

CATEGORICAL FACTORS**THE BREAST AND/OR CERVICAL CANCER TREATMENT PROGRAM**

Description: The Breast and/or Cervical Cancer Treatment Program (BCCTP) provides full Medicaid coverage to individuals who meet the established criteria to qualify for the Centers for Disease Control and Prevention (CDC) screening under the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

In New York State cancer screening is conducted by the New York State Department of Health's Cancer Services Program (SCP) through the Healthy Women Partnerships (HWP). To be eligible for screening, individuals must have income at or below 250% of the federal poverty level. A list of HWP is available on the Department of Health's web site at <http://www.health.state.ny.us/nysdoh/cancer/center/partnerships.htm>.

or

by calling the Cancer Services Program at 1-800-227-5753.

Policy: Individuals who meet the following criteria are eligible for the BCCTP:

- have been screened by their local HWP and diagnosed as needing treatment for breast and/or cervical cancer or a precancerous condition are uninsured;
- are New York State residents;
- meet certain citizenship and alien status requirements; and are ineligible for Medicaid under any of the mandatory categorical groups (i.e., pregnant women, parents of a dependent child, Low Income Families, or the disabled).

Note: While the federal program restricts eligibility to women under age 65, New York State will cover any males or individuals 65 years of age or older who meet the screening and eligibility requirements.

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Coverage is available for all medically necessary Medicaid services for the period of time the individual needs treatment.

References: SSL Sect. 366(4)(v)

Interpretations: There are unique application forms and procedures for the BCCTP. If an individual screened by the HWP is found to be in need of treatment for breast and/or cervical cancer or a precancerous condition, the HWP assists the individual to complete the Medicaid application process and fulfill the face-to-face interview requirement. The State Department of Health's Cancer Services Program reviews the application, certifies the need for treatment for breast and/or cervical cancer and submits the application to the State Office of Medicaid Management (OMM).

State OMM staff review each application and make the final determination of eligibility. If the individual is determined eligible for regular Medicaid under any of the mandatory categories, the case will be authorized by State OMM staff and transferred to the local district. If the individual is found eligible for BCCTP, State OMM staff will maintain the case in District 99; this includes undercare and renewal.

NOTE: Individuals eligible for the Breast and/or Cervical Cancer Treatment Program are not eligible for managed care.