

Operations Memorandum

Medicaid

OPS090102

January 27, 2009

SUBJECT: SelectPlan for Women Category – New Eligibility Process
TO: Executive Directors
FROM: Joanne Glover, Director, Bureau of Operations

Purpose

The purpose of this memorandum is to announce a change in the policy and procedures for processing a SelectPlan application to include verification of income. The County Assistance Office (CAO) and Central Unit (CU) will process SelectPlan, PSF-00, budgets in the same manner that a Medical Assistance (MA) application is processed. This program continues to provide family planning services to women ages 18 through 44 who have limited or no health insurance coverage for family planning services and who have countable income equal to or less than 185 percent of the Federal Poverty Income Guidelines (FPIGs). This change is effective February 2, 2009.

Background/Discussion

The SelectPlan for Women program is intended to improve birth outcomes and the health of women by improving access to family planning services. These services will allow women to determine the number of their children and to increase the spacing between births. This time frame is referred to as the inter-birth or inter-pregnancy interval. Women with a short interval between births increase the odds for prematurity and are more likely to have a low birth weight baby. This program offers the opportunity to affect maternal and infant health in a positive way.

When initially implemented, the CAO and CU were instructed to process and authorize SelectPlan applications based on reported income on the application if verification of income was not provided. The caseworker sent an eligibility notice giving the SelectPlan individual 30 calendar days to provide income verification.

The SelectPlan application process will be consistent with the MA policy requirements regarding income verification (refer to MAEH Chapter 378.31). Income must be verified prior to authorization of SelectPlan benefits. All other MA verification requirements have not changed and remain consistent with stated MA policy.

Services under SelectPlan are paid on a fee-for-service basis and include the following:

- Family planning related physical exams and outpatient office visits
- All FDA approved medication and supplies to prevent conception
- Testing for non-infectious conditions, such as cervical cancer
- Testing for infectious agents, including HIV

NOTE: Abortion is not considered a family planning service and is not covered by SelectPlan.

To be eligible for SelectPlan, the individual must:

- Be female
- Be age 18 through 44
- Not be pregnant or sterilized
- Be a Pennsylvania resident

NOTE: An unemancipated college student under the age of 21 whose parents reside in another state may not claim Pennsylvania residency.

- Be a United States citizen or a non-citizen in satisfactory immigration status for MA.
- Have limited (does not cover both family planning services and prescriptions) or no family planning insurance coverage, or have insurance coverage that cannot be used due to confidentiality issues.
- Be ineligible for full MA benefits if applying for both MA and SelectPlan or currently receiving family planning services in another MA category.
- Have countable income (includes income of the applicant, spouse and children living in the household) equal to or less than 185 percent of the FPIGs ([Attachment 4](#)).

NOTE: Children (or step-children) under age 18 should be included unless they are emancipated. Children 18 and over should be included if they are disabled or financially dependent on the applicant.

STEPS FOR PROCESSING A SELECTPLAN APPLICATION

Review the application when it is received.

An individual or a Family Planning Community Partner (FPCP) applying on behalf of an individual can submit a COMPASS or paper application (PA 600SP) for SelectPlan to the CAO and CU for an eligibility determination.

Determine whether:

- The applicant is only applying for SelectPlan, is applying for other benefits, or is currently open as a member of a household receiving benefits.
 - If SelectPlan only and not a member of a household currently receiving other benefits, forward application to the Central Unit:

DPW/OIM/Central Unit
P.O. Box 2675
1401 N. 7th Street
Harrisburg, Pennsylvania 17105-2675
Phone: (717) 346-9688
Client toll-free number: 1-866-376-8231
Fax number for applications: (717) 346-0363
Applications can be scanned and e-mailed to:
RA-selectplan@state.pa.us.
Verification to the Central Unit is in image repository.
Central Unit is County 23, District 3.

