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Section
All

CNS Changes

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| Section I | Personal Care Services Program and the Consumer Directed Personal Assistance Program Notices Available to Access on IAF |
| Section II | Revision to the IAF 0052 Notice of Decision Regarding Payment of Third Party Health Insurance Premiums |
| Section III | Revision of Language Generated by CNS Discontinuance and Denial Reason Codes to Remove Reference to Chapter 58 of the Laws of 2005 |
| Section IV | New, Revised and Eliminated Language to Support Implementation of MRT #4648 (Transition FPBP from 1115 Waiver to State Plan) |

Section I: New and updated Intelligent Auto Fill forms available on Centraport
***Effective production date 09/12/2012**

Initially, posting of the Personal Care Services Program Notices of Decision on the IAF was limited. At the request of the Local Districts additional notices have been added to IAF to further streamline the notice process for the “Personal Care Services Program” and the “Consumer Directed Personal Assistance Program”. These notices are now available in both English and Spanish.

| Form # | Definition |
|---------------|---|
| LDSS-4007 | Notice of Decision of Initial Authorization/Reauthorization/or Denial Personal Care Services |
| LDSS-4008 | Notice of Intent to Increase, Reduce or Discontinue Personal Care Services |
| LDSS-4263 | Notice of Decision to Authorize, Reauthorize, Deny or Discontinue Personal Emergency Response Services (PERS) |
| LDSS-4271 | Notice of Decision to Approve/Deny Personal Care Services Under the Shared Aide Program |
| LDSS-4273 | Notice of Intent to Discontinue Personal Care Services Under the Shared AIDE Program |
| LDSS-4274 | Notice of Intent to Continue/Increase/Decrease Personal Care Services Under the Shared AIDE Program |

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|----------|---|
| CDPAP-01 | Notice of Decision of Initial Authorization/Reauthorization/or Denial Consumer directed Personal Assistance Program Services |
| CDPAP-02 | Notice of Intent to Increase, Reduce or Discontinue Consumer Directed Personal Assistance Program Services |

Section II: Updated TPHI Intelligent Auto Fill forms available on Centraport
***Effective production date 09/12/2012**

OHIP-0052 is used to notify Medicaid recipients of the decision to pay or reimburse the cost of the health insurance premiums. The IAF notice has been revised so it may also be used in situations where such payment or reimbursement is denied or discontinued.

| Form # | Definition |
|---------------|---|
| OHIP-0052 | Notice of Decision regarding payment of Third Party Health Insurance Premiums |

Section III: Revision to language regulation citation reference

Chapter 58, of the Laws of 2005, provides that Family Health Plus is not available to Federal, State, county, municipal or school-district employees. Federal approval was obtained on January 25, 2010, to allow State, county, municipal and school-district employees to enroll in the FHPlus program or FHP-PAP. Since these types of employees are able to enroll in FHP, the citation is inaccurate and needed to be removed.

Denial

| Reason Code/ Paragraph # | Definition |
|-------------------------------------|---|
| U34/D0116 | Deny Medicaid Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income, Non-ESHI, Federal Employee, or ESHI-Not Cost Effective, FPBP Ineligible Due to Excess Income or Eligible but Declines, FP |
| U35/D0115 | Deny Medicaid Due to Excess Income, FHP Ineligible Due to Excess Income, Non-ESHI, Federal Employee, or ESHI- Not Cost Effective, FPBP Ineligible Due to Excess Income or Eligible but Declines, S/CC |
| U49/D0134 | Deny Medicaid Due to Excess Income, FHP Ineligible Due to Excess Income, Non-ESHI, Federal Employee, or ESHI- Not Cost Effective, FPBP Ineligible Due to Excess Income or Eligible but Declines, FNP Parent |

Discontinuance

| Reason Code/ Paragraph # | Definition |
|-------------------------------------|---|
| U57/C0183 | Discontinue Medicaid Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Federal Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines, S/CC |
| U58/C0184 | Discontinue Medicaid Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Federal Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines, FP |
| X48/C0235 | Discontinue Medicaid Due to Excess Income FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Federal Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines, FNP Parent |

Section IV: New, Revised and Eliminated Language to Support Implementation of MRT #4648

This MRT proposal #4648 requires NYS to move Family Planning Benefit Program to a State Plan service and part of that change is a new program titled “Presumptive Eligibility for Family Planning Benefit Program (FPBP)”. Additional changes to the program being implemented are to include the addition of transportation to the list of covered services and expansion of program eligibility beyond 10-65 years of age.

