

**STATE OF CONNECTICUT**  
*DEPARTMENT OF SOCIAL SERVICES*  
**PROGRAM INFORMATION BULLETIN**

Claudette J. Beaulieu, Deputy Commissioner

March 1, 2012  
 Date

INFORMATION BULLETIN NO:

PROGRAM: MEDICAID

Subject: Family Planning Coverage – Limited Benefit (FPC)

<b>Introduction</b>	<p>Section 2303 of the Affordable Care Act (ACA) established a new optional Medicaid eligibility group that expands Medicaid to allow eligibility for family planning services and supplies. Coverage includes medical diagnosis and treatment services that are provided pursuant to family planning services in a family planning setting for individuals who are not pregnant and who have an income that does not exceed the income eligibility level set by the state. Legislation requires states to cover individuals who are not otherwise eligible for regular Medicaid or HUSKY B (CHIP), but are within the income standards established for this coverage group. For Connecticut, that limit is at or below 250% of the Federal Poverty Level (FPL) after allowable deductions.</p> <p>This new coverage group will be referred to as Family Planning Coverage – Limited Benefit or M08.</p>
<b>General Eligibility Requirements</b>	<p>Eligible individuals include both men and women who are of child bearing years, and women who are <u>not</u> pregnant. There is no age restriction. This coverage group will include individuals whose income exceeds the applicable Medicaid income limit, but is at or below 250% of the FPL after allowed deductions. There is no asset test. In general, all other rules applicable under the Medicaid program apply to this new optional eligibility group. This includes but is not limited to citizenship and identity, qualified alien status, and sponsor deeming.</p> <p>Eligibility criteria will follow assistance unit composition rules for the programs most closely related to an applicant’s category eligibility (e.g. HUSKY A/Family Medicaid, HUSKY C/Medicaid Aged, Blind, Disabled, or HUSKY D/Medicaid for Low Income Adults). The categorical eligibility rules that are the most financially advantageous to the applicant shall be used when determining FPC eligibility.</p> <p>Although enrollment is voluntary, the department is required to offer coverage under this family planning expansion to individuals who have applied for full benefit Medicaid or HUSKY B (CHIP) but who are not eligible. Administrative denial reasons for regular Medicaid or HUSKY B (CHIP) e.g. failure to provide income verifications or failure to respond to a review, are not valid denial reasons for the granting of FPC.</p>

<p><b>Application Processing</b></p>	<p>Federal regulations require states to enroll individuals applying for FPC into regular Medicaid, when eligible. Therefore, all applications for FPC must first be screened and processed through EMS for regular Medicaid prior to consideration for FPC.</p> <p>The Regional Processing Units (RPU) are responsible for processing <u>all</u> FPC applications for presumptive eligibility as well as ongoing FPC eligibility. Units other than the RPUs that process regular Medicaid applications that include requests for FPC should route denied regular Medicaid applications to the local RPU for processing of FPC. The department expects that the majority of applications will be received from the HUSKY Health Certified Entities (HHCE), however applications will be accepted from all points of entry.</p> <p>All applicants who are denied or discontinued from regular Medicaid coverage will be instructed to contact the department if they are interested in applying for FPC. Only those applications denied or discontinued for non-procedural reasons may qualify for FPC. If the applicant requests to be considered for FPC within thirty (30) days of their denial or discontinuance of regular Medicaid coverage then they are not required to file a new application to request FPC.</p> <p style="text-align: center;"><b>Disability Determinations and Spenddowns</b></p> <p>FPC can be granted while waiting for a disability determination for an applicant who has applied for regular Medicaid, as long as all other requirements for FPC are met. If the disability determination confirms that the applicant is disabled, switch the client from FPC to regular Medicaid. If the disability determination leads to a denial of regular Medicaid, continue with FPC.</p> <p>Individuals who are in a M-Status Spenddown and otherwise meet the eligibility requirements for FPC are eligible to receive FPC until their spenddown is met.</p> <p style="text-align: center;"><b>Ex Parte Reviews</b></p> <p>Ex parte reviews for FPC must be performed on all HUSKY A Pregnant Women Extension (M01/M02) cases at the end of their sixty day post partum period.</p>
<p><b>Presumptive Eligibility (PE) for FPC</b></p>	<p>The department has opted to utilize PE for FPC applicants. As you know, HHCE are certain organizations located in the community that are currently allowed to accept applications for and grant temporary Medicaid for children and pregnant women. The department has expanded the role of certain HHCEs who are family planning providers. These HHCEs will determine eligibility for FPC presumptively (M07). They will accept and grant applications when they have contact with individuals who are receiving services that were identified or diagnosed during a family planning visit in a family planning setting and are in need of medical care, lack medical coverage, and appear not to be eligible for a regular Medicaid. The process of determining eligibility presumptively</p>

