services (USCIS) form I-
94, I-210 letter, I220B, or I-181

U.S. baptismal certificate
Official U.S. hospital/doctor birth
records
USCIS form I-551 Green Card
Other USCIS documentation or
correspondence

DATE OF BIRTH (Must be provided for any person who has not previously documented date of birth and is now age 21 or over)

U.S. Birth Certificate
U.S. passport

Official School Records
Naturalization certificate

U.S. baptismal certificate
Official U.S. hospital/doctor birth
records
Adoption Records
Marriage records

RESIDENCY / HOME ADDRESS (Provide only if changed since you last applied/renewed.)

ID card with address

Driver's license issued within past 6
months

Letter/lease/rent receipt with home
address from landlord

Postmarked envelope, postcard, or
magazine label with name and date
Utility bill (gas, electric, cable), bank
statement, or correspondence from a
government agency
Property tax records or mortgage
statement

CHILD CARE / DEPENDENT CARE EXPENSES (Provide, if applicable.)

Written statement from day care center or other child/adult care provider.

HEALTH INSURANCE PREMIUMS (Provide, if applicable. If you are under age 21 and do not want your available health insurance billed, do not provide insurance policy information. If you are age 21 or over you must provide insurance policy information, unless good cause is granted.)

Insurance policy Premium statement Insurance Card Termination
letter

PRIVATE OR EMPLOYER BASED HEALTH INSURANCE (Provide only if new or changed since you last applied/renewed.)

Letter from employer Premium statement Pay stub

LISTA DE CONTROL DE LA DOCUMENTACION

La presente es una lista de documentos aceptados por los programas de Asistencia Medica. Favor de revisar el adjunto "SOLICITUD PARA EL PROGRAMA DE PLANIFICACION FAMILIAR" para determinar que documentos necesita presentar a fin de continuar con su cobertura de atencion medica. Se admiten fotocopias.

PRUEBA DE INGRESOS (Toda persona que solicite una renovacion debera enviar una constancia de sus ingresos.)

Ingresos ganados por empleo.....	Cheque de pago actual/talones (de 4 semanas consecutivas) o carta del empleador
Ingresos por trabajo de cuenta propia.....	Declaracion actual de impuestos firmada o registro de ganancias y gastos
Ingresos por rentas o inquilinatos.....	Carta del inquilino, hoesped o arrendatario, o talon del cheque
Beneficios de desempleo.....	Carta o certificado de asignacion de beneficios, cheque del beneficio, correspondencia de la Secretaria de Trabajo del Estado de Nueva York
Pensiones privadas /Rentas vitalicias.....	Resumen de la pension o renta vitalicia
Seguridad Social.....	Carta o certificado de asignacion de beneficios, cheque del beneficio, correspondencia de la Administracion del Seguro Social
Sustento de menores/Pension conyugal.....	Carta de la persona que suministra el sustento, carta del tribunal, talonario de cheques de sustento o pension conyugal
Compensacion laboral	Carta de asignacion de beneficios, talonario de cheques
Beneficios de Veteranos.....	Carta de asignacion de beneficios, talonario de cheques de beneficio, correspondencia de la Administracion de Veteranos
Retribucion militar.....	Carta de asignacion de beneficios, talonario de cheques
Intereses/Dividendos/Regalias.....	Carta del banco, cooperativa de credito, o de la institucion financiera. Carta del corredor. Carta del agente
Ayuda por parte de otros miembros de la familia.....	Documento firmado por el miembro correspondiente de la familia
Ingresos de un fideicomiso.....	Documento de fideicomiso

CIUDADANIA O ESTADO ACTUAL DE INMIGRACION (se requiere de la persona que previamente no sometio comprobante de estado migratorio o cuyo estado ha cambiado y ahora tiene 21 anos de edad o mas).

Certificado de Nacimiento de EE.UU.	Certificado de Bautismo expedido en EE.UU.
Pasaporte de EE.UU.	Registros de nacimiento expedidos en un hospital o por un medico en EE.UU.
Certificado de Naturalizacion (N-550 o N 570)	Formulario USCIS I-551 Tarjeta Verde

Formularios I-94, Carta I-210, I220B o I-181 de la Oficina de Servicios de Ciudadanía e Inmigración de Estados Unidos (USCIS-siglas en inglés)

Otra documentación o correspondencia del USCIS

FECHA DE NACIMIENTO (Se requiere de toda persona que previamente no sometió comprobante de nacimiento y cuya edad actual es de 21 años o más).

Certificado de Nacimiento de EE.UU.

Certificado de Bautismo expedido en EE.UU.

Pasaporte de EE.UU.

Registros de nacimiento expedidos en un hospital o por un médico en EE.UU.

Expedientes escolares

Expedientes de adopción

Certificado de Naturalización

Documentación de matrimonio

RESIDENCIA / DOMICILIO (Proporcionarla solamente si hay cambios desde la última vez que postuló o renovó la solicitud.)

Tarjeta de ID con la dirección

Sobre matasellado, tarjeta postal, o etiqueta de revista con el nombre y la fecha impresa

Licencia de conducir expedida en los últimos 6 meses

Factura de servicios (gas, electricidad, cable), extracto de cuenta bancaria, o correspondencia de una agencia gubernamental

Carta/contrato de arrendamiento, o recibo del alquiler firmado por el propietario de la vivienda donde conste la dirección

Registros de impuestos sobre la propiedad inmobiliaria o estado de cuenta hipotecario

GASTOS POR CUIDADO DE NIÑOS O DE DEPENDIENTES (si corresponde)

Carta de la guardería o del proveedor de cuidados de niños o adultos.

PRIMAS DEL SEGURO MÉDICO (proporcione, si corresponde. Si usted es menor de 21 años de edad y no quiere que se facture su seguro médico actual, no proporcione la información sobre seguro médico. Si usted tiene 21 años de edad o más, debe presentar información sobre seguro médico, a no ser que se le haya otorgado una excepción por motivo justificado).

Poliza de seguro

Estado de cuenta de pagos de primas

Tarjeta del seguro médico

Carta de cancelación de la poliza

SEGURO MÉDICO PRIVADO O POR EMPLEADOR (proporcione solamente si es información nueva o modificada desde la última vez que postuló o renovó su solicitud).

Carta del empleador

Estado de cuenta de pagos de primas

Talón de cheque