

CATEGORICAL FACTORS**FAMILY PLANNING BENEFIT PROGRAM (FPBP)**

The FPBP does not cover abortions or treatment for infertility.

The authorization period for FPBP is 12 months and the authorization must begin with the first month of the application. Retroactive coverage is not available under the FPBP. Before the end of the initial 12-month authorization period, the recipient will require a full re-determination of eligibility under all of the applicable eligibility requirements for the FPBP.

NOTE: County-specific Family Planning Exclusion Statements must not be used for applicants who apply using the Access NY Health Care application DOH-4220.