	<p>will mirror that of the existing process for children and pregnant women. If the application is presumptively granted by the HHCE, the application will be forwarded to the appropriate DSS RPU, which will process the grant in the department's Eligibility Management System (EMS) so that medical claims can be paid. Once PE has been granted in EMS a CONNECT card will be issued to the client. If the application is <u>not</u> presumptively granted FPC because the individual appears to be eligible for regular Medicaid then the HHCE will forward the application to the appropriate RPU.</p> <p>At the time the HHCE makes the PE determination they will also give the client a W-538 Medicaid Presumptive Eligibility Certification and Guarantee of Payment form. The W-538 ensures Medicaid payment under fee-for-service to approved Medicaid Providers. The W-538 form enables the client to have immediate access to the FPC.</p> <p>After the DSS RPU enters the PE FPC case into EMS using the M07 coverage group they will continue to process the case for ongoing FPC/M08. If eligibility is established, the DSS RPU will close the PE/M07 case and grant ongoing coverage for FPC/M08. If ongoing eligibility is not established for FPC/M08 because it appears that the individual is eligible for regular Medicaid, then the DSS RPU will refer the application to the appropriate DSS office and unit for processing.</p> <p>If ongoing eligibility is not established for FPC/M08 and if eligibility is not established for regular Medicaid, then the DSS RPU will deny the application and close the PE M07 case. When appropriate, the DSS RPU will refer the application to ACS for a determination for HUSKY B or Charter Oak eligibility.</p>
<p><b>Confidentiality for Certain Minors and Certain Young Adults</b></p>	<p>The department will protect the confidentiality of certain minors and certain young adults applying for or receiving this coverage group. These individuals must inform the department that they would face physical or emotional harm if the knowledge of their applying for FPC were to become known by others living in their household. The validity of these claims is determined by the department. Applicants are required to affirm their claim that they would face physical or emotional harm by signing the confidentiality form.</p>

	<p>When a individual requests confidentiality the department will take the following action to secure their case information:</p> <ul style="list-style-type: none"> <li>• allow applicant to use address other than their residence such as a close friend or relative. However, if mail is returned then appropriate action may be taken to close the case for whereabouts unknown:</li> <li>• not discuss case with parents, guardians, supervising relatives, or others living in their household:</li> <li>• prevent TPL access by applying appropriate indicator on DEM2 screen and STAT screen will be flagged:</li> <li>• include and affix signed original confidentiality form to case file.</li> </ul> <p>In addition, HHCE staff will identify applicants who have requested confidentially and who HHCE staff approved by flagging the application and attaching a confidentiality form signed by the applicant and HHCE staff.</p>
<b>Applications</b>	<p>Applications for assistance (W1HUS, W-1E, and W-1F) will be revised to ask applicants if they would like help with FPC. Medicaid denial and discontinuance notices will be revised to include language that directs the client to contact the department if they would like to be considered for FPC.</p>

Disposition: Retain for future reference.  
Distribution: Eligibility Staff  
Responsible Unit: Family Support Team 860-424-5540

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Date Issued: March 1, 2012