New Upstate CNS notices

D12/U0232, D14/C0329, D15/C0327-C0328, D61/C0332, D64/C0335, D65/C0336, D66/U0233, D67/U0234, D68/U0235, D70/U0237, D72/U0239, D73/U0240, D74/U0241, D75/U0243, D76/U0244

Reason codes D12, D14 and D15 codes are part of the new program “Presumptive Eligibility for Family Planning Benefit Program (FPBP)”. These “Presumptive FPBP” cases will be opened on a Case Type 21.

Undercare

| Reason Code/ Paragraph # | Definition |
|-------------------------------------|--|
| *D12/U0232 | Individual in the FPBP PE Period, Accept Family Planning Benefit Program Case Type 21 to 20 |
| *D14/C0329 | Individual in the FPBP PE Period, Deny Ongoing FPBP Due to Excess Income over 200% FPL. Case Type 21 |
| D15/C0327 /C0328 | Individual in the FPBP PE Period, Deny Ongoing FPBP Coverage Due Failure to Document Intro/Closing. Case Type 21 |

Reason codes below are new codes created for the “24 month Post-Partum Family Planning Extension (MRT#4648)”. The recipient is sent a Medicaid renewal at 60 days post-partum. If the recipient renews and is MA/FHPlus eligible, they receive authorized coverage as appropriate. If ineligible for MA/FHPlus, the recipient is guaranteed 24 months of family planning coverage – either 24 months of Family Planning Benefit Program coverage (12 months at a time) or 24 months of Family Planning Extension Program (FPEP) coverage, or by a combination of FPBP and FPEP.

Undercare

**Reason Code/
Paragraph #**

Definition

| | |
|------------|---|
| *D61/C0332 | 60 days Post-Partum, MA to FPEP, Non-Immigrant/Undocumented Immigrant |
| D64/C0335 | 60 days Post-Partum, MA to FPEP, Failure to Provide Documentation |
| *D65/C0336 | 60 days Post-Partum, MA to FPEP, Failure to Return Renewal |
| *D66/U0233 | FPBP to FPEP due to Income Exceeding 200% of FPL |
| D67/U0234 | FPBP to FPEP due to Failure to Provide Documentation |
| *D68/U0235 | FPBP to FPEP due to Failure to Return Renewal |
| D70/U0237 | 60 days Post-Partum, MA to FPBP (24mo ext.), MA ineligible Excess Income, FHP ineligible Excess Income, Equivalent Ins or Federal Employee, SCC |
| D72/U0239 | 60 days Post-Partum, MA to FPEP, Ineligible for MA, FHP and FPBP due to Income Exceeding 200% FPL, SCC |
| D73/U0240 | 60 days Post-Partum, MA to FPEP, Ineligible for MA, FHP and FPBP due to Income Exceeding 200% FPL, FNP |
| D74/U0241 | 60 days Post-Partum, MA to FPEP, Ineligible for MA, FHP and FPBP due to Income Exceeding 200% FPL, FP |
| D75/U0243 | 60 days Post-Partum, MA to FPBP (24mo ext.), MA ineligible Excess Income, FHP ineligible Excess Income, Equivalent Ins or Federal Employee, FNP |
| D76/U0244 | 60 days Post-Partum, MA to FPBP (24mo ext.), MA ineligible Excess Income, FHP ineligible Excess Income, Equivalent Ins or Federal Employee, FP |

CNS Upstate revised notices/attachments

C12/U0156, C20/U0157, C43/Y0026, C49/U0188, C68/U0184, C92/U0207, F82/U0138, S61/Y0040, S66/Y0041, S67/Y0050, S88/D0158, U91/C0226, V31/D0013, V76/U0139, V77/U0140, V79/U0137, V84/C0190, V85/D0138, V93/U0164, V95/U0165, E0009, R8307

Changes to the following include addition of “transportation” to the list of covered services (all reason codes) and expansion of program eligibility beyond 10-65 years of age (S88 and U91) and code becoming a no-fill reason code(V85).