- Confidentiality is requested. The caseworker should look at alternative mailing address, insurance question about “physical or emotional harm” and any comments in the “additional information” section to determine if confidentiality is needed.
 - If yes, open a separate case record, enter an alternate address if one is provided, and narrate that confidentiality was requested.
 - Creditable health insurance exists based on information reported on the application. .
 - If an applicant has indicated on the SelectPlan application that she has health insurance covering **both** “family planning services” **and** “prescriptions, including contraceptives,” she is not eligible for SelectPlan unless she checks the “YES” box relating to “physical or emotional harm.” .
 - If an applicant only selected “family planning services” or “prescriptions” or didn’t select any type of health insurance coverage, she is eligible.
 - **NOTE:** If the Third Party Liability (TPL) Unit notifies the caseworker that creditable health insurance coverage exists after the case is open, the caseworker is to review the case record and ensure that the woman did not request confidentiality due to fear of physical or emotional harm. If there was a request for confidentiality, the case is to remain open. If there was no request for confidentiality, close the open PSF-00 budget.
- The SelectPlan applicant is a member of a household receiving benefits and not the “payment name.”
 - If the applicant is not the payment name and not requesting confidentiality when processing the application, the caseworker is to:

1. Suppress the initial notice and send a manual notice addressed to the applicant and, if required, to the provider.
2. Go into the case after the budget is open and complete the process to make the SelectPlan budget a separate payment name (clerical function).

Request additional information if the information needed to process the SelectPlan application was not provided.

- If application was submitted by an FPCP, and the FPCP has provided contact information in the "additional information" section, send the information request to the FPCP.
- If the individual submitted the application, send the information request to the individual.

NOTE: Request income verification if it was not received with the application. A SelectPlan application cannot be authorized without income verification.

Verify that the SelectPlan applicant meets citizenship, identity, and residency requirements (refer to MAEH Chapters 320, 322, & 323 & OPS081103).

- If the SelectPlan application includes the information collected on the PA 1809, a PA 1809 is not required.
- For applications submitted by an FPCP, verification of ID is done by the FPCP. If the ID is a PA-issued driver's or non-driver's ID and the ID number is given, a copy of the ID is not required. All other types of ID must be submitted with the application for SelectPlan.
- For SelectPlan applicants who do not provide their out-of-state birth certificate at application, send request for verification ([Attachment 3](#)).

Determine eligibility for SelectPlan.

- Use Healthy Beginnings (HB) earned income deductions.
 1. Work expense deduction of \$120 for all applicants and recipients.
 2. Continuous earned income incentive deduction of 50 percent, if the family member qualifies to receive the incentive.

NOTE: Applicants for SelectPlan with earned income must meet the qualifiers in MAEH Healthy Beginnings Section 318.622 to receive an earned income incentive deduction. A recipient of SelectPlan who goes to work after authorization of SelectPlan automatically qualifies to receive an earned income incentive deduction.

3. Dependent care expenses.

- o There are **no** unearned income deductions.
- o There is no resource eligibility determination

• If an applicant has requested confidentiality and is unable to provide separate proof of her spouse's income, no further proof is requested.

• Enter verification code "W" if the applicant is not able to verify her spouse's income due to confidentiality.

Authorize SelectPlan eligibility using category PSF-00.

- Application date:
 - o COMPASS application: date and time stamped when "submitted."
 - o PA 600SP: the date it is signed when submitted by an FPCP or the date it is received by the CAO and CU, if it is submitted by an individual.
- The effective date of eligibility for SelectPlan for Women Program begins the first day of the calendar month in which the application is submitted, signed, or received.
- Individuals in this category receive the services listed for Health Care Benefit Package 15 ([Attachment 1](#)).
- An ACCESS card will be generated unless the individual already has one.

NOTE: There is no retroactive eligibility for SelectPlan.

Notify the applicant of the eligibility decision, using notice code 995 along with the appropriate option ([Attachment 2](#)).

Narrate in the case record to include all case details.

POSTPARTUM

At the conclusion of MA postpartum eligibility, an application is not required and the individual will be reviewed for SelectPlan. The caseworker should use the information from the last application or renewal to determine ongoing eligibility for SelectPlan. If the individual is eligible, open the individual in PSF-00. The renewal date should be reset to the renewal date of the original authorization of MA.

RENEWALS

- SelectPlan is authorized with an annual renewal.
- The CAO and CU reviews the renewal for continuing or newly requested confidentiality.

Next Steps

1. Review this Operations Memorandum with appropriate staff.
2. Contact your Area Manager if you have questions.
3. This Operations Memorandum will remain in effect until the information is updated in the Medical Assistance Eligibility Handbook.
4. [OPS080601](#), dated June 3, 2008, will become obsolete upon publication of this Operations Memorandum.