Undercare

**Reason Code/
Paragraph #**

Definition

| | |
|-------------|--|
| *C12/ U0156 | Add FPBP Person(s) to MA case |
| *C20/U0157 | Add Person(s) to FPBP case |
| *C49/U0188 | RMA to FPBP, SCC |
| *C68/U0184 | Reinstate FPBP, Incarcerated Individual Released (Upstate) |
| *C92/U0207 | Reinstate FPBP, Individual Discharged from a Psychiatric Center (Upstate) |
| *F82/U0138 | Child 1-18, Medicaid to FPBP Due to Excess Income |
| V76/U0139 | Over 19, Medicaid to FPBP Due to Excess Income, FHP Ineligible Due to Equivalent Health Insurance or Federal Employee |
| V77/U0140 | Medicaid to FPBP Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Federal Employee, S/CC |
| V79/U0137 | FHP/FHP-PAP to FPBP Due to Excess Income, Equivalent Health Insurance, Federal Employee, Non-ESHI or ESHI Not Cost Effective |
| V93/U0164 | Medicaid to FPBP Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Federal Employee, FNP Parent |
| V95/U0165 | Medicaid to FPBP Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Federal Employee, (FP or MA-SSI Related) |

Opening

**Reason Code/
Paragraph #**

Definition

*C43/Y0026

Accept FPBP Waived Right to MA FHP

S61/Y0040

Accept FPBP, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income, Non-ESHI, Federal Employee, or ESHI-Not Cost Effective, FP

S66/Y0041

Acceptance FPBP, Medicaid Ineligible Due to Excess Income, FHP Ineligible Due to Excess Income, Non-ESHI, Federal Employee, or ESHI-Not Cost Effective, SCC

S67/Y0050

Acceptance FPBP, MA Ineligible Due to Excess Income, FHP Ineligible Due to Excess Income, Non-ESHI, Federal Employee or ESHI Not Cost effective, FNP Parents

Denial

**Reason Code/
Paragraph #**

Definition

S88/D0158

Child 1-18, SSI-R, Deny MA Due to Excess Income and/or Resources, FPBP Ineligible excess income or declined

V31/D0013

Deny MA/FHP/FPBP Failure to Provide SSN

*V85/D0138

Deny Family Planning No App for MA and FHP

Discontinuance

**Reason Code/
Paragraph #**

Definition

U91/C0226

Child 1-18, SSI-R, Disc MA Due to Excess Income and/or Resources, FPBP Ineligible excess income or declined

*V84/C0190

Discontinue Family Planning Services

Recertification

| Reason Code/ Paragraph # | Definition |
|-------------------------------------|---|
| Z61/Z62/Z85/Z86 Z05/Z49 R8307 | Citizenship Immigration – Renewal Question 10 |

Insert/Attachment

| Reason Code/ Paragraph # | Definition |
|-------------------------------------|--|
| E0009 | Family Planning Benefit Program Fact Sheet |

CNS Upstate eliminated notices

C14/P0001, E03/C0122, F13/C0199, F83/U0142, S25/X0210, V78/U0141, X15/P0003, X17/P0005, N0002

The following notices will no longer be required due to guaranteed FPBP extension period for 60 post-partum and expansion of program eligibility beyond 10-65 years of age.

Discontinuance

| Reason Code/ Paragraph # | Definition |
|-------------------------------------|---|
| *C14/P0001 | Disc MA Non-Immigrant/Undocumented Immigrant Post-partum No Infant |
| *E03/C0122 | Disc MA Non-Immigrant/Undocumented Immigrant Post-partum Infant Continues |
| *F13/C0199 | Disc Mother on MA/FHP, Failed to Return Renewal Form, 60 Days Post-Partum, Infant Continues |
| S25/X0210 | Disc Mother, excess income/resources, 60 Days Post-Partum, Infant Continues |
| X15/P0003 | Disc MA, Excess Inc or Inc and Res, PP, No Infant (FP or MA-SSI Related) |
| X17/P0005 | Disc MA, Excess Income, PP No Infant SCC |

Undercare

**Reason Code/
Paragraph #**

Definition

*F83/U0142

Child 10-18, Medicaid to FPBP Due to Excess Income, 60 Days Post-Partum

V78/U0141

MA 60 Days Post-Partum to FPBP, Over 19

Insert/Attachment

**Reason Code/
Paragraph #**

Definition

N0002

Family Planning